



Personal Health Progress Chart

Thank you for choosing Complete Prostate Nutrition as a way to help reduce the problems and risks associated with BPH and Prostate Cancer. Hopefully, you're not experiencing all of the problems listed below. This chart will help you identify concerns facing many of us and will allow you to record changes that take place because of our product. This chart is for your own use, but if you experience some outstanding improvement that you would like to share with us, we'd love to hear from you. Just fill out the **Add a Testimonial** form on our website at www.NaturalQuest.com.

Description	Starting Day	After 1 Week	After 2 Weeks	After 4 Weeks	After 6 Weeks	After 8 Weeks	After 12 Weeks
Nocturnal urination*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Difficulty emptying bladder** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Difficulty starting urination** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Difficulty stopping the drips** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Embarrassing stains on clothing** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Losing control of bladder** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Needing to look for a men's room** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Painful urination** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Difficulty in reaching an erection** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Libido** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overall sexual performance** 1 2 3 4 5 Poor Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PSA level***	<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>
Cholesterol level****	<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>

* Identify the usual number of times you need to get out of bed to urinate during the night.

** Identify your current experience and as you improve, record your progress.

*** Write the psa level from your latest exam or laboratory test and record your progress.

**** Write down your present level of cholesterol and record your progress