Symptom Index Instrument Selection - Prostate

REGISTRY ID: | | | | | | | | | | | | |

FORM CODE: SISA
VERSION:A 12/08/11

Event | | SEQ # | |

ADMINISTRATIVE INFORMATION

0a. Completion Date: | | / | | / | | | | |

0b. Staff ID: | | |

Instructions: This form is to be used to select which of the two symptom index instruments to administer first to the participant. When the form has been completed, the data collector should lock the form.

1. Symptom index instrument to execute first:..... |

EPIC-26 .....E
PCSI .....P

EPIC-26: The Expanded Prostate Cancer Index Composite

REGISTRY ID: | | | | | | | | | | | | |

FORM CODE: EPI
VERSION:A 12/08/11

Event | | SEQ # | |

ADMINISTRATIVE INFORMATION

0a. Completion Date: | | / | | / | | | | |

0b. Staff ID: | | |

Instructions: Enter the answer given by the participant for each response.

1. Over the past 4 weeks, how often have you leaked urine? ..... | A-E

   More than once a day .....A
   About once a day .....B
   More than once a week C
   About once a week .....D
   Rarely or never .....E

2. Which of the following best describes your urinary control during the last 4 weeks? ..... | A-D

   No urinary control whatsoever .....A
   Frequent dribbling .....B
   Occasional dribbling C
   Total control .....D

3. How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks? ..... | A-D

   None .....A
   1 pad per day .....B
   2 pads per day C
   3 or more pads per day .....D

4. How big a problem, if any, has each of the following been for you during the last 4 weeks?

	No Problem	Very small Problem	Small Problem	Moderate Problem	Big Problem
a. Dripping or leaking urine	☐	☐	☐	☐	☐
b. Pain or burning on urination	☐	☐	☐	☐	☐
c. Bleeding with urination	☐	☐	☐	☐	☐
d. Weak urine stream or incomplete emptying	☐	☐	☐	☐	☐
e. Need to urinate frequently during the day	☐	☐	☐	☐	☐

5. Overall, how big a problem has your urinary function been for you during the last 4 weeks? ..... ☐ A-E

   No problem .....A
   Very small problem .....B
   Small problem C
   Moderate problem .....D
   Big problem .....E

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. Urgency to have a bowel movement	☐	☐	☐	☐	☐
b. Increased frequency of bowel movements	☐	☐	☐	☐	☐
c. Losing control of your stools	☐	☐	☐	☐	☐
d. Bloody stools	☐	☐	☐	☐	☐
e. Abdominal/pelvic/rectal pain	☐	☐	☐	☐	☐

7. Overall, how big a problem have your bowel habits been for you during the last 4 weeks? ..... ☐ A-E

No problem .....A
Very small problem .....B
Small problem C
Moderate problem .....D
Big problem .....E

8. How would you rate each of the following during the last 4 weeks?

a. Your ability to have an erection ..... ☐ Very Poor To none ☐ Poor ☐ Fair ☐ Good ☐ Very Good

b. Your ability to reach orgasm (climax) ..... ☐ Very Poor To none ☐ Poor ☐ Fair ☐ Good ☐ Very Good

9. How would you describe the usual QUALITY of your erections during the last 4 weeks? ..... ☐ A-D

None at all.....A
Not firm enough for any sexual activity.....B
Firm enough for masturbation and foreplay only C
Firm enough for intercourse .....D

10. How would you describe the FREQUENCY of your erections during the last 4 weeks? ..... ☐ A-E

I NEVER had an erection when I wanted one .....A
I had an erection LESS THAN HALF the time I wanted one.....B
I had an erection ABOUT HALF the time I wanted one C
I had an erection MORE THAN HALF the time I wanted one .....D
I had an erection WHENEVER I wanted one.....E

11. Overall, how would you rate your ability to function sexually during the last 4 weeks? ..... ☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good

12. Overall, how big a problem has your sexual function or lack of sexual function been for you during the last 4 weeks? ..... ☐ A-E

No problem .....A
Very small problem .....B
Small problem C
Moderate problem .....D
Big problem .....E

13. How big a problem during the last 4 weeks, if any, has each of the following been for you?

a. Hot flashes.....	☐ No Problem	☐ Very small Problem	☐ Small Problem	☐ Moderate Problem	☐ Big Problem
b. Breast tenderness/enlargement	☐ No Problem	☐ Very small Problem	☐ Small Problem	☐ Moderate Problem	☐ Big Problem
c. Feeling depressed	☐ No Problem	☐ Very small Problem	☐ Small Problem	☐ Moderate Problem	☐ Big Problem
d. Lack of energy	☐ No Problem	☐ Very small Problem	☐ Small Problem	☐ Moderate Problem	☐ Big Problem
e. Change in body weight	☐ No Problem	☐ Very small Problem	☐ Small Problem	☐ Moderate Problem	☐ Big Problem

PCSI: Prostate Cancer Outcomes Symptom Indexes

REGISTRY ID: | | | | | | | | | | | | |

FORM CODE: PCS
VERSION:A 12/08/11

Event | | |

SEQ # | | |

ADMINISTRATIVE INFORMATION

0a. Completion Date: | | | / | | | / | | | | |

0b. Staff ID: | | | |

Instructions: Enter the answer given by the participant for each response.

1. In the past week, how much control did you have over your urine? ..... | | A-D

   Had complete control ..... A
   Leaked urine, but only at certain times ..... B
   Leaked urine most of the time C
   Little or no control ..... D

2. In the past week, how often did you leak urine? ..... | | A-E

   Not at all ..... A
   Occasionally (once or twice) ..... B
   Fairly frequently (several times) C
   Frequently (at least once a day) ..... D
   Very frequently (several times a day) ..... E

3. In the past week, if you leaked urine, how much usually comes out? ..... | | A-D

   Had complete control (no leaking) ..... A
   A few drops ..... B
   Less than a tablespoon C
   More than a tablespoon ..... D

4. In the past week, how easy has your urine flow been? ..... | | A-E

   Very easy ..... A
   Fairly easy ..... B
   Slow, but you don't have to strain or bear down C
   Very slow, and you do have to strain or bear down ..... D
   Very slow, and you have to strain or bear down hard ..... E

5. In the past week, how often did you urinate at night? ☐ A-D

Seldom or never....A
Once a night....B
2 to 3 times a night....C
More than 3 times a night....D

6. In the past week, how often did you urinate? ☐ A-D

4 or fewer times a day....A
5 to 8 times a day....B
9 to 12 times a day....C
More than 12 times a day....D

7. In the past week, how often have you felt pain or burning during urination? ☐ A-E

Not at all....A
Occasionally (once or twice)....B
Fairly frequently (several times)....C
Frequently (at least once a day)....D
Very frequently (several times a day)....E

8. In the past week, how often did you have the feeling that it is urgent that you pass your urine? ☐ A-E

Not at all....A
Occasionally (once or twice)....B
Fairly frequently (several times)....C
Frequently (at least once a day)....D
Very frequently (several times a day)....E

9. In the past week, how often did you have diarrhea or loose, watery stools? ☐ A-E

Not at all....A
Occasionally (once or twice)....B
Fairly frequently (several times)....C
Frequently (at least once a day)....D
Very frequently (several times a day)....E

10. In the past week, how often did you have a sense of urgency that you move your bowels? ☐ A-E

Not at all....A
Occasionally (once or twice)....B
Fairly frequently (several times)....C
Frequently (at least once a day)....D
Very frequently (several times a day)....E

11. In the past week, how often did you have tenderness or pain when you moved your bowels? ..... ☐ A-E

- Not at all ..... A
- Occasionally (once or twice) ..... B
- Fairly frequently (several times) C
- Frequently (at least once a day) ..... D
- Very frequently (several times a day) ..... E

12. In the past week, how often did you have bleeding with your bowel movements? ..... ☐ A-E

- Not at all ..... A
- Occasionally (once or twice) ..... B
- Fairly frequently (several times) C
- Frequently (at least once a day) ..... D
- Very frequently (several times a day) ..... E

13. In the past week, how often did you have abdominal cramping or pain? ..... ☐ A-E

- Not at all ..... A
- Occasionally (once or twice) ..... B
- Fairly frequently (several times) C
- Frequently (at least once a day) ..... D
- Very frequently (several times a day) ..... E

14. In the past week, how often did you have the feeling that you have an urge to move your bowels, but have nothing to pass? ..... ☐ A-E

- Not at all ..... A
- Occasionally (once or twice) ..... B
- Fairly frequently (several times) C
- Frequently (at least once a day) ..... D
- Very frequently (several times a day) ..... E

15. In the past 4 weeks, what is the most erect (or hard) your penis has become at any time? ..... ☐ A-E

- Full erection ..... A
- Nearly full erection—sufficient for penetration without manual assistance ..... B
- Partial erection—capable of penetration with manual assistance C
- Partial erection—not capable of penetration even with manual assistance ..... D
- No erection at all ..... E

16. In the past 4 weeks, how much difficulty have you had getting an erection during sexual activity? ..... ☐ A-E

- No difficulty .....A
- A little .....B
- Some C
- A lot .....D
- Have not had sexual activity in the past 4 weeks .....E

17. In the past 4 weeks, how much difficulty have you had keeping an erection during sexual activity? ..... ☐ A-E

- No difficulty .....A
- A little .....B
- Some C
- A lot .....D
- Have not had sexual activity in the past 4 weeks .....E

18. In the past 4 weeks, have you been able to reach orgasm (sensation of climax)? ..... ☐ A-D

- Yes, all the time .....A
- Yes, some of the time .....B
- No, not at all C
- Have not engaged in sexual activity in the past 4 weeks .....D

19. In the past 4 weeks, have you been able to ejaculate? ..... ☐ A-D

- Yes, all the time .....A
- Yes, some of the time .....B
- No, not at all C
- Have not engaged in sexual activity in the past 4 weeks .....D

In the past week, how distressed or worried have you been about each of the following?

20. Leaking urine ..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

21. Slow or difficult urine flow ..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

22. Urinating at night..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

23. Frequent urination..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

24. Pain or burning during urination ..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

25. Urgency in urination..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

26. Diarrhea or loose, watery stools..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

27. Urgency in moving your bowels ..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

28. Tenderness or pain when you move your bowels ..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

29. An urge to move your bowels with nothing to pass ..... ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely