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Saskatchewan Prostate Assessment Pathway

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Expanded Prostate Cancer Index Composite for Clinical Practice (EPIC-CP)

The Saskatchewan Prostate Assessment Pathway has been developed to support patients and their families in the diagnosis and treatment of prostate cancer. The information gathered in this survey will be used to assess your condition as well as to monitor and evaluate the effectiveness of the Prostate Assessment Pathway program. Your input is highly valued and may help improve this program or similar programs for yourself and others

The EPIC questionnaire is designed to assess the unique concerns of men with prostate cancer. The questionnaire measures symptoms related to problems with urinary, bowel, hormonal and sexual function. The information you provide will be kept secure and confidential. If you choose not to complete the survey, your care will not be compromised in any way.

Instructions: Please answer the following questions by checking the appropriate checkbox. 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?

- Total control
- Occasional dribbling
- Frequent dribbling
- No urinary control

3. How many pads or adult diapers per day have you been using for urinary leakage?

- None
- One pad per day
- Two pads per day
- Three or more pads per day

4. How big a problem, if any, has urinary dripping or leakage been for you?

- No problem
- Very small problem
- Small problem
- Moderate Problem
- Big Problem

5. How big a problem, if any, has each of the following been for you?

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Pain or burning with urination</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate Problem</p> <p><input type="checkbox"/> Big Problem</p> | <p>B. Weak urine stream/incomplete bladder emptying</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate Problem</p> <p><input type="checkbox"/> Big Problem</p> | <p>C. Need to urinate frequently</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate Problem</p> <p><input type="checkbox"/> Big Problem</p> |
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6. How big a problem, if any, has each of the following been for you?

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| <p>A. Rectal pain or urgency of bowel movements</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate Problem</p> <p><input type="checkbox"/> Big problem</p> | <p>B. Increased frequency of your bowel movements</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate problem</p> <p><input type="checkbox"/> Big problem</p> | <p>C. Over all problems with your bowel habits</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate problem</p> <p><input type="checkbox"/> Big problem</p> |
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7. How would you rate your ability to reach orgasm (climax)?

- Very good
- Good
- Fair
- Poor
- Very poor to none

8. How would you describe the usual quality of your erections?

- Firm enough for intercourse
- Firm enough for masturbation and foreplay only
- Not firm enough for any sexual activity
- None at all

9. Overall, how much of a problem has your sexual function or lack of sexual function been for you?

- No problem
- Very small problem
- Small problem
- Moderate Problem
- Big Problem

10. How big a problem, if any, has each of the following been for you?

- | | | |
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| <p>A. Hot flashes or breast tenderness/enlargement</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate Problem</p> <p><input type="checkbox"/> Big Problem</p> | <p>B. Feeling depressed</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate Problem</p> <p><input type="checkbox"/> Big Problem</p> | <p>C. Lack of energy</p> <p><input type="checkbox"/> No problem</p> <p><input type="checkbox"/> Very small problem</p> <p><input type="checkbox"/> Small problem</p> <p><input type="checkbox"/> Moderate Problem</p> <p><input type="checkbox"/> Big Problem</p> |
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Comments:
