

How to complete the Your Symptoms Matter: Prostate Cancer questionnaire

Each time you have an appointment to see a doctor at the cancer centre you need to do the Your Symptoms Matter (YSM): Prostate Cancer questionnaire.

You can complete YSM the night before or the morning of your appointment on your computer or mobile device. The link to YSM can be found in your appointment details on MyChart™. If you have not registered for MyChart™, ask a member of your healthcare team about it. You can also complete YSM online at <https://isaac.cancercare.on.ca/> or at one of the check-in computers in the cancer centre when you come for your appointment.

What is the YSM: Prostate Cancer questionnaire?

You will be asked 17 questions about cancer related symptoms you have at the time you complete YSM. It will take you less than 5 minutes to complete.

You will be asked about:

- Dribbling of your urine
- Urinating (or peeing) often
- Feelings of 'burning' when you urinate
- Bowel movements that cause you pain
- Firmness of your erections
- Hormonal symptoms such as hot flashes or breast tenderness

You do not have to answer all of the questions. You will also be asked about your activity level in the last month. After completing YSM, your scores are entered into your hospital medical record for the healthcare team to review before your appointment.

When you complete YSM, your doctor and nurse will be able to:

- Review your answers before they see you.
- Understand the symptoms that are a problem for you.
- Talk to you about your symptoms and how to manage them.
- Plan the next steps in your care with you.

Please talk to a member of your health care team if you have questions or do not understand any of the information in this handout.

Last reviewed: August 2020

Your Symptoms Matter: Prostate Cancer Questionnaire

Patients: Please answer the following questions by circling the appropriate answer.

Select ONE answer for each question:

1. Overall, how much of a problem has your urinary function been for you?				
No Problem	Very small problem	Small problem	Moderate problem	Big problem

2. Which of the following best describes your urinary control?				
0-Total control	1-Occasional dribbling	2-Frequent dribbling	4- No urinary control	
3. How many pads or adult diapers per day have you been using for urinary leakage?				
0-None	1-One pad per Day	2-Two pads per Day	4- Three or more pads	
4. How big a problem, if any has urinary dripping or leakage been for you?				
0-No problem	1-Very small problem	2-Small problem	3-Moderate problem	4-Big problem
<i>CLINICIANS: Add the answers from questions 2-4 to calculate the Urinary Incontinence Symptom Score (out of 12)</i>				

5. How big a problem, if any, has each of the following been for you?						
	No problem	Very small problem	Small problem	Moderate problem	Big problem	
a. Pain or burning with urination	0	1	2	3	4	
b. Weak urine stream/incomplete bladder emptying	0	1	2	3	4	
c. Need to urinate frequently	0	1	2	3	4	
<i>CLINICIANS: ADD the answers from questions 5a-5c to calculate the Urinary Irritation/Obstructive Symptom Score (out of 12)</i>						

6. How big a problem, if any, has each of the following been for you?						
	No problem	Very small problem	Small problem	Moderate problem	Big problem	
a. Rectal pain or urgency of bowel movements	0	1	2	3	4	
b. Increased frequency of your bowel movements	0	1	2	3	4	
c. Overall problems with your bowel movements	0	1	2	3	4	
d. Bloody stools	0	1	2	3	4	
<i>CLINICIANS: ADD the answers from questions 6a-6d to calculate the Bowel Symptom Score (out of 16)</i>						

7. How do you rate your ability to reach orgasm (climax)?				
0- Very good	1-Good	2-Fair	3-Poor	4-Very poor to none

8. How would you describe the usual quality of your erections?			
0- Firm enough for intercourse	1-firm enough for masturbation and foreplay	2-Not firm enough for any sexual activity	4-None at all

9. Overall, how much of a problem has your sexual function or lack of sexual function been for you?				
0-No problem	1-Very small problem	2-Small problem	3-Moderate problem	4-Big problem

10. How big a problem, if any, has each of the following been for you?						
	No problem	Very small problem	Small problem	Moderate problem	Big problem	
a. Hot flashes or breast tenderness/enlargement	0	1	2	3	4	
b. Feeling depressed	0	1	2	3	4	
c. Lack of energy	0	1	2	3	4	
CLINICIANS: ADD the answers from question s10a-10c to calculate the <i>Vitality/Hormonal Symptom Score</i>(out of 12)						

CLINICIANS: ADD the five domain summary scores to calculate the Overall Prostate Cancer QOL Score (out of 60)