Basic questionnaire

Version 2021/07-001

AG|EM
Arbeitsgemeinschaft Endometriose

Today's date

patient label	Contact details
	Email adress Phone

Reason for today's appointment: (Please mark the applicable points)

- ◯ Pain
- ◯ Desire to have children / infertility
- ◯ Other symptoms suggesting endometriosis
- ◯ known endometriosis (initial diagnosis) ____ Month ____ Year of initial diagnosis
- ◯ Diagnostic findings with (suspected) endometriosis (e.g., abnormal ultrasound, MRI, other surgery)
- ◯ Check-up/follow-up (no symptoms)
- ◯ Other: _____

Age at first menstrual period: ____ years ◯ Unknown

First day of last menstrual period: _____

Is menstruation regular (every 25-35 days)**?** ◯ yes ◯ no ◯ unknown every ____ days

How heavy is your period? ◯ heavy ◯ medium ◯ light ◯ keine Blutung

How many days does your menstrual bleeding last? ____ days ◯ unknown

Are you currently taking the pill or using other hormone preparations? (Hormonal IUD/patch/ring) ◯ yes ◯ no ◯ unknown

If yes: Which product? _____

If yes: How?

- ◯ Cyclically, i.e., over 21 (24) days, then a break or inactive tablets?
- ◯ Break every ____ months?
- ◯ Continuously, without a break

Are you currently taking painkillers for the symptoms? ◯ yes ◯ no ◯ unknown

If yes: Which preparations?

Name:		Dosage:		Number of days taken per month	
Name:		Dosage:		Number of days taken per month	
Name:		Dosage:		Number of days taken per month	
Name:		Dosage:		Number of days taken per month	

Arbeitsgemeinschaft für Endometriose
in der Deutschen Gesellschaft für Gynäkologie und Geburtshilfe e.V.
Repräsentanz der DGGG und Fachgesellschaften
Jägerstr. 58–60 | 10117 Berlin
Tel: +49 (0) 30 514 88 33 03
E-Mail: geschaeftsstelle@ag-endometriose.de

Basic questionnaire

Version 2021/07-001

AG|EM
Arbeitsgemeinschaft Endometriose

Please answer the following questions:

Have you experienced pain during menstruation in the last 3 months? ◯ yes ◯ no ◯ no information

◯ currently no menstrual bleeding

If yes: How severe would you rate the pain? (0 = no pain, 10 = maximum conceivable pain)


0 1 2 3 4 5 6 7 8 9 10


How severe is the pain when taking hormones (e.g., birth control pills)?

0 1 2 3 4 5 6 7 8 9 10 ◯ not applicable

How severe is the pain after taking painkillers?

0 1 2 3 4 5 6 7 8 9 10 ◯ not applicable

Have you had other cyclical pain (before or after your period) in the last 3 months?

◯ yes ◯ no ◯ no information

If yes: How severe would you rate the pain? (0 = no pain, 10 = maximum conceivable pain)


0 1 2 3 4 5 6 7 8 9 10


How severe is the pain when taking hormones (e.g., birth control pills)?

0 1 2 3 4 5 6 7 8 9 10 ◯ not applicable

How severe is the pain after taking painkillers?

0 1 2 3 4 5 6 7 8 9 10 ◯ not applicable

Have you experienced pain unrelated to menstrual bleeding in the last 3 months?

◯ yes ◯ no ◯ no information

If yes: How severe would you rate the pain? (0 = no pain, 10 = maximum conceivable pain)


0 1 2 3 4 5 6 7 8 9 10


How severe is the pain when taking hormones (e.g., birth control pills)?

0 1 2 3 4 5 6 7 8 9 10 ◯ not applicable

How severe is the pain after taking painkillers?

0 1 2 3 4 5 6 7 8 9 10 ◯ not applicable

Do you experience cyclical pain (during menstruation) when urinating? ◯ yes ◯ no ◯ no information

If yes: How severe would you rate the pain?


0 1 2 3 4 5 6 7 8 9 10


Do you experience cyclical pain (during menstruation) with bowel movements? ◯ yes ◯ no ◯ no information

If yes: How severe would you rate the pain?


0 1 2 3 4 5 6 7 8 9 10


Do you experience pain during sexual intercourse? ◯ yes ◯ no ◯ no information

If yes: How severe would you rate the pain?


0 1 2 3 4 5 6 7 8 9 10


Arbeitsgemeinschaft für Endometriose
in der Deutschen Gesellschaft für Gynäkologie und Geburtshilfe e.V.
Repräsentanz der DGGG und Fachgesellschaften
Jägerstr. 58–60 | 10117 Berlin
Tel: +49 (0) 30 514 88 33 03
E-Mail: geschaeftsstelle@ag-endometriose.de

Basic questionnaire

Version 2021/07-001

AG|EM
Arbeitsgemeinschaft Endometriose

How long have you experienced these symptoms?

◯ < 6 months ◯ > 6 - 12 months ◯ 1 - 3 years ◯ 3 - 10 years ◯ > 10 years ◯ not applicable

---

Have you had menstrual pain since the first years of your period? ◯ yes ◯ no ◯ no information

If no: How many years have you had painful periods? Since _____ years

Was there a trigger? ◯ delivery of baby ◯ Spotting the pill ◯ No identifiable cause
◯ Miscarriage/curettage ◯ Copper IUD

Do you have a family history of endometriosis? ◯ yes ◯ no ◯ no information

If yes: Who is/was affected by endometriosis?

Have you noticed blood in your urine? ◯ yes ◯ no ◯ no information

Does the blood in your urine occur cyclically (with menstruation)? ◯ yes ◯ no ◯ no information

---

Do you have problems with your bowels or during bowel movements?

◯ Diarrhea ◯ Constipation ◯ Blood in stool ◯ Bloated stomach/"endo belly" ◯ other ◯ no problems

Are these symptoms cyclical (with your menstruation)? ◯ yes ◯ no ◯ no information

---

Have you ever been pregnant? ◯ yes ◯ no ◯ unknown

(including births, premature births, miscarriages, ectopic pregnancies, and abortions)

If yes: Total _____ Pregnancies Total _____ miscarriages Total _____ Births

---

Are you currently having difficulty conceiving (getting pregnant)? ◯ yes ◯ no ◯ unknown

If yes: For how long? _____ (months)

Has your ovarian reserve been tested? Anti-Müllerian hormone (AMH) test ◯ yes ◯ no ◯ unknown ◯ not applicable

If yes: Was this ◯ abnormal ◯ normal _____ AMH value (if known)

Has your partner had a semen analysis? ◯ yes ◯ no ◯ unknown ◯ not applicable

If yes: What was the result? ◯ Limited fertility ◯ no abnormalities

---

Have you previously been diagnosed with infertility? ◯ yes ◯ no ◯ unknown

---

Have you already undergone fertility treatment? ◯ yes ◯ no ◯ unknown ◯ not applicable

If yes: Which method(s) were used?

◯ Hormonal stimulation year: _____ ◯ other year: _____
◯ Insemination year: _____ ◯ unknown year: _____
◯ IVF / ICSI year: _____

Arbeitsgemeinschaft für Endometriose
in der Deutschen Gesellschaft für Gynäkologie und Geburtshilfe e.V.
Repräsentanz der DGGG und Fachgesellschaften
Jägerstr. 58–60 | 10117 Berlin
Tel: +49 (0) 30 514 88 33 03
E-Mail: geschaeftsstelle@ag-endometriose.de

Basic questionnaire

Version 2021/07-001

AG|EM
Arbeitsgemeinschaft Endometriose

Is your quality of life affected by your symptoms? ◯ never ◯ rarely ◯ often ◯ always

To what extent do your symptoms prevent you from leading a normal life? ◯ never ◯ rarely ◯ often ◯ always

Is your sexuality affected by your symptoms? ◯ never ◯ rarely ◯ often ◯ always

Do your symptoms affect your mood? ◯ never ◯ rarely ◯ often ◯ always

What previous gynecological surgeries have you had?

Date (year)	Where, in which hospital?	What was done?

What complementary procedures have you already tried? Did they lead to an improvement?

◯ Dietary changes	◯ never	◯ rarely	◯ often	◯ always
◯ Yoga	◯ never	◯ rarely	◯ often	◯ always
◯ Osteopathy	◯ never	◯ rarely	◯ often	◯ always
◯ Physical therapy	◯ never	◯ rarely	◯ often	◯ always
◯ Exercise/Sports	◯ never	◯ rarely	◯ often	◯ always
◯ TCM	◯ never	◯ rarely	◯ often	◯ always
◯ Acupuncture	◯ never	◯ rarely	◯ often	◯ always
◯ Psychotherapy/psychological support	◯ never	◯ rarely	◯ often	◯ always
◯ Rehabilitation	◯ never	◯ rarely	◯ often	◯ always

Other: _____

Comments

Stamp

Arbeitsgemeinschaft für Endometriose
in der Deutschen Gesellschaft für Gynäkologie und Geburtshilfe e.V.
Repräsentanz der DGGG und Fachgesellschaften
Jägerstr. 58–60 | 10117 Berlin
Tel: +49 (0) 30 514 88 33 03
E-Mail: geschaeftsstelle@ag-endometriose.de