AWARE WOMEN'S HEALTH

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Painful Periods and Endometriosis Questionnaire

Please complete this form and return it to the rooms prior to, or at the time of your consultation.

NAME AND CONTACT DETAILS

Name:

Date of Birth:

Number of pregnancies:

Number of children:

Which best describes your reason for making an appointment:

- ☐ Have symptoms and think you may have endometriosis
- ☐ Have previously had endometriosis diagnosed
- ☐ Would like a second opinion

Is there a family history of endometriosis? Y / N

If so, who is affected?

SYMPTOMS

Pelvic pain Y / N

- ☐ With periods
- ☐ During or after intercourse
- ☐ Between periods
- ☐ With a bowel motion
- ☐ With ovulation
- ☐ With urination

Back pain Y / N

Heavy periods Y / N

Days of blood loss:

Tampons/pads used per day:

Irregular periods Y / N

Frequency:

Constipation or diarrhea Y / N

Passage of blood from the bowels Y / N

Premenstrual tension Y / N

Difficulty becoming pregnant Y / N

Depression/anxiety Y / N

Do you experience other symptoms Y / N

If yes, for how long?

At what age did your periods start?

Are you using or have you ever used the contraceptive pill Y / N

PREVIOUS TREATMENT

*Only fill in if you have previously had endometriosis diagnosed

How was the diagnosis made?

When was the diagnosis made?

What was the severity of the endometriosis:

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Do not know

What treatment have you had:

- ☐ Surgical
- ☐ Medical (tablets, injections, implants)

What other investigations have you had?

Have you ever been diagnosed with:

- ☐ Adenomyosis
- ☐ Pelvic inflammatory disease (PID)
- ☐ Adhesions

What kind of health care provider have you previously seen in relation to this problem:

- ☐ GP
- ☐ Gynaecologist
- ☐ Endocrinologist
- ☐ Alternative therapist, please specify:
- ☐ Other, please specify:

TREATMENT EXPECTATIONS

What kind of treatment are you interested in:

- ☐ Pain control
- ☐ Fertility treatment
- ☐ Surgery
- ☐ Drug treatment
- ☐ Lifestyle suggestions
- ☐ Alternative therapies

Do you require more information about endometriosis and treatment options? Y / N