

BPH - (Benign Prostatic Hyperplasia) Symptom Questionnaire Developed by the American Urological Association

Participant's name _____

How do you know if you have BPH and how severe it is?

Take the below Symptom Score Test and find out.

This simple test will determine your score. Simply assign a point value to the questions below.

Key: None = 0 points, Less than one time in five = 1 point, Less than half the time = 2 points, about half the time = 3 points, More than half the time = 4 points, Almost always = 5 points.

QUESTIONS:

- 1) **Incomplete emptying:** Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating? _____
- 2) **Frequency:** Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating? _____
- 3) **Intermittency:** Over the past month, how often have you found that you stopped and started again several times when you urinate? _____
- 4) **Urgency:** Over the past month, how often have you found it difficult to postpone urination? _____
- 5) **Weak-Stream:** Over the past month, how often have you had a weak urinary stream? _____
- 6) **Straining:** Over the past month, how often have you had to push or strain to begin urination? _____
- 7) **Nocturia:** Over the past month, how many times did you typically get up at night to urinate? _____

Symptom Score: Add up the points to all questions to determine the severity of your BPH symptoms.

Symptom Score Severity: 0-7 = Mild, 8-19 = Moderate, 20-35 Severe.

Most men with mild symptoms choose to receive no treatment. Those with moderate symptoms often try pharmaceutical relief under the guidance of a physician. Those with moderate to severe symptoms often opt for more aggressive intervention based on the recommendations and guidance of a health professional.



Prostate Awareness Foundation
657 Acacia Lane, Suite # 216, Santa Rosa, CA 95409
415-675-5661
www.ProstateAwarenessFoundation.org

Prostate Awareness Foundation
Crila® Supplement Evaluation
HOLD HARMLESS AGREEMENT

I, the undersigned, agree to not hold the Prostate Awareness Foundation or Crila Health legally responsible in any way for any and all ill effects or any other health complications associated with the use of the Crila Health supplement called Crila®.

I understand that there could be risks associated with the use of any nutritional supplement. I realize that the use of this supplement is totally my decision. I also understand that the Prostate Awareness Foundation does not endorse the use of this supplement. PAF makes this product available only to help evaluate and determine if the supplement has merit as a support to prostate health.

CONFIDENTIALITY:

Please be assured that all your personal information in regard to this evaluation will be kept strictly confidential. Your information is for internal PAF use only to help in the evaluation of this product. At no time will your personal information be divulged to Crila Health, PAF staff or any other parties or individuals without your express permission. Upon completion of the evaluation, all your personal information will be purged from PAF files to insure your complete privacy.

Name: _____ Date : _____
Signature

(Please Print) Name: _____

Mailing Address: _____

**Prostate Awareness Foundation
Crila[®] Supplement Evaluation
Participant Personal History Profile**

Confidentiality: Please be assured that this form is strictly confidential. The information provided is only for internal tracking and product 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.

Name: _____ DOB: _____ Date: _____

Address (full): _____

Telephone #: _____ Email Address: _____

Please provide your latest lab test numbers with dates for each:

PSA: # _____ Date: _____ Testosterone: # _____ Date: _____

C - Reactive Protein: # _____ Date _____

Free PSA: # _____ Date: _____

Gland Size: # _____ (in Grams or Cubic Centimeters) Date: _____

Date of next PSA test if known: _____ If no PSA data is available now, are you willing to get a PSA test now and again in 6 months following the evaluation? _____
(PSA data is not a required condition of participation but preference may be given to men testing PSA results.)

How long has BPH caused you problems? _____

List of current supplements used for BPH: _____

List of current pharmaceuticals used for BPH: _____

Describe any specific treatments you have undergone for BPH: _____

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

Current Status: Please read the below questions carefully and *think about your answers over night* without filling in your answers. Then complete the below questionnaire.

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

Urgency: _____

Slow to start urinary 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 at night: _____

Incontinence (involuntary leakage of urine): _____

Pain in the prostate area: _____

Problems gaining and holding an erection: _____

If you have any questions regarding this survey please contact 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



Please mail this pre-study/trial questionnaire to: Prostate Awareness Foundation, Attn: Ken Malik, PO Box # 2934, Santa Rosa, CA 95409 or you may send it to Ken by email to kamalik@prostateawarenessfoundation.org