

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

A Clinical Tool to Measure Urinary, Bowel, Sexual and Vitality/Hormonal Health

Date: ___/___/___

Patients: 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?

- 0 Total control 1 Occasional dribbling 2 Frequent dribbling 4 No urinary control _____

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 per day _____

4. How big 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 _____

CLINICIANS: ADD the answers from questions 2-4 to calculate the Urinary Incontinence 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. Pain or burning with urination	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Weak urine stream/incomplete bladder emptying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Need to urinate frequently	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

CLINICIANS: ADD the answers from questions 5a-5c to calculate the Urinary Irritation/Obstruction 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. Rectal pain or urgency of bowel movements	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Increased frequency of your bowel movements	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Overall problems with your bowel habits	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

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

- 0 Very good 1 Good 2 Fair 3 Poor 4 Very poor to none _____

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

- 0 Firm enough for intercourse 1 Firm enough for masturbation and foreplay only 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 _____

CLINICIANS: ADD the answers from questions 7-9 to calculate the Sexual Symptom Score (out of 12):

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
b. Feeling depressed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Lack of energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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