

Breath Testing Patient Questionnaire

Name _____ Referring Provider _____

DOB _____ Test carb: Lactulose Date _____

Reason for this breath test-complete this chart and the questions below

Circle your		Started when?	Worse after meals?	At night?		
symptoms below						
Bloating	distension?					
Gas						
Diarrhea					Accidents?	
Constipation						
Abdominal pain						
Nausea						
Heartburn						
Feel full sooner at meals?		Yes	No			

Have you been treated for SIBO in the past? What were you given, and what were the results?

Any history of:

- Gallbladder surgery? _____
- Intestinal surgery? _____
- Diabetes _____
- Underactive thyroid _____
- Scleroderma _____
- Liver disease _____
- Pancreatitis _____
- Kidney disease _____
- Immune deficiency _____
- C difficile colitis _____

- Are you Lactose intolerant?** _____
- Have celiac disease?** _____
- Previous breath testing?** _____
- More than occasional alcohol?** _____
- Smoke cigarettes?** _____
- Take opioid pain meds?** _____
- Take omeprazole (Prilosec) or other PPI?** _____

Have you had more than 5 pound weight loss in the past 3 months?

What did you feel after drinking the lactulose?
