The experience of prostate cancer is for many men a difficult time. I would like to ask you a few brief questions to check how you have been feeling and ask about your main concerns. Thinking about how you have been feeling over the past week including today, how distressed do you feel on a scale of ‘0’, no distress to ‘10’, extreme distress? (circle)

0               1               2               3               4               5               6               7               8               9               10
No distress                    Extreme distress

This is a list of problems that some men with prostate cancer experience. Do any of these problems apply to you? (Read the list below, tick if yes)

**Practical Problems**
- Work
- Financial/Insurance

**Family Problems**
- Partner

**Emotional Problems**
- Depression
- Uncertainty about the future
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

**Physical Problems**
- Pain
- Fatigue
- Sexual
- Urinary
- Bowel
- Hot Flushes
- Weight Gain
- Weight Loss
- Loss of Muscle Mass
- Memory/Concentration
- Sleep

**Other Problems** (please list)

Which of these are the **most important concerns** for you right now? (Please list)

Which of these concerns would you like help with?

For men with a rating of ≥4 consider further assessment and referral to appropriate support services.

**Person completing form:**

Name & designation: ____________________________

Action taken: _______________________________

Date: ___ / ___ / ___


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**PROSTATE CANCER IN AUSTRALIA**

Prostate cancer is an important public health issue. Every year 1.3 million men worldwide are diagnosed and Australia has one of the highest incidence rates internationally, with 1 in every 7 Australian men likely to be diagnosed during their lifetime. While survival rates for prostate cancer are high (over 95% of men survive at least five years), it remains the most commonly diagnosed cancer in Australian men. With the growing Australian population and increasing life expectancy, the number of men diagnosed as they age will continue to increase.

There are over 200,000 Australian men currently living with a previous diagnosis and 20,000 men will be diagnosed this year. The diagnosis is a major life stress that commonly involves treatment-related symptoms and heightened psychological distress.

PCFA is here to help: funding research, raising awareness, and providing support. For information and support – or to get involved in making a difference please free call 1800 22 00 99, email enquiries@pcfa.org.au or go to www.pcfa.org.au.

Global authorities agree that psychosocial care is integral to prostate cancer care. Several countries have developed clinical practice guidelines and standards to guide psychosocial care in adults with cancer. However, screening for distress and referral to evidence-based psychosocial care has not yet been systematically implemented in prostate cancer care in the Australian setting.

To address this gap we have developed the *Monograph: A psychosocial care model for men with prostate cancer* that has been endorsed by the Urological Society of Australia and New Zealand, the Australian and New Zealand Urogenital and Prostate Cancer Trials Group, the Australia and New Zealand Urological Nurses Society, the Royal Australian and New Zealand College of Radiologists, the Medical Oncology Group of Australia and the European Association of Urology Nurses and Australian Universities currently working in prostate cancer survivorship research.

### KEY POINTS ABOUT PSYCHOSOCIAL CARE FOR MEN WITH PROSTATE CANCER

A range of multi-modal approaches appear to have efficacy for improving psychological outcomes for men with prostate cancer, including combinations of:

- psycho-education
- cognitive-behavioural therapy
- health education and decision support
- stress management and relaxation training
- communication skills training
- peer support
- multi-modal (aerobic/resistance) moderate to high-intensity exercise

It’s important that your care is tailored to meet your specific needs.