

**Functional Assessment of Cancer Therapy – Pediatric Anorexia/Cachexia (FAACT-Peds)  
Parent Version: Ages 7-12 (Grade School)**

**PART I:** Below is a list of statements that other people have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

**Physical Well-Being**

		Not at all	A little bit	Some-what	Quite a bit	Very much
pP1	My child loses balance or falls down easily.....	0	1	2	3	4
pP2	My child has trouble getting dressed on his or her own...	0	1	2	3	4
pP3	My child has trouble running like other children.....	0	1	2	3	4
pP4	My child gets tired easily.....	0	1	2	3	4
pP5	My child’s arms or legs seem weak .....	0	1	2	3	4
pP6	My child gets ill easily .....	0	1	2	3	4
pP7	My child has trouble writing with a pen or pencil.....	0	1	2	3	4
pP8	My child has pain.....	0	1	2	3	4

**Emotional Well-Being & Illness Experience**

		Not at all	A little bit	Some-what	Quite a bit	Very much
pE1	My child seems happy.....	0	1	2	3	4
pE2	When my child tries to do something, s/he usually believes s/he will do it well .....	0	1	2	3	4
pE3	The cancer/tumor experience makes my child a stronger person .....	0	1	2	3	4
pE4	The cancer/tumor experience has taught my child to appreciate life .....	0	1	2	3	4
pE5	My child often feels inferior to other children .....	0	1	2	3	4
pE6	My child worries about getting another cancer/tumor.....	0	1	2	3	4
pE7	My child is moody or irritable.....	0	1	2	3	4
pE8	My child worries when we go back to the hospital or clinic.....	0	1	2	3	4
pE9	My child gets nervous (frightened) easily .....	0	1	2	3	4
pE10	My child worries about having a good life in the future.....	0	1	2	3	4

**Social and Family Well-Being**

		Not at all	A little bit	Some-what	Quite a bit	Very much
<i>pSF1</i>	Other children pick on (tease) my child .....	0	1	2	3	4
<i>pSF2</i>	My child has fewer friends than other children .....	0	1	2	3	4
<i>pSF3</i>	Other children avoid playing with my child because s/he is different.....	0	1	2	3	4
<i>pSF4</i>	My child seems lonely.....	0	1	2	3	4
<i>pSF5</i>	My child prefers to play alone .....	0	1	2	3	4
<i>pSF6</i>	My child thinks I worry too much about him/her .....	0	1	2	3	4
<i>pSF7</i>	My child thinks I spoil him/her.....	0	1	2	3	4

**Additional Concerns**

		Not at all	A little bit	Some-what	Quite a bit	Very much
<i>pAC1</i>	My child eats as much as s/he wants.....	0	1	2	3	4
<i>pAC2</i>	My child eats enough to do whatever s/he needs to do.....	0	1	2	3	4
<i>pAC3</i>	My child is worried about his/her weight.....	0	1	2	3	4
<i>pAC4</i>	Most food tastes bad to my child.....	0	1	2	3	4
<i>pAC5</i>	My child is worried about how thin s/he is.....	0	1	2	3	4
<i>pAC6</i>	As soon as my child starts eating, s/he feels like stopping....	0	1	2	3	4
<i>pAC7</i>	My child is afraid to eat because it may make her/him sick...	0	1	2	3	4
<i>pAC8</i>	Family or friends try to get my child to eat more.....	0	1	2	3	4
<i>pAC9</i>	My child has been throwing up.....	0	1	2	3	4
<i>pAC10</i>	When my child eats, s/he seems to get full quickly.....	0	1	2	3	4
<i>pAC11</i>	My child has pain in his/her stomach.....	0	1	2	3	4
<i>pAC12</i>	My child feels like s/he is getting better.....	0	1	2	3	4

**PART II:**

Please tell us anything else that you think would be important about your child’s weight, eating and nutritional status