


**MQ Health**

 MACQUARIE UNIVERSITY  
 HEALTH SCIENCES CENTRE

## 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)



No distress

Extreme distress

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

### Treatment Problems

- Understanding treatments
- Making a decision
- Information about my illness

### 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  $\geq 4$  consider further assessment and referral to appropriate support services.

Person completing form:

Date: \_\_\_ / \_\_\_ / \_\_\_

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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.

Over the past month	Not at all	Less than one time in five	Less than half the time	About half the time	More than half the time	Almost always
<b>Incomplete emptying</b> - How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
<b>Frequency</b> - How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
<b>Intermittency</b> - How often you have found you stopped and started again several times when you urinated?	0	1	2	3	4	5
<b>Urgency</b> - How often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>Weak stream</b> - How often have you had a weak urinary stream?	0	1	2	3	4	5
<b>Straining</b> - How often have you had to push or strain to begin urination?	0	1	2	3	4	5
<b>Sleeping</b> - How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None 0	One Time 1	Two Times 2	Three Times 3	Four Times 4	Five or More Times 5
<b>Add Symptom Scores:</b>		+	+	+	+	+

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)	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatis-	Unhappy	Terrible
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?	0	1	2	3	4	5	6



## 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:

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#### 1. How do you rate your confidence that you could keep an erection?

1	2	3	4	5
Very low	Low	Moderate	High	Very high

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#### 2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

1	2	3	4	5
Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always

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#### 3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

1	2	3	4	5
Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always

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#### 4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

1	2	3	4	5
Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult

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#### 5. When you attempted sexual intercourse, how often was it satisfactory for you?

1	2	3	4	5
Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always

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