



Hydrogen / Methane Breath Test Patient Questionnaire

Patient name:	Date of Birth:
Address:	
Contact number:	Referring Dr:
GP:	Date of Test:

Please answer all the following questions:

Do you suffer from any of the following symptoms? (tick all that apply)		
Nausea:	Diarrhoea:	Vomiting:
Weight gain:	Weight loss:	Bloating:
Constipation:	Flatulence:	Other:

What time did you start your fast?

Did you follow the diet restriction for at least 12 hours before your fast?

Is there anything you ate that was not on the list?

Did you use toothpaste this morning?

Were you or anyone else in the room wearing perfume/cologne (during breath sampling)?

Were you wearing lipstick?

Are you a smoker?

Did you smoke less than 2 hours prior to starting the test?

Did you fall asleep or do vigorous exercise while waiting between the breath samples?

Did you take any antibiotics in the last 4 weeks?

Have you had a colonoscopy or barium enema in the last 4 weeks?

Time Baseline sample taken:

Time substrate drink taken :

Time 1 hr sample taken :

Time 2 hr sample taken :

Time 3 hr sample taken :

Did you have any problems taking the breath samples?

Did you experience any symptoms after taking substrate drink?

Lab No. (office use only)

