

PATIENT QUESTIONNAIRE

German-African cooperation in *Helicobacter pylori* research

DFG

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Africa Initiative



PATIENT QUESTIONNAIRE

ID - -
Patient

Hospital: ID2 = Baragwanath Hospital, Johannesburg

Coordinators

Munich, Germany

Dr. Ute Breithaupt
Max von Pettenkofer-Institute
Mail: breithaupt@mvp.uni-muenchen.de



Alice, South Africa

Dr. Anna M. Clarke
University of Fort Hare
Mail: AClarke@ufh.ac.za



Lagos, Nigeria

Dr. Stella I. Smith
Nigerian Institute of Medical Research (NIMR)
Mail: stellaismith@yahoo.com



Treating gastroenterologist:

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1. Have you stayed in other countries for more than 1 month during the last 5 years?

- yes no don't know

If yes, please specify the countries

2. Highest education (Please select only one answer)

- No formal
- Koranic
- Primary
- Secondary
- Post secondary

3. Habits

- Smoking
- Occasionally alcohol
- Regularly alcohol

4. Main occupation (Please select only one answer)

- Working with sick people
- Working with children
- Working with animals

If yes, please specify the species

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- Others

5. Do you have any occupational exposure to people with gastric disorders?

- yes no don't know

6. Source of drinking water (several answers are possible)

- Pipe-borne water
- Well water
- River
- Borehole
- Bottled water
- Others

Please specify "others"

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7. Do you have children?

- 0
- 1
- 2
- 3
- More than 3

If you have children, do / did you give them pre-masticate food for them?

- yes
- no

8. With how many people did you grow up (within one apartment/house)?

- 0
- 1
- 2
- 3
- More than 3

9. With how many people do you currently live together (within one apartment/house)?

- 0
- 1
- 2
- 3
- More than 3

10. Any history of ulcer / gastritis within the family?

Yes	No	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Father
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siblings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grandparents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children

11. Any history of gastric cancer within the family?

Yes	No	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Father
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mother
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siblings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grandparents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children

GASTROENTEROLOGY FORM

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GASTROENTEROLOGY

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Lagos, South Africa Dr. Anna M. Clarke
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Gender

Female

Male

First Name

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Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of performing the gastroscopy:

		/			/				
month			day			year			

Did anyone of your relatives take part in this study?

yes

no

If yes:

First Name

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relatedness

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

In which hospital was this relative treated?

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1. a. PCR result positive negative

b. Culture result positive negative

2. Number of taken biopsies

Antrum	Corpus
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3

3. Endoscopic assessment in stomach

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Normal mucosa
<input type="checkbox"/>	<input type="checkbox"/>	Erosion
<input type="checkbox"/>	<input type="checkbox"/>	Aphthous ulcers
<input type="checkbox"/>	<input type="checkbox"/>	Ulcers
<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Mucosal atrophy
<input type="checkbox"/>	<input type="checkbox"/>	Excrescence
<input type="checkbox"/>	<input type="checkbox"/>	Polyps smaller than 1cm
<input type="checkbox"/>	<input type="checkbox"/>	Polyps bigger than 1cm
<input type="checkbox"/>	<input type="checkbox"/>	Haemorrhages
<input type="checkbox"/>	<input type="checkbox"/>	Hyperaemic
<input type="checkbox"/>	<input type="checkbox"/>	Hypoaemic
<input type="checkbox"/>	<input type="checkbox"/>	Oedematous
<input type="checkbox"/>	<input type="checkbox"/>	Others

Please specify "others"

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4. Endoscopic assessment in oesophagogastric junction

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Normal
<input type="checkbox"/>	<input type="checkbox"/>	Reddening
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Z-line
<input type="checkbox"/>	<input type="checkbox"/>	Salmon-pink tongue like segment
<input type="checkbox"/>	<input type="checkbox"/>	Others

Please specify "others"

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ID

SA

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ID patient

Research Subject Information and Consent form

Title: Analysis of *Helicobacter pylori* infections in Africa, bacterial virulence factors but lack of pathology

Sponsor: DFG
Investigator: Dr. Anna M. Clarke
ID1: Livingston Hospital, Port Elizabeth
ID2: Baragwanath Hospital, Johannesburg
Co-investigators: Prof. Rainer Haas, Dr. Ute Breithaupt

You are invited to participate in a research study. You may decide whether or not you want to participate. Please take time to make your decision. Carefully read the following and ask questions you may have. You may take home an unsigned copy of this consent form to think or discuss with your family and friends before making your decision.

The purpose of this study is to find out the best method that we can use to characterize a germ that causes ulcer and later stomach cancer. The study is expected to last for three years and a total of 500 patients would be enrolled in the study.

The study will involve collecting biopsies from 500 patients already billed by the gastroenterologist for endoscope for the culture of this germ. The germ will be detected and necessary treatment would be conveyed to your physician who would prescribe it to you. In addition, various DNA tests would be done on the samples to enable prompt diagnosis and treatment of the germ.

The biopsy procedure has its discomfort that is why we would not collect samples from you for the research. We need your consent to collect the biopsies when you must have visited the gastroenterologist and he recommends endoscopy.

The tests would be done free of cost, except of course for the endoscopy where you must have visited your physician to carry out the endoscopy.

Taking part in this research is voluntary and will benefit you because the tests would be done free of costs and the ailment troubling you would be diagnosed faster and the correct treatment would be carried out with faster cure and healing expected to take place.

Confidentiality

The data and results relevant to the study will be kept out of the reach of people other than the investigators and sponsors of the research. The samples and the results would be used for research purposes only.

Whom to contact

In case of any further information, questions or clarification please contact:

1) Dr. Anna M. Clarke

University of Hare, Alice Campus
5700 Alice, SOUTH AFRICA
Mail: AClarke@ufh.ac.za
Tel: +27 466225468

2) Dr. Ute Breithaupt

Max von Pettenkofer-Institute
80336 Munich, GERMANY
Mail: breithaupt@mvp.uni-muenchen.de
Tel: +49 89 2180 72936

Your participation is completely voluntary and you have a right to refuse to be in this study. You can withdraw your participation at any time after giving your consent. Such decision will not affect your current or future medical care in any way.

If you are willing to volunteer for this research please sign or thumbprint below

_____	_____	_____
Patient's name	Signature	Date
_____	_____	_____
Witness (if necessary)	Signature	Date