

EPIC
The Expanded Prostate Cancer Index Composite
Hormonal 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 _____

HORMONAL FUNCTION

The next section is about your hormonal function. Please consider **ONLY THE LAST 4 WEEKS**.

1. **Over the last 4 weeks**, how often have you experienced hot flashes?

- 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

69/

2. How often have you had breast tenderness **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

70/

3. **During the last 4 weeks**, how often have you felt depressed?

- 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

71/

4. **During the last 4 weeks**, how often have you felt a lack of energy?

- 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

72/

5. How much change in your weight have you experienced **during the last 4 weeks**, if any?

- Gained 10 pounds or more..... 1
 Gained less than 10 pounds 2
 No change in weight..... 3 (Circle one number)
 Lost less than 10 pounds 4
 Lost 10 pounds or more..... 5

73/

6. How big a problem **during the last 4 weeks**, 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. Hot flashes.....	0	1	2	3	4	74/
b. Breast tenderness/enlargement..	0	1	2	3	4	75/
c. Loss of Body Hair.....	0	1	2	3	4	76/
d. Feeling depressed.....	0	1	2	3	4	77/
e. Lack of energy.....	0	1	2	3	4	78/
f. Change in body weight	0	1	2	3	4	79/

THANK YOU VERY MUCH!!