State of Palestine

An-Najah National University

Faculty of medicine and Health Sciences

دولة فلسطين

جامعة النجاح الوطنية

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Questionnaire for the Study on the Seroprevalence and Risk Factors of *Helicobacter pylori* (Stomach Bacterium) among An-Najah University Students

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2) Study Objective:

The study aims to determine the seroprevalence of *Helicobacter pylori* (stomach bacterium) among students at An-Najah National University. It also aims to identify the risk factors for infection by correlating laboratory test results with the information provided in this questionnaire.

3) Research Question:

What is the seroprevalence of *Helicobacter pylori* among An-Najah University students?

4) Study Results:

The results will be used for scientific purposes only, to fulfill the requirements for a bachelor's degree in medical laboratory sciences at An-Najah National University.

5) Methodology:

Participants will fill out the questionnaire below and provide a blood (serum) sample for analysis.

6) Expected Risks:

Minor risks related to blood withdrawal, which will be minimized since trained personnel will collect the samples. Participation in the study and questionnaire is voluntary. Each participant will be assigned a serial number for both the sample and the questionnaire to maintain confidentiality and privacy.

7) Importance:

This study will contribute to scientific research by assessing the seroprevalence of *H. pylori* among university students.

8) Confidentiality:

All information will be used solely for scientific research purposes and will remain strictly confidential. No participant will be identified or disturbed in any way.

Thank you for your kind participation and valuable cooperation

Personal Information

Serial number: _____

Date of birth: Month _____ Year _____

Phone number: _____

Height: _____

Weight: _____

Faculty: _____

Major: _____

Class year: _____

Gender:

☐ Female ☐ Male

Marital status:

☐ Single ☐ Engaged ☐ Married

Place of residence:

☐ Camp ☐ Village ☐ City

Name of location: _____

Currently living:

☐ With family ☐ Student dormitory

Do you smoke?

☐ Yes ☐ No ☐ Passive smoker

If yes, how often?

☐ Always ☐ Often ☐ Sometimes

Family size (including parents living at home): _____

Number of bathrooms in the house: _____

Is the bathroom shared by males and females?

☐ Yes ☐ No

Average family income (mother and father combined):

☐ Less than 1850 ☐ 1850–3500 ☐ 3500–7000 ☐ More than 7000

Has any family member been diagnosed with cancer?

☐ Yes ☐ No

If yes, relation: _____

If yes, type of cancer: _____

Dietary and Lifestyle Habits

Do you eat fast food (meals prepared in restaurants)?
☐ Always ☐ Often ☐ Sometimes

Do you eat red meat?

☐ Yes ☐ No

If yes, how many times per week? _____

Do you eat spicy food?

☐ Yes ☐ No

Do you eat fruit (at least 3 times per week)?

☐ Yes ☐ No

If yes, do you eat them peeled?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Do you eat garlic (cooked or raw)?

☐ Yes ☐ No

What is your household's source of drinking water?

☐ Bottled water ☐ Tap water ☐ Filtered tap water

Do you wash your hands before eating?

☐ Always ☐ Often ☐ Sometimes

How long do you wash your hands (in seconds)?

☐ 10 ☐ 20 ☐ 30 ☐ More than 30

Your blood type: _____

Medical History

Have you checked your Vitamin B12 level recently?
☐ Yes ☐ No

If yes, result:

☐ Normal ☐ Abnormal (Deficiency)

Have you ever had gastrointestinal problems? (Select one or more)

☐ Bloating ☐ Diarrhea ☐ Constipation

☐ Indigestion (discomfort and early fullness while eating)

Have you ever been infected with H. pylori?

☐ Yes ☐ No

If yes, how was it discovered?

☐ Symptoms ☐ Routine check-up ☐ Family member infection

Do you have anemia?

(Male <13 g/dL, Female <12 g/dL)

☐ Yes ☐ No ☐ Don't know

Do you have any chronic diseases?

☐ Yes ☐ No

If yes, specify: _____

Do you currently take any medications?

☐ Yes ☐ No

If yes, do you take them:

☐ Regularly ☐ Occasionally

Name (if known): _____

Have you ever had a stomach ulcer?

(Symptoms: burning pain, abdominal discomfort, indigestion, constipation, nausea, vomiting, or blood in stool/vomit)

☐ Yes ☐ No

Do you suffer from stomach pain?

(Pain that affects the abdominal area, which is the region extending from below the chest to the end of the abdomen)

☐ Yes ☐ No

Do you suffer from heartburn?

(Burning pain in the chest, often after eating, or when lying down/bending)

☐ Yes ☐ No

Do you suffer from nausea (feeling like vomiting)?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Do you suffer from vomiting?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Do you suffer from weakness or loss of appetite?

☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Have you recently lost weight without dieting?

☐ Yes ☐ No

Do you notice blood in your stool?

☐ Yes ☐ No