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

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**
pP1-P	My child loses balance or falls down easily	0	1	2	3	4
pP2-P	My child has trouble getting dressed on his/her own	0	1	2	3	4
pP3-P	My child has trouble running like other children	0	1	2	3	4
pP4-P	My child gets tired easily	0	1	2	3	4
pP5-P	My child's arms or legs seem weak	0	1	2	3	4
pP6-P	My child gets ill easily	0	1	2	3	4
pP7-P	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**
pE1-P	My child seems happy	0	1	2	3	4
pE2-P	When my child tries to do something, s/he usually believes s/he will do it well	0	1	2	3	4
pE3-P	The illness experience makes my child a stronger person	0	1	2	3	4
pE4-P	The illness experience has taught my child to appreciate life	0	1	2	3	4
pE5-P	My child often feels inferior to other children	0	1	2	3	4
pE6-P	My child worries about getting another cancer/tumor	0	1	2	3	4
pE7-P	My child is moody or irritable	0	1	2	3	4
pE8-P	My child worries when we go back to the hospital or clinic	0	1	2	3	4
pE9-P	My child gets nervous (frightened) easily	0	1	2	3	4
pE10-P	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
pSF1-P	Other children pick on (tease) my child	0	1	2	3	4
pSF2-P	My child has fewer friends than other children	0	1	2	3	4
pSF3-P	Other children avoid playing with my child because of his or her illness history	0	1	2	3	4
pSF4-P	My child seems lonely	0	1	2	3	4
pSF5-P	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
pB1-P	My child is bothered by being shorter than his/her peers	0	1	2	3	4
pB2-P	My child is bothered by poor vision	0	1	2	3	4
pB3-P	My child is bothered by poor hearing	0	1	2	3	4
pB4-P	My child is bothered by headaches	0	1	2	3	4
pB5-P	My child's speech is hard for others to understand	0	1	2	3	4
pB6-P	My child needs to work harder than his/her peers to get school work done	0	1	2	3	4
pB7-P	My child's school performance is worse than it was before s/he was diagnosed	0	1	2	3	4
pB8-P	My child forgets things easily	0	1	2	3	4
pB9-P	It is hard for my child to concentrate in school	0	1	2	3	4
pB10-P	My child has to read things several times to understand them	0	1	2	3	4
pB11-P	When my child plays games or sports, s/he reacts more slowly than his/her peers	0	1	2	3	4
pB12-P	My child has difficulty using the right words	0	1	2	3	4