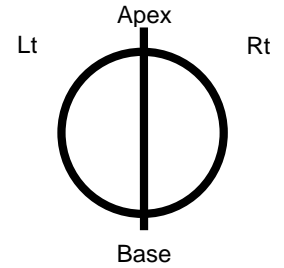


Clinical Data

PSA (ng/ml) **4.32**  
 Gleason Score **3+4**  
 DRE / Clinical Stage **Normal**  
 BMI



EPIC HRQOL Domain Summaries		Score
Urinary		100
Bowel		100
Sexual		83
Hormonal		100

EQ-5D Dimension	Level 1	Level 2	Level 3	Level 4	Level 5	Overall Health
Problems with Mobility	none	slight	moderate	severe	extreme	Best  Worst
Problems with Self-Care	none	slight	moderate	severe	extreme	
Problems with Usual Activities	none	slight	moderate	severe	extreme	
Pain / Discomfort	none	slight	moderate	severe	extreme	
Anxiety / Depression	none	slight	moderate	severe	extreme	

Patient's Preference & Decisional Needs

Date completed November 6, 2013

Certainty Prefers: **Surgery**  
 Feels: **Unsure** about the best choice

Knowledge Feels: **Informed** about benefits and harms of each option

# of correct answers: **4 out of 6**

- ✓ **Knows** waiting 3 months to make treatment decision has little affect on survival
- ✗ **Doesn't know** without prostate cancer treatment most men will die of something else
- ✗ **Doesn't know** with prostate cancer treatment most men will die of something else
- ✓ **Knows** bowel problems are more likely with radiation treatment
- ✓ **Knows** sexual problems can occur with both surgery and radiation
- ✓ **Knows** dripping or leaking urine 5 years after treatment is more likely with surgery

Values Feels: **Unclear** about which benefits and harms matter most

Reasons to choose each option

	Not Important 0	Very Important 10
Avoid treatment (Rx) until <b>clearly needed</b>	4	
<b>Actively treat</b> prostate cancer		10
Avoid <b>surgery</b> on your prostate	4	
Choose a Rx that can be <b>completed quickly</b>		10
Avoid hassles of <b>radiation Rx</b>		7
Avoid something <b>radioactive in body</b>		10
Avoid Rx that may cause <b>dripping or leaking urine</b>	4	
Avoid Rx that may cause <b>bowel problems</b>		10
Avoid Rx that may cause <b>sexual problems</b>	4	

Support Feels: **Does have** enough support and advice to make a choice

Patient's comments and/or questions

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date