Fecal Occult Blood Study Questionnaire

Please circle an answer for each of the questions below:

- Was the patient fasted today?  Yes  No
- Is the patient on a raw diet?  Yes  No
- How is the patient’s appetite?  Normal  Increased  Decreased
- What is the main protein in the patient’s food?
  Chicken  Beef  Pork  Fish  Hydrolyzed  Unknown  Other __________

- Is the patient on NSAIDs?  Yes  No
  - If yes, please state which drug and dosage
    - __________________________

- Is the patient on steroids?  Yes  No
  - If yes, please state which drug and dosage
    - __________________________

- Is the patient on antiplatelet/anticoagulants?  Yes  No
  - If yes, please state which drug and dosage
    - __________________________

- Is the patient taking vitamin C supplements?  Yes  No

- Hematochezia or melena past 2 weeks?  Hematochezia  Melena  None

- Epistaxis past 2 weeks?  Yes  No

- Is bloodwork being performed today?  Yes  No