

PATIENT ID

**RAND 12-Item Health Survey v2 (SF-12 v2)
and
UCLA PROSTATE CANCER INDEX
Short Form**

Today's Date:
Month Day Year

The purpose of this questionnaire is to find out about your health in general and about how your prostate cancer and any treatment you received for it affects your quality of life.

Please read each question carefully before answering. If you are unsure about how to answer a question, please give the best answer you can. Remember that there are no right or wrong answers. If you have any questions, please call the research staff at .

Your answers to this questionnaire will be kept confidential and will be used only for research purposes. The information you give will be combined with the responses of other patients completing this questionnaire, and you will not be identifiable in any way.

These first questions are about your health in general, BOTH RELATED and UNRELATED to your prostate cancer. We recognize that other diseases you may have in addition to your prostate cancer may affect your answers. Please give the best answer you can and remember there are no right or wrong answers.

1. In general, would you say your health is:

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

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

| (Circle 1, 2, or 3 on each line.) | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|------------------------------|
| a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf..... | 1 | 2 | 3 |
| b. Climbing several flights of stairs | 1 | 2 | 3 |

3. During the PAST FOUR WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

| (Circle one number on each line.) | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|----------------------------------------------------------------------|-----------------------|------------------------|------------------------|----------------------------|------------------------|
| a. Accomplished less than you would like | 1 | 2 | 3 | 4 | 5 |
| b. Were limited in the kind of work or other activities | 1 | 2 | 3 | 4 | 5 |

4. During the PAST FOUR WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

| (Circle one number on each line.) | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|-------------------------------------------------------------------------|-----------------|------------------|------------------|----------------------|------------------|
| a. Accomplished less than you would like | 1 | 2 | 3 | 4 | 5 |
| b. Didn't do work or other activities as carefully as usual..... | 1 | 2 | 3 | 4 | 5 |

5. During the PAST FOUR WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all..... 1 (Circle one number.)
 A little bit 2
 Moderately 3
 Quite a bit..... 4
 Extremely 5

6. These questions are about how you feel and how things have been with you during the PAST FOUR WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST FOUR WEEKS...

| (Circle one number on each line.) | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---------------------------------------------|-----------------|------------------|------------------|----------------------|------------------|
| a. Have you felt calm and peaceful?..... | 1 | 2 | 3 | 4 | 5 |
| b. Did you have a lot of energy?..... | 1 | 2 | 3 | 4 | 5 |
| c. Have you felt downhearted and depressed? | 1 | 2 | 3 | 4 | 5 |

7. During the **PAST FOUR WEEKS**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time 1 (Circle one number.)
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time..... 5

URINARY FUNCTION

This section is about your urinary habits. Please consider **ONLY THE LAST 4 WEEKS**.

8. Over the **LAST 4 WEEKS**, how often have you leaked urine?

- Every day1 (Circle one number.)
- About once a week.....2
- Less than once a week.....3
- Not at all.....4

9. Which of the following best describes your urinary control **during the LAST 4 WEEKS?**

- No control whatsoever1 (Circle one number.)
- Frequent dribbling.....2
- Occasional dribbling3
- Total control.....4

10. How many pads or adult diapers per day did you usually use to control leakage **during the LAST 4 WEEKS?**

- 3 or more pads per day.....1 (Circle one number.)
- 1-2 pads per day2
- No pads3

11. How big a problem, if any, has each of the following been for you?

| (Circle one number.) | No problem | Very small problem | Small problem | Moderate problem | Big problem |
|--------------------------------------------|------------|--------------------|---------------|------------------|-------------|
| Dripping urine or wetting your pants?..... | 0 | 1 | 2 | 3 | 4 |

12. Overall, how big a problem has your urinary function been for you during the LAST 4 WEEKS?

- (Circle one number.)
- No problem1
 - Very small problem.....2
 - Small problem.....3
 - Moderate problem.....4
 - Big problem5

BOWEL HABITS

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

13. How often have you had rectal urgency (felt like you had to pass stool, but did not) during the LAST 4 WEEKS?

- (Circle one number.)
- More than once a day1
 - About once a day2
 - More than once a week3
 - About once a week.....4
 - Rarely or never.....5

14. How much distress have your bowel movements caused you during the LAST 4 WEEKS?

- (Circle one number.)
- Severe distress.....1
 - Moderate distress2
 - A little distress3
 - No distress.....4

15. How often have you had crampy pain in your abdomen or pelvis during the LAST 4 WEEKS?

- Several times a day1 (Circle one number.)
 About once a day2
 Several times a week.....3
 About once a week.....4
 About once this month.....5
 Rarely or never.....6

16. Overall, how big a problem have your bowel habits been for you during the LAST 4 WEEKS?

- Big problem1 (Circle one number.)
 Moderate problem.....2
 Small problem.....3
 Very small problem.....4
 No problem5

SEXUAL FUNCTION

The next section is about your 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 that your answers to this questionnaire will be kept confidential and will be used only for research purposes. Please answer honestly about THE LAST 4 WEEKS ONLY.

17. How would you rate each of the following during the LAST 4 WEEKS?

| (Circle one number on each line.) | Very Poor | Poor | Fair | Good | Very Good |
|-------------------------------------------------|-----------|------|------|------|-----------|
| a. Your ability to have an erection? | 1 | 2 | 3 | 4 | 5 |
| b. Your ability to reach orgasm (climax)? | 1 | 2 | 3 | 4 | 5 |

18. How would you describe the usual QUALITY of your erections?

- None at all1 (Circle one number.)
 Not firm enough for any sexual activity2
 Firm enough for masturbation and foreplay only3
 Firm enough for intercourse.....4

19. How would you describe the FREQUENCY of your erections?

- I NEVER had an erection when I wanted one 1 (Circle one number.)
- 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
- I had an erection MORE THAN HALF the time I wanted one 4
- I had an erection WHENEVER I wanted one 5

20. Overall, how would you rate your ability to function sexually during the LAST 4 WEEKS?

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

21. Overall, how big a problem has your sexual function been for you during the LAST 4 WEEKS?

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

DEMOGRAPHIC & BRIEF MEDICAL QUESTIONS

22. How old were you on your last birthday?

_____ (Enter age.)

23. How do you describe yourself?

- White/Caucasian 1 (Circle one number.)
- Black/African-American 2
- Latino/Hispanic 3
- Asian/Pacific Islander 4
- Multi-Racial 5
- Other: _____

24. Which of the following best describes your current relationship?

- Living with spouse or partner 1 (Circle one number.)
 In a significant relationship, but not living together..... 2
 Not in a significant relationship..... 3

25. How much school did you complete?

- Grade school or less 1 (Circle one number.)
 Some high school or technical school..... 2
 High school or technical school graduate 3
 Some college 4
 College Graduate..... 5
 Graduate or professional school after college... 6

26. Have you ever had any of the following medical conditions?

| (Please circle yes or no for every item.) | Yes | No |
|----------------------------------------------------|-----|----|
| a. Diabetes | 1 | 0 |
| b. Heart attack, chest pain | 1 | 0 |
| c. Stroke | 1 | 0 |
| d. Amputation | 1 | 0 |
| e. Circulation problems in your legs or feet | 1 | 0 |
| f. Asthma, emphysema, breathing problems | 1 | 0 |
| g. Stomach ulcer, irritable bowel | 1 | 0 |
| h. Kidney disease | 1 | 0 |
| I. Major depression | 1 | 0 |
| j. Seizures | 1 | 0 |
| k. Alcoholism or alcohol problems..... | 1 | 0 |
| l. Drug problems..... | 1 | 0 |
| m. Current or past cigarette smoker..... | 1 | 0 |

27. Are you now working at a paying job?

- Yes, full-time1 (Circle one number.)
Yes, part time2
No, but looking for a job3
No, retired4
No, disabled5

Comments:

Thank you very much for your time! Please remember to mail your completed questionnaire in the supplied envelope.