#### 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.

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| --- | --- | --- | --- | --- | --- | --- |
|  | Physical Well-Being | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
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| *pP1* | My child loses balance or falls down easily 0 | 0 | 1 | 2 | 3 | 4 |
| *pP2* | My child has trouble getting dressed on his or her own 0 | 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 | 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 | 0 | 1 | 2 | 3 | 4 |
| *pP7* | My child has trouble writing with a pen or pencil 0 | 0 | 1 | 2 | 3 | 4 |
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|  | Emotional Well-Being & Illness Experience | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
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| *pE1* | My child seems happy 0 | 0 | 1 | 2 | 3 | 4 |
| *pE2* | When my child tries to do something, s/he usually believes s/he will do it well 0 | 0 | 1 | 2 | 3 | 4 |
| *pE3* | The illness experience makes my child a stronger person 0 | 0 | 1 | 2 | 3 | 4 |
| *pE4* | The illness experience has taught my child to appreciate life 0 | 0 | 1 | 2 | 3 | 4 |
| *pE5* | My child often feels inferior to other children 0 | 0 | 1 | 2 | 3 | 4 |
| *pE6* | My child worries about getting another tumor/cancer 0 | 0 | 1 | 2 | 3 | 4 |
| *pE7* | My child is moody or irritable 0 | 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 |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Social and Family Well-Being | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
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| *pSF1* | Other children pick on (tease) my child 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF2* | My child has fewer friends than other children 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF3* | Other children avoid playing with my child because of his or her illness history 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF4* | My child seems lonely 0 | 0 | 1 | 2 | 3 | 4 |
| *pSF5* | My child prefers to play alone 0 | 0 | 1 | 2 | 3 | 4 |

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| --- | --- | --- | --- | --- | --- | --- |
|  | Additional Concerns | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
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| *pB1* | My child is bothered by being shorter than his/ her peers 0 | 0 | 1 | 2 | 3 | 4 |
| *pB2* | My child is bothered by poor vision 0 | 0 | 1 | 2 | 3 | 4 |
| *pB3* | My child is bothered by poor hearing 0 | 0 | 1 | 2 | 3 | 4 |
| *pB4* | My child is bothered by headaches 0 | 0 | 1 | 2 | 3 | 4 |
| *pB5* | My child’s speech is hard for others to understand 0 | 0 | 1 | 2 | 3 | 4 |
| *pB6* | My child needs to work harder than his/ her peers to get school work done 0 | 0 | 1 | 2 | 3 | 4 |
| *pB7* | My child’s school performance is worse than it was before s/he was diagnosed 0 | 0 | 1 | 2 | 3 | 4 |
| *pB8* | My child forgets things easily 0 | 0 | 1 | 2 | 3 | 4 |
| *pB9* | It is hard for my child to concentrate in school 0 | 0 | 1 | 2 | 3 | 4 |
| *pB10* | My child has to read things several times to understand them 0 | 0 | 1 | 2 | 3 | 4 |
| *pB11* | When my child plays games or sports, s/he reacts more slowly than his/ her peers 0 | 0 | 1 | 2 | 3 | 4 |
| *pB12* | My child has difficulty using the right words  | 0 | 1 | 2 | 3 | 4 |