

Pediatric Functional Assessment of Anorexia and Cachexia Therapy (version 2)

Please tell me how true each of the following statements has been for you.
Please mark only **one** number per line when you answer.

		Not at all	A little bit	Some- what	Quite a bit	Very much
<i>pAC1</i>	In the past 7 days, I eat as much as I want	0	1	2	3	4
<i>pAC2</i>	In the past 7 days, I eat enough food for me to do whatever I need to do	0	1	2	3	4
<i>pAC4</i>	In the past 7 days, most food tastes bad to me	0	1	2	3	4
<i>pAC6</i>	In the past 7 days, as soon as I start eating, I feel like stopping	0	1	2	3	4
<i>pAC7</i>	In the past 7 days, I am afraid to eat because it may make me sick	0	1	2	3	4
<i>pAC8</i>	In the past 7 days, my family or friends try to get me to eat more	0	1	2	3	4
<i>pAC9</i>	In the past, 7 days, I have been throwing up.....	0	1	2	3	4
<i>pAC10</i>	In the past, 7 days, when I eat, I seem to get full quickly	0	1	2	3	4
<i>pAC11</i>	In the past 7 days, I have pain in my stomach	0	1	2	3	4
<i>pAC12</i>	In the past 7 days, I feel like I am getting better	0	1	2	3	4