

Treatment side effect evaluation for *Helicobacter pylori*

To assist us with our research into understanding gastrointestinal disease, particularly *Helicobacter pylori* and the side effects of your treatment, please complete this form and return to my office, either by mail, fax (9346 4816) or email (admin@hpylori.com.au).

1. Overall, how well did you tolerate the treatment? Please rate using the scale below (0-4) _____

- 0 Minimal No side effects observed.
- 1 Mild Effect observed, but could be disregarded, not interfering with daily activities.
- 2 Moderate Effect sometimes interfered with daily activities.
- 3 Severe Effect continuously interfered with daily activities, sick leave required.
- 4 Very Severe Effect continuously interfered with daily activities, sick leave required, discontinued medication and did not complete treatment.

2. Did you experience any of the following side effects? Please rate using the same scale above (0-4)

Loss of appetite		Cough	
Nausea		Dry mouth	
Vomiting		Fever	
Taste disturbance		Flu-like syndrome or nasal congestion	
Dizziness		Visual disturbance	
Stomach pain		Back or chest pain	
Diarrhoea during treatment		Constipation	
Diarrhoea after treatment		Discoloured or dark urine	
Headache		Infection	
Rash		Skin photosensitivity	
Weight loss during treatment		Depression	
Weight loss after treatment		Insomnia	
Weight gain during treatment		Hypertension	
Weight gain after treatment		Hypersensitivity	

Others (please specify):

3. After treatment, did you experience an increase (↑) or decrease (↓) in the following? (please circle)

Energy levels	↑	↓	Reflux or heartburn	↑	↓
Appetite	↑	↓	Stomach pain	↑	↓
Quality of life	↑	↓			

4. Do you have any other comments about your treatment?

Thank you for your time and assisting in our research.

Yours sincerely

Barry Marshall AC, Nobel Laureate, FRACP FAA FRS
Clinical Professor