

FOLLOW UP

Please	complete	the	attached	survey.

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

Patient Name (print):	
Patient Signature:	
Date completed (MM/DD/YYYY):	



The	following que	stions	pertain	to you	r curre	nt state	of hea	alth and	l relatio	nship s	status.		
1.	Using the scale below, circle one number that indicates how you feel about your current state health.											ate of	
		0	1	2	3	4	5	6	7	8	9	10	
	Very	y Poor				Δ	verage	9				Excellent	
2.	Please sele	ect one	respo	nse, wl	nich be	st desc	cribes y	ou:					
	Are you:												
	□ Marı	ried											
	□ In a	commi	itted re	lationsl	nip								
	□ Dati	ng											
	□ Divo	rced											
	□ Wide	owed											
	□ Sino	ıle											



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.



urination

c. Bleeding with urination

Weak urine stream or

Need to urinate frequently

incomplete emptying

during the day

1.

Michigan Urological Surgery Improvement Collaborative (MUSIC) Patient Questionnaire

Over the **past 4 weeks**, how often have you leaked urine?

		More than once a d	ay				
		About once a day					
		More than once a w	reek				
		About once a week					
		Rarely or never					
2.	Which	of the following bes	t describes you	r urinary control (during the la	st 4 weeks?	
		No urinary control w	/hatsoever				
		Frequent dribbling					
		Occasional dribbling	9				
		Total control					
3.	How r	nany pads or adult di s?	iapers <u>per day</u> c	did you usually u	se to control l	eakage durinç	յ the last 4
		None					
		1 pad per day					
		2 pads per day					
		3 or more pads per	day				
4.	How b	oig a problem, if any,	has each of the	following been t	for you durin ç	g the last 4 we	eks?
			No	Very Small	Small	Moderate	Big
			Problem	Problem	Problem	Problem	Problem
a.	Dripping	g or leaking urine	0	1	2	3	4
b.	Pain or	burning on	0	1	2	3	4

0

0

0

1

1

1

2

2

2

4

4

4

3

3

3



Overall, how big a problem has your	urinary functior	been for y	ou during tl	he last 4 we	eks?
□ No problem					
□ Very small problem					
□ Small problem					
☐ Moderate problem					
□ Big problem					
How would you rate each of the follo	wing during th	e last 4 we	eks?		
	Very Poor to None	Poor	Fair	Good	Very Good
Your ability to have an erection?	0	1	2	3	4
Your ability to reach orgasm (climax)?	0	1	2	3	4
How would you describe the usual Q	UALITY of you	erections c	luring the l	ast 4 weeks	s ?
□ None at all					
□ Not firm enough for any sexua	al activity				
☐ Firm enough for masturbation	and foreplay or	nly			
□ Firm enough for intercourse					
How would you describe the FREQU	ENCY of your	erections d u	ring the la	st 4 weeks?	>
□ I NEVER had an erection whe	en I wanted one				
☐ I had an erection LESS THAN	HALF the time	I wanted o	ne		
□ I had an erection ABOUT HAL	F the time I wa	nted one			
☐ I had an erection MORE THAI	N HALF the tim	e I wanted o	one		
☐ I had an erection WHENEVER	R I wanted one				
	 No problem Very small problem Small problem Moderate problem Big problem How would you rate each of the follo Your ability to have an erection? Your ability to reach orgasm (climax)? How would you describe the usual Q None at all Not firm enough for any sexual Firm enough for masturbation Firm enough for intercourse How would you describe the FREQU I NEVER had an erection wheeler in the properties of the pr	□ No problem □ Very small problem □ Moderate problem □ Big problem How would you rate each of the following during the Very Poor to None Your ability to have an erection? 0 Your ability to reach orgasm (climax)? 0 How would you describe the usual QUALITY of your □ None at all □ Not firm enough for any sexual activity □ Firm enough for masturbation and foreplay or □ Firm enough for intercourse How would you describe the FREQUENCY of your end one □ I NEVER had an erection when I wanted one □ I had an erection LESS THAN HALF the time □ I had an erection ABOUT HALF the time I was	No problem Very small problem Small problem Big problem How would you rate each of the following during the last 4 week Very Poor to None Your ability to have an erection? O 1 Your ability to reach orgasm (climax)? None at all Not firm enough for any sexual activity Firm enough for masturbation and foreplay only Firm enough for intercourse How would you describe the FREQUENCY of your erections due I NEVER had an erection when 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	□ No problem □ Very small problem □ Small problem □ Moderate problem □ Big problem □ How would you rate each of the following during the last 4 weeks? Very Poor	Usery small problem Small problem Moderate problem Big problem How would you rate each of the following during the last 4 weeks? Very Poor to None Poor Fair Good Your ability to have an erection? 0 1 2 3 Your ability to reach orgasm (climax)? 0 1 2 3 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 foreplay only Firm enough for intercourse 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 MORE THAN HALF the time I wanted one



9.	Overall, now would your rate your ability to function sexually during the last 4 weeks?
	□ Very poor
	□ Poor
	□ Fair
	□ Good
	□ Very good
10.	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



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
	П	Quite a bit
		Very much
2.	In the	PAST 4 WEEKS, how many times have you tried to have any sexual activity?
۷.		
		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.		e select the erectile aids you may have used in the PAST 4 WEEKS for sexual activity. Please se 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
		A few times (less than half of the time)
		Sometimes (about half of the time)
		Most times (more than half o f the time)
		Almost always/always
6.	Why h	nave 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):
The	e following	g questions pertain to your smoking history.
1.	Do you c	urrently smoke cigarettes?
		Yes
		No (If no, please go to question #2)
2.	If no, wh	en did you stop (approximately)?
	Date: _	(MM/YYYY)

Thank you.