

Personal Patient Profile- Prostate (P3P)

The P3P tool will ask questions about you to build your decision support profile, and then use that information to give you information that best fits **you**. You may skip any question you prefer not to answer.

P3P: About You

1. Are you:

- Single
- Married, or partnered
- Separated
- Divorced
- Widowed

Are you Hispanic, Latino, or Spanish origin?

- Yes
- No

2. What is your race? (Choose one or more)

- White/Caucasian
- Asian
- Native Hawaiian or Other Pacific Islander
- Black / African-American
- Indian, American Indian, Native Alaskan
- Mestizo

EPIC-26 Questionnaire

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.

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 dripping

- 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	Big Problem
Dripping or leaking urine	○	○	○	○
Pain or burning on urination	○	○	○	○
Bleeding with urination	○	○	○	○
Weak urine stream of incomplete emptying	○	○	○	○
Need to urinate frequently during the day	○	○	○	○

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	Big Problem
Urgency to have a bowel movement	○	○	○	○
Increased frequency of bowel movements	○	○	○	○
Losing control of your stools	○	○	○	○
Bloody stools	○	○	○	○
Abdominal/Pelvic/Rectal pain	○	○	○	○

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

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

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

	Very Poor to None	Poor	Fair	Good	Very Good
Your ability to have an erection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your ability to reach orgasm (climax)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

- I NEVER had an erection when I wanted one
- I had an erection LESS THAN HALF the time I wanted one
- I had an erection ABOUT HALF the time I wanted one
- I had an erection MORE THAN HALF the time I wanted one
- I had an erection WHENEVER 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
Hot flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast tenderness/enlargement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in body weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are about your sexual interest and satisfaction:

14. **During the last 4 weeks**, how interested have you been in sexual activity?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

15. **During the last 4 weeks**, how many times have you tried have you tried to have any sexual activity?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

16. When you have had a sexual activity, how satisfying has it been?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

The following questions are about your use of erectile aids:

17. Please select the erectile aids you may have used for sexual activity **during the last 4 weeks**. (choose all that apply)

- None
- Pills (Viagra, Cialis, Levitra, Stendra, Sildenafil, Staxyn)
- Urethral Suppository (MUSE)
- Penile Injection

- Vacuum Erection Device
 - Other
18. When you have been sexually active during the last 4 weeks, did you use erectile aids:
- Almost never/never
 - A few times (less than half of the time)
 - Sometimes (about half of the time)
 - Most times (more than half of the time)
 - Almost always/always
19. Why have you not been sexually active? (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

-----End of EPIC 26 Questionnaire-----

Men who have prostate cancer may be asked to decide what kind of care they want. There may be different options, or choices.

20. We want to know if you are thinking about options for you prostate cancer care. At this time, would you say:
- I haven't started to think about the options
 - I haven't started to think about the options, but I want to start
 - I am thinking about the options now
 - I am close to choosing an option
 - I've already made a decision, but am still waiting to think again (reconsider)
 - I've already made a decision and probably won't change my mind

Thank you! The next questions ask about things that may be important to you, or influence you, as you think about what prostate cancer care to choose.

21. How much influence might a **co-worker's** opinion, advice, or story about cancer have as you think about your prostate cancer care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence
22. How much influence might a **friend's** opinion, advice, or story about cancer have as you think about your care decision?
- No influence

- A little influence
 - Some influence
 - A lot of influence
23. How much influence might **a family member's** opinion, advice, or story about cancer have as you think about your care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence
24. How much influence might **future bladder problems** have on your care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence
25. How much influence might **future bowel problems** have on your care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence
26. How much influence might **future sexual problems** have on your care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence
27. How much influence might **still being able to do your recreation activities** (things you do for fun) have on your care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence
28. How much influence **might still being able to work, or do activities in your job**, have on your care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence
29. How much influence might **the number of years you expect to live** have on your care decision?
- No influence
 - A little influence
 - Some influence
 - A lot of influence

30. How much influence might **your religion or faith** have on your care decision?

- No influence
- A little influence
- Some influence
- A lot of influence

31. The role you play in deciding on care for your prostate cancer is important. Please choose one statement that best says how you would like your care decision to be made.

- I prefer to make the final decision myself after thinking about my doctor(s)' opinion.
- I prefer that my doctor(s) and I share the decision about which option is best.
- I prefer that my doctor(s) make the final care decision, but think about my opinion.