

Prevalence of *H. pylori* and its associated risk factors

The aim of this questionnaire is to study the prevalence of *H. pylori* and its associated risk factors. The study will help enormously in the prevention and treatment of the severe gastric diseases caused by *H. pylori* infection. The study will be conducted by Dr. Ghalia Khoder, assistant professor at College of Pharmacy, University of Sharjah. To perform the study, we require from you as volunteer a stool sample and the below filled questionnaire.

Do you accept to participate as a volunteer in this study ? Yes ☐ No ☐

1. Sex : Female ☐ Male ☐

2. Age : _____ years or _____ months (for baby)

3. Nationality : _____

4. Weight : _____ kg and height _____ m

5. Profession : _____

6. Place of residency: Abu Dhabi ☐ Dubai ☐ Sharjah ☐ RAK ☐ Ajman ☐ Fujairah ☐ Umm al Quwain ☐

7. Marital status : Not married ☐ Married ☐ Widow ☐ Divorced ☐

8. Education level : No formal education ☐ Primary ☐ Secondary ☐ University ☐

9. Smoking history:

	Yes	No
Cigarette	<input type="checkbox"/>	<input type="checkbox"/>
Shisha	<input type="checkbox"/>	<input type="checkbox"/>

In case you are smoking shisha, do you share with others the same shisha's accessories ? Yes ☐ No ☐

10. Total family income:

- ☐ Less than 5 000 AED /family
- ☐ 5 000 – 10 000 AED / family
- ☐ 10 000- 20 000 AED / family
- ☐ 20 000 -30 000 AED /family
- ☐ More than 30 000 AED /family
- ☐ No family income

11. Number of family members per house:

1-3	4-6	7-9	More than 10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Number of rooms per house :

1 room 2 rooms 3 rooms More than 3 rooms

☐ ☐ ☐ ☐

13. Number of family members per room :

1	2	3	4	More than 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you have contact with any domestic animals? Yes ☐ No ☐

If your answer is yes, which type of domestic animals do you usually contact ?

[illegible]

15. Do you suffer from any of the below listed diseases?

	Yes	No	Not sure
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. What is your frequent source of drinking water ?

Tap water Mineral bottled water Boiled water Well

17. How often are you eating the below nutritional products ?

	Never / Rarely	Sometimes/ often
Poultry products	<input type="checkbox"/>	<input type="checkbox"/>
Raw vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Fish products	<input type="checkbox"/>	<input type="checkbox"/>
Raw meat	<input type="checkbox"/>	<input type="checkbox"/>

18. Do you suffer from any gastrointestinal pain ? Yes ☐ No ☐

If your answer is yes, from which of the below gastrointestinal pain are you suffering frequently ?

Blotting Nausea Vomiting Abdominal pain Burning sensation others

19. Did any of your parents suffer from severe gastric diseases ? Yes ☐ No ☐

If your answer is yes, from which gastric diseases have they suffered ?

Peptic ulcer	Gastric cancer	MALT lymphoma	Other gastric diseases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How often are you using the following drugs ?

	Never / Rarely	Sometimes/ often
Vitamin	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Panadol/Paracetmol	<input type="checkbox"/>	<input type="checkbox"/>
Proton Pump inhibitor	<input type="checkbox"/>	<input type="checkbox"/>

21. Are you currently under *H. pylori* eradication treatment such as proton pump inhibitors, antibiotics or bismuth ? Yes ☐ No ☐

22. Did you take any *H. pylori* eradication treatment such as proton pump inhibitors, antibiotics or bismuth for the last two weeks ? Yes ☐ No ☐