INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS)

Patient Name: _____ Date:_____

Please fill out this short questionnaire to help us find out more about any urinary problems you might have. For questions 1 – 6, circle the number under the column that best describes your situation. For question 7, please select the number that best describes your situation.

	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
1. **INCOMPLETE EMPTYING:** Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2 **FREQUENCY:** Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
3. **INTERMITTENCY:** Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. **URGE TO URINATE:** Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. **WEAK STREAM:** Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5
6. **STRAINING:** Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. **URINATING AT NIGHT:** Over the past month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5
	None	1 time	2times	3times	4times	5+times

Symptom Score:
1-7 Mild, 8-19 Moderate, 20-35 Severe

Total:_____

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
QUALITY OF LIFE DUE TO URINARY SYMPTOMS: How would you feel if you had to live with your urinary conditions the way they are now – no better, no worse – for the rest of your life?	0	1	2	3	4	5	6

SEXUAL HEALTH INVENTORY FOR MEN (SHIM)

Patient Name:_____ Date:_____

INSTRUCTIONS:

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical conditions affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question.**

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
		1	2	3	4	5
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 (more than half the time)	Always or almost always
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) 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 (more than half the time)	Always or almost always
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	No Sexual Activity	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	No Sexual Activity	Almost Never or Never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Always or almost always
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5. TOTAL:_____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED 8-11 Moderate ED 12-16 Mild to Moderate ED 17-21 Mild ED

The Expanded Prostate Cancer Index Composite Bowel Assessment (EPIC)

This questionnaire is designed to measure Quality of Life issues in patients with prostate cancer. To help us get the most accurate measurement, it is important that you answer all questions honestly and completely.

Remember, as with all medical records, information contained within this survey will remain strictly confidential.

Date:

Patient Name:

Date of Birth:

BOWEL HABITS

Please answer these questions regarding your bowel habits and abdominal pain **during the past four (4) weeks**.

1. How often have you had rectal urgency (felt like you had to pass stool, but did not)?

   More than once a day ..... 1 ◯
   About once a day ..... 2 ◯
   More than once a week ..... 3 ◯
   About once a week ..... 4 ◯
   Rarely or never ..... 5 ◯

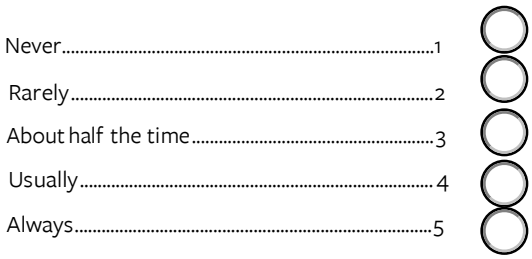
2. How often have you had uncontrolled leakage of stool or feces?

   More than once a day ..... 1 ◯
   About once a day ..... 2 ◯
   More than once a week ..... 3 ◯
   About once a week ..... 4 ◯
   Rarely or never ..... 5 ◯

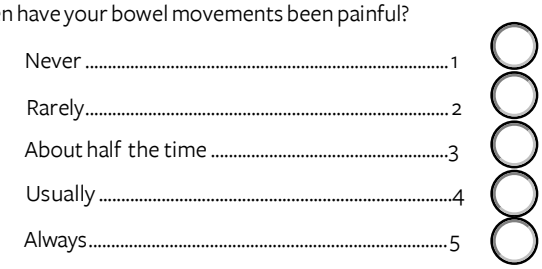
3. How often have you had stools (bowel movements) that were loose or liquid (no form, watery, mushy)?

   Never ..... 1 ◯
   Rarely ..... 2 ◯
   About half the time ..... 3 ◯
   Usually ..... 4 ◯
   Always ..... 5 ◯

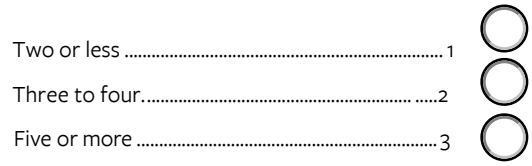
4. How often have you had bloody stools?



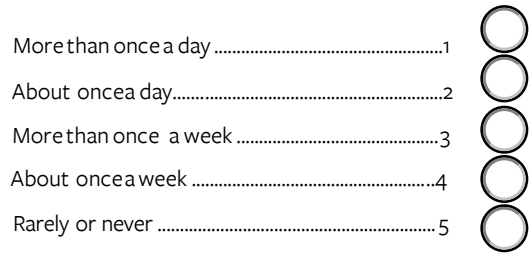
5. How often have your bowel movements been painful?



6. How many bowel movements have you had on a typical day?



7. How often have you had crampy pain in your abdomen, pelvis or rectum?



8. How big a problem, if any, has each of the following been for you? (Circle one number on each line)

		No Problem	Very Small Problem	Small Problem	Moderate Problem	Big Problem
a.	Urgency to have a bowel movement	0	1	2	3	4
b.	Increased frequency of bowel movements	0	1	2	3	4
c.	Watery bowel movements	0	1	2	3	4
d.	Losing control of your stools	0	1	2	3	4
e.	Bloody stools	0	1	2	3	4
f.	Abdominal/ Pelvic/Rectal pain	0	1	2	3	4

9. Overall, how big a problem have your bowel habits been for you?

No problem.....1

Very small problem.....2

Small problem.....3

Moderate problem.....4

Big problem.....5