

H. Pylori Self-Screening

Enter an "X" in the space to the left of any statement that applies to you.

SECTION 1: History / Diagnoses	
<input type="checkbox"/>	Have you ever been diagnosed with a stomach or intestinal ulcer?
<input type="checkbox"/>	Do you have family members who have a history of ulcers, acid reflux or other digestive complaints?
<input type="checkbox"/>	Is there a history of stomach cancer in your family?
<input type="checkbox"/>	Have you been diagnosed with iron-deficiency anaemia or with vitamin B12 deficiency?
<input type="checkbox"/>	Have you ever been admitted to a hospital with chest pains that felt like you were having a heart attack (but ECG tests showed no abnormality)?
SECTION 2: Digestive Symptoms	
<input type="checkbox"/>	Do you have frequent pain or burning in the upper abdominal / chest area?
<input type="checkbox"/>	Do you suffer with acid reflux or take antacid medications regularly?
<input type="checkbox"/>	Do you feel nauseous (especially in the mornings)?
<input type="checkbox"/>	Do you occasionally vomit in the morning for no apparent reason?
<input type="checkbox"/>	Are there dark specs or grains present if / when you vomit?
<input type="checkbox"/>	Does it feel like you have a lump in your throat?
<input type="checkbox"/>	Do you experience belching or burping after meals?
<input type="checkbox"/>	Does your upper digestive tract feel bloated?
<input type="checkbox"/>	Do you experience constipation or diarrhea?
<input type="checkbox"/>	Do your digestive symptoms worsen at night?
Section 3: Non-GI Symptoms	
<input type="checkbox"/>	Do you experience symptoms that feel like heart palpitations?
<input type="checkbox"/>	Do you have bad breath / halitosis?
<input type="checkbox"/>	Do you have rosacea?
<input type="checkbox"/>	Do you get urticaria / hives?
<input type="checkbox"/>	Do you have other skin problems?
<input type="checkbox"/>	Do you feel more tired than usual?
<input type="checkbox"/>	Do you feel anxious or depressed for no apparent reason?
<input type="checkbox"/>	Do you experience pain between your shoulder blades or in the upper back or middle back region?
	TOTAL POINTS*
88	Total Possible Points
	% of Total Possible Negative Indicator Points
* Note: Ideally, Total Points should be Zero. The higher the score, the greater the need for further investigation.	
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