

**Prostate Awareness Foundation  
Crila<sup>®</sup> Supplement Evaluation  
Weekly / Monthly Progress Diary**  
CONFIDENTIAL

Name: \_\_\_\_\_ Week #: \_\_\_\_\_ Month \_\_\_\_\_

For the first three months please complete and submit WEEKLY!

**Weeks # 1-12:** Complete this progress diary at the end of each week. Return this document to by email to [kamalik@prostateawarenessfoundation.org](mailto:kamalik@prostateawarenessfoundation.org) or Mail it to Prostate Awareness Foundation, PO Box # 2934, Santa Rosa, CA 95409

**Months # 4-6:** Same instructions as above but one diary per month due at which is due at the end of each month.

Using a scale rating from 1-10, where 1 is the least (i.e. no urgency, no straining) and 10 is THE most severe (i.e. great urgency, significant straining).

Urgency: Slow to start urine stream: \_\_\_\_\_

Weak urinary stream: \_\_\_\_\_

Prolonged emptying of bladder: \_\_\_\_\_

Abdominal straining: \_\_\_\_\_

Hesitancy (stopping and starting of urinary stream): \_\_\_\_\_

Incomplete bladder emptying: \_\_\_\_\_

Post-urination dribble: \_\_\_\_\_

Irritation or pain during urination (Dysuria): \_\_\_\_\_

Frequent urination: Number of times during the day: \_\_\_\_\_

Number of times during the night: \_\_\_\_\_

Incontinence (involuntary leakage of urine): \_\_\_\_\_

Pain in the prostate area: \_\_\_\_\_

Problems gaining and holding an erection: \_\_\_\_\_

Other information you would think is important and that you would like to share:

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**Confidentiality:** Please be assured that this form is strictly confidential. The information provided is only for internal tracking and evaluation purposes. At no time will your personal information be divulged to other parties or revealed to any staff members without your express permission. Upon completion of the study all personal information will be purged from PAF files to insure your complete privacy.

**Please Note:**

If you have questions regarding this evaluation, please call Ken Malik at 415-675-5661

If you have any questions regarding the use of the Crila formula, please contact Sue McKinney at [info@crilahealth.com](mailto:info@crilahealth.com)

Please return this Progress Diary questionnaire by mail to: Prostate Awareness Foundation, Attn: Ken Malik, PO Box # 2934, Santa Rosa, CA 95409 Or by email to [kamalik@prostateawarenessfoundation.org](mailto:kamalik@prostateawarenessfoundation.org)

**Product Replenishment:** *You must be current with your Weekly / Monthly Progress Diary to obtain more product.* Call or email Ken Malik at the PAF and confirm that you are current with your Weekly/Monthly Diary. Make sure you allow enough time to make your request for more product so that you do not run out before replenishment. You can arrange to have the product shipped directly to you, pick-up additional product at the PAF office in Santa Rosa or at one of the monthly PAF meetings in San Francisco or Santa Rosa.



**Prostate Awareness Foundation**  
657 Acacia Lane, Suite # 216, Santa Rosa, CA 95409  
415-675-5661  
[www.ProstateAwarenessFoundation.org](http://www.ProstateAwarenessFoundation.org)