

# Assessing Clinical Progression in Advanced Prostate Cancer

## Symptom evaluation form<sup>a</sup> for patients with mCRPC

Patient Name: \_\_\_\_\_

Use this tool to help detect the onset or worsening of symptoms associated with bone metastases between visits for your patients with prostate cancer in the bone.

Record your patient's answers below corresponding with their visit and date

Visit 1:	Visit 2:	Visit 3:
__/__/__	__/__/__	__/__/__

### 1. Describe your daily routine and please include hobbies or activities you routinely enjoy.

- For example, walking your dog, playing golf, gardening, playing with your grandchildren

	Any changes?	Any changes?

### 2. I would like to learn more about your support system at home. Is there someone you rely on for support or care during or between your treatment visits?

- Family member
- Friend
- Close neighbor
- Church member
- Other

	Any changes?	Any changes?

### 3. Do you feel tired or exhausted, even after you rest or sleep?<sup>1</sup>

- |            |              |          |             |           |
|------------|--------------|----------|-------------|-----------|
| <b>0</b>   | <b>1</b>     | <b>2</b> | <b>3</b>    | <b>4</b>  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |

- How long have you felt this way?
- Have you missed work, activities, and/or social events because of feeling tired or exhausted in the past month? Yes or No

Length of time:	Length of time:	Length of time:

### 4. In the past month, have you experienced<sup>1,2</sup>:

- Difficulty moving, such as walking, sitting, or being able to lie down comfortably? Yes or No
- Difficulty doing everyday tasks, such as lifting items, standing up from a chair, or getting out of a car? Yes or No


### 5. Do you ever feel short of breath or weak, even during normal activities?<sup>1</sup>

- |            |              |          |             |           |
|------------|--------------|----------|-------------|-----------|
| <b>0</b>   | <b>1</b>     | <b>2</b> | <b>3</b>    | <b>4</b>  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |

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### 6. Have you felt any numbness or tingling in your body in the past month (eg, fingers, toes, legs/arms)?<sup>1</sup>

- |            |              |          |             |           |
|------------|--------------|----------|-------------|-----------|
| <b>0</b>   | <b>1</b>     | <b>2</b> | <b>3</b>    | <b>4</b>  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |

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mCRPC=Metastatic Castration-Resistant Prostate Cancer.

<sup>a</sup>This checklist is not a validated scale. It is meant to suggest questions to patients that may help detect the onset or worsening of symptoms associated with prostate cancer in the bone.

## 7. Have you experienced any change in your eating habits in the past month?<sup>1</sup>

0

Not at all

1

A little bit

2

Somewhat

3

Quite a bit

4

Very much

## 8. Have you had any change in your bladder or bowel control in the past month?<sup>1</sup>

- Yes or No
- If yes, about how many times have you lost control of your bladder or bowels in the past month?

# of times:

# of times:

# of times:

## 9. Have you been feeling any general pain or discomfort in your body?<sup>1</sup>

0

1

2

3

4

5

6

7

8

9

10

Little pain/discomfort

Worst pain/discomfort

- Where is the pain or discomfort?

## 10. Are you taking any medication to relieve your discomfort or pain?<sup>1</sup>

- Yes or No
- If so, how often do you take the medication?  
A few times a week                      1 to 2 times a day                      3+ times a day
- Is the medication over the counter or prescription?

# of times:

# of times:

# of times:

- 
- Over the counter
- 
- 
- Prescription

- 
- Over the counter
- 
- 
- Prescription

- 
- Over the counter
- 
- 
- Prescription

## 11. In the past month, have you had any problems sleeping?<sup>1</sup>

- Yes or No
- If you are having problems sleeping, what do you think is the cause?

### Clinical Progression/Symptoms Associated With Advanced Prostate Cancer Including Bone Metastases

Fatigue, generalized weakness<sup>1,2</sup>Dyspnea<sup>2</sup>Weakness in extremities<sup>1</sup>Neurologic impairment<sup>3</sup>Impaired mobility<sup>1</sup>Mild sensory loss, numbness<sup>1</sup>Interference with daily activities<sup>1,2</sup>Pain and discomfort<sup>1</sup>Loss of appetite<sup>1</sup>Interference with sleep<sup>1</sup>Loss of bladder and bowel function<sup>1</sup>Anemia, neutropenia, thrombocytopenia<sup>1,2</sup>

**References:** 1. Prostate Cancer UK's Health Information Team. <https://prostatecanceruk.org/media/2495256/advanced-prostate-cancer-managing-symptoms-and-getting-support-ifm.pdf>. Accessed August 8, 2017. 2. Farrell C. *Br J Nurs*. 2013;22(suppl 7):S4,S6,S8-S11. 3. Selvaggi G et al. *Crit Rev Oncol Hematol*. 2005;56(3):365-378.

