

## Functional Assessment of Anorexia Cachexia Therapy (FAACT) Questionnaire.

The FAACT Questionnaire is described in: *Quality of Life and Nutrition in the Patient with Cancer* by William Small, Jr., M.D.; Robert Carrara, R.D.; Lynn Danford, M.S., L.D.; Jeri A. Logemann, Ph.D.; and David Cella, Ph.D. See ACCC's "Integrating Nutrition Into Your Cancer Program, pages 15-16, published March/April 2002.

Below is a list of statements that other people with your illness have said are important.

**By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.**

<u>PHYSICAL WELL-BEING</u>		Not at all	A little bit	Some-what	Quite a bit	Very much
GP1	I have a lack of energy.....	0	1	2	3	4
GP2	I have nausea .....	0	1	2	3	4
GP3	Because of my physical condition, I have trouble meeting the needs of my family.....	0	1	2	3	4
GP4	I have pain .....	0	1	2	3	4
GP5	I am bothered by side effects of treatment.....	0	1	2	3	4
GP6	I feel ill .....	0	1	2	3	4
GP7	I am forced to spend time in bed .....	0	1	2	3	4

<u>SOCIAL/FAMILY WELL-BEING</u>		Not at all	A little bit	Some-what	Quite a bit	Very much
GS1	I feel close to my friends .....	0	1	2	3	4
GS2	I get emotional support from my family.....	0	1	2	3	4
GS3	I get support from my friends.....	0	1	2	3	4
GS4	My family has accepted my illness.....	0	1	2	3	4
GS5	I am satisfied with family communication about my illness.....	0	1	2	3	4
GS6	I feel close to my partner (or the person who is my main support).....	0	1	2	3	4
Q1	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check here _____ and go to the next section.</i>					
GS7	I am satisfied with my sex life .....	0	1	2	3	4

**By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.**

**EMOTIONAL WELL-BEING**

		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
GE1	I feel sad .....	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness .....	0	1	2	3	4
GE3	I am losing hope in the fight against my illness .....	0	1	2	3	4
GE4	I feel nervous.....	0	1	2	3	4
GE5	I worry about dying.....	0	1	2	3	4
GE6	I worry that my condition will get worse .....	0	1	2	3	4

**FUNCTIONAL WELL-BEING**

		<b>Not at all</b>	<b>A little bit</b>	<b>Some- what</b>	<b>Quite a bit</b>	<b>Very much</b>
GF1	I am able to work (include work at home) .....	0	1	2	3	4
GF2	My work (include work at home) is fulfilling.....	0	1	2	3	4
GF3	I am able to enjoy life .....	0	1	2	3	4
GF4	I have accepted my illness.....	0	1	2	3	4
GF5	I am sleeping well .....	0	1	2	3	4
GF6	I am enjoying the things I usually do for fun .....	0	1	2	3	4
GF7	I am content with the quality of my life right now.....	0	1	2	3	4

By circling one (1) number per line, please indicate how true each statement has been for you during the past 7 days.

**ADDITIONAL CONCERNS**

**Not at all      A little bit      Some-what      Quite a bit      Very much**

C6	I have a good appetite.....	0	1	2	3	4
ACT 1	The amount I eat is sufficient to meet my needs .....	0	1	2	3	4
ACT 2	I am worried about my weight .....	0	1	2	3	4
ACT 3	Most food tastes unpleasant to me.....	0	1	2	3	4
ACT 4	I am concerned about how thin I look .....	0	1	2	3	4
ACT 6	My interest in food drops as soon as I try to eat.....	0	1	2	3	4
ACT 7	I have difficulty eating rich or “heavy” foods .....	0	1	2	3	4
ACT 9	My family or friends are pressuring me to eat.....	0	1	2	3	4
O2	I have been vomiting .....	0	1	2	3	4
ACT 10	When I eat, I seem to get full quickly.....	0	1	2	3	4
ACT 11	I have pain in my stomach area .....	0	1	2	3	4
ACT 13	My general health is improving.....	0	1	2	3	4