Prostate Cancer Survivorship Questionnaire

Following prostate cancer treatment, some patients may have prolonged sexual and bladder health concerns. Complete this questionnaire to assess your sexual and bladder health. If needed, treatments are available.

Name:	Date:
My Urologist:	
Bladder Health Assessment	
Answer the bladder health questions by checking	g the boxes and filling in your information.
1) How long ago did you complete your prostate cancer treatment?	Years Months
 Do you experience urine leakage? If "Yes," proceed to the next question. If "No," disregard this assessment. 	□ Yes □ No
3) Which symptoms best describe you? (Check all that apply)	 Leakage with little or no warning (sometimes unable to make it to the bathroom in time) Frequent urination (day, night or both) Accidental leakage with physical activity (e.g., exercising) Other
 Do you wear pads or diapers, use a urine collection device or a penile clamp? (Check all that apply) 	 □ Pads: how many per day □ Diapers: how many per day □ Urine collection device □ Penile clamp
5) On a scale of 0 to 5, with 0 being no bother and 5 being extreme bother, how bothered are you by your bladder control symptoms?	0 1 2 3 4 5
If you are interested is discussing your assessmer (817)871-9069 to make an appointment. Please I	nt results and learning about durable treatment options, call bring your assessment to your appointment.
Please provide any additional information that you v	would like to discuss at your appointment: (Optional)
1. Cappelleri JC, Rosen RC. The Sexual Health Invento	ory for Men (SHIM): a 5-year review of research and clinical experience.

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