

Pediatric Functional Assessment of Cancer Therapy – Brain Tumor Survivor (Version 2) Parent Version: Age 7-12 (grade School)

Please tell me during the **past 4 weeks**, how true each of the following statements has been for your child. Please mark only **one** number per line when you answer.

Physical Well-Being

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

Emotional Well-Being & Illness Experience

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

Additional Concerns

Not at all A little bit Somewhat Quite a bit Very much

<i>pB1</i>	My child is bothered by being shorter than his/ her peers	0	1	2	3	4
<i>pB2</i>	My child is bothered by poor vision	0	1	2	3	4
<i>pB3</i>	My child is bothered by poor hearing	0	1	2	3	4
<i>pB4</i>	My child is bothered by headaches	0	1	2	3	4
<i>pB5</i>	My child's speech is hard for others to understand	0	1	2	3	4
<i>pB6</i>	My child needs to work harder than his/ her peers to get school work done	0	1	2	3	4
<i>pB7</i>	My child's school performance is worse than it was before s/he was diagnosed.....	0	1	2	3	4
<i>pB8</i>	My child forgets things easily.....	0	1	2	3	4
<i>pB9</i>	It is hard for my child to concentrate in school	0	1	2	3	4
<i>pB10</i>	My child has to read things several times to understand them.....	0	1	2	3	4
<i>pB11</i>	When my child plays games or sports, s/he reacts more slowly than his/ her peers.....	0	1	2	3	4
<i>pB12</i>	My child has difficulty using the right words.....	0	1	2	3	4