

### S3 Table

**S3 Table:** Response of *H. pylori* positive patients on second first encounter

Sr. No	Questions	Possible responses
300	Can you give me your appointment card?	Card No: _____
301	Could you stand on the balance here?	Patient weight: _____
302	How much confident are you on your medication administration	<input type="checkbox"/> Surely complete (100)% <input type="checkbox"/> Mostly (80%) <input type="checkbox"/> Partially <input type="checkbox"/> Somewhat impossible
303	What are the major adverse drug effect you encounter during therapy	_____ _____ _____ _____
304	Have you used homemade remedies during therapy	<input type="checkbox"/> Yes (If yes what? _____) <input type="checkbox"/> No
305	What you are currently feeling on your previous health problem	<input type="checkbox"/> I am feeling nothing <input type="checkbox"/> Improved but still feeling <input type="checkbox"/> Not improved at all