**Expanded Prostate Cancer Index Composite**

Patients: Please answer the following questions by filling in the appropriate bubble. All questions are about your health and symptoms in the LAST FOUR WEEKS. Select 1 answer per question.

1. 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?
   - [ ] 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?
   - [ ] None
   - [ ] One pad per day
   - [ ] Two pads per day
   - [ ] Three or more pads per day

4. How big a problem, if any, has each of the following been for you?
   - [ ] Dripping or leaking urine
   - [ ] Pain or burning with urination
   - [ ] Bleeding with urination
   - [ ] Weak urine stream or incomplete bladder emptying
   - [ ] Need to urinate frequently during the day

<table>
<thead>
<tr>
<th>No Problem</th>
<th>Very small problem</th>
<th>Small problem</th>
<th>Moderate problem</th>
<th>Big problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

5. Overall, how much of a problem has your urinary function been for you?
   - [ ] No problem
   - [ ] Very small problem
   - [ ] Small problem
   - [ ] Moderate problem
   - [ ] Big problem

<table>
<thead>
<tr>
<th>No Problem</th>
<th>Very small problem</th>
<th>Small problem</th>
<th>Moderate problem</th>
<th>Big problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

6. How big a problem, if any, has each of the following been for you?
   - [ ] Urgency to have a bowel movement
   - [ ] Increased frequency of your bowel movements
   - [ ] Losing control of your stools
   - [ ] Bloody stools
   - [ ] Abdominal/Pelvic/Rectal pain

<table>
<thead>
<tr>
<th>No Problem</th>
<th>Very small problem</th>
<th>Small problem</th>
<th>Moderate problem</th>
<th>Big problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

7. Overall, how big a problem have your bowel habits been for you?
   - [ ] No problem
   - [ ] Very small problem
   - [ ] Small problem
   - [ ] Moderate problem
   - [ ] Big problem

<table>
<thead>
<tr>
<th>No Problem</th>
<th>Very small problem</th>
<th>Small problem</th>
<th>Moderate problem</th>
<th>Big problem</th>
</tr>
</thead>
</table>
Expanded Prostate Cancer Index Composite

Patients: Please answer the following questions by filling in the appropriate bubble. All questions are about your health and symptoms in the LAST FOUR WEEKS. Like this: ● Not like this: ○ Select 1 answer per question.

8. How would you rate each of the following?
   a. Your ability to have an erection ...........................................................
   b. Your ability to reach orgasm (climax) ................................................

9. How would you describe the usual quality of your erections?
   None at all  Not firm enough for any sexual activity  Firm enough for masturbation and foreplay only  Firm enough for intercourse

10. How would you describe the FREQUENCY of your erections?
    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?
    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?
    No problem  Very small problem  Small problem  Moderate problem  Big problem

13. How big a problem, if any, has each of the following been for you?
    a. Hot flashes........................................................................
    b. Breast tenderness/enlargement..............................................
    c. Feeling depressed...................................................................
    d. Lack of energy....................................................................... 
    e. Change in body weight............................................................

THANK YOU VERY MUCH!!