

Expanded Prostate Cancer Index Composite (EPIC-26)

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 in this survey will remain strictly confidential.

1) Over the past 4 weeks, how often have you leaked urine?

- ☐ 1 More than once a day
- ☐ 2 About once a day
- ☐ 3 More than once a week
- ☐ 4 About once a week
- ☐ 5 Rarely or never

2) Which of the following best describes your urinary control during the last 4 weeks?

- ☐ 1 No urinary control whatsoever
- ☐ 2 Frequent dribbling
- ☐ 3 Occasional dribbling
- ☐ 4 Total control

3) How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks?

- ☐ 0 None
- ☐ 1 pad per day
- ☐ 2 pads per day
- ☐ 3 or more pads per day

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

4) Dripping or leaking urine

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

5) Pain or burning on urination

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

6) Bleeding with urination

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

7) Weak urine stream or incomplete emptying

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

8) Need to urinate frequently during the day

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

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

- ☐ 1 No problem
- ☐ 2 Very small problem
- ☐ 3 Small problem
- ☐ 4 Moderate problem
- ☐ 5 Big problem

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

10) Urgency to have a bowel movement

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
☐ 4 Big problem

11) Increased frequency of bowel movements

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
☐ 4 Big problem

12) Losing control of your stools

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
☐ 4 Big problem

13) Bloody stools

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
☐ 4 Big problem

14) Abdominal/ Pelvic/ Rectal pain

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
☐ 4 Big problem

15) Overall, how big a problem have your bowel habit been for you during the last 4 weeks?

- ☐ 1 No problem
☐ 2 Very small problem
☐ 3 Small problem
☐ 4 Moderate problem
☐ 5 Big problem

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

16) Your ability to have an erection?

- ☐ 1 Very poor to none ☐ 2 Poor ☐ 3 Fair ☐ 4 Good ☐ 5 Very good

17) Your ability to reach orgasm (climax)?

- ☐ 1 Very poor to none ☐ 2 Poor ☐ 3 Fair ☐ 4 Good ☐ 5 Very good

18) How would you describe the usual QUALITY of your erections during the last 4 weeks?

- ☐ 1 None at all
☐ 2 Not firm enough for any sexual activity
☐ 3 Firm enough for masturbation and foreplay only
☐ 4 Firm enough for intercourse

19) How would you describe the FREQUENCY of your erections during the last 4 weeks?

- ☐ 1 I NEVER had an erection when I wanted one
☐ 2 I had an erection LESS THAN HALF the time I wanted one
☐ 3 I had an erection ABOUT HALF the time I wanted one
☐ 4 I had an erection MORE THAN HALF the time I wanted one
☐ 5 I had an erection WHENEVER I wanted one

20) Overall, how would you rate your ability to function sexually during the last 4 weeks?

- ☐ 1 Very poor
☐ 2 Poor
☐ 3 Fair
☐ 4 Good
☐ 5 Very good

21) Overall, how big a problem has your sexual function or lack of sexual function been for you?

- ☐ 1 No problem
- ☐ 2 Very small problem
- ☐ 3 Small problem
- ☐ 4 Moderate problem
- ☐ 5 Big problem

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

22) Hot flashes

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

23) Breast tenderness/enlargement

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

24) Feeling depressed

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

25) Lack of energy

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem

26) Change in body weight

- ☐ 0 No problem ☐ 1 Very small problem ☐ 2 Small problem ☐ 3 Moderate problem
- ☐ 4 Big problem