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Your Symptoms Matter  
**Prostate Cancer**

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# Printout and Output Guide

SEPTEMBER 2016

# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output

Patient: Page 1 of 1

**Your Symptoms Matter - Prostate Cancer**

	H1 04 May 16	K1 12 May 16	K1 08 Jun 16	K1 30 Aug 16	K1 04 Sep 16	P1 04 Sep 16	P1 05 Sep 16	H1 08 Sep 16
<b>Urinary Incontinence Symptoms</b>	1	4	9	6	7	5	8	3
<b>Urinary Irritation/Obstruction Symptoms</b>	0	10	5	9	7	5		
<b>Bowel Symptoms</b>	1	3	6	9	6	5		
<b>Sexual Symptoms</b>	0	6	4	5	8	7	7	4
<b>Vitality/Hormonal Symptoms</b>	0	7	5	8	6	8	5	
<b>Rectal Bleeding</b>	3	4	3	4	3	2	1	2
<b>p-ECOG/Your Symptoms Matter - Daily Activities</b>	H1 21 Apr 16	H1 04 May 16	K1 09 May 16	K1 23 Jun 16	K1 29 Jun 16	K1 30 Aug 16	K1 02 Sep 16	H1 08 Sep 16
<b>Activities &amp; Function</b>	2	0	4	2	0	3	3	2

**H1 08 Sep 2016**

**Incontinence** Best 0 1 2 3 4 Worst

- Urinary Control:  0  1  2  3  4
- Pad or diaper usage:  0  1  2  3  4
- Problem with urinary leakage:  0  1  2  3  4

**Irritation/Obstruction** Best 0 1 2 3 4 Worst

- Urinary pain or burning:  0  1  2  3  4
- Weak stream or bladder emptying:  0  1  2  3  4
- Urinary frequency:  0  1  2  3  4

**Bowel** Best 0 1 2 3 4 Worst

- Rectal pain or urgency:  0  1  2  3  4
- Rectal frequency:  0  1  2  3  4
- Overall problem with bowel habit:  0  1  2  3  4

**Sexual** Best 0 1 2 3 4 Worst

- Ability to reach orgasm:  0  1  2  3  4
- Quality of erections:  0  1  2  3  4
- Overall problem with sexual function:  0  1  2  3  4

**Vitality or Hormonal** Best 0 1 2 3 4 Worst

- Hot flashes or breast symptoms:  0  1  2  3  4
- Feeling depressed:  0  1  2  3  4
- Lack of energy:  0  1  2  3  4

**Rectal Bleeding** Best 0 1 2 3 4 Worst

- Bloody Stool:  0  1  2  3  4

*Please remember to talk to your doctor or nurse about any concerns you may have no matter how small they may seem*

Location: H: Home; K: Kiosk; P: Paper  
Site: 1: CCO Test Site

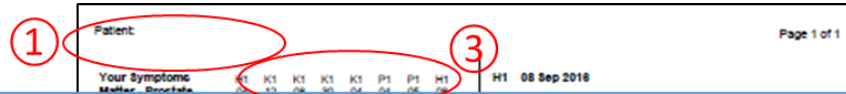
9/14/2016

# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output

### Titles



### Report header and footer:

Patient Identifying Information will appear at the top and include: First Name, Last Name, Initials, MRN, and/or HCN

Hospital site, date and location of questionnaire will appear at the bottom:

K: Kiosk

H: Home

P: Paper

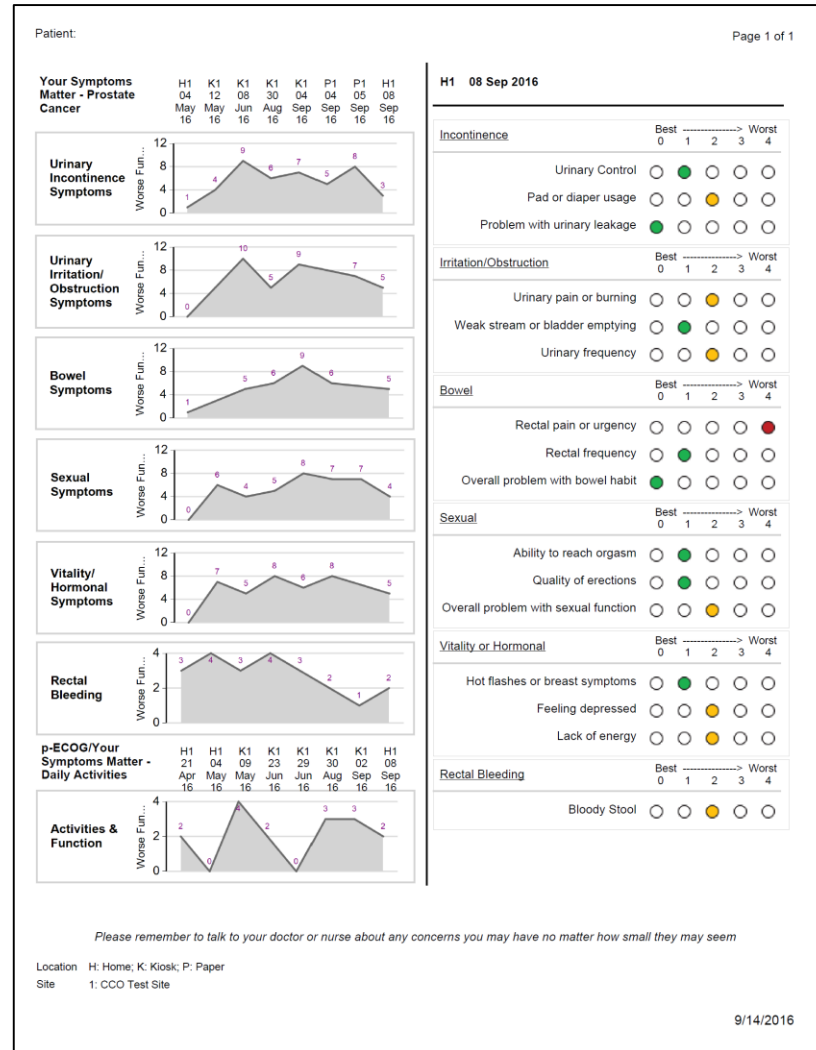
These codes (K,H, P) will also appear at the top to coincide with the histogram.



# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output

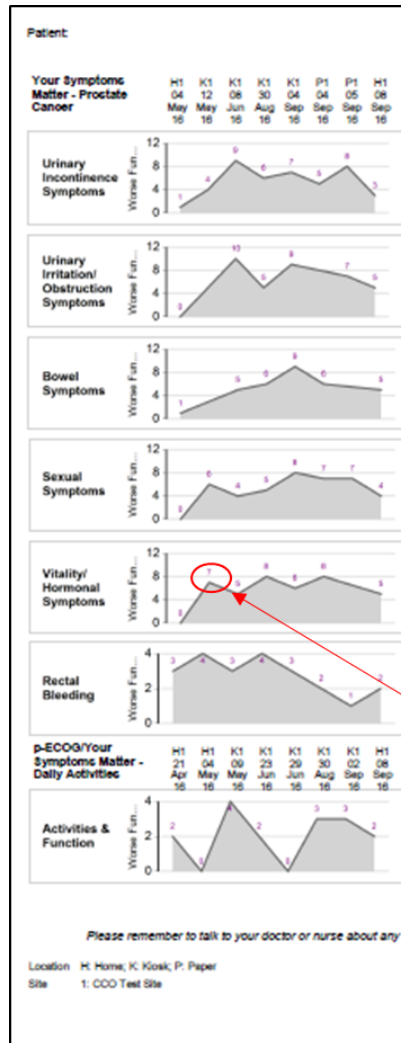


# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output

### Histograms



### Your Symptoms Matter – Prostate Cancer Histograms (EPIC)

Scores for the 5 domains of the questionnaire will be displayed, over time:

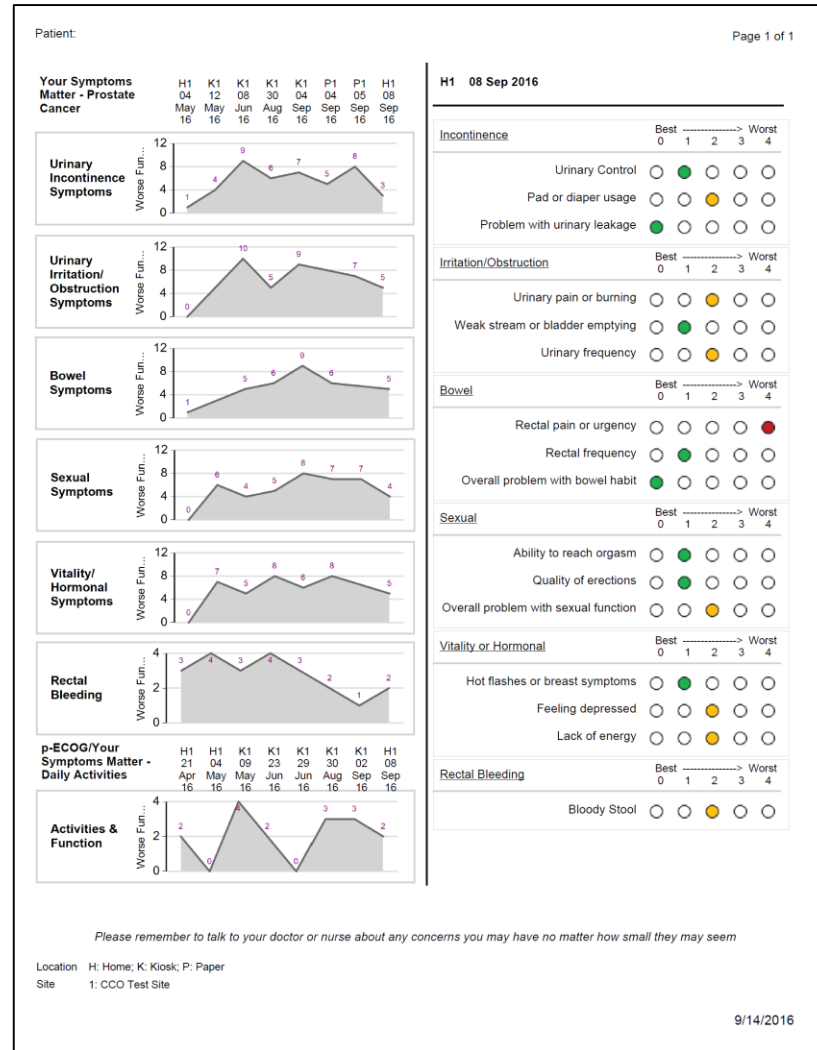
- Urinary incontinence
- Urinary irritation/obstruction
- Bowel function
- Sexual function
- Vitality/hormonal

The **purple** numbers on the histogram display overall scores at each visit. These numbers are the summation of all question scores within the domain.

# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output



# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output Histogram for Rectal Bleeding

**Your Symptoms Matter – Prostate Cancer Histogram (EPIC question)**

Scores will also be displayed for the Rectal Bleeding question, over time. Since this question is presented on its own, the Y axis ranges from 0-4.

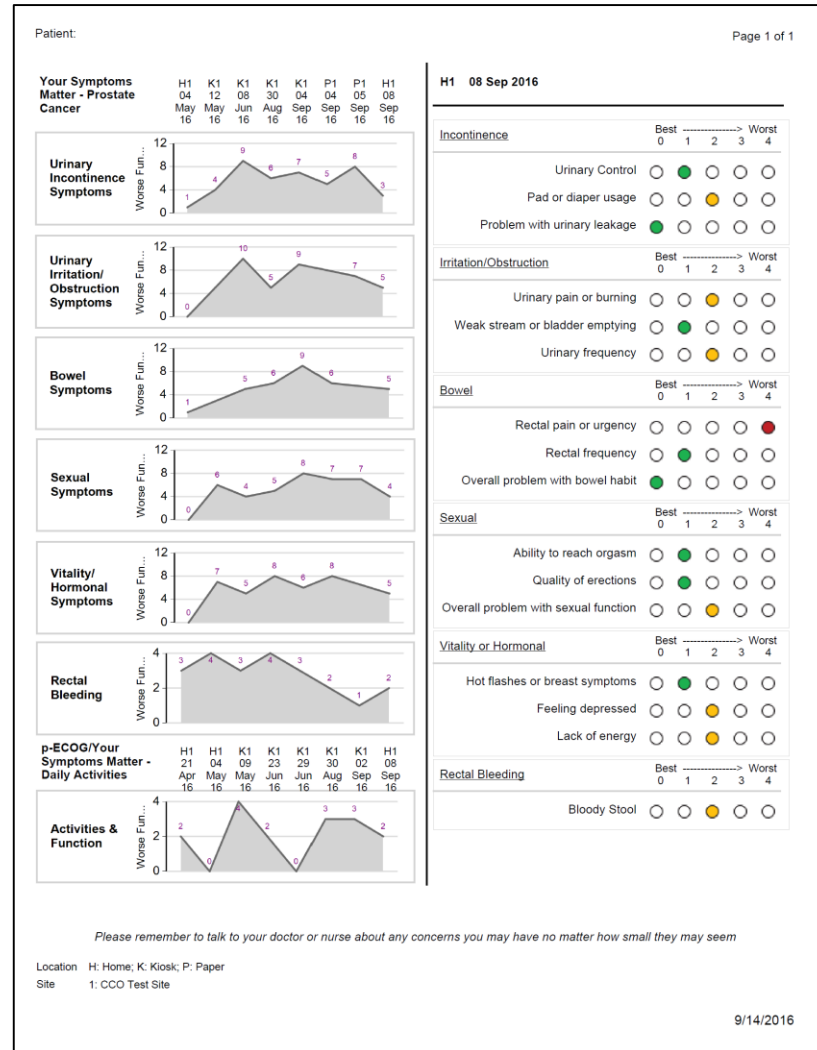
The **purple** numbers on the histogram display overall scores at each visit.

Rectal bleeding is not part of the EPIC CP questionnaire, but is included in the longer versions of this measure. Since this is an important outcome for radiation patients, it has been included in the provincial tool. Rectal bleeding has been kept separate from the GI domain score to keep the EPIC CP domain consistent and instead is reported separately.

# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output





# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output Histograms

**Your Symptoms Matter – Daily Activities (PRFS)**

Scores will be displayed for activities & daily function. The **purple** numbers on the histogram display overall scores at each visit, over time.

Since this question is presented on its own, the Y axis ranges from 0-4.

This score is a patient reported ECOG.

Please remember to talk to your doctor or nurse about any co...

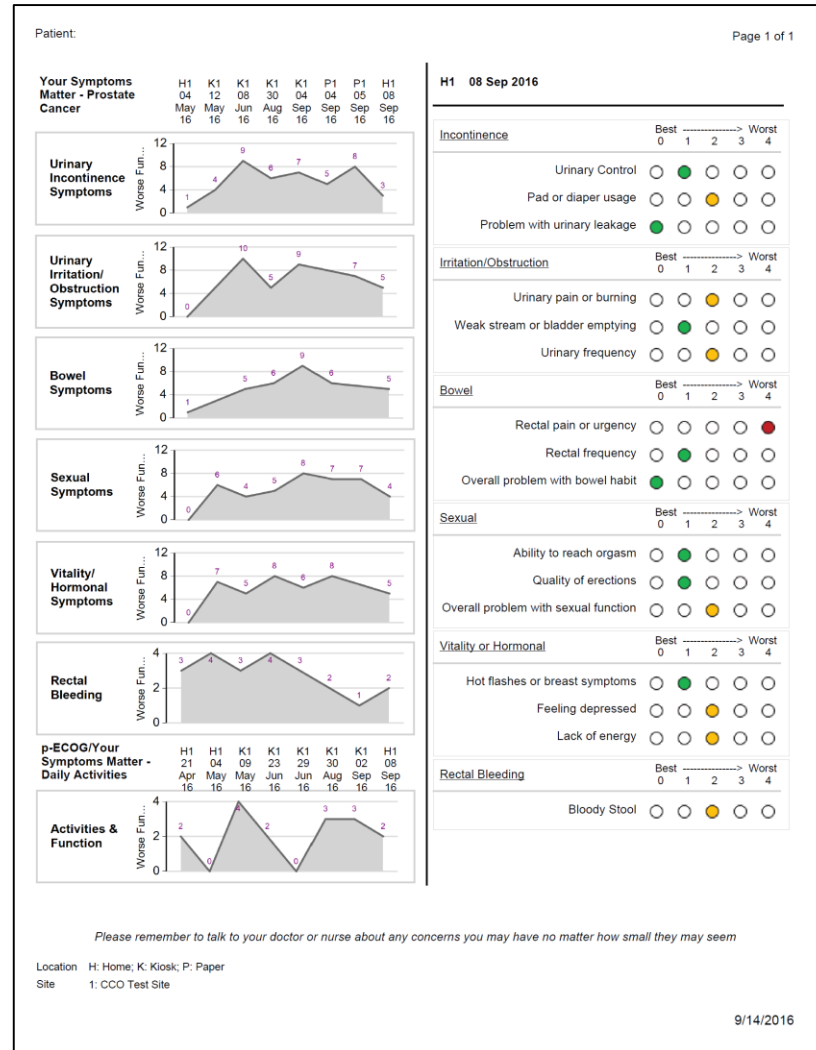
Location: H1 Home, K1 Work, P1 Paper  
Site: 1 - CCO Test Site

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# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output



# Your Symptoms Matter Prostate Cancer



## Your Symptoms Matter – Prostate Cancer Output Scores from most recent visit

### Your Symptoms Matter – Prostate Cancer Scores (EPIC)

Scores for each individual question are presented for the most recent patient visit.

Colours indicate the following:

- **Green** = positive scores
- **Yellow** = neutral score (probe further)
- **Red** = negative scores, immediate action necessary

	Best	→	Worst		
	0	1	2	3	4
<b>Incontinence</b>					
Urinary Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad or diaper usage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem with urinary leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Irritation/Obstruction</b>					
Urinary pain or burning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weak stream or bladder emptying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bowel</b>					
Rectal pain or urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rectal frequency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall problem with bowel habit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual</b>					
Ability to reach orgasm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of erections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall problem with sexual function	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vitality or Hormonal</b>					
Hot flashes or breast symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rectal Bleeding</b>					
Bloody Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Your Symptoms Matter – Prostate Cancer Output

Patient: Page 1 of 1

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<b>Activities &amp; Function</b>	2	0	4	2	0	3	3	2

H1 08 Sep 2016		Best	----->				Worst
		0	1	2	3	4	
<b>Incontinence</b>							
Urinary Control		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pad or diaper usage		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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<b>Irritation/Obstruction</b>							
Urinary pain or burning		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Weak stream or bladder emptying		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Urinary frequency		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Bowel</b>							
Rectal pain or urgency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Rectal frequency		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall problem with bowel habit		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Sexual</b>							
Ability to reach orgasm		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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Lack of energy		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Rectal Bleeding</b>							
Bloody Stool		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	

*Please remember to talk to your doctor or nurse about any concerns you may have no matter how small they may seem*

Location: H: Home; K: Kiosk; P: Paper  
Site: 1: CCO Test Site

9/14/2016

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## Your Symptoms Matter – Prostate Cancer Output

### Conclusion

- If you have any Questions or Concerns, please contact the [ISAAC@CancerCare.on.ca](mailto:ISAAC@CancerCare.on.ca) mailbox.