Expanded Prostate Cancer Index Composite for Clinical Practice (EPIC-CP)
A Clinical Tool to Measure Urinary, Bowel, Sexual and Vitality/Hormonal Health

**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?**
   - [ ] Total control
   - [ ] Occasional dribbling
   - [ ] Frequent dribbling
   - [ ] No urinary control

3. **How many pads or adult diapers per day have you been using for urinary leakage?**
   - [ ] None
   - [ ] One pad per day
   - [ ] Two pads per day
   - [ ] Three or more pads per day

4. **How big a problem, if any, has urinary dripping or leakage been for you?**
   - [ ] No problem
   - [ ] Very small problem
   - [ ] Small problem
   - [ ] Moderate problem
   - [ ] Big problem

**CLINICIANS:** ADD the answers from questions 2-4 to calculate the Urinary Incontinence Symptom Score (out of 12):

<table>
<thead>
<tr>
<th>No problem</th>
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5. **How big a problem, if any, has each of the following been for you?**
   - [ ] Pain or burning with urination
   - [ ] Weak urine stream/incomplete bladder emptying
   - [ ] Need to urinate frequently

**CLINICIANS:** ADD the answers from questions 5a-5c to calculate the Urinary Irritation/Obstruction Symptom Score (out of 12):

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6. **How big a problem, if any, has each of the following been for you?**
   - [ ] Rectal pain or urgency of bowel movements
   - [ ] Increased frequency of your bowel movements
   - [ ] Overall problems with your bowel habits

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

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7. **How would you rate your ability to reach orgasm (climax)?**
   - [ ] Very good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Very poor to none

8. **How would you describe the usual quality of your erections?**
   - [ ] Firm enough
   - [ ] Firm enough for masturbation and foreplay only
   - [ ] Not firm enough for any sexual activity
   - [ ] None at all

9. **Overall, how much of a problem has your sexual function or lack of sexual function been for you?**
   - [ ] No problem
   - [ ] Very small problem
   - [ ] Small problem
   - [ ] Moderate problem
   - [ ] Big problem

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

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10. **How big a problem, if any, has each of the following been for you?**
    - [ ] Hot flashes or breast tenderness/enlargement
    - [ ] Feeling depressed
    - [ ] Lack of energy

**CLINICIANS:** ADD the answers from questions 10a-10c to calculate the Vitality/Hormonal Symptom Score (out of 12):

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