



MASSEY UNIVERSITY

Health Screening Questionnaire

Does the physical form of food influence absorption of nutrients by the gut

Name \_\_\_\_\_
Date of Birth \_\_\_\_\_
Telephone: Landline \_\_\_\_\_ Mobile \_\_\_\_\_
Address \_\_\_\_\_
Email \_\_\_\_\_

A) GENERAL HEALTH

Please answer the following questions with a tick or cross i.e. ✓ if yes or X if no

Table with 2 columns: Question, Answer. Rows include: Do you suffer from heartburn, indigestion or have a history of any other digestive disease other than appendicitis?; Do you suffer from any endocrinological disease e.g. diabetes (NIDDM/IDDM), persistent sugar in the urine or thyroid disease like goitre or have hormonal trouble?; Do you have any renal (kidney) disorders e.g. renal stones, proteinuria (protein in urine) or suffer from uraemia or recurrent urinary tract infections?; Do you have any hepatic (liver) disorders?; Have you had any recent major abdominal surgery?; Do you suffer from impaired immunity or have had any recent immunisation?; Have you had a recent gut infection; Do you have any bleeding from the bowel or any blood in the urine?; Have you had any chronic or recent constipation?; Have you had diarrhoea in the last 1 month?; Do you have nausea, vomiting?; Have you had mucus in stools?; Have you had any recent urinary tract infections?; Are your periods regular? Please provide details e.g. the number of days between

cycles (we need this information so as to schedule your visits to the lab on the days you are not menstruating)	
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**B) URINATION - during each experimental session you will be asked to provide a specimen of urine every half hour (you are assured privacy for the same)**

Do you have any difficulty in urinating that would prevent you from providing the required specimen?

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**C) VAGINAL DISCHARGE - Vaginal discharge during the experiment will interfere with the test.**

Do you have any current condition that causes you to have vaginal discharge? (this will interfere with the test). Provision for paper towels for use by you prior to you providing the specimen will be made.

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**D) LIFESTYLE HABITS**

Do you smoke (cigarettes, pipe tobacco, or any other herbs)?

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Do you drink?

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How many drinks containing alcohol do you have a day/ over the weekend? Please state the kind of drink and amount e.g. 3 cans/pints of beer (330ml), one glass of wine etc.

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Have you ever been told you have a high alcohol consumption rate?

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**E) Do you take any of the following supplements: Please answer the following questions with a tick or cross i.e.  $\surd$  if yes or X if no**

Vitamin supplements	
Mineral supplements	
Iron supplement	
Other health foods	
Extra calcium	
Pills for anaemia	

**F) Do you take any of the following medications:**

Pills for gastric ulcer or stomach disorder	
Blood thinning pills e.g. warfarin or aspirin	
Probiotic or prebiotic supplements e.g. lactulose, fibre supplements	
Immuno-suppressants or steroids (oral, spray or cream)	
Antibiotics (within the last month)	
Pain killers	
Vaginally administered prescription or preparations	

**Please list any other medications or supplements you are currently taking below**

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**G) DIETARY INTAKE**

Are you allergic to any foods?

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Are you allergic to wheat and wheat products? (The food you will be asked to consume is wheat based.)

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