PATIENT VALUE/PREFERENCE SCALE
PSA Screening for Prostate Cancer

Take a moment to read each of the following questions. Think carefully, then circle one number per question.

Example:

1  2  3  4  5  6  7

1. How much do you worry about being diagnosed with prostate cancer?
   I don't worry at all about prostate cancer 1 2 3 4 5 6 7
   I worry a great deal about prostate cancer

2. How anxious would you be knowing that you could have “cancer” cells in your prostate, even if they might not cause you any problems?
   That wouldn't worry me at all 1 2 3 4 5 6 7
   That would worry me a great deal

3. How much would it bother you to have some difficulty controlling your urine?
   That wouldn't bother me at all 1 2 3 4 5 6 7
   That would bother me a great deal

4. How much would it bother you if you could rarely, if ever, get enough of an erection to have sex?
   That wouldn't bother me at all 1 2 3 4 5 6 7
   That would bother me a great deal

5. If you had prostate cancer, would you want aggressive treatment – which sometimes has side effects – even though doctors are uncertain about whether such treatment could prolong your life?
   Definitely not 1 2 3 4 5 6 7
   Definitely yes

6. In general, when faced with an important decision about your health, how important is it that you help decide what to do?
   I feel comfortable leaving it up to my doctor 1 2 3 4 5 6 7
   I want to be intimately involved in the decision

Please finish viewing the Men's Health Decision Tool and then give this completed form to your physician.