

Has your prostate cancer progressed?

Help your doctor evaluate your symptoms

NAME

DATE

Please answer the following questions about your symptoms and bring a printout of this completed form to your next office visit.

1

Do you have difficulty moving, such as walking or climbing stairs?

0

Not at all

1

A little bit

2

Somewhat

3

Quite a bit

4

Very much

2

Do you have difficulty doing daily normal activities, such as household chores, lifting items, or standing up from a chair?

0

Not at all

1

A little bit

2

Somewhat

3

Quite a bit

4

Very much

3

Do you miss work, regular activities, and/or social events based on how you are feeling?

0

Not at all

1

A little bit

2

Somewhat

3

Quite a bit

4

Very much

4

Do you feel tired or exhausted, even after resting or sleeping?

0

Not at all

1

A little bit

2

Somewhat

3

Quite a bit

4

Very much

5

In the past month, have you had any problems sleeping?

0

Not at all

1

A little bit

2

Somewhat

3

Quite a bit

4

Very much

6

Have you experienced any change in your eating habits in the past month?

0

Not at all

1

A little bit

2

Somewhat

3

Quite a bit

4

Very much

7

Have you been feeling any general pain or discomfort in your body?

- 0
Not at all
- 1
A little bit
- 2
Somewhat
- 3
Quite a bit
- 4
Very much

8

Have you experienced any numbness or tingling in your body in the past month (eg, fingers, toes, legs, or arms)?

- 0
Not at all
- 1
A little bit
- 2
Somewhat
- 3
Quite a bit
- 4
Very much

9

Do your limbs (eg, arms or legs) feel weak or tired during daily activities?

- 0
Not at all
- 1
A little bit
- 2
Somewhat
- 3
Quite a bit
- 4
Very much

10

Do you take any over-the-counter or prescription medications to relieve your discomfort or pain?

- YES
- NO
- BOTH

If so, how often do you take it?

- A A few times a week
- B 1 to 2 times a day
- C 3+ times a day

Talk to your doctor about any of these symptoms you may be experiencing:



Tiredness/fatigue



Trouble falling or staying asleep



Aches, pain, or discomfort



Anxiety or distress as a result of pain



Weakness/numbness



Difficulty doing normal activities

This checklist is not a validated scale. It is meant to suggest questions to patients that may help patients monitor their symptoms and facilitate discussions with their healthcare providers. Please consult with your healthcare provider.

