Association between Oral Tobacco Consumption and Dyspepsia

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QUESTIONNAIRE Study I.D.: **DEMOGRAPHIC** Age: Section A: Demographic Information 1. Age: _____ years 2. Gender: □ Male ☐ Female 3. Residence: □ Urban □ Rural 4. **Education Level:** ☐ No formal education ☐ Primary □ Secondary □ Higher 5. Monthly Household Income (PKR): □ <20,000 □ 20,000–50,000 □ >50,000 **Section B: Medical and Gastrointestinal History** 1. Have you experienced any of the following symptoms in the past 3 months? (Check all that apply) ☐ Early feeling of fullness after beginning to eat ☐ Bloating or upper abdominal fullness ☐ Burning in the upper abdomen (epigastric burning) ☐ Upper abdominal pain (epigastric pain) □ Nausea □ Belching 2. When did these symptoms first start? ___ months ago 3. Have you undergone any medical evaluation or endoscopy for these symptoms?

☐ If yes, what was the diagnosis? _____

☐ Yes

□ No

| 4. | □ Peptic ulcer | | |
|-----|--|---------|--|
| | | | |
| | □ Gastroesophageal reflux disease (GERD) | | |
| | □ Gastritis | | |
| | ☐ H. pylori infection | | |
| | □ None | | |
| Sec | tion C: Habitual | -actors | |
| 1. | Have you ever used any form of oral tobacco? | | |
| | □Yes | □No | |
| 2. | Do you currently smoke cigarettes? | | |
| | □Yes | □No | |
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