



## 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 functioning 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. Surveys will be sent before your surgery and again 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 surveys 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](mailto:musicurology@umich.edu) or calling 1-855-456-2035. Thank you.

### Benefits of Completing Surveys

- Save time by completing surveys before appointments with your urologist.
- Track your recovery after prostate cancer surgery. The MUSIC-PRO reports 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.*



# Michigan Urological Surgery Improvement Collaborative (MUSIC)

## Patient Questionnaire

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*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.

Questions regarding sexual function, activities, and erectile use include all forms of sexual activity in the PAST 4 WEEKS.

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



Patient Questionnaire

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

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

	No Problem	Very Small Problem	Small Problem	Moderate Problem	Big Problem
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

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. Urgency to have a bowel movement	0	1	2	3	4
b. Increased frequency of bowel movements	0	1	2	3	4
c. Losing control of your stools	0	1	2	3	4
d. Bloody stools	0	1	2	3	4
e. Abdominal/Pelvic/Rectal pain	0	1	2	3	4

7. Overall, how big a problem have your bowel habits been for you **during the last 4 weeks?**

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



Patient Questionnaire

8. How would you rate each of the following **during the last 4 weeks?**

	Very Poor to None	Poor	Fair	Good	Very Good
a. Your ability to have an erection?	0	1	2	3	4
b. Your ability to reach orgasm (climax)?	0	1	2	3	4

9. How would you describe the usual **QUALITY** of our erections **during the last 4 weeks?**

- None at all
- Firm enough for masturbation and foreplay only
- Not firm enough for any sexual activity
- Firm enough for intercourse

10. How would you describe the **FREQUENCY** of your erections **during the last 4 weeks?**

- I had an erection **LESS THAN HALF** the time I wanted one
- I **NEVER** had an erection when I wanted one
- I had an erection **ABOUT HALF** the time I wanted one
- I had an erection **WHENEVER** I wanted one
- I had an erection **MORE THAN HALF** the time I wanted one

11. Overall, how would you rate your ability to function sexually **during the last 4 weeks?**

- Very poor
- Poor
- Fair
- Good
- Very good



12. Overall, how big a problem has your sexual function or lack of sexual function been for you **during the last 4 weeks**?

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

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

	No Problem	Very Small Problem	Small Problem	Moderate Problem	Big Problem
a. Hot flashes	0	1	2	3	4
b. Breast tenderness/ enlargement	0	1	2	3	4
c. Feeling depressed	0	1	2	3	4
d. Lack of energy	0	1	2	3	4
e. Change in body weight	0	1	2	3	4





Patient Questionnaire

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The following questions pertain to your sexual activity and use of erectile aids.

1. In the PAST 4 WEEKS, how interested have you been in sexual activity?
  - Not at all
  - A little bit
  - Somewhat
  - Quite a bit
  - Very much
  
2. In the PAST 4 WEEKS, how many times have you tried to have any sexual activity?
  - 0 times (If selected, skip to question 6)
  - 1 time
  - 2 times
  - 3 times
  - 4 or more times
  
3. When you have had a sexual activity, how satisfying has it been?
  - Not at all
  - A little bit
  - Somewhat
  - Quite a bit
  - Very much
  
4. Please select the erectile aids you may have used in the PAST 4 WEEKS for sexual activity. Please choose all that apply.
  - None
  - Pills (Viagra, Cialis, Levitra, Stendra, Sildenafil, Staxyn)
  - Urethral Suppository (MUSE)
  - Penile Injection
  - Vacuum Erection Device
  - Other (specify): \_\_\_\_\_



5. When you have been sexually active over the PAST 4 WEEKS, did you use erectile aids:
- Almost never/never
  - Less than half of the time
  - About half of the time
  - More than half of the time
  - Almost always/always
6. Why have you not been sexually active? Please choose all that apply.
- Lack of a willing partner
  - Lack of interest
  - Lack of confidence
  - No ejaculate
  - No erection
  - Urine leak during intercourse
  - Pain/discomfort during intercourse
  - Other (specify): \_\_\_\_\_

*Thank you.*