



Making a Difference in Prostate Cancer Care

Michigan Urological Surgery Improvement Collaborative (MUSIC)

Your urologist is part of MUSIC. The goal of MUSIC is to improve care for men with prostate cancer in the state of Michigan. This includes men currently facing prostate cancer, as well as men diagnosed with prostate cancer in the future. Urologists around the state have come together to participate in MUSIC and improve prostate cancer care.

As part of these efforts, the MUSIC-Patient Reported Outcomes (PRO) survey collects health related information from men scheduled to have radical prostatectomy surgery (removal of the prostate). Your responses to this survey will provide better information about your symptoms and function both before and after surgery. This information can be used by your doctor to help you and other patients achieve the best possible recovery after prostate cancer surgery.

As part of MUSIC, your urologist will use the online registry to collect and store information about your health and quality of life before and after your surgery, including your responses to these surveys. Questionnaires will be sent before your surgery and again 1, 3, 6, 12, and 24 months after. Reports will be provided back to your urologist and may become part of your medical record. **This information will be essential to our efforts to improve surgical care and quality of life for men in Michigan with prostate cancer.**

Your contact information will only be used by MUSIC to help with the online website and to help your urologist collect your responses. MUSIC is required by law to protect your health information. Completing these questionnaires is encouraged, but voluntary. If you prefer not to receive information in the future, please send a message to the MUSIC Coordinating Center by emailing, musicurology@umich.edu or calling 855-456-2035. Thank you.

Benefits of Completing MUSIC-PRO Questionnaire

- Save time by completing questionnaires before appointments with your urologist
- Track your recovery after prostate cancer surgery: The MUSIC-PRO report help you and your urologist monitor your quality of life after surgery.
- Help other patients: Your participation will also help improve care for future patients with prostate cancer.

Your health. Your family. Your legacy.



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Patient Questionnaire

Please complete the attached survey.

Print your name, sign, and date below. Thank you.

Patient Name (print): _____

Patient Signature: _____

Date completed (MM/DD/YYYY): _____



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.

The following questions pertain to your **urinary continence** following your surgery.

1. Over the **past 4 weeks**, how often have you leaked urine?
 - More than once a day
 - About once a day
 - More than once a week
 - About once a week
 - Rarely or never

2. Which of the following best describes your urinary control **during the last 4 weeks**?
 - No urinary control whatsoever
 - Frequent dribbling
 - Occasional dribbling
 - Total control

3. How many pads or adult diapers per day did you usually use to control leakage **during the last 4 weeks**?
 - None
 - 1 pad per day
 - 2 pads per day
 - 3 or more pads per day



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4. How big a problem, if any, has each of the following been for you **during the last 4 weeks?**

	No	Very Small Problem	Small	Moderate Problem	Big
a. Dripping or leaking urine	0	1	2	3	4
b. Pain or burning on urination	0	1	2	3	4
c. Bleeding with urination	0	1	2	3	4
d. Weak urine stream or incomplete emptying	0	1	2	3	4
e. Need to urinate frequently during the day	0	1	2	3	4

5. Overall, how big a problem has your urinary function been for you **during the last 4 weeks?**

- No problem
- Very small problem
- Small problem
- Moderate problem
- Big problem

The following questions pertain to your **pain management** this past year.

6. Were you prescribed narcotic/opioid-based pain medication when discharged from the hospital after your surgery? (e.g. Norco, Vicodin, oxycodone (Percocet or OxyContin), Tylenol 3 or 4, Tramadol/Ultram)

- Yes
- No (Skip to #10)



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Patient Questionnaire

7. What type of opioid/narcotic medication was prescribed? (Check all that apply)

Medication	How did you receive this medication?	What was the <u>STRENGTH</u> of the medication?	What <u>AMOUNT</u> of medication did you receive?
<input type="checkbox"/> Hydrocodone (Norco, Vicodin, Lortab, Lorcet, etc)	<input type="checkbox"/> Pill/Tablet <input type="checkbox"/> Liquid/Solution/Elixir	<input type="checkbox"/> 5-325mg <input type="checkbox"/> 7.5-325 mg <input type="checkbox"/> 7.5-500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> 5-325 mg/mL <input type="checkbox"/> 7.5-325 mg/mL <input type="checkbox"/> 7.5-500 mg/mL <input type="checkbox"/> Other _____	<input type="checkbox"/> _____
<input type="checkbox"/> Oxycodone (OxyContin, Percocet, Roxicodone, etc)	<input type="checkbox"/> Pill/Tablet <input type="checkbox"/> Liquid/Solution/Elixir	<input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 5-325mg <input type="checkbox"/> 7.5-500mg <input type="checkbox"/> Other _____ <input type="checkbox"/> 5 mg per 5 mL <input type="checkbox"/> 10 mg per mL <input type="checkbox"/> Other _____	<input type="checkbox"/> _____
<input type="checkbox"/> Codeine (Tylenol 1, 2, 3, or 4)	<input type="checkbox"/> Pill/Tablet <input type="checkbox"/> Liquid/Solution/Elixir	<input type="checkbox"/> Acetaminophen 300mg— Codeine 30mg <input type="checkbox"/> Acetaminophen 300mg— Codeine 60mg <input type="checkbox"/> Other _____ <input type="checkbox"/> Acetaminophen 300mg— Codeine 30mg per mL <input type="checkbox"/> Acetaminophen 300mg— Codeine 60mg per mL <input type="checkbox"/> Other _____	<input type="checkbox"/> _____

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Patient Questionnaire

7. (Continued) What type of opioid/narcotic medication was prescribed? (Check all that apply)

Medication	How did you receive this medication?	What was the STRENGTH of the medication?	What AMOUNT of medication did you receive?
<input type="checkbox"/> Tramadol (Ultram, Ultram ER, Ultracet, etc)	<input type="checkbox"/> Pill/Tablet <input type="checkbox"/> Liquid/Solution/Elixir	<input type="checkbox"/> 50mg <input type="checkbox"/> 100mg <input type="checkbox"/> Other _____ <input type="checkbox"/> 100 mg/mL <input type="checkbox"/> Other _____	<input type="checkbox"/> _____
<input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Pill/Tablet <input type="checkbox"/> Liquid/Solution/Elixir	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____

8. Did you request any refills of the opioid/narcotic medication?

- Yes
- No

9. How much of the opioid medication (original prescription and refills) have you taken (e.g. number of pills, patches, etc)?

_____ (provide number)

10. Are you currently taking narcotic/opioid based pain medication?

- Yes
- No (Skip to #12)



11. Which issues are being address by taking narcotic/opioid based pain medication?
(Check all that apply)

- Pain related to my prostate surgery
- Pain related to other more recent surgeries
- Pain related to recent injury
- Other chronic pain conditions
- Other reason: _____

12. Please rate your pain by selecting the one number that best describes your pain at its **worst** in the last week:



No
pain

Average

Worst
imaginable

13. Please rate your pain by selecting the one number that best describes your pain at its **average** in the last week:



No
pain

Average

Worst
imaginable

Thank you for your time.