

# This questionnaire aims to help doctor and patient work together towards a diagnosis and/or managing endometriosis. It is important to gain as much accurate information as possible.

## 1. Menstrual profile

Age at first menstrual period:  <12 years  12–14 years  >14 years  
 Duration of menstrual period:  0–2 days  3–5 days  6–8 days  >8 days  
 Intensity of menstrual bleeding:  None  Spotting/Light  Normal  Heavy

Do you experience spotting/light bleeding at any time other than when your period is due?

Yes  No

Have any relatives in your maternal family experienced heavy/irregular/painful menstrual periods?

Yes  No  Not known

Do you experience painful menstruation (dysmenorrhea)?

Yes  No

Duration of pelvic pain felt during menstrual period:

0–2 days  3–5 days  6–8 days  >8 days

When do you experience the onset of pelvic pain?

Before menstrual bleeding  First day of menstrual bleeding  
 Second day of menstrual bleeding  Later

Does this pain last longer than your menstrual bleeding?  Yes  No

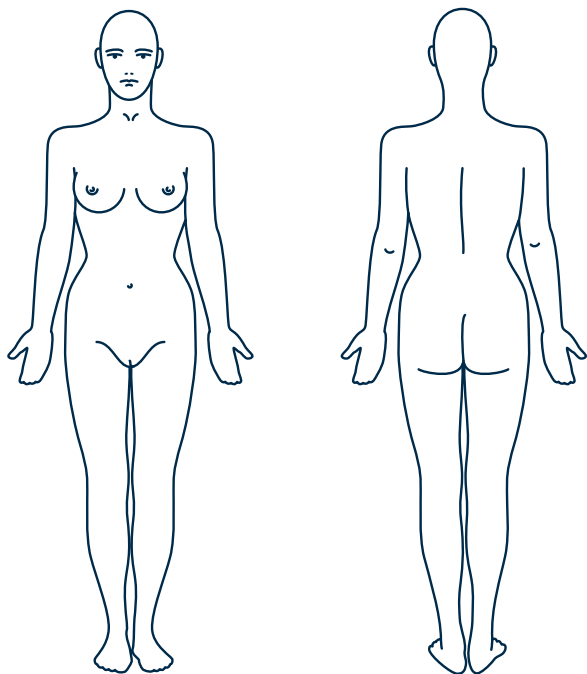
## 2. Symptoms

**For the following statements,** please use a cross on the scale of 0 (no pain) to 10 (unbearable pain) to indicate how much pain you feel.

Pain	0	10
During your periods	☺	☹
Between your periods	☺	☹
During urination	☺	☹
During bowel movements/defecation	☺	☹
With gastrointestinal symptoms (nausea/vomiting)	☺	☹
With abdominal cramps, diarrhea and/or constipation	☺	☹
During sexual activity (if active)	☺	☹



If you have pain between or during your periods, please indicate on the diagram below where you feel this pain.



Have you ever undergone treatment for suspected/diagnosed irritable bowel syndrome?  
 Yes  No

### 3. Medical experience

Do you take any medications and/or supplements regularly during or before your period?  
 (Note: this includes hormonal contraceptives and homeopathic medications)

Yes  No

Have you experienced difficulty falling pregnant in the past?

Yes  No

If so, does your partner suffer from diagnosed infertility?

Yes  No  Not known

At what age did you first experience difficulty falling pregnant?

<24 years  24–29 years  
 30–35 years  >35 years

How long did you experience this for?

<6 months  6–12 months  
 13–19 months  >19 months

Have you received any fertility treatment?

Yes  No

Have any relatives in your maternal family experienced difficulty in falling pregnant?

Yes  No  Not known

If you have been pregnant or given birth, how old were you?

<24 years  24–29 years  
 30–35 years  >35 years

Have any of your maternal relatives been diagnosed with endometriosis?

Yes  No  Not known

Have you ever undergone medical treatment/surgery for suspected/diagnosed endometriosis?

Yes  No

### 4. Emotional wellbeing

Are you unable/anxious to work, attend school or social functions, or go about your daily routine because of your period?

Yes  No

Have you been feeling down, depressed or hopeless?

Never  Rarely  Sometimes  
 Often  Always



**No one should suffer in silence – if, after discussion, you suspect endometriosis, you may wish to explore appropriate medical treatment.**

