Patient Information

Today’s Date (Please enter date when survey completed):

Name (optional):

Date Of Birth (optional):

EPIC 26

1. Over the past 4 weeks, how often have you leaked urine?
   - More than once a day
   - About once a day
   - More than once a week
   - About once a week
   - Rarely or never

2. Which of the following best describes your urinary control during the last 4 weeks?
   - No urinary control whatsoever
   - Frequent dribbling
   - Occasional dribbling
   - Total control

3. How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks?
   - None
   - 1 pad per day
   - 2 pads per day
   - 3 or more pads per day

4. How big a problem, if any, has each of the following been for you during the last 4 weeks?
   a. Dripping or leaking urine
      - No Problem
      - Very Small Problem
      - Small Problem
      - Moderate Problem
      - Big Problem
   b. Pain or burning on urination
      - No Problem
      - Very Small Problem
      - Small Problem
      - Moderate Problem
      - Big Problem
c. Bleeding with urination
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

d. Weak urine stream or incomplete emptying
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

e. Need to urinate frequently during the day
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

5. Overall, how big a problem has your urinary function been for you during the last 4 weeks?
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

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

a. Urgency to have a bowel movement
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

b. Increased frequency of bowel movements
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

c. Losing control of your stools
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

d. Bloody stools
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem
e. Abdominal/Pelvic/Rectal pain
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

7. Overall, how big a problem have your bowel habits been for you during the last 4 weeks?
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem

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

10. How would you describe the FREQUENCY of your erections during the last 4 weeks?
- I NEVER had an erection when i wanted one
- I had an erection LESS THAN HALF the time i wanted one
- I had an erection ABOUT HALF the time i wanted one
- I had an erection MORE THAN HALF the time i wanted one
- I had an erection WHENEVER i wanted one

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?
- No Problem
- Very Small Problem
- Small Problem
- Moderate Problem
- Big Problem
13. How big 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

Urinary Incontinence Score
   - Missing

Urinary Irritative/Obstructive Score
   - Missing

Bowel Score
   - Missing

Sexual Score
   - Missing

Hormonal Score
   - Missing

IPSS
Incomplete emptying - Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

Frequency - Over the past month, how often have you had to urinate again less than two hours after you finished urinating?
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

Intermittency - Over the past month, how often have you found you stopped and started again several times when you urinated?
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

Urgency - Over the past month, how often have you found it difficult to postpone urination?
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

Weak Stream - Over the past month, how often have you had a weak urinary stream
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

Straining - Over the past month, how often have you had to push or strain to begin urination?
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always
Nocturia - Over the past month, how many times did you most typically get up to urinate from the time (none)(1 x)(2 x)(3 x)(4 x)(5x or more) you went to bed at night until the time you got up in the morning?

- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

IPSS Score

0

SHIM

PATIENT INSTRUCTIONS

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence that you could get and keep an erection?
   - Very low
   - Low
   - Moderate
   - High
   - Very high

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?
   - No sexual activity
   - Almost never or never
   - A few times (much less than half the time)
   - Sometimes (about half the time)
   - Most times (much more than, half the time)
   - Almost always or always

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
   - Did not attempt intercourse
   - Almost never or never
   - A few times (much less than half the time)
   - Sometimes (about half the time)
   - Most times (much more than, half the time)
   - Almost always or always

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
   - Did not attempt intercourse
   - Extremely difficult
   - Very difficult
   - Difficult
   - Slightly difficult
   - Not difficult
5. When you attempted sexual intercourse, how often was it satisfactory for you?
☐ Did not attempt intercourse
☐ Almost never or never
☐ A few times (much less than half the time)
☐ Sometimes (about half the time)
☐ Most times (much more than half the time)
☐ Almost always or always

SHIM Score

0

General Feedback

Overall, how satisfied are you with the care you have received for your prostate cancer with your current urology team?
☐ Very dissatisfied
☐ Dissatisfied
☐ Neutral (neither satisfied nor dissatisfied)
☐ Satisfied
☐ Very satisfied