

## Expanded Prostate Cancer Index Composite for Clinical Practice (EPIC-CP) Prostate Cancer Quality of Life (QOL)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

**Patients:** Please answer the following questions by circling the appropriate answer. All questions are about your health and symptoms in the **LAST FOUR WEEKS**.

**Select ONE answer for each question:**

1. Overall, how much of a problem has your urinary function been for you?				
No Problem	Very small problem	Small problem	Moderate problem	Big problem

2. Which of the following best describes your urinary control?				
0-Total control	1-Occasional dribbling	2-Frequent dribbling	4- No urinary control	
3. How many pads or adult diapers per day have you been using for urinary leakage?				
0-None	1-One pad per Day	2-Two pads per Day	4- Three or more pads	
4. How big a problem, if any has urinary dripping or leakage been for you?				
0-No problem	1-Very small problem	2-Small problem	3-Moderate problem	4-Big problem
<i>CLINICIANS: Add the answers from questions 2-4 to calculate the Urinary Incontinence Symptom Score (out of 12)</i>				

5. How big a problem, if any, has each of the following been for you?						
	No problem	Very small problem	Small problem	Moderate problem	Big problem	
a. Pain or burning with urination	0	1	2	3	4	
b. Weak urine stream/incomplete bladder emptying	0	1	2	3	4	
c. Need to urinate frequently	0	1	2	3	4	
<i>CLINICIANS: ADD the answers from questions 5a-5c to calculate the Urinary Irritation/Obstructive Symptom Score (out of 12)</i>						

6. How big a problem, if any, has each of the following been for you?						
	No problem	Very small problem	Small problem	Moderate problem	Big problem	
a. Rectal pain or urgency of bowel movements	0	1	2	3	4	
b. Increased frequency of your bowel movements	0	1	2	3	4	
c. Overall problems with your bowel movements	0	1	2	3	4	
d. Bloody stools	0	1	2	3	4	
<i>CLINICIANS: ADD the answers from questions 6a-6d to calculate the Bowel Symptom Score (out of 16)</i>						

7. How do you rate your ability to reach orgasm (climax)?				
0- Very good	1-Good	2-Fair	3-Poor	4-Very poor to none

8. How would you describe the usual quality of your erections?				
0- Firm enough for intercourse	1-firm enough for masturbation and foreplay	2-Not firm enough for any sexual activity	4-None at all	

9. Overall, how much of a problem has your sexual function or lack of sexual function been for you?				
0-No problem	1-Very small problem	2-Small problem	3-Moderate problem	4-Big problem

10. How big a problem, if any, has each of the following been for you?						
	No problem	Very small problem	Small problem	Moderate problem	Big problem	
a. Hot flashes or breast tenderness/enlargement	0	1	2	3	4	
b. Feeling depressed	0	1	2	3	4	
c. Lack of energy	0	1	2	3	4	
<b>CLINICIANS: ADD the answers from question s10a-10c to calculate the Vitality/Hormonal Symptom Score(out of 12)</b>						

**CLINICIANS: ADD the five domain summary scores to calculate the Overall Prostate Cancer QOL Score (out of 60)**

## Patient Reported Functional Status (PRFS) Tool

Activities & Function: *Over the past month I would generally rate my activity as:*

- normal with no limitations (0)
- not my normal self, but able to be up and about with fairly normal activities (1)
- not feeling up to most things, but in bed or chair less than half the day (2)
- able to do little activity & spend most of the day in bed or chair (3)
- pretty much bedridden, rarely out of bed (4)

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Completed by (check one):

- Patient
- Family caregiver
- Health care professional caregiver
- Caregiver-assisted

PRFS