

Cancer Care EPIC: The Expanded Prostate Cancer Index Composite Bowel Assessment



PATIENT NAME _____

_____/_____/_____
DATE OF BIRTH DATE

This questionnaire is designed to measure bowel habits and abdominal pain 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. **Please consider only the last 4 weeks.**

For each of the following questions, please select one number indicating the answer that best describes your experience:

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|--|----------------------------|------------------------------|----------------------------------|-----------------------------|---------------------------------|---|
| 1. How often have you had rectal urgency (felt like I had to pass stool, but did not) during the last 4 weeks? | 1 – Rarely or Never | 2 – About once a week | 3 – More than once a week | 4 – About once a day | 5 – More than once a day | Patient Score:
<input type="text"/> |
| 2. How often have you had uncontrolled leakage of stool or feces? | 1 – Rarely or Never | 2 – About once a week | 3 – More than once a week | 4 – About once a day | 5 – More than once a day | <input type="text"/> |
| 3. How often have you had stools (bowel movements) that were loose or liquid (no form, watery, mushy) during the last 4 weeks? | 1 – Never | 2 – Rarely | 3 – About half the time | 4 – Usually | 5 – Always | <input type="text"/> |
| 4. How often have you had bloody stools during the last 4 weeks? | 1 – Never | 2 – Rarely | 3 – About half the time | 4 – Usually | 5 – Always | <input type="text"/> |
| 5. How often have your bowel movements been painful during the last 4 weeks? | 1 – Never | 2 – Rarely | 3 – About half the time | 4 – Usually | 5 – Always | <input type="text"/> |
| 6. How many bowel movements have you had on a typical day during the last 4 weeks? | 1 – Two or less | 2 – Three to Four | 3 – Five or more | | | <input type="text"/> |
| 7. How often have you had crampy pain in your abdomen, pelvis or rectum during the last 4 weeks? | 1 – Rarely or Never | 2 – About once a week | 3 – More than once a week | 4 – About once a day | 5 – More than once a day | <input type="text"/> |

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

Patient Score:

■ Urgency to have a bowel movement	1 – No Problem	2 – Very Small Problem	3 – Small Problem	4 – Moderate Problem	5 – Big Problem
■ Increased frequency of bowel movements	1 – No Problem	2 – Very Small Problem	3 – Small Problem	4 – Moderate Problem	5 – Big Problem
■ Watery bowel movements	1 – No Problem	2 – Very Small Problem	3 – Small Problem	4 – Moderate Problem	5 – Big Problem
■ Losing control of your stools	1 – No Problem	2 – Very Small Problem	3 – Small Problem	4 – Moderate Problem	5 – Big Problem
■ Bloody stools	1 – No Problem	2 – Very Small Problem	3 – Small Problem	4 – Moderate Problem	5 – Big Problem
■ Abdominal/Pelvic/Rectal pain	1 – No Problem	2 – Very Small Problem	3 – Small Problem	4 – Moderate Problem	5 – Big Problem

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

1 – No Problem **2** – Very Small Problem **3** – Small Problem **4** – Moderate Problem **5** – Big Problem

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Total score: _____