EPIC

The <u>Expanded Prostate Cancer Index Composite</u>

This questionnaire is designed to measure Quality of Life issues in patients with Prostate cancer. To help us get the most accurate measurement, it is important that you answer all questions honestly and completely.

Remember, as with all medical records, information contained within this survey will remain strictly confidential.

Today's Date	(please enter d	ate when survey	completed).	Month	Dav	Year	
Today 5 Date	(prease enter a	ale when survey	completed).	withtin	Duy	1 Cul	

Name (optional):

Date of Birth (optional): Month_____Day___Year____

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Space **URINARY FUNCTION** This section is about your urinary habits. Please consider ONLY THE LAST 4 WEEKS. 1. Over the past 4 weeks, how often have you leaked urine? More than once a day..... 1 About once a day.....2 23/ (Circle one number) About once a week.....4 Rarely or never..... 5 2. Over the past 4 weeks, how often have you urinated blood? More than once a day..... 1 About once a day..... 2 (Circle one number) 24/ About once a week......4 Rarely or never.....5 3. Over the past 4 weeks, how often have you had pain or burning with urination? More than once a day..... 1 About once a day.....2 25/ (Circle one number) About once a week.....4 Rarely or never..... 5 4. Which of the following best describes your urinary control during the last 4 weeks? No urinary control whatsoever.....1 Frequent dribbling...... 2 (Circle one number) 26/ Total control 4

5. How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks? None 0

	-	
1 pad per day	1	
2 pads per day	2	(Circle one number)
3 or more pads per day	3	

6. How big a problem, if any, has each of the following been for you during the last 4 weeks? (Circle one number on each line)

	Pro	No oblem	Very Small <u>Problem</u>	Small <u>Problem</u>	Moderate <u>Problem</u>	Big <u>Problem</u>	
а.	Dripping or leaking urine	0	1	2	3	4	28/
b.	Pain or burning on urination	0	1	2	3	4	29/
C.	Bleeding with urination	0	1	2	3	4	30/
d.	Weak urine stream						
	or incomplete emptying	0	1	2	3	4	31/
e.	Waking up to urinate	0	1	2	3	4	32/
f.	Need to urinate frequently during						
	the day	0	1	2	3	4	33/

7. Overall, how big a problem has your urinary function been for you during the last 4 weeks?

No problem1
Very small problem2
Small problem3
Moderate problem 4
Big problem5

(Circle one number)

34/

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27/

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	HABITS section is about your bowel habits and abdor onsider ONLY THE LAST 4 WEEKS.	ninal pain.	
	ften have you had rectal urgency (felt like I ha st 4 weeks?	ad to pass stool, but did not) during	
	More than once a day 1		
	About once a day 2		
	More than once a week	(Circle one number)	
	About once a week4		
	Rarely or never 5		
9. How c	often have you had uncontrolled leakage of s	tool or feces?	
	More than once a day 1		
	About once a day 2		
	More than once a week	(Circle one number)	
	About once a week4		
10	Rarely or never 5		
		· · ·	
	Rarely or never	?	
(no fo	Rarely or never	? (Circle one number)	
(no fo	Rarely or never	? (Circle one number)	
(no fo	Rarely or never	? (Circle one number)	
(no fo	Rarely or never	? (Circle one number)	
(no fo	Rarely or never	? (Circle one number) last 4 weeks?	

12 40	v often have your bowel movemen	its boon n	Page 5	the last 4 w	aoko?		Do Not Mark in This Space
12.1100		-	-	1110 1851 4 W	CCV2 (
	Never						
	Rarely About half the time				•)		46/
	Usually		,	one number)		40/
	Always						
13. Hov	v many bowel movements have yo			during the I	ast 4 weeks?		
	Two or less						
	Three to four		· ·	one number	.)		47/
	Five or more	3					
14. Hov	v often have you had crampy pain	in your at	odomen, pelv	is or rectum (during the las	st 4 weeks?	
	More than once a day	1					
	About once a day	2					
	More than once a week	3	(Circle	one number	-)		48/
	About once a week	4					
	Rarely or never	5					
15. Hov	v big a problem, if any, has each c	of the follo	wing been for	r you? (Circle	e one number	on each line)	
			Very Small		Moderate	Big	
a.	Urgency to have	Problem	Problem	Problem	Problem	Problem	
	a bowel movement	0	1	2	3	4	49/
b.	Increased frequency of						
	bowel movements	0	1	2	3	4	50/
C.	Watery bowel movements	0	1	2	3	4	51/
d.	Losing control of your stools	0	1	2	3	4	52/
e.	Bloody stools	0	1	2	3	4	53/
f.	Abdominal/ Pelvic/Rectal pain	0	1	2	3	4	54/
16 0	roll how hig a problem have	howal h-	hito hoor for	د جانبام رون	ha laat 4	402	
16. Uve	rall, how big a problem have your		Dits been for	you during t	ne last 4 wee	KS /	
	No problem						
	Very small problem			(Circle and	aurah a r\		EE /
	Small problem			(Circle one r	lumber)		55/
	Moderate problem						
	Big problem						

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SEXUAL FUNCTION

The next section is about your **current** sexual function and sexual satisfaction. Many of the questions are very personal, but they will help us understand the important issues that you face every day. Remember, THIS SURVEY INFORMATION IS COMPLETELY **CONFIDENTIAL**. Please answer honestly about **THE LAST 4 WEEKS ONLY**.

17. How would you rate each of the following during the last 4 weeks? (Circle one number on each line)

	Very Poor to <u>None</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	Very <u>Good</u>	
a. Your level of sexual desire?	1	2	3	4	5	56/
b. Your ability to have an erection?	1	2	3	4	5	57/
c. Your ability to reach orgasm (climax)?	1	2	3	4	5	58/
18. How would you describe the usual QUALITY of your end	rections during	the las	t 4 we	eks?		
None at all		1				
Not firm enough for any sexual activity		2				
Firm enough for masturbation and foreplay only		. 3	(Circ	le one n	umber)	59/
Firm enough for intercourse		4				
19. How would you describe the FREQUENCY of your ere	ctions during th	ne last	4 wee	ks?		
I NEVER had an erection when I wanted one		. 1				
I had an erection LESS THAN HALF the time I war	nted one	. 2				
I had an erection ABOUT HALF the time I wanted o	one	. 3	(Circ	le one n	umber)	60/
I had an erection MORE THAN HALF the time I wa	nted one	. 4				
I had an erection WHENEVER I wanted one		5				
20. How often have you awakened in the morning or night	with an erectior	n durin g	g the la	ast 4 we	eks?	
Never	1					
Less than once a week	2					
About once a week	3 (C	ircle on	ie num	ber)		61/
Several times a week	4					
Daily	5					

Not at all 1 Less than once a week 2 About once a week 3 Quily 5 22. During the last 4 weeks, how often did you have sexual intercourse? Not at all 1 Less than once a week 2 About once a week 2 About once a week 2 About once a week 3 (Circle one number) 63/ Several times a week 4 Daily 5 23. Overall, how would you rate your ability to function sexually during the last 4 weeks? Very poor 1 Poor 2 Fair 3 (Circle one number) 64/ Good 4 Very good 5 24. How big a problem during the last 4 weeks, if any, has each of the following been for you? (Circle one number on each line) No No Yery Small Small Moderate Big Problem Problem Problem Problem Problem Problem Very good 1 2 3 66/<	21. During the last 4 weeks, how often d	id you ha	Page 7 Ive <u>any</u> sexual	activity?			Do Not Mark in This Space
About once a week 3 (Circle one number) 62/ Several times a week 4 Daily	Not at all	-					
About once a week 3 (Circle one number) 62/ Several times a week 4 Daily	Less than once a week						
Several times a week	About once a week			(Circ	le one numbe	r)	62/
22. During the last 4 weeks, how often did you have sexual intercourse? 1 Less than once a week. 2 About once a week. 3 Daily 5 23. Overall, how would you rate your ability to function sexually during the last 4 weeks? Very poor 1 Poor 2 Fair 3 (Circle one number) 64/ Good Good 4 Very poor 1 Poor 2 Fair 3 (Circle one number) Good 4 Very good 5 24. How big a problem during the last 4 weeks, if any, has each of the following been for you? (Circle one number on each line) No Vour level of sexual desire. 0 1 2 3 4 65/ b. Your ability to have an erection. 0 1 2 3 4 67/ b. Your ability to reach an orgasm. 0 1 2 3 4 67/ c. Your ability to reach an orgasm. 0 1 2 3 4 67/ 25. Overall, ho	Several times a week			Υ.		,	
Not at all 1 Less than once a week 2 About once a week 3 Daily 5 23. Overall, how would you rate your ability to function sexually during the last 4 weeks? Very poor 1 Poor 2 Fair 3 Good 4 Very good 5 24. How big a problem during the last 4 weeks, if any, has each of the following been for you? (Circle one number on each line) No Very Small Small Problem Problem Problem Problem Problem Problem About on the origon 0 1 2 About on the origon 0 1 2 3 4 65/ Store ability to have an erection. 0 1 2 3 4 66/ c. Your ability to reach an orgasm. 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you 1 2 3 4 67/ 25. Overall, how big a problem. 1	Daily		5				
Less than once a week. 2 About once a week. 3 (Circle one number) Several times a week. 4 Daily. 5 23. Overall, how would you rate your ability to function sexually during the last 4 weeks? 64/ Very poor. 1 Poor. 2 Fair. 3 (Circle one number) Good. 4 Very good. 5 24. How big a problem during the last 4 weeks, if any, has each of the following been for you? 64/ (Circle one number on each line) No Very Small Small Moderate Big Problem Problem Problem Problem Problem Problem 65/ a. Your level of sexual desire. 0 1 2 3 4 65/ b. Your ability to have an erection. 0 1 2 3 4 66/ c. Your ability to reach an orgasm. 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you during the last 4 weeks? 67/ Very small problem.	22. During the last 4 weeks, how often d	id you ha	ive sexual inte	ercourse?			
About once a week. 3 (Circle one number) 63/ Several times a week. 4 5 63/ 23. Overall, how would you rate your ability to function sexually during the last 4 weeks? 6 64/ Poor. 2 7 7 Poor. 2 7 7 Good. 4 7 64/ Very good. 5 64/ 64/ Good. 4 7 64/ Very good. 5 64/ 64/ Circle one number on each line) 64/ 65/ 24. How big a problem during the last 4 weeks, if any, has each of the following been for you? 65/ (Circle one number on each line) 7 7 a. Your level of sexual desire	Not at all		1				
Several times a week. 4 Daily. 5 23. Overall, how would you rate your ability to function sexually during the last 4 weeks ? Very poor. 1 Poor. 2 Fair. 3 Good. 4 Very good. 5 24. How big a problem during the last 4 weeks , if any, has each of the following been for you? (Circle one number on each line) Rain and the second seco	Less than once a week		2				
Daily	About once a week		3	(Circ	le one numbe	r)	63/
 23. Overall, how would you rate your ability to function sexually during the last 4 weeks? Very poor	Several times a week		4				
Very poor	Daily		5				
Problem 4 65/ b. Your ability to have an erection. 0 1 2 3 4 66/ 66/ c. Your ability to reach an orgasm. 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you during the last 4 weeks? 0 1 2 3 4 67/ 25. Overall, how big a problem	Very poor Poor Fair Good Very good 24. How big a problem during the last 4			(Circ	le one numbe		64/
a. Your level of sexual desire 0 1 2 3 4 65/ b. Your ability to have an erection. 0 1 2 3 4 66/ c. Your ability to reach an orgasm. 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you 0 1 2 3 4 67/ 25. Overall, how big a problem 1 2 3 4 67/ 26. No problem 1 2 3 4 68/ Moderate problem 3 (Circle one number) 68/						•	
b.Your ability to have an erection.0123466/c.Your ability to reach an orgasm.0123467/25. Overall, how big a problem has your sexual function been for yourduring the last 4 weeks?No problem12368/Very small problem2368/Moderate problem468/			Problem 1			-	65/
c. Your ability to reach an orgasm. 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you 0 1 2 3 4 67/ 25. Overall, how big a problem has your sexual function or lack of sexual function been for you 0 1	b. Your ability to have an erection.	0	1	2	3	4	66/
during the last 4 weeks? No problem	·	0	1	2	3	4	67/
	during the last 4 weeks? No problem Very small problem Small problem Moderate problem		1 2 3 4				68/

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HORMONAL FUNCTION		
The next section is about your hormonal function. Ple	ease consider ONLY THE LAST 4 WEEKS.	
26. Over the last 4 weeks, how often have you expendent	rienced hot flashes?	
More than once a day 1		
About once a day2		
More than once a week	(Circle one number)	
About once a week4		
Rarely or never 5		
27. How often have you had breast tenderness durin g	g the last 4 weeks?	
More than once a day 1		
About once a day2		
More than once a week	(Circle one number)	
About once a week4		
Rarely or never 5		
28. During the last 4 weeks, how often have you felt	depressed?	
More than once a day 1		
About once a day 2		
More than once a week	(Circle one number)	
About once a week4		
Rarely or never 5		
29. During the last 4 weeks, how often have you felt	a lack of energy?	
More than once a day 1		
About once a day2		
More than once a week	(Circle one number)	
About once a week4		
Rarely or never 5		
30. How much change in your weight have you experi	enced during the last 4 weeks , if any?	
Gained 10 pounds or more1		
Gained less than 10 pounds2		
No change in weight3	(Circle one number)	
Lost less than 10 pounds4		
Lost 10 pounds or more5		
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31. How big a problem **during the last 4 weeks**, if any, has each of the following been for you?

(Circle one number on each line)

		No <u>Problem</u>	Very Small <u>Problem</u>	Small <u>Problem</u>	Moderate <u>Problem</u>	Big <u>Problem</u>	
a.	Hot flashes	0	1	2	3	4	74/
b.	Breast tenderness/enlargement.	. 0	1	2	3	4	75/
C.	Loss of Body Hair	. 0	1	2	3	4	76/
d.	Feeling depressed	. 0	1	2	3	4	77/
e.	Lack of energy	. 0	1	2	3	4	78/
f.	Change in body weight	0	1	2	3	4	79/

Overall Satisfaction

32. Overall, how satisfied are you with the treatment you received for your prostate cancer?

Extremely dissatisfied	1
Dissatisfied	2
Uncertain	3
Satisfied	4
Extremely satisfied	5

(Circle one number)

80/

THANK YOU VERY MUCH!!

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