

EPIC
The Expanded Prostate Cancer Index Composite
Sexual 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 _____

SEXUAL FUNCTION

The next section is about your **current** sexual function and sexual satisfaction. Many of the questions are very personal, but they will help us understand the important issues that you face every day. Remember, **THIS SURVEY INFORMATION IS COMPLETELY CONFIDENTIAL**. Please answer honestly about **THE LAST 4 WEEKS ONLY**.

1. How would you rate each of the following during the last 4 weeks? (Circle one number on each line)

	Very Poor to <u>None</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	Very <u>Good</u>	
a. Your level of sexual desire?.....	1	2	3	4	5	56/
b. Your ability to have an erection?.....	1	2	3	4	5	57/
c. Your ability to reach orgasm (climax)?.....	1	2	3	4	5	58/

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

None at all.....	1		
Not firm enough for any sexual activity.....	2		
Firm enough for masturbation and foreplay only.....	3	(Circle one number)	59/
Firm enough for intercourse.....	4		

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

I NEVER had an erection when I wanted one.....	1		
I had an erection LESS THAN HALF the time I wanted one.....	2		
I had an erection ABOUT HALF the time I wanted one	3	(Circle one number)	60/
I had an erection MORE THAN HALF the time I wanted one.....	4		
I had an erection WHENEVER I wanted one.....	5		

4. How often have you awakened in the morning or night with an erection **during the last 4 weeks?**

Never	1		
Less than once a week.....	2		
About once a week.....	3	(Circle one number)	61/
Several times a week.....	4		
Daily.....	5		

5. **During the last 4 weeks**, how often did you have any sexual activity?

- Not at all..... 1
- Less than once a week..... 2
- About once a week..... 3 (Circle one number)
- Several times a week..... 4
- Daily..... 5

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6. **During the last 4 weeks**, how often did you have sexual intercourse?

- Not at all..... 1
- Less than once a week..... 2
- About once a week..... 3 (Circle one number)
- Several times a week..... 4
- Daily..... 5

63/

7. Overall, how would you rate your ability to function sexually **during the last 4 weeks?**

- Very poor..... 1
- Poor..... 2
- Fair..... 3 (Circle one number)
- Good..... 4
- Very good..... 5

64/

8. 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</u> <u>Problem</u>	<u>Very Small</u> <u>Problem</u>	<u>Small</u> <u>Problem</u>	<u>Moderate</u> <u>Problem</u>	<u>Big</u> <u>Problem</u>	
a. Your level of sexual desire.....	0	1	2	3	4	65/
b. Your ability to have an erection.	0	1	2	3	4	66/
c. Your ability to reach an orgasm.	0	1	2	3	4	67/

9. Overall, how big a problem has your sexual function or lack of sexual function 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

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