

A SINGLE-BLIND, RANDOMISED HOME-USE STUDY, IN 50 HEALTHY MALE VOLUNTEERS (ALL WITH A SELF-ASSESSED OVERACTIVE BLADDER), TO EVALUATE THE EFFICACY OF AN ACTIVE SUPPLEMENT COMPARED TO A PLACEBO AT REDUCING THE FREQUENCY OF URINATION AND INCREASED EASE OF URINATION, AS MEASURED BY SELF-PERCEPTION QUESTIONNAIRE (SPQ).

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A SINGLE-BLIND, RANDOMISED HOME-USE STUDY, IN 50 HEALTHY MALE VOLUNTEERS (ALL WITH A SELF-ASSESSED OVERACTIVE BLADDER), TO EVALUATE THE EFFICACY OF AN ACTIVE SUPPLEMENT COMPARED TO A PLACEBO AT REDUCING THE FREQUENCY OF URINATION AND INCREASED EASE OF URINATION, AS MEASURED BY SELF-PERCEPTION QUESTIONNAIRE (SPQ).

PCR CORP REPORT NO: NUTUSE6M

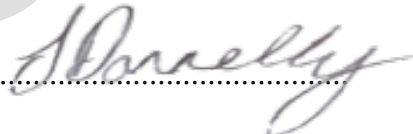
I declare that the following report constitutes a true and faithful account of the procedures adopted and the results obtained in the performance of this study. The aspects of the study conducted by PCR Corp. were performed, where relevant, in accordance with the principles of Good Clinical Research Practice.

Barrie Drewitt
(Principal Investigator)


.....

Date 19th August 2019

Jack Donnelly
(Project Manager)

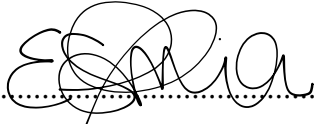

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Date 19th August 2019

QUALITY ASSURANCE STATEMENT

This report has been audited and is considered to be an accurate description of the methods used and an accurate presentation of the data obtained during the conduct of the study.

Ella Smith
(Quality Assurance)


.....

Date 19th August 2019

CONTENTS

1 SUMMARY4

2 KEY STUDY PERSONNEL AND RESPONSIBILITIES.....5

3 INTRODUCTION AND OBJECTIVES6

4 STUDY DESIGN6

5 SELECTION OF SUBJECTS6

6 TEST ARTICLES.....7

7 STUDY PROCEDURE7

8 STUDY ETHICS8

9 RESULTS9

APPENDIX 1: SUBJECT CONSENT FORM13

APPENDIX 2: SUBJECT INFORMATION SHEET.....16

APPENDIX 3: PRE-TREATMENT QUESTIONNAIRE.....17

APPENDIX 4: TEST ARTICLES INCI LISTINGS19

APPENDIX 5: SUBJECT DIARY20

APPENDIX 6: SELF-PERCEPTION QUESTIONNAIRE21

APPENDIX 7: DAILY DIARY QUESTIONS.....23

APPENDIX 8: COMPLETE SELF PERCEPTION QUESTIONNAIRE53

1 **SUMMARY**

Title:	A single-blind, randomised home-use study, in 50 healthy male volunteers (all with a self-assessed overactive bladder), to evaluate the efficacy of an active supplement compared to a placebo at reducing the frequency of urination and increased ease of urination, as measured by Self-Perception Questionnaire (SPQ).
Study design:	Single blind, randomized home-use study.
Test Articles:	1. (A) – Active - Prostacor 2. (B) - Placebo
Number of subjects:	Fifty (50) subjects completed the study.
Type of subjects:	Healthy male volunteers, aged over 40 years (all with a self-assessed overactive bladder).
Method:	Subjects attended the test centre at baseline (Day 1) to complete the informed consent form (ICF). Subjects were either issued the active test article or the placebo, as well as a diary and instruction sheet for use. They were instructed on how to take their product, complete their diary over 4 weeks. At the end of the study subjects returned to the test centre to complete a Self-Perception Questionnaire (SPQ)
Conclusion:	As can be seen from the data the product performed highly favourably under Clearcast guidelines, over the 30-day testing period shown by Top 2 responses (Strongly Agree + Agree) being >80% (regarded as highly favourable). Results also show the following: within 30 days over 80% (4 out of 5) of subjects agreed they noticed a stronger stream and less dribbling after using the product. Over 80% (4 out of 5) subjects agreed they were able to sleep through the night without waking to urinate and within 11 days 96.67% of subjects agreed they felt less urges to urinate frequently.
Duration of study:	Started: 8 th July 2019 Ended: w/e 5 th August 2019.
Location:	PCR Corp 8 Richmond Road, Dukes Park, Chelmsford, Essex CM2 6UA United Kingdom

2 KEY STUDY PERSONNEL AND RESPONSIBILITIES

Key personnel	General responsibilities
<p>Principal Investigator (PI) Barrie Drewitt</p> <p>PCR Corp Princeton Forrestal Center 307 College Road East Princeton, NJ 08540</p> <p>Tel: 609-455-1112</p>	<p>The Principal Investigator (PI) will be responsible for ensuring sufficient resources are available to conduct the study according to Good Clinical Practice (GCP), for the study design, compiling the results and writing the clinical report.</p>
<p>Project Supervisor (PS) Andrew King</p> <p>PCR Corp 8 Richmond Road Dukes Park Chelmsford Essex CM2 6UA United Kingdom</p> <p>Tel: +44 (0) 1245 934050</p>	<p>The Project Supervisor (PS) will be responsible for the conduct of the study on a daily basis.</p>
<p>Project Manager (PM) Jack Donnelly</p> <p>PCR CORP 8 Richmond Road Dukes Park Chelmsford Essex, CM2 6UA United Kingdom</p> <p>Tel: +44 (0) 1245 934050</p>	<p>The Project Manager (PM) will be involved with the study design, compiling the results and writing the clinical report.</p>
<p>Project Co-ordinator (PC) Dan Watters</p> <p>Nutreance 401 Riversville Road Greenwich CT. 06831</p> <p>Tel: 1 (800) 749-7776 Email: support@nutreance.com</p>	<p>The Project Co-ordinator (PC) will be the primary point of contact on behalf of the Sponsor of this project and will represent the Sponsor (Nutreance) of this study.</p>

3 INTRODUCTION AND OBJECTIVES

The objective of this study was to evaluate the efficacy of an active supplement compared to a placebo at reducing the frequency of urination and increased ease of urination, as measured by Self-Perception Questionnaire (SPQ). With the aim of supporting the following targeted claims proposed by sponsor:

X% of subjects reported less frequent urination.

X% of subjects noticed increased ease of urination.

Please note that it was the responsibility of the sponsor to determine the testing and study designs required for submission to entities such as the Home Shopping Network, QVC, etc.

4 STUDY DESIGN

Single-blind, randomised home-use study.

5 SELECTION OF SUBJECTS

5.1 Screening

Fifty (50) subjects were enrolled into the study to allow for fifty subjects completed the active phase. Subjects satisfied the following inclusion and exclusion criteria, and the subjects accepted the prohibitions and restrictions and gave written informed consent (Appendix 1 & 2).

The suitability of potential subjects was confirmed before their acceptance onto the study by review of a study specific pre-treatment questionnaire (Appendix 3).

5.2 Inclusion criteria

- a) Healthy male volunteers aged over 40 years (all with self-assessed overactive bladder).
- b) Subjects have completed a written informed consent.

5.3 Exclusion criteria

- a) Subject is currently on prescription medication likely to affect the results of the study.
- b) Subject is pregnant, nursing, or planning to become pregnant;
- c) A current skin disease of any type (e.g. eczema, psoriasis) apart from mild facial acne.
- d) History of malignant disease.
- e) Significant past medical history of hepatic, renal, cardiac, pulmonary, digestive, haematological, neurological, locomotor or psychiatric disease.
- f) History of asthma requiring regular medication.
- g) Known sensitivity to the test article, similar materials or their constituents.
- h) Subject is not currently participating, at PCR or other clinical testing facility, in a study utilizing the same test site (body area) or product or with conflicting inclusion/exclusion criteria.

5.4 Prohibitions and Requirements

- a) Subjects agree to use the trial product assigned as instructed.

6 TEST ARTICLES

To the best of the Sponsor's knowledge and based on the information available, PCR Corp considered the test article to be safe for use in man.

The following test article was supplied by the Sponsor labelled as follows:

1. (A) – Active - Prostacor
2. (B) – Placebo

The test articles and placebo were provided in plain packaging plastic bags/pots by the Sponsor. The Sponsor provided the ingredient listings for the test article (see Appendix 4).

It was the responsibility of the Sponsor to determine, for each batch of the test article, the identity, strength, purity, composition and other characteristics which appropriately define the test article, before its use in the study. The determination of its stability and documentation of methods of synthesis or derivation were also the Sponsor's responsibility.

It was the responsibility of the Sponsor that the test article meets all necessary transport regulations, particularly those regulations involving the carriage of hazardous goods and the import/export of goods or equipment, and that any costs including tax/duty were fully met by the Sponsor prior to receipt of the test article at PCR Corp. No liability with regard to safe receipt or costs involved in the carriage of goods or equipment to any PCR Corp site was accepted.

On study completion any remaining unused test articles were disposed of, unless otherwise requested by the Sponsor, after issuance of the final report or 28 days after study completion, whichever came first. Sponsors requesting the return of products were liable for any costs incurred.

7 STUDY PROCEDURE

a) Study Outline

Subjects attended the test centre at baseline (Day 1) to complete the informed consent form (ICF). Subjects were issued the test product (according to Randomisation), diary (Appendix 5) and instructions for how to use the product at home for 4 weeks. At the end of the study subjects returned to the test centre to complete a Self-Perception Questionnaire (SPQ).

b) Test Article Use

The test articles were used at home throughout the duration of the study. According to the usage instructions (Appendix 2).

c) Self-Perception Questionnaire (SPQ)

Subjects answered the same two questions on their diary every day (Appendix 6&7). At the end of the study subjects completed an online SPQ (Appendix 8&9) on how the test product reduced the frequency of urination and increased ease of urination.

8 STUDY ETHICS

8.1 Declaration of Helsinki

The study conformed to the requirements of the 1964 Declaration of Helsinki and its subsequent amendments (*World Medical Association; 2013*).

8.2 Subject consent

Subjects were informed of the nature, purpose and known risk of the study both orally and in writing and gave their written informed consent to participate in the study prior to any study procedures being performed (Appendix 1). Subjects were advised that they were free to withdraw from the study at any time without being obliged to give a reason. They were compensated for their time.

8.3 Indemnity Provision

The Sponsor was responsible, without regard to legal liability, and indemnified PCR Corp or any of their respective officers or employees in the event of claims for compensation from subjects suffering injury or other deterioration in health or well-being as a result of participation in this study, except and insofar as such claims arise as a result of any negligent act or omission on the part of PCR Corp employees or any persons undertaking or involved in the study by arrangement with PCR Corp.

9 RESULTS

9.1 Location and dates of the study

The study was performed at PCR Corp, between 8th July 2019 and 5th August 2019.

9.2 Subjects

Fifty (50) male subjects were enrolled onto the study and fifty (50) subjects completed the study. There were 30 subjects that tested Product A and 20 subjects that tested Product B.

Table 1:

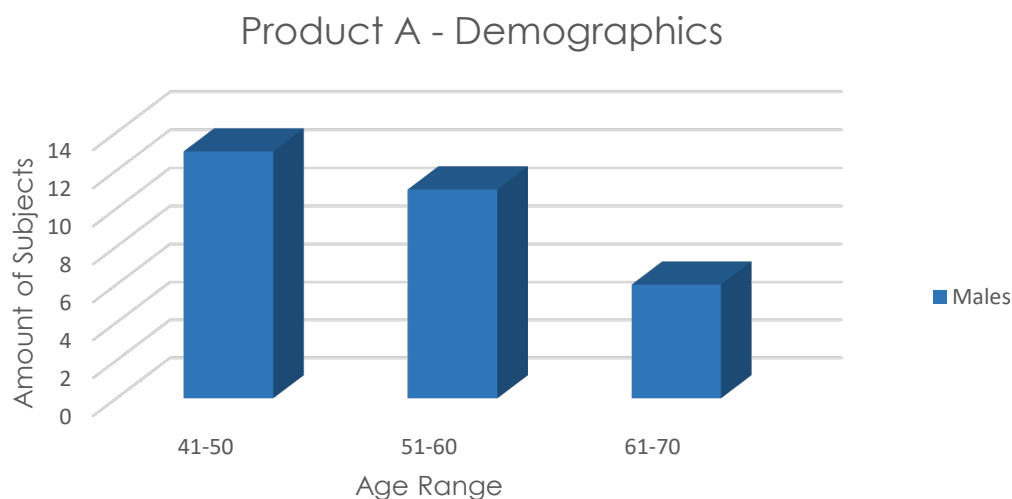
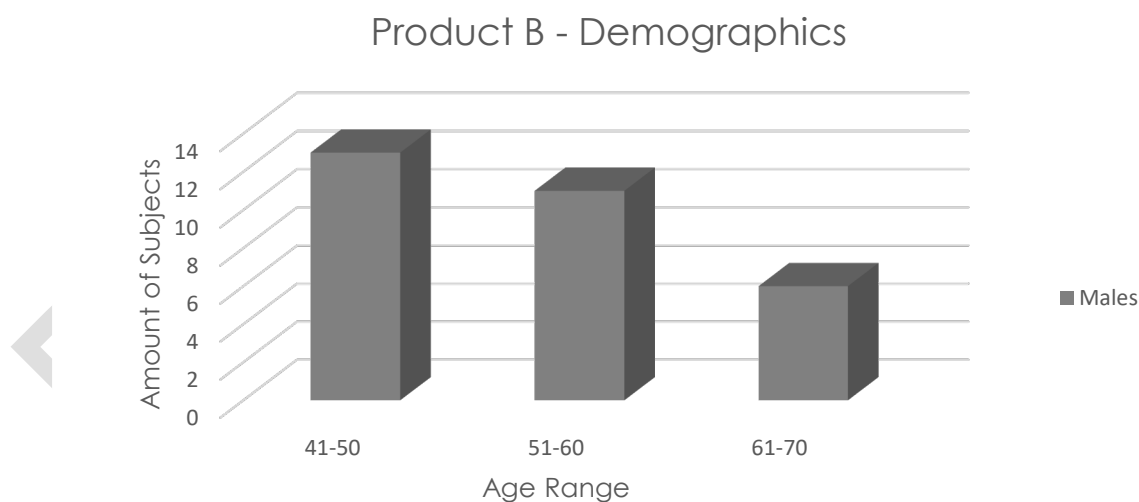


Table 2:

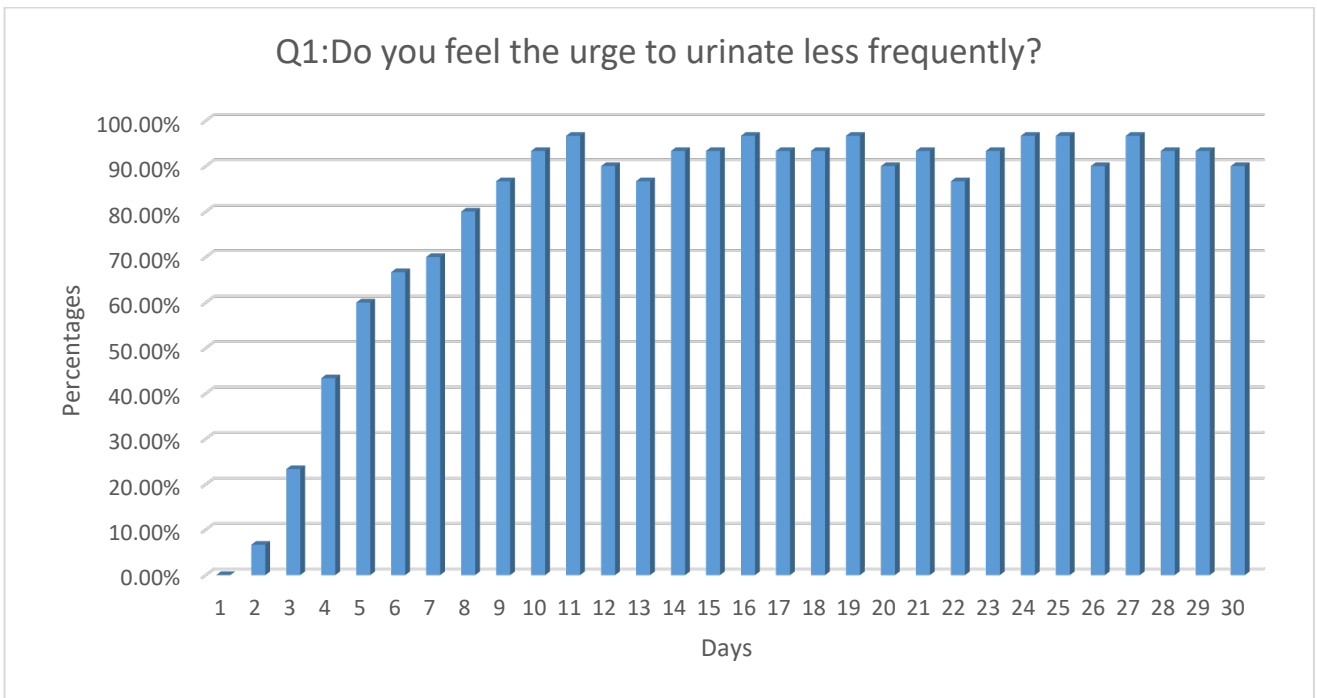


9.3 Adverse events, adverse reactions and subjects not completing the study

No Adverse Events were reported. No subjects withdrew from the study. No subjects reported any side effects from using the test product.

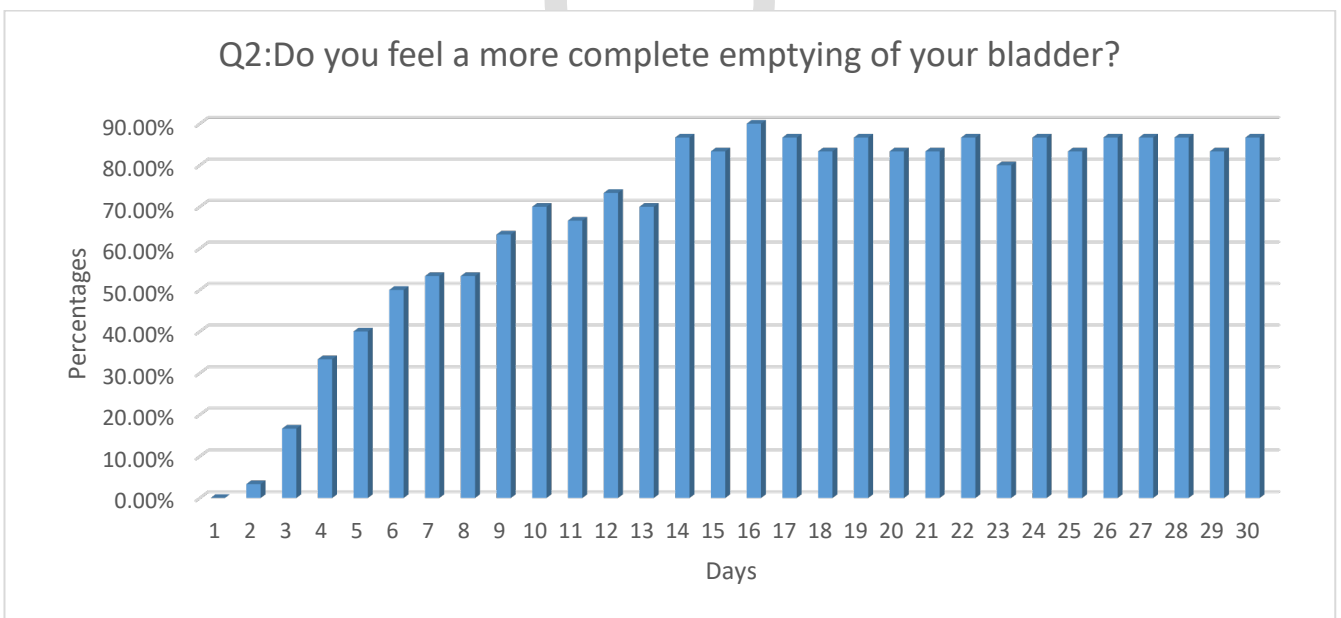
9.4 Subject Diary Questions

Figure 1:



As can be seen from the data, within 11 days 96.67% of subjects agreed they felt less urges to urinate frequently.

Figure 2:



As can be seen from the data above, 86.67% of subjects agreed they felt more complete emptying their bladder after using the product for 30 days.

9.5 SUBJECT SELF-PERCEPTION QUESTIONNAIRE TOP BOX (STRONGLY AGREE & AGREE) RESULTS

As can be seen from the data the products performed statistically favourably over the 30 days study in all of the attributes under Clearcast guidelines (>80% favourability) of advertising.

Table 3:

Questions:	Strongly Agree + Agree (Product A)	Strongly Agree + Agree (Product B).
After taking this product I noticed reduced bathroom trips.	86.67%	25.00%
After taking this product I felt I could empty my bladder completely.	86.67%	20.00%
After taking this product I had fewer night-time bathroom trips.	86.67%	25.00%
After taking this product I felt less frequent urges to urinate.	86.67%	20.00%
I noticed a stronger stream after taking this product.	83.33%	25.00%
I noticed less dribbling after urinating when taking this product.	80.00%	30.00%
I could sleep through the night better when taking this product.	90.00%	15.00%
I did not have to get up at night to urinate after taking this product.	83.33%	25.00%
I got up at night to urinate less frequently when taking this product.	86.67%	30.00%
I would recommend this product to a friend or family member.	93.33%	25.00%
This product was easy to include in my daily routine.	100.00%	100.00%
This product was easy to swallow.	100.00%	90.00%
I felt less bloated while taking this product.	90.00%	30.00%
I was less distracted by bathroom trips during the day while taking this product.	83.33%	25.00%

I noticed reduction in the delay before my stream begins while taking this product.	86.67%	15.00%
I had less frequent urges to urinate during the day while taking this product.	90.00%	25.00%

The data above shows, within 30 days over 80% (4 out of 5) of subjects agreed they noticed a stronger stream and less dribbling after using the product. Results also show over 80% (4 out of 5) subjects agreed they were able to sleep through the night without waking to urinate.

9.6 Conclusions

As can be seen from the data the product performed highly favourably under Clearcast guidelines, over the 30-day testing period shown by Top 2 responses (Strongly Agree + Agree) being >80% (regarded as highly favourable).

APPENDIX 1: SUBJECT CONSENT FORM

Study Code: NUTUSE6M

Subject #: _____

INTRODUCTION

You are being asked for your consent to participate in a research study. Prior to giving your consent, it is important that you take the time to read and understand what participation will involve. This consent form may contain technical language which you may not understand. If you do not understand any of this consent form, please ask the clinical staff any questions you may have.

You will be provided with a signed copy of this consent form and any other necessary written information prior to the start of the study.

OBJECTIVE

The objective of this research study is to determine the efficacy of one test article at reducing the frequency of urination and increased ease of urination.

TEST ARTICLES

The test article is a supplement to reduce the frequency of urination and increased ease of urination. The test article used will be through normal everyday use following usage instructions provided.

STUDY PROCEDURES

You will be one of approximately 50 subjects enrolled onto this study. Your participation in this study will last approximately four weeks and will include two visits to the testing facility.

Visit 1 (*Study day 1 – approximately 30 minutes*): Prior to acceptance on the study, you will be screened for eligibility to participate on the study and on confirmed eligibility consented to participate. Following verification of your acceptance and your written consent, you will be issued with the test product (with usage instructions and diary) to use at home for the next four weeks.

Visits 2 (*Study day 30 – approximately 15 minutes*): You will attend the study centre to complete a questionnaire, return any unused test product and receive compensation.

RISKS

To the best of our knowledge, these products are not expected to induce an allergic reaction. While the potential for irritation or other reactions during this study are minimal, it is possible for a reaction to occur. Expected reactions for these test articles categories are mild in nature and may include the following: tiredness, headache, upset stomach. In addition to the risks described, there may be other risks that are currently unforeseeable.

No significant adverse reactions are expected to occur. However, if you develop an adverse reaction or complication as a result of your participation in this study, medical treatment will be provided by clinical staff nurses at PCR CORP or you will be referred for appropriate treatment at no cost to you, as long as you have followed the study instructions. Provisions of such medical care is not an admission of legal responsibility. You will be followed by PCR CORP until the adverse reaction has resolved. No additional compensation will be available to you. Neither the sponsoring company nor the investigating company will be held responsible for any future medical expenses.

BENEFITS

While it is likely that you will not receive any direct benefit from your participation in the study, the study results may have the potential to increase scientific knowledge about nutritional supplements and may allow for new and improved products to be marketed.

CONFIDENTIALITY

Information concerning you that is obtained in connection with this study will be kept confidential by PCR CORP, except that the sponsoring company whose product is being tested will receive a copy of the study records. The records will be uniquely coded to protect your and your child's identity. In addition, third party regulatory authorities, including the U.S. Food and Drug Administration (FDA), may inspect the records of the study. In all cases, your confidentiality will be maintained and your identity will remain private.

Your signature on the Informed Consent provides your permission for these agencies to view your personal information and the study data.

NEW FINDINGS

Any new information that is discovered during the study and which may influence your willingness to continue in the study will be made available to you.

MEDICAL TREATMENT

In the event of an emergency, dial 999. If you receive any medical care during the course of the study, inform medical personnel that your participating in a research study. Please contact PCR CORP staff as soon as possible to inform them of your condition.

WHO TO CONTACT

If you have any questions about this study or in the case of an emergency, contact **Andy King** on **01245 934050** during normal business hours.

VOLUNTARY PARTICIPATION/WITHDRAWAL

Your participation in this research study is strictly voluntary. You may refuse to participate or may discontinue participation at any time during the study without penalty or loss of benefits to which you are otherwise entitled. However, you must contact the test facility and inform a clinical staff member of your decision to withdraw from the study.

If you agree to participate in the study, you are also agreeing to provide PCR CORP with accurate information and to follow study instructions as given to you. If you fail to follow study instructions, you may be asked to discontinue participation.

Your participation in the study may be discontinued at any time without your consent by PCR CORP, regulatory agencies, or the sponsoring company for reasons of but not limited to a severe side effect and accompanying illness, or if you do not follow study instructions.

COMPENSATION

If you agree to your participation in this study, you will be paid £XX upon completion of the study.

NON-DISCLOSURE

As a condition to your participation in the study you are asked not to discuss any information regarding the products that you are testing, your experiences with the products, or your opinion of the products, nor share the products that you are testing with anyone outside of the testing facility. By your signature on the Consent you are agreeing to abide by this condition of participation.

CONSENT TO PARTICIPATE

I know that my participation in this study is voluntary and that I have the right to refuse to participate. I know that I may withdraw from the study at any time without penalty or loss of benefits to which I am otherwise entitled. If, at the discretion of the Investigator, it is best to discontinue my participation for reasons other than a failure to obey the directions of the study, I will be paid in full or for the portion of the study we have completed once the study is over.

CONSENT

I have read all of the pages of this consent form and have been given an opportunity to ask questions about this study. Answers to such questions (if any) were satisfactory. I am at least eighteen years old and without reservation give my consent to serve as a subject in this study. By signing this form, I have not given up any of my legal rights as a research subject. I will receive a copy of this signed consent document.

You are making a decision whether or not to participate. Your signature indicates that you have decided to participate, having read the information provided above.

Subject's Name Printed: First
Last

Middle Initial

Subject's Signature

Date

Signature of Person Conducting Consent Discussion

Date

Subject Number

APPENDIX 2: SUBJECT INFORMATION SHEET

Study Code: NUTUSE6M

You have agreed to your participation in a research study. By agreeing to participate, you are also agreeing to the following prohibitions and restrictions:

- **Subjects agree to use the trial product assigned as instructed.**

The study schedule is as follows:

Mon	Tue	Wed	Thurs	Fri	Sat	Sun
8 th July Day 1 Visit 1	9 th July Day 2	10 th July Day 3	11 th July Day 4	12 th July Day 5	13 th July Day 6	14 th July Day 7
15 th July Day 8	16 th July Day 9	17 th July Day 10	18 th July Day 11	19 th July Day 12	20 th July Day 13	21 st July Day 14
22 nd July Day 15	23 rd July Day 16	24 th July Day 17	25 th July Day 18	26 th July Day 19	27 th July Day 20	28 th July Day 21
29 th July Day 22	30 th July Day 23	31 st July Day 24	1 st August Day 25	2 nd August Day 26	3 rd August Day 27	4 th August Day 28
5 th August Day 29	6 th August Day 30	7 th August Day 31 Visit 2				

Please follow the usage instructions below:*Directions*

- *Take 2 capsules in the morning before consuming food.*

*You must come in for all visits; no misses will be allowed. If you are unable to come in for a visit, your participation will be discontinued. Upon completion of this study on 7th August 2019, you will receive £XX for your participation.

If you have any questions about this study or in the case of a suspected allergic reaction, call **Andy King** on **01245 934050** during normal business hours.

APPENDIX 3: PRE-TREATMENT QUESTIONNAIRE

FOR OFFICE USE ONLY		
SUBJECT'S INITIALS		
MALE/FEMALE		
AGE		
SUBJECT NUMBER		

Study Code: NUTUSE6M

STRICTLY CONFIDENTIAL

Inclusion Criteria		Yes	No
1.	Healthy male volunteers, aged over 40 years (all with self-assessed overactive bladder.).	<input type="checkbox"/>	<input type="checkbox"/>
2.	Subject has completed a written informed consent.	<input type="checkbox"/>	<input type="checkbox"/>
Exclusion Criteria		Yes	No
1.	Subject is pregnant, nursing, or planning to become pregnant	<input type="checkbox"/>	<input type="checkbox"/>
2.	A current skin disease of any type at the test site (e.g. eczema, psoriasis)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Subject is currently on prescription medication that may affect the result of the study.	<input type="checkbox"/>	<input type="checkbox"/>
4.	History of malignant disease	<input type="checkbox"/>	<input type="checkbox"/>
5.	Significant past medical history of hepatic, renal, cardiac, pulmonary, digestive, haematological, neurological, locomotor or psychiatric disease, which in the opinion of the Investigator would compromise the safety of the subject;	<input type="checkbox"/>	<input type="checkbox"/>
6.	History of asthma requiring regular medication.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Known sensitivity to the test article, similar materials or their constituents.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Subject is not currently participating, at PCR or other clinical testing facility, in a study utilizing the same test site (body area) or product or with conflicting inclusion/exclusion criteria.	<input type="checkbox"/>	<input type="checkbox"/>
Prohibitions and Restrictions		Yes	No
1.	Subjects agree to use the trial product assigned as instructed, instead of their usual brand for the duration of the study.	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX 3 – CONTINUED

Have you ever had any problems related to the use of any of the following types of material?

Material	Yes			No	When? – Which products? – What happens?
Nutritional Supplements					
Other Personal Care Products – please specify					

Questionnaire checked and confirmed by:

Signature

Date

PCR CORP

APPENDIX 4: TEST ARTICLES INCI LISTINGSActive Supplement (A) – Prostacor

Ingredients: Plant Sterol Complex, Saw Palmetto 25% Extract, Stinging Nettles Powder, Pumpkin Seed Powder, Lycopene

Placebo Supplement (B)

Ingredients: Hide Bovine Gelatin purified water, titanium dioxide, colorants F.F. &C. or D. &C.

PCR CORP

APPENDIX 5: SUBJECT DIARY

Please take the test product supplied to you as instructed, **2 CAPSULES PER DAY (Before consuming food) in the morning.**

Please answer the 2 questions in the table every day, following the answer key below.

If you have any problems with the product please call the office at 01245 934050 during business hours, 9:00am to 5:00pm.

PLEASE USE BLACK INK

Day	Date	Did you take the required amount? <input checked="" type="checkbox"/> Check Box	If NO, explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?
1		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3		<input type="checkbox"/> Yes <input type="checkbox"/> No			
4		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5		<input type="checkbox"/> Yes <input type="checkbox"/> No			
6		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7		<input type="checkbox"/> Yes <input type="checkbox"/> No			
8		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9		<input type="checkbox"/> Yes <input type="checkbox"/> No			
10		<input type="checkbox"/> Yes <input type="checkbox"/> No			
11		<input type="checkbox"/> Yes <input type="checkbox"/> No			
12		<input type="checkbox"/> Yes <input type="checkbox"/> No			
13		<input type="checkbox"/> Yes <input type="checkbox"/> No			
14		<input type="checkbox"/> Yes <input type="checkbox"/> No			
15		<input type="checkbox"/> Yes <input type="checkbox"/> No			
16		<input type="checkbox"/> Yes <input type="checkbox"/> No			
17		<input type="checkbox"/> Yes <input type="checkbox"/> No			
18		<input type="checkbox"/> Yes <input type="checkbox"/> No			
19		<input type="checkbox"/> Yes <input type="checkbox"/> No			
20		<input type="checkbox"/> Yes <input type="checkbox"/> No			
21		<input type="checkbox"/> Yes <input type="checkbox"/> No			
22		<input type="checkbox"/> Yes <input type="checkbox"/> No			
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24		<input type="checkbox"/> Yes <input type="checkbox"/> No			
25		<input type="checkbox"/> Yes <input type="checkbox"/> No			
26		<input type="checkbox"/> Yes <input type="checkbox"/> No			
27		<input type="checkbox"/> Yes <input type="checkbox"/> No			
28		<input type="checkbox"/> Yes <input type="checkbox"/> No			
29		<input type="checkbox"/> Yes <input type="checkbox"/> No			
30		<input type="checkbox"/> Yes <input type="checkbox"/> No Please bring back the product and daily.			

Comments _____

APPENDIX 6: SELF-PERCEPTION QUESTIONNAIRE

NUTUSE6M: Self-Perception Questionnaire (Post-Treatment)

Subject details

Initials

Age

Q1 After taking this product I noticed reduced bathroom trips.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q2 After taking this product I felt I could empty my bladder completely.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q3 After taking this product I had fewer night-time bathroom trips.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q4 After taking this product I felt less frequent urges to urinate.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q5 I noticed a stronger stream after taking this product.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q6 I noticed less dribbling after urinating when taking this product.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q7 I could sleep through the night better when taking this product.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q8 I did not have to get up at night to urinate after taking this product.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q9 I got up at night to urinate less frequently when taking this product.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q10 I would recommend this product to a friend or family member.

- Strongly disagree.....
- Disagree.....
- Neither agree nor disagree.....
- Agree.....
- Strongly agree.....

Q11 This product was easy to include in my daily routine.

- Strongly disagree.....
- Disagree.....

Q12 This product was easy to swallow.

- Strongly disagree.....
- Disagree.....

Neither agree nor disagree.....
Agree.....
Strongly agree.....

Neither agree nor disagree.....
Agree.....
Strongly agree.....

Q13 I felt less bloated while taking this product.

Strongly disagree.....
Disagree.....
Neither agree nor disagree.....
Agree.....
Strongly agree.....

Q14 I was less distracted by bathroom trips during the day while taking this product.

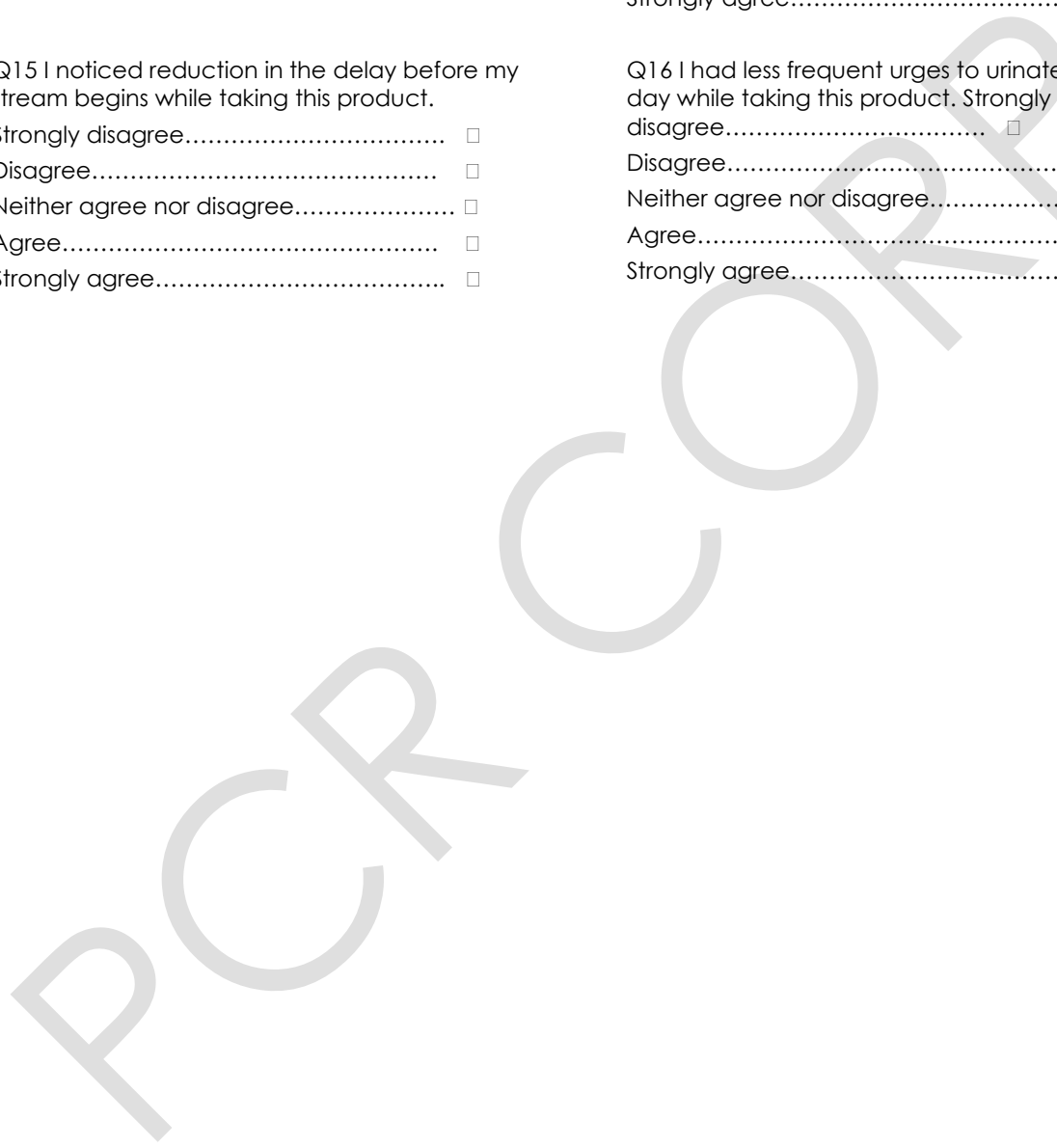
Strongly disagree.....
Disagree.....
Neither agree nor disagree.....
Agree.....
Strongly agree.....

Q15 I noticed reduction in the delay before my stream begins while taking this product.

Strongly disagree.....
Disagree.....
Neither agree nor disagree.....
Agree.....
Strongly agree.....

Q16 I had less frequent urges to urinate during the day while taking this product. Strongly disagree.....

Disagree.....
Neither agree nor disagree.....
Agree.....
Strongly agree.....



APPENDIX 7: DAILY DIARY QUESTIONS

Sub No	Day 1 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 2 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 3 Did you take the required amount	If NO please explain why
1	Yes		No	No	Yes		No	No	Yes	
2	Yes		No	No	Yes		No	No	Yes	
3	Yes		No	No	Yes		No	No	Yes	
4	Yes		No	No	Yes		No	No	Yes	
5	Yes		No	No	Yes		Yes	No	Yes	
6	Yes		No	No	Yes		No	No	Yes	
7	Yes		No	No	Yes		No	No	Yes	
8	Yes		No	No	Yes		No	No	Yes	
9	Yes		No	No	Yes		No	No	Yes	
10	Yes		No	No	Yes		No	No	Yes	
11	Yes		No	No	Yes		No	No	Yes	
12	Yes		No	No	Yes		No	No	Yes	
13	Yes		No	No	Yes		No	No	Yes	
14	Yes		No	No	Yes		No	No	Yes	
15	Yes		No	No	Yes		No	No	Yes	
16	Yes		No	No	Yes		No	No	Yes	
17	Yes		No	No	Yes		No	No	Yes	
18	Yes		No	No	Yes		No	No	Yes	
19	Yes		No	No	Yes		No	No	Yes	
20	Yes		No	No	Yes		No	No	Yes	
21	Yes		No	No	Yes		No	No	Yes	
22	Yes		No	No	Yes		Yes	Yes	Yes	
23	Yes		No	No	Yes		No	No	Yes	
24	Yes		No	No	Yes		No	No	Yes	
25	Yes		No	No	Yes		No	No	Yes	
26	Yes		No	No	Yes		No	No	Yes	
27	Yes		No	No	Yes		No	No	Yes	
28	Yes		No	No	Yes		No	No	Yes	
29	Yes		No	No	Yes		No	No	Yes	
30	Yes		No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 4 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 5 Did you take the required amount	If NO please explain why
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	No	Yes	
Yes	No	Yes		Yes	Yes	Yes	
No	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	Yes	Yes	
Yes	Yes	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 6 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 7 Did you take the required amount	If NO please explain why
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	Yes	Yes		No	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		No	No	Yes	
No	No	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 14 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 15 Did you take the required amount	If NO please explain why
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
No	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 16 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 17 Did you take the required amount	If NO please explain why
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 22 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 23 Did you take the required amount	If NO please explain why
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		No	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	Yes	Yes		No	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 26 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 27 Did you take the required amount	If NO please explain why
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		No	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	

Sub No	Day 1 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 2 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 3 Did you take the required amount	If NO please explain why
1	Yes		No	No	Yes		No	No	Yes	
2	Yes		No	No	Yes		No	No	Yes	
3	Yes		No	No	Yes		No	No	Yes	
4	Yes		No	No	Yes		No	No	Yes	
5	Yes		No	No	Yes		No	No	Yes	
6	Yes		No	No	Yes		No	No	Yes	
7	Yes		No	No	Yes		No	No	Yes	
8	Yes		No	No	Yes		No	No	Yes	
9	Yes		No	No	Yes		No	No	Yes	
10	Yes		No	No	Yes		No	No	Yes	
11	Yes		No	No	Yes		No	No	Yes	
12	Yes		No	No	Yes		No	No	Yes	
13	Yes		No	No	Yes		No	No	Yes	
14	Yes		No	No	Yes		No	No	Yes	
15	Yes		No	No	Yes		No	No	Yes	
16	Yes		No	No	Yes		No	No	Yes	
17	Yes		No	No	Yes		No	No	Yes	
18	Yes		No	No	Yes		No	No	Yes	
19	Yes		No	No	Yes		No	No	Yes	
20	Yes		No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 4 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 5 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 6 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 7 Did you take the required amount	If NO please explain why
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 8 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 9 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 10 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 11 Did you take the required amount	If NO please explain why
Yes	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 12 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 13 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 14 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 15 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 16 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 17 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		Yes	No	Yes	
Yes	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 18 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 19 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 20 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 21 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 22 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 23 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
Yes	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
Yes	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 24 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 25 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 26 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 27 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 28 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 29 Did you take the required amount	If NO please explain why
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	No	Yes		Yes	No	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
No	No	Yes		No	No	Yes	
No	No	Yes		No	No	Yes	

Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?	Day 30 Did you take the required amount	If NO please explain why	Q1: Do you feel the urge to urinate less frequently?	Q2: Do you feel a more complete emptying of your bladder?
No	No	Yes		No	No
No	No	Yes		No	No
No	No	Yes		No	No
Yes	Yes	Yes		Yes	Yes
No	No	Yes		No	No
No	No	Yes		No	No
No	No	Yes		No	No
Yes	Yes	Yes		Yes	Yes
No	No	Yes		No	No
No	No	Yes		No	No
Yes	Yes	Yes		Yes	Yes
No	No	Yes		No	No
No	No	Yes		No	No
No	No	Yes		No	No
Yes	No	No		Yes	No
No	No	Yes		No	No
No	No	Yes		No	No
Yes	Yes	Yes		Yes	Yes
No	No	Yes		No	No
No	No	Yes		No	No

APPENDIX 8: COMPLETE SELF PERCEPTION QUESTIONNAIRE

Sub No	Q1 After taking this product I noticed reduced bathroom trips.	Q2 After taking this product I felt I could empty my bladder completely.	Q3 After taking this product I had fewer night-time bathroom trips.	Q4 After taking this product I felt less frequent urges to urinate.	Q5 I noticed a stronger stream after taking this product.	Q6 I noticed less dribbling after urinating when taking this product.
1	Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
2	Strongly Agree	Strongly Agree	Strongly Agree	Agree	Strongly Agree	Agree
3	Agree	Agree	Agree	Agree	Agree	Strongly Agree
4	Agree	Disagree	Agree	Agree	Disagree	Neither Agree Nor Disagree
5	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
6	Agree	Agree	Agree	Agree	Agree	Agree
7	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Disagree
8	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
9	Agree	Agree	Agree	Agree	Agree	Strongly Agree
10	Agree	Neither Agree Nor Disagree	Agree	Agree	Strongly Agree	Agree
11	Agree	Agree	Agree	Agree	Agree	Neither Agree Nor Disagree
12	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree	Agree
13	Agree	Agree	Agree	Agree	Neither Agree Nor Disagree	Agree
14	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree	Strongly Agree
15	Agree	Agree	Agree	Agree	Agree	Agree
16	Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
17	Strongly Agree	Agree	Strongly Agree	Agree	Agree	Strongly Agree
18	Agree	Agree	Agree	Disagree	Agree	Disagree
19	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree	Agree
20	Neither Agree Nor Disagree	Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
21	Agree	Agree	Agree	Agree	Strongly Agree	Strongly Agree
22	Agree	Agree	Agree	Strongly Agree	Strongly Agree	Agree
23	Agree	Agree	Agree	Agree	Agree	Agree
24	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
25	Agree	Agree	Agree	Agree	Agree	Agree
26	Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
27	Agree	Agree	Agree	Agree	Agree	Agree
28	Neither Agree Nor Disagree	Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Agree	Agree
29	Strongly Agree	Strongly Agree	Strongly Agree	Agree	Strongly Agree	Agree
30	Agree	Agree	Agree	Agree	Agree	Agree

Q7 I could sleep through the night better when taking this product.	Q8 I did not have to get up at night to urinate after taking this product.	Q9 I got up at night to urinate less frequently when taking this product.	Q10 I would recommend this product to a friend or family member.	Q11 This product was easy to include in my daily routine.
Agree	Agree	Agree	Agree	Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
Strongly Agree	Agree	Agree	Agree	Strongly Agree
Neither Agree Nor Disagree	Disagree	Agree	Agree	Agree
Agree	Agree	Agree	Strongly Agree	Agree
Agree	Agree	Agree	Agree	Strongly Agree
Neither Agree Nor Disagree	Disagree	Disagree	Neither Agree Nor Disagree	Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
Strongly Agree	Agree	Agree	Agree	Agree
Agree	Agree	Agree	Agree	Agree
Strongly Agree	Strongly Agree	Agree	Strongly Agree	Strongly Agree
Agree	Agree	Strongly Agree	Strongly Agree	Agree
Agree	Agree	Agree	Agree	Agree
Strongly Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Disagree	Disagree	Disagree	Disagree	Agree
Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree
Agree	Disagree	Neither Agree Nor Disagree	Agree	Agree
Strongly Agree	Strongly Agree	Strongly Agree	Agree	Strongly Agree
Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree
Strongly Agree	Agree	Agree	Agree	Agree
Agree	Disagree	Neither Agree Nor Disagree	Agree	Agree
Agree	Agree	Agree	Agree	Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
Agree	Agree	Agree	Agree	Strongly Agree
Agree	Agree	Agree	Agree	Strongly Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Agree
Agree	Agree	Agree	Agree	Strongly Agree

Q12 This product was easy to swallow.	Q13 I felt less bloated while taking this product.	Q14 I was less distracted by bathroom trips during the day while taking this product.	Q15 I noticed reduction in the delay before my stream begins while taking this product.	Q16 I had less frequent urges to urinate during the day while taking this product.
Agree	Agree	Agree	Agree	Agree
Agree	Agree	Agree	Strongly Agree	Strongly Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Agree	Agree	Agree	Agree	Agree
Agree	Agree	Agree	Strongly Agree	Agree
Strongly Agree	Strongly Agree	Agree	Agree	Agree
Agree	Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Agree	Agree	Disagree	Agree	Agree
Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Agree	Agree	Agree	Agree	Agree
Strongly Agree	Strongly Agree	Strongly Agree	Agree	Agree
Agree	Agree	Agree	Agree	Strongly Agree
Agree	Neither Agree Nor Disagree	Agree	Agree	Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Agree	Agree	Agree	Agree	Agree
Strongly Agree	Agree	Agree	Agree	Strongly Agree
Strongly Agree	Agree	Neither Agree Nor Disagree	Agree	Agree
Agree	Neither Agree Nor Disagree	Agree	Disagree	Disagree
Agree	Agree	Agree	Strongly Agree	Strongly Agree
Agree	Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Agree	Agree	Agree	Agree	Agree
Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree
Agree	Neither Agree Nor Disagree	Agree	Disagree	Agree
Agree	Agree	Agree	Agree	Agree
Agree	Agree	Agree	Strongly Agree	Agree
Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Strongly Agree	Agree	Neither Agree Nor Disagree	Agree	Agree
Agree	Agree	Strongly Agree	Strongly Agree	Strongly Agree
Strongly Agree	Strongly Agree	Agree	Agree	Agree

Sub No	Q1 After taking this product I noticed reduced bathroom trips.	Q2 After taking this product I felt I could empty my bladder completely.	Q3 After taking this product I had fewer night-time bathroom trips.	Q4 After taking this product I felt less frequent urges to urinate.	Q5 I noticed a stronger stream after taking this product.	Q6 I noticed less dribbling after urinating when taking this product.
1	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree
2	Disagree	Disagree	Agree	Disagree	Disagree	Disagree
3	Disagree	Disagree	Disagree	Disagree	Disagree	Disagree
4	Agree	Agree	Agree	Agree	Agree	Agree
5	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
6	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
7	Disagree	Disagree	Disagree	Disagree	Disagree	Disagree
8	Agree	Agree	Agree	Neither Agree Nor Disagree	Agree	Agree
9	Disagree	Disagree	Disagree	Disagree	Disagree	Disagree
10	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree
11	Agree	Agree	Agree	Agree	Agree	Agree
12	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree
13	Disagree	Disagree	Disagree	Disagree	Disagree	Disagree
14	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
15	Agree	Neither Agree Nor Disagree	Disagree	Agree	Neither Agree Nor Disagree	Agree
16	Disagree	Disagree	Disagree	Disagree	Disagree	Disagree
17	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree
18	Agree	Agree	Agree	Agree	Agree	Agree
19	Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Disagree
20	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Agree	Agree

Q7 I could sleep through the night better when taking this product.	Q8 I did not have to get up at night to urinate after taking this product.	Q9 I got up at night to urinate less frequently when taking this product.	Q10 I would recommend this product to a friend or family member.	Q11 This product was easy to include in my daily routine.
Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Agree
Disagree	Agree	Disagree	Agree	Agree
Disagree	Disagree	Disagree	Disagree	Agree
Agree	Agree	Agree	Agree	Strongly Agree
Disagree	Disagree	Neither Agree Nor Disagree	Disagree	Agree
Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Agree
Disagree	Disagree	Disagree	Disagree	Agree
Agree	Agree	Agree	Disagree	Agree
Disagree	Disagree	Disagree	Disagree	Agree
Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Disagree	Strongly Agree
Disagree	Strongly Agree	Agree	Agree	Strongly Agree
Neither Agree Nor Disagree	Neither Agree Nor Disagree	Agree	Neither Agree Nor Disagree	Agree
Disagree	Disagree	Disagree	Disagree	Agree
Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Agree
Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Agree	Agree
Disagree	Disagree	Disagree	Disagree	Agree
Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Agree
Agree	Agree	Agree	Agree	Strongly Agree
Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Disagree	Agree
Disagree	Disagree	Agree	Neither Agree Nor Disagree	Strongly Agree

Q12 This product was easy to swallow.	Q13 I felt less bloated while taking this product.	Q14 I was less distracted by bathroom trips during the day while taking this product.	Q15 I noticed reduction in the delay before my stream begins while taking this product.	Q16 I had less frequent urges to urinate during the day while taking this product.
Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Disagree	Disagree
Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Disagree	Disagree	Disagree	Disagree	Disagree
Strongly Agree	Strongly Agree	Agree	Agree	Agree
Agree	Agree	Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Agree	Disagree	Disagree	Disagree	Disagree
Agree	Disagree	Agree	Agree	Agree
Agree	Disagree	Disagree	Disagree	Disagree
Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Strongly Agree	Disagree	Disagree	Disagree	Agree
Agree	Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Agree	Disagree	Disagree	Disagree	Disagree
Agree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Strongly Agree	Agree	Agree	Disagree	Agree
Neither Agree Nor Disagree	Disagree	Disagree	Disagree	Disagree
Agree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree	Neither Agree Nor Disagree
Strongly Agree	Agree	Agree	Agree	Disagree
Agree	Disagree	Neither Agree Nor Disagree	Disagree	Neither Agree Nor Disagree
Strongly Agree	Strongly Agree	Disagree	Disagree	Agree