

FAACT – Peds 1.0 Adolescent Parent

Functional Assessment of Cancer Therapy – Pediatric Anorexia/Cachexia Parent Version: Age 12 - adults

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	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/her own	0	1	2	3	4
<i>pP3a</i>	My child has trouble running like other people.....	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
<i>pF8</i>	My child has pain	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- FAACT</i>	The cancer/tumor experience makes my child a stronger person.....	0	1	2	3	4
<i>pE4- FAACT</i>	The cancer/tumor experience has taught my child to appreciate life	0	1	2	3	4
<i>pE5a</i>	My child often feels inferior to other people.....	0	1	2	3	4
<i>pE6</i>	My child worries about getting another cancer/tumor.....	0	1	2	3	4
<i>pE7</i>	My child is moody or irritable.....	0	1	2	3	4

FAACT – Peds 1.0 Adolescent Parent

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.**

Emotional Well-Being & Illness Experience (continued)

		Not at all	A little bit	Somewhat	Quite a bit	Very much
<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
<i>pE11a-FAACT</i>	My child worries about being able to have a girlfriend or boyfriend because of his/her illness.....	0	1	2	3	4
<i>pE12a-FAACT</i>	My child worries about being able to go to college because of his/her illness	0	1	2	3	4
<i>pE13a-FAACT</i>	My child worries about getting a job because of his/her illness	0	1	2	3	4

Social and Family Well-Being

		Not at all	A little bit	Somewhat	Quite a bit	Very much
<i>pSF1a</i>	Other people pick on (tease) my child.....	0	1	2	3	4
<i>pSF2a</i>	My child has fewer friends than others	0	1	2	3	4
<i>pSF3a-FAACT</i>	Other people avoid hanging out 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>pSF5a</i>	My child prefers to do something 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

FAACT – Peds 1.0 Adolescent Parent

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.**

<u>Additional Concerns</u>		Not at all	A little bit	Somewhat	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.