

## Endometriosis Questionnaire

Please complete this form and, fax or post to the rooms prior to your consultation

### PATIENT PROFILE

Name: .....DOB: .....

What best describes your reason for attending this practice?

- I have been diagnosed with endometriosis
- I am seeking a second opinion
- I have symptoms of endometriosis, but have not been diagnosed

When were you first diagnosed with endometriosis?.....

Is there a family history of endometriosis? If so, who has it?.....

### MENSTRUAL HISTORY

How old were you when you had your first period? ..... Are your periods:  light

What is the length of your cycle? .....  moderate

How long does your period last? .....  heavy ?

### YOUR SYMPTOMS

Please tick those symptoms that apply to you.

- |  |  |
|--|--|
| <input type="checkbox"/> Pelvic pain                                 | <input type="checkbox"/> Pain at ovulation (mid cycle) |
| <input type="checkbox"/> Cramps or pain before your period           | <input type="checkbox"/> Low back pain                 |
| <input type="checkbox"/> Period pain                                 | <input type="checkbox"/> Infertility                   |
| <input type="checkbox"/> Pain during or after sex                    | <input type="checkbox"/> Abdominal bloating            |
| <input type="checkbox"/> Heavy periods                               | <input type="checkbox"/> Premenstrual Syndrome         |
| <input type="checkbox"/> irregular periods                           | <input type="checkbox"/> Sleeplessness                 |
| <input type="checkbox"/> Spotting, especially just before the period | <input type="checkbox"/> Depression or anxiety         |
| <input type="checkbox"/> Diarrhoea or constipation                   | <input type="checkbox"/> Other – please explain:       |
| <input type="checkbox"/> Painful bowel movements                     | <input type="checkbox"/> I have none of these symptoms |
| <input type="checkbox"/> Passage of blood or mucus from the bowel    |  |

How long have you experienced these symptoms? .....

If you experience pelvic pain, how often does it occur?

- |   |   |
|---|---|
| <input type="checkbox"/> On and off throughout the cycle  | <input type="checkbox"/> For the first few days of the period |
| <input type="checkbox"/> At ovulation                     | <input type="checkbox"/> Throughout the period                |
| <input type="checkbox"/> For a few days before the period | <input type="checkbox"/> All the time                         |
| <input type="checkbox"/> Other – please explain: .....    |   |

If diagnosed, what is the severity of your endometriosis?

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Minimal  | <input type="checkbox"/> Severe     |
| <input type="checkbox"/> Mild     | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Moderate |                                     |

#### DIAGNOSIS

Have you undergone any of the diagnostic tests for endometriosis listed below?

- |   |   |
|---|---|
| <input type="checkbox"/> Pelvic examination     | <input type="checkbox"/> Laparotomy                       |
| <input type="checkbox"/> Blood tests            | <input type="checkbox"/> Ultrasound                       |
| <input type="checkbox"/> CT or MRI              | <input type="checkbox"/> Fertility testing                |
| <input type="checkbox"/> Diagnostic laparoscopy | <input type="checkbox"/> Other – please explain:<br>..... |

#### TREATMENT

Have you been diagnosed with any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Fibroids                  | <input type="checkbox"/> Polycystic ovarian syndrome |
| <input type="checkbox"/> Adenomyosis               | <input type="checkbox"/> Pelvic inflammatory disease |
| <input type="checkbox"/> Pelvic adhesions          | <input type="checkbox"/> Polyps                      |
| <input type="checkbox"/> Abnormal uterine bleeding | <input type="checkbox"/> None of the above           |

Have you been advised to have any of the treatments listed below?

- |   |   |
|---|---|
| <input type="checkbox"/> Pregnancy  | <input type="checkbox"/> The pill   |
| <input type="checkbox"/> Hormone treatments.<br><input type="checkbox"/> Provera<br><input type="checkbox"/> Dimetriose<br><input type="checkbox"/> Danazol<br><input type="checkbox"/> Duphaston<br><input type="checkbox"/> Zoladex<br><input type="checkbox"/> Syneral | <input type="checkbox"/> Pain medication<br><input type="checkbox"/> Panadol<br><input type="checkbox"/> Ponstan<br><input type="checkbox"/> Naprogesic<br><input type="checkbox"/> Mersyndol<br><input type="checkbox"/> Panadeine<br><input type="checkbox"/> Nurofen |
| <input type="checkbox"/> Anti-depressants eg: Zoloft, Prozac  | <input type="checkbox"/> Hysterectomy   |
| <input type="checkbox"/> Division of adhesions  | <input type="checkbox"/> Infertility treatment  |
| <input type="checkbox"/> Laparoscopy  | <input type="checkbox"/> Counselling  |
| <input type="checkbox"/> Hysteroscopy   | <input type="checkbox"/> Dietary advice   |
| <input type="checkbox"/> Oophorectomy (removal of the ovaries)  | <input type="checkbox"/> Alternative therapy eg: acupuncture, herbs, naturopathy  |

Which medications have you taken?

- The pill
- Progestagens eg: Provera, Primolut N
- Danazol
- GnRH analogues e.g.: Zoladex, Syneral
- Herbs
- Tonics/Vitamins
- None

What previous surgery have you had?

- D & C
- Removal of previous endometriosis
- Division of adhesions
- Myomectomy (removal of fibroids)
- Ovarian surgery
- Fallopian tube surgery
- Hysterectomy
- Laparoscopy
- Laparotomy
- Caesarean section
- Appendicectomy
- None

What type of health care provider have you seen/are you currently seeing for the investigation or treatment of endometriosis?

- GP
- Gynaecologist/Obstetrician
- Endocrinologist
- Alternative therapist eg:  
acupuncturist, herbalist, naturopath
- Counsellor
- Chiropractor
- Other – please explain:  
.....

What type of treatment are you interested in?

- Surgery
- Drug treatment
- Pain relief
- Fertility treatment
- Help with personal relationships, lifestyles, sexuality
- Alternative therapies
- Don't know?