



Consultation questionnaire

This questionnaire is designed to help you prepare for your medical appointments.

Fill it out and take it with you to your appointment so you can answer the doctor's questions quickly and accurately and therefore use the limited time more effectively.

It may be very useful to make a copy of this questionnaire to give to your doctor. This will provide something to refer back to at future appointments, and will help you both to monitor your condition.

It is important to provide your doctor with as much accurate information as possible in order to work as a team in getting a diagnosis or managing your condition.

BASIC QUESTIONS	YOUR RESPONSES
Date of your first menstrual period ever:	
Date of your most recent period:	
Duration of your period (in days):	
Type of flow (heavy, medium, light):	
Do you have bleeding between periods?	
Do you menstruate every 28 to 30 days, or are your cycles irregular?	
Do you have any bleeding between periods or after sex?	
Date of your last smear and result:	
What medications, birth control pills, hormones, and/or supplements do you take on a regular basis? <i>(Note the strength and how often these medications are taken).</i>	

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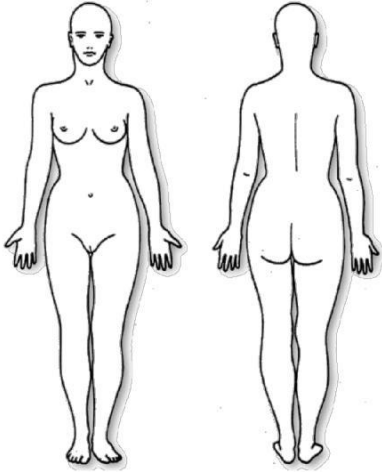
SPECIFIC PAIN QUESTIONS	YOUR RESPONSES
Do you have pain during or after sexual intercourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
When talking with your doctor about pain with intercourse, be open and honest about the type of pain you have, whether it is with deep penetration or all the time, whether orgasm makes the pain worse, and what methods alleviate the pain.	<input type="checkbox"/> Pain is worse with deep penetration <input type="checkbox"/> I have pain during orgasm <input type="checkbox"/> I have pain after orgasm <input type="checkbox"/> I have pain with certain sexual positions
Do you have painful bowel movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Many women with endometriosis report significant bowel pain, including painful bowel movements, rectal pain, constipation, or diarrhoea. The doctor will also want to know if you've ever experienced blood in your stool and if any of these symptoms occur during menstruation.	<input type="checkbox"/> I have rectal pain <input type="checkbox"/> I have constipation and/or diarrhoea or alternating courses of both <input type="checkbox"/> I have had blood in my stool <input type="checkbox"/> My bowel symptoms are worse during menstruation
Do you have pelvic pain with physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

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exercise?	
Some women with endometriosis report feeling more pain when they engage in strenuous physical exercise. The pain may be more severe during menstruation.	<input type="checkbox"/> Pain with exercise is worse during menstruation
When did your pain start?	
Where is the pain? As you answer this question, point to or describe the area of your body that's affected. Some physicians will provide a printed diagram of the body so you can mark the areas where you have pain.	
Type of pain? When describing pain, consider which adjectives best describe what you experience. Women often describe endometriosis pain as burning, stabbing, gnawing, cramping, jabbing, throbbing, cold, sharp, aching, or pressure.	
Severity of pain? There are several ways you can describe the pain's severity. For example, you may choose to use an adjective, such as excruciating, severe, moderate, or mild. Or you may choose to use a pain scale, rating it on a scale of one (no pain) to ten (pain so severe, it makes you pass out). If it's helpful, you may want to refer to the Andrea Mankoski's Pain Scale (see below).	Pain on a scale of 1-10: _____ Adjective(s) that describe my pain:

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How bad is your pain right now?		
How many days are you in pain each month?		
Is the pain getting worse? From the time the pain started until now, has it gotten worse? If so, by what degree?	<input type="checkbox"/> Pain is getting much worse <input type="checkbox"/> Pain is getting somewhat worse <input type="checkbox"/> Pain is about the same as usual <input type="checkbox"/> Pain is getting somewhat better	
How does the pain impact your life? Tell your physician if you're missing work or school or declining invitations due to your symptoms.		
Have you ever been admitted to hospital with your pain?		
List the medications you have taken to try to alleviate your pain. Were they effective? Tell your doctor of any over-the-counter or prescription medications you have taken or are taking for pain, and whether they reduce your pain levels.	Meds Taken:	Effective?
List any other methods you are currently using (or have used) to relieve your pain. Tell your doctor if you are taking any herbs or seeing alternative practitioners for your pain and whether these methods are effective.	Method:	Effective?
OTHER SYMPTOMS:	YOUR RESPONSES	
Do you routinely experience nausea with menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you vomit during menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Do you have unusual vaginal bleeding at any time during your cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience painful urination or blood in urine at any time during your cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience bloating during menstruation or at other times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have difficulty gaining or losing weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No Fatigue on a scale of 1 to 10 (1 is low, 10 is high): _____ Adjective(s) that describe my fatigue:

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Andrea Mankoski, an endometriosis sufferer, devised this pain scale to help describe the subjective experience of pain in more concrete terms to her doctors and family. You may find it helpful to use the scale to describe your own pain.

ANDREA MANKOSKI'S PAIN SCALE		
0	Pain free	No medication needed
1	Very minor annoyance - occasional minor twinges	No medication needed
2	Minor annoyance - occasional strong twinges	No medication needed
3	Annoying enough to be distracting	Mild painkillers are effective (i.e., aspirin, ibuprofen)
4	Can be ignored if you are really involved in your work, but still distracting	Mild painkillers relieve pain for 3-4 hours
5	Can't be ignored for more than 30 minutes	Mild painkillers reduce pain for 3-4 hours
6	Can't be ignored for any length of time, but you can still go to work and participate in social activities	Stronger painkillers (Codeine) reduce pain for 3-4 hours
7	Makes it difficult to concentrate, interferes with sleep You can still function with effort. Stronger painkillers are only partially effective	Strongest painkillers relieve pain
8	Physical activity severely limited. You can read and converse with effort. Nausea and dizziness set in as factors of pain	Stronger painkillers are minimally effective. Strongest painkillers reduce pain for 3-4 hours
9	Unable to speak – crying out or moaning uncontrollably – near delirium	Strongest painkillers are only partially effective

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10	Unconscious. Pain makes you pass out	Strongest painkillers are only partially effective
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Thank you to Endometriosis.org who first developed the Consultant's Questionnaire which they have allowed us to adapt.

Helpline: 0808 808 2227

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