## EPIC-26 The Expanded Prostate Cancer Index Composite

**Short Form** 

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 date when surv	vey completed):	Month	Day	Year	
Name (optional):					
Date of Birth (optional): Month	Day	Year			

Do Not
Mark in
This
Space

							i i
	More than once a day		1				
	About once a day		2				
	More than once a week		3 (Circle	e one numbe	er)		23/
	About once a week		4				
	Rarely or never	• • • • • • • • • • • • • • • • • • • •	5				
2. Whic	ch of the following best describes	your urin	ary control du	iring the las	t 4 weeks?		
	No urinary control whatsoever	er	• •••••	1			
	Frequent dribbling	••••••		2	(Circle one n	umber)	26/
	Occasional dribbling	• • • • • • • • • • • • • • • • • • • •		3			
	Total control	***********	·····	4			-
	many pads or adult diapers <u>per d</u> ring the last 4 weeks?	lay did y	ou usually use	to control le	eakage		
	None			0			
	1 pad per day		•••••	1			
	2 pads per day		*******	2	(Circle one n	umber)	27/
	3 or more pads per day		• • • • • • • • • • • • • • • • • • • •	3			
4 How	big a problem, if any has each of				the last 4 wee	eks?	
	big a problem, if any, has each of				the last 4 wee	eks?	
	big a problem, if any, has each of (Circle one number on each line)				the last 4 wee	e <b>ks</b> ? Big	
(	(Circle one number on each line)	f the follo No Problem	owing been for Very Small <u>Problem</u>	r you <b>during</b> Small <u>Problem</u>	Moderate <u>Problem</u>	Big <u>Problem</u>	201
a.	(Circle one number on each line)  F  Dripping or leaking urine	No No Problem	Very Small Problem 1	r you <b>during</b> Small <u>Problem</u> 2	Moderate <u>Problem</u> 3	Big <u>Problem</u> 4	28/
a. b.	(Circle one number on each line)  Pain or burning on urination	No Problem 0	Very Small Problem 1	r you <b>during</b> Small <u>Problem</u> 2 2	Moderate Problem 3	Big <u>Problem</u> 4 4	29/
a. b. c.	(Circle one number on each line)  Poripping or leaking urine  Pain or burning on urination  Bleeding with urination	No No Problem	Very Small Problem 1	r you <b>during</b> Small <u>Problem</u> 2	Moderate <u>Problem</u> 3	Big <u>Problem</u> 4	
a. b.	(Circle one number on each line)  Dripping or leaking urine  Pain or burning on urination  Bleeding with urination  Weak urine stream	No Problem 0 0	Very Small Problem 1 1	r you <b>during</b> Small Problem 2 2 2	Moderate <u>Problem</u> 3 3 3	Big <u>Problem</u> 4 4	29/ 30/
a. b. c. d.	(Circle one number on each line)  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying	No Problem 0 0 0	Very Small Problem 1	r you <b>during</b> Small <u>Problem</u> 2 2	Moderate Problem 3	Big <u>Problem</u> 4 4	29/ 30/
a. b. c. d.	Circle one number on each line)  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying	No Problem 0 0 0 0	Very Small Problem 1 1 1	small Problem 2 2 2 2	Moderate Problem 3 3 3	Big <u>Problem</u> 4 4 4	29/ 30/ 31/
a. b. c. d.	(Circle one number on each line)  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying	No Problem 0 0 0 0	Very Small Problem 1 1	r you <b>during</b> Small Problem 2 2 2	Moderate <u>Problem</u> 3 3 3	Big <u>Problem</u> 4 4	29/ 30/
a. b. c. d.	Circle one number on each line)  Dripping or leaking urine  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying  Need to urinate frequently durin the day	No Problem 0 0 0 0	Very Small Problem 1 1 1 1	Small Problem 2 2 2 2	Moderate Problem 3 3 3 3	Big Problem 4 4 4 4	29/ 30/ 31/
a. b. c. d.	Circle one number on each line)  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying  Need to urinate frequently durin the day	No Problem 0 0 0 0 0 g 0	Very Small Problem 1 1 1 1	Small Problem 2 2 2 2	Moderate Problem 3 3 3 3	Big Problem 4 4 4 4	29/ 30/ 31/
a. b. c. d.	Circle one number on each line)  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying  Need to urinate frequently durin the day	No Problem 0 0 0 0 0 g 0	Very Small Problem 1 1 1 1 nction been for	Small Problem 2 2 2 2	Moderate Problem 3 3 3 3	Big Problem 4 4 4 4	29/ 30/ 31/
a. b. c. d.	Circle one number on each line)  Pain or leaking urine  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying  Need to urinate frequently durin the day  rall, how big a problem has your under the complement of	No Problem 0 0 0 g 0 rinary fu	Very Small Problem 1 1 1 1 1 1 1 1 2	Small Problem 2 2 2 2 2	Moderate Problem 3 3 3 3	Big Problem 4 4 4 4	29/ 30/ 31/ 33/
a. b. c. d.	Circle one number on each line)  Dripping or leaking urine  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying  Need to urinate frequently durin the day  rall, how big a problem has your u  No problem  Very small problem	No Problem 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Very Small Problem 1 1 1 1 1 1 2 3	Small Problem 2 2 2 2	Moderate Problem 3 3 3 3	Big Problem 4 4 4 4	29/ 30/ 31/ 33/
a. b. c. d.	Circle one number on each line)  Pain or leaking urine  Pain or burning on urination  Bleeding with urination  Weak urine stream  or incomplete emptying  Need to urinate frequently durin the day  rall, how big a problem has your under the complement of	No Problem 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Very Small Problem 1 1 1 1 1 2 3 4	Small Problem 2 2 2 2 2	Moderate Problem 3 3 3 3	Big Problem 4 4 4 4	29/ 30/ 31/

6. How	big a problem, if any, has each o	f the follow	wing 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.	Urgency to have						
	a bowel movement	. 0	1	2	3	4	49/
b.	Increased frequency of				•		
	bowel movements	. 0	1	2	3	4	50/
C.	Losing control of your stools	. 0	1	2	3	4	52/
d.	Bloody stools	. 0	1	2	3	4	53/
e.	Abdominal/ Pelvic/Rectal pain	. 0	1	2	3	4	54/
7. Over	rall, how big a problem have your  No problem  Very small problem	1		ou <b>during tl</b>	ne last 4 wee	ks?	
	Small problem			(Circle one	number)		55/
	Moderate problem			•	,		
	Big problem						
•	v would you rate each of the follow	<b>3</b>		Very Poor to		Very Good Good	
	a. Your ability to have an erection	on?	*************************	. 1	2 3	4 5	57/
	b. Your ability to reach orgasm	(climax)?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	2 3	4 5	58/
9. How	would you describe the usual QU	JALITY of	your erection	s during the	e last 4 week	s?	
	None at all	•••••	••••		1		
	Not firm enough for any sexual a	ctivity	**********		2		
	Firm enough for masturbation an	d foreplay	only	***********	3 (Circle	one number)	59/
	Firm enough for intercourse		••••••		4		
10. Hov	w would you describe the FREQU	ENCY of	your erections	during the	last 4 weeks	?	
	I NEVER had an erection when I	wanted or	ne	*************	1		
	I had an erection LESS THAN HA	ALF the tir	me I wanted o	ne	2		
	I had an erection ABOUT HALF t	he time I	wanted one	***************************************	3 (Circle	one number)	60/
	I had an erection MORE THAN H	IALF the t	ime I wanted o	one	4		
	I had an erection WHENEVER I	wanted on	e	••••	5		

11. (	Overall, how would you rate your ability to function sex	cually <b>d</b> u	iring the last 4 weeks?	
	Very poor	1		
	Poor	2		
	Fair	3	(Circle one number)	64/
	Good	4		
	Very good	5	•	
12. (	Overall, how big a problem has your sexual function o	r lack of	sexual function been for you	
	during the last 4 weeks?			
	No problem	1		
	Very small problem	2		
	Small problem	3	(Circle one number)	68/

13. 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)

	<u> </u>	No Problem	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.	Feeling depressed	0	1	2	3	4	77/
d.	Lack of energy	0	1	2	3	4	78/
e.	Change in body weight	0	1	2	3	4	79/

## THANK YOU VERY MUCH!!