

EPIC
The Expanded Prostate Cancer Index Composite
Bowel Assessment

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.

Today's Date (please enter date when survey completed): Month _____ Day _____ Year _____

Name (optional): _____

Date of Birth (optional): Month _____ Day _____ Year _____

BOWEL HABITS

The next section is about your bowel habits and abdominal pain.
Please consider **ONLY THE LAST 4 WEEKS**.

1. How often have you had rectal urgency (felt like I had to pass stool, but did not) **during the last 4 weeks?**

More than once a day..... 1
 About once a day..... 2
 More than once a week..... 3 (Circle one number)
 About once a week..... 4
 Rarely or never..... 5

42/

2. How often have you had uncontrolled leakage of stool or feces?

More than once a day..... 1
 About once a day..... 2
 More than once a week..... 3 (Circle one number)
 About once a week..... 4
 Rarely or never..... 5

43/

3. How often have you had stools (bowel movements) that were loose or liquid (no form, watery, mushy) **during the last 4 weeks?**

Never..... 1
 Rarely..... 2
 About half the time..... 3 (Circle one number)
 Usually..... 4
 Always..... 5

44/

4. How often have you had bloody stools **during the last 4 weeks?**

Never..... 1
 Rarely..... 2
 About half the time..... 3 (Circle one number)
 Usually..... 4
 Always..... 5

45/

5. How often have your bowel movements been painful **during the last 4 weeks?**

- Never..... 1
- Rarely..... 2
- About half the time..... 3 (Circle one number)
- Usually..... 4
- Always.....5

46/

6. How many bowel movements have you had on a typical day **during the last 4 weeks?**

- Two or less..... 1
- Three to four.....2 (Circle one number)
- Five or more.....3

47/

7. How often have you had crampy pain in your abdomen, pelvis or rectum **during the last 4 weeks?**

- More than once a day..... 1
- About once a day..... 2
- More than once a week..... 3 (Circle one number)
- About once a week.....4
- Rarely or never..... 5

48/

8. How big a problem, if any, has each of the following been for you? (Circle one number on each line)

	<u>No Problem</u>	<u>Very Small Problem</u>	<u>Small Problem</u>	<u>Moderate Problem</u>	<u>Big Problem</u>	
a. Urgency to have a bowel movement	0	1	2	3	4	49/
b. Increased frequency of bowel movements.....	0	1	2	3	4	50/
c. Watery bowel movements.....	0	1	2	3	4	51/
d. Losing control of your stools.....	0	1	2	3	4	52/
e. Bloody stools	0	1	2	3	4	53/
f. Abdominal/ Pelvic/Rectal pain...	0	1	2	3	4	54/

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

- No problem..... 1
- Very small problem..... 2
- Small problem..... 3 (Circle one number)
- Moderate problem..... 4
- Big problem..... 5

55/