**PROSTATE CANCER DISTRESS SCREEN**

The experience of prostate cancer is for many men a difficult time. I would like to ask you a few brief questions to check how you have been feeling and ask about your main concerns. Thinking about how you have been feeling over the past week including today, how distressed do you feel on a scale of '0', no distress to '10', extreme distress? [circle]

![Distress Scale](image)

<table>
<thead>
<tr>
<th>No distress</th>
<th>Extreme distress</th>
</tr>
</thead>
</table>

This is a list of problems that some men with prostate cancer experience. Do any of these problems apply to you? (Read the list below, tick if yes)

**Practical Problems**
- Work
- Financial/Insurance

**Family Problems**
- Partner

**Emotional Problems**
- Depression
- Uncertainty about the future
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

**Physical Problems**
- Pain
- Fatigue
- Sexual
- Urinary
- Bowel
- Hot Flushes
- Weight Gain
- Weight Loss
- Loss of Muscle Mass
- Memory/Concentration
- Sleep

**Other Problems** (please list)

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Which of these are the **most important concerns** for you right now? (Please list)

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Which of these concerns would you like help with?

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For men with a rating of 9 or 10 consider further assessment and referral to appropriate support services.

| Person completing form: | Date: __/__/__ |
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Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1. How often do you leak urine? (Tick one box)

- never □
- about once a week or less often □
- two or three times a week □
- about once a day □
- several times a day □
- all the time □

2. We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)? (Tick one box)

- none □
- a small amount □
- a moderate amount □
- a large amount □

3. Overall how much does leaking urine interfere with your everyday life?

   Please circle a number between 0 (not at all) and 10 (a great deal)

   0 1 2 3 4 5 6 7 8 9 10

   not at all  □  □  □  □  □  □  □  □  □  □

   a great deal  □  □  □  □  □  □  □  □  □  □

4. When does urine leak? (Please tick all that apply to you)

   - never – urine does not leak □
   - leaks before you can get to the toilet □
   - leaks when you cough or sneeze □
   - leaks when you are asleep □
   - leaks when you are physically active/exercising □
   - leaks when you have finished urinating and are dressed □
   - leaks for no obvious reason □
   - leaks all the time □

Thank you very much for answering these questions.

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International Prostate Symptom Score (IPSS)

Patient Name: Date of Birth: Age: Today's Date:

Determine Your BPH Symptoms
Circle your answers and add up your scores at the bottom.

<table>
<thead>
<tr>
<th>Over the past month</th>
<th>Not at all</th>
<th>Less than one time in five</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete emptying:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Frequency:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Intermittency:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Urgency:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Weak stream:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Straining:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sleeping:</td>
<td>None</td>
<td>One Time</td>
<td>Two Times</td>
<td>Three Times</td>
<td>Four Times</td>
<td>Five or More Times</td>
</tr>
<tr>
<td>Add Symptom Scores:</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

Total International Prostate Symptom Score=

1-7 mild symptoms 8-19 moderate symptoms 20-35 severe symptoms

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

Quality of Life (QoL)

<table>
<thead>
<tr>
<th>Delighted</th>
<th>Pleased</th>
<th>Mostly Satisfied</th>
<th>Mixed</th>
<th>Mostly Dissatis</th>
<th>Unhappy</th>
<th>Terrible</th>
</tr>
</thead>
<tbody>
<tr>
<td>if you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
# Sexual Health Inventory for Men (SHIM)

**Instructions**

Each question has five possible responses. Circle the number that best describes your own situation. Select **only one answer** for each question.

**Over the last six months:**

1. **How do you rate your confidence that you could keep an erection?**
   
<table>
<thead>
<tr>
<th></th>
<th>1 Very low</th>
<th>2 Low</th>
<th>3 Moderate</th>
<th>4 High</th>
<th>5 Very high</th>
</tr>
</thead>
</table>

2. **When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**
   
   |   | 1 Almost never or never | 2 A few times (much less than half the time) | 3 Sometimes (about half the time) | 4 Most times (more than half the time) | 5 Almost always or always |

3. **During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**
   
   |   | 1 Almost never or never | 2 A few times (much less than half the time) | 3 Sometimes (about half the time) | 4 Most times (more than half the time) | 5 Almost always or always |

4. **During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?**
   
   |   | 1 Extremely difficult | 2 Very difficult | 3 Difficult | 4 Slightly difficult | 5 Not difficult |

5. **When you attempted sexual intercourse, how often was it satisfactory for you?**
   
   |   | 1 Almost never or never | 2 A few times (much less than half the time) | 3 Sometimes (about half the time) | 4 Most times (more than half the time) | 5 Almost always or always |