

Take this sheet and your symptom records with you when you visit your doctor.

This is information that will be helpful for your doctor in deciding the best treatment pathway for you.

ABOUT YOU

How old are you?

Do you have any blood or genetic relatives who have been diagnosed with endometriosis?

- No
- Yes - a close blood relative (a parent or sibling)
- Yes - a cousin, aunt or grandparent

Do you have menstrual periods?

- Yes
- No

How long is your usual menstrual cycle?

- ① *From the first day of one period to the first day of the next period. If your cycles are irregular it's okay to give an average.*

Did your first period start before the age of 12 years?

- Yes
- No

Are you sexually active?

- Yes
- No

Do you ever experience deep vaginal pain during or after penetrative sex?

- Yes
- No

Do you avoid penetrative sex because of deep vaginal pain?

- Yes
- No

MEDICAL HISTORY

How many times have you spoken to your GP or another doctor about these symptoms?

- ① *Please include all attempts, even those that were not successful.*

- I've never seen a doctor about these symptoms
- I have only seen the doctor once
- 2-5 times
- 5 or more

Have you ever seen a gynaecologist about these symptoms?

- Yes
- No

Have you had any of the following tests to diagnose your symptoms?

- Ultrasound
- MRI
- Laparoscopy

Have you ever had pelvic surgery?

- ① *This could include having your appendix removed, caesarean birth (c-section) or any gynaecological operation*

- Yes
- No

Have you ever been investigated for any of the following conditions?

- ① *These are conditions which share some symptoms with endometriosis*

- Chronic Pelvic Pain
A minimum of 6 months of cyclical or continuous pain below the belly button
- Irritable or Inflammatory Bowel
- Irritable/Painful Bladder
- Abnormal menstrual bleeding
Sometimes referred to as Dysfunctional Uterine Bleeding (DUB) or Abnormal Uterine Bleeding (AUB)
- Pelvic Inflammatory Disease
- Infertility

Have you ever received a diagnosis of any kind relating to your symptoms?

- Yes
- No

- ① *If yes, please list any diagnoses you have been given in the box below.*

Do you regularly take any of the following medications?

- ① *These are medications which can control symptoms related to endometriosis. Tick all that apply.*

- Hormonal contraceptive eg the pill, patches etc
- Pain medication
- Antidepressants