

# 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
a. Hot flashes or breast tenderness/enlargement .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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 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):**