

Christopher E. Barbieri, M.D., Ph.D.

Assistant Professor of Urology
Assistant Professor of Cell and Developmental Biology

Brady Urologic Health Center
525 East 68th Street, Starr 900
New York, NY 10065

Phone: 212-746-5562
Fax: 212-746-0975

**EXPANDED PROSTATE CANCER INDEX COMPOSITE FOR CLINICAL PRACTICE (EPIC-CP)
PROSTATE CANCER QUALITY OF LIFE (QOL)**

NAME: _____

DATE OF BIRTH: _____ DATE OF VISIT: _____

*Please answer the following questions by circling the appropriate answer.
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
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2. Which of the following best describes your urinary control?

0—Total control	1—Occasional dribbling	2—Frequent dribbling	4—No urinary control
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3. How many pads or adult diapers per day have you been using for urinary leakage?

0—None	1—One pad per day	2—Two pads per day	4—Three or more pads
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4. How big of a problem, if any has urinary dripping or leakage been for you?

0—No problem	1—Very small problem	2—Small problem	3—Moderate problem	4—Big problem
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**CLINICIANS: ADD the answers from questions 2-4 to calculate the
Urinary Incontinency Symptom Score (out of 12)**

5. 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. Rectal pain or urgency of bowel movements	0	1	2	3	4
b. Increased frequency of your bowel movements	0	1	2	3	4
c. Overall problems with your bowel movements	0	1	2	3	4

**CLINICIANS: ADD the answers from questions 6a-6c to calculate the
Bowel Symptom Score (out of 12)**

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. Pain or burning with urination	0	1	2	3	4
b. Weak urine stream and/or incomplete bladder emptying	0	1	2	3	4
c. Need to urinate frequently	0	1	2	3	4
CLINICIANS: ADD the answers from questions 5a-5c to calculate the Urinary Irritation/Obstructive Symptom Score (out of 12)					

7. How do you rate your ability to reach orgasm (climax)?

0—Very good	1—Good	2—Fair	3—Poor	4—Very poor to none	
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8. How would you describe the usual quality of your erections?

0—Firm enough for intercourse	1—Firm enough for masturbation and foreplay	
2—Not firm enough for any sexual activity	4—None at all	

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

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

10. 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. Hot flashes or breast tenderness/enlargement	0	1	2	3	4
b. Feeling depressed	0	1	2	3	4
c. Lack of energy	0	1	2	3	4
CLINICIANS: ADD the answers from questions 10a-10c to calculate the Vitality/Hormonal Symptom Score (out of 12)					

CLINICIANS: ADD the five domain summary scores to calculate the Overall Prostate Cancer QOL Score (out of 60)					
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