

Your first consultation: questions your doctor may ask you

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Endometriosis can be difficult to diagnose, so your gynaecologist will need your help if s/he is to build up a useful picture of your symptoms.

Completing this questionnaire before your first appointment will give you time to think carefully about the questions you might get asked and to provide accurate answers. The answers you provide will contribute to develop an accurate diagnosis – and treatment plan.

Take the completed questionnaire with you to your appointment, so you have it on hand as a checklist. You may also want to give the gynaecologist a copy of the completed questionnaire.

Instructions

Most of the questions require you to indicate the answer or answers that apply to you. Do this by circling or ticking the most appropriate answer(s).

Other questions require you to insert a number or to write some information in the space provided.

Answer the questions as honestly and comprehensively as you can, even if answering a question about a symptom, such as painful intercourse, is embarrassing. The more information the gynaecologist has, the better s/he can help you.

Pain severity

Honestly indicating the severity of your pain can help the gynaecologist build up a picture of your symptoms and their impact. You can indicate the severity of your pain by

- using one of the following adjectives: mild, moderate, severe, or excruciating
- choosing your own words
- using Andrea Mankoski's Pain Scale, which is inserted on page 7.

Describing pain

Describing your pain can help the gynaecologist understand the type of pain you are experiencing and the cause of that pain. You can describe your pain by

- choosing any of the following words: burning, stabbing, gnawing, cramping, jabbing, throbbing, cold, sharp, aching, and pressure
- choosing your own words.

Days in pain

Pain is something that most of us feel, and when it is gone we do our best to forget about it afterwards. As a result, we tend not to be very good at accurately remembering the frequency and severity of our pain over the previous month or so.

Keeping a pain diary for 1–3 months can be a good way of providing the gynaecologist with a reliable record of your pain. You can record your pain by:

- using the daily pain diary provided as suggested on page 7
- creating or using a similar chart
- using the diary provided at www.reliefinsite.com.

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Basic questions	Your responses	
How old were you when your periods started?	I was _____ years old	
When was your most recent menstrual period?	My most recent period was _____ weeks and _____ days ago	
For how long do your periods typically last?	My periods typically last for _____ days	
How heavy are your periods? How many pads and/or tampons do you use with each period?	Heavy Medium Light I use _____ pads and/or tampons each period	
Do you have bleeding or spotting between periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a brownish discharge before your period starts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do your menstrual periods occur regularly or irregularly? A menstrual period is from the first day of one period to the first day of the next	<input type="checkbox"/> Menstrual cycles are regular and occur every _____ days <input type="checkbox"/> Menstrual cycles are irregular and can be as short as _____ days or as long as _____ days	
What medications, birth control pills, hormones, and/or supplements do you take on a regular basis? Also, note their strength and how often you take them	<u>Medications</u>	<u>Strength and frequency</u>
Have any of your relatives (sister, mother, aunt, cousin, grandmother) had endometriosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No ↓ If yes, who? _____	
What illnesses (including sexually-transmitted diseases) and surgeries have you have had? How old you were when you had the illness or surgery?	<u>Illnesses / surgeries</u>	<u>Age at the time</u>
Please list any allergies you have or have had		
Are there any major illnesses and diseases in your immediate family?	<u>Type of illness</u>	<u>Who?</u>

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<p>Do you use tobacco? If yes, how much and how often do you use it?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ↓ How much? _____ How often? _____</p>
<p>Do you drink alcohol? If yes, how much and how often do you drink?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ↓ How much? _____ How often? _____</p>
<p>Do you or have you ever used illegal drugs? If yes, how much and how often do you use them?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ↓ How much? _____ How often? _____</p>

Period pain questions	Your responses
<p>Do you have pain with your periods?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes ↓ ↓ Pain started when I was _____ years old Pain lasts _____ hours _____ days Severity of my pain is _____ Words that best describe my pain are: _____ Also have pain for _____ days before my period starts</p>
<p>Where is your period pain?</p>	<p><input type="checkbox"/> Pain felt in entire abdomen <input type="checkbox"/> Pain felt in part of abdomen <input type="checkbox"/> Pain felt in lower back <input type="checkbox"/> Pain felt in thighs and legs <input type="checkbox"/> Pain felt elsewhere, please specify _____</p>
<p>Is your period pain accompanied by other symptoms?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes ↓ ↓ <input type="checkbox"/> Nausea and/or vomiting <input type="checkbox"/> Constipation and/or diarrhoea <input type="checkbox"/> Fatigue <input type="checkbox"/> Other symptoms, please specify: _____</p>

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<p>Is your period pain getting worse?</p> <p>From the time the pain started until now, has your period pain got worse?</p>	<input type="checkbox"/> Period pain is getting much worse <input type="checkbox"/> Period pain is getting somewhat worse <input type="checkbox"/> Period pain is about the same as previously <input type="checkbox"/> Period pain is getting somewhat better <input type="checkbox"/> Period pain is getting much better	
<p>What effect does your period pain have on your life?</p>	<input type="checkbox"/> Pain keeps me in bed <input type="checkbox"/> Pain stops me going to school and/or work <input type="checkbox"/> Pain stops me going out with family and friends <input type="checkbox"/> Period pain stops me exercising and doing sport <input type="checkbox"/> Period pain wakes me up at night	
<p>List all the medications you have taken or are taking to try to relieve your period pain and note whether they were effective or not</p> <p>List both over-the-counter and prescription medications</p>	<p><u>Medications used</u></p>	<p><u>Effectiveness?</u></p>
<p>List any alternative methods you have used or are using to relieve your period pain and note whether they were effective or not</p> <p>These may include (but are not limited to) acupuncture, chiropractic medicine, traditional Chinese medicine, biofeedback, reflexology, nutritional therapy, herbs, supplements, etc)</p>	<p><u>Therapies tried</u></p>	<p><u>Effectiveness?</u></p>

Specific pain questions	Your responses
<p>Do you have pain during or after sexual intercourse?</p> <p>When talking with your doctor about pain with intercourse, be open and honest about the pain. Don't withhold information about painful intercourse because of embarrassment: the doctor needs the information to help diagnose your condition.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes</p> <p>↓ ↓</p> <p><input type="checkbox"/> Pain felt with all intercourse <input type="checkbox"/> Pain felt with certain sexual positions <input type="checkbox"/> Pain worse with deep penetration <input type="checkbox"/> Pain felt during orgasm <input type="checkbox"/> Pain felt after orgasm</p> <p>Pain started when I was _____ years</p> <p>Severity of my pain is _____</p> <p>Words that best describe my pain are: _____</p>

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<p>Do you have bowel symptoms?</p> <p>Many women with endometriosis have bowel symptoms, such as painful bowel movements, rectal pain, constipation and/or diarrhoea, and blood in the stools.</p> <p>Don't withhold information about bowel symptoms because of embarrassment: the doctor needs the information to help diagnose your condition.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes</p> <p style="text-align: center;">↓ ↓</p> <p><input type="checkbox"/> Have painful bowel movements</p> <p><input type="checkbox"/> Have rectal pain</p> <p><input type="checkbox"/> Have constipation or diarrhoea or both</p> <p><input type="checkbox"/> Have had blood in my stools</p> <p><input type="checkbox"/> Bowel symptoms are worse during menstruation</p> <p>Symptoms started when I was _____ years</p> <p>Severity of my symptoms is _____</p> <p>Words that best describe my symptoms are:</p> <p>_____</p>
<p>Do you have pelvic pain at times other than during your periods?</p> <p>Some women with endometriosis have intermittent or continuous pelvic pain at various times during their menstrual cycle, including during ovulation.</p> <p>Tell your doctor about any pelvic pain you experience.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes</p> <p style="text-align: center;">↓ ↓</p> <p>Pain felt (where) _____</p> <p>Pain felt (when) _____</p> <p>Pain started when I was _____ years</p> <p>Severity of my pain is _____</p> <p>Words that best describe my pain are:</p> <p>_____</p>
<p>Do you have pelvic pain with physical exercise?</p> <p>Some women with endometriosis feel more pain during physical exercise. The pain may be also more severe during your periods.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes</p> <p style="text-align: center;">↓ ↓</p> <p><input type="checkbox"/> Pain with exercise is worse during menstruation</p> <p>Pain started when I was _____ years</p> <p>Severity of my pain is _____</p> <p>Words that best describe my pain are:</p> <p>_____</p>

General pain questions	Your responses
<p>How bad is your pain now?</p>	
<p>How many days each month do you have pain?</p>	<p>Pain other than period pain felt for ___ days a month</p>
<p>Is your pain (other than period pain) getting worse?</p> <p>From the time the pain started until now, has it got worse?</p>	<p><input type="checkbox"/> Pain is getting much worse</p> <p><input type="checkbox"/> Pain is getting somewhat worse</p> <p><input type="checkbox"/> Pain is about the same as previously</p> <p><input type="checkbox"/> Pain is getting somewhat better</p> <p><input type="checkbox"/> Pain is getting much better</p>

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<p>What effect does your pain (other than period pain) have on your life?</p>	<input type="checkbox"/> Pain keeps me in bed <input type="checkbox"/> Pain stops me going to school and/or work <input type="checkbox"/> Pain stops me going out with family and friends <input type="checkbox"/> Pain stops me exercising and doing sport <input type="checkbox"/> Pain wakes me up at night	
<p>List all the medications you have taken to try to alleviate your pain (other than period pain) and note whether they were effective or not?</p> <p>List all the over-the-counter and prescription medications you have taken or are taking.</p>	<p><u>Medications used</u></p>	<p><u>Effectiveness?</u></p>
<p>List any alternative methods you have used or are using to relieve your period pain and note whether they were effective or not</p> <p>These may include (but are not limited to) acupuncture, chiropractic medicine, traditional Chinese medicine, biofeedback, reflexology, nutritional therapy, herbs, supplements, etc)</p>	<p><u>Therapies tried</u></p>	<p><u>Effectiveness?</u></p>

Other symptoms	Your responses	
<p>Do you experience any other symptoms?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ↓ <input type="checkbox"/> Painful urination <input type="checkbox"/> Frequent urination <input type="checkbox"/> Blood in my urine <input type="checkbox"/> Headaches / migraine <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p>Symptoms are worse during my period</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you experience bloating during your periods or at other times?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Symptoms are worse during my period</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you experience lethargy and fatigue?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Symptoms are worse during my period</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have difficulty gaining or losing weight?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes – gaining weight <input type="checkbox"/> Yes – losing weight	

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Example daily pain journal

Date	Day in cycle	Activities and exercise	Pain level (0 – 10)	Type and location of pain / symptoms	Duration of pain / symptoms	Meds taken / effectiveness
15 Mar	4	30 minute morning walk	3	Cramping and pressure right below belly button Diarrhoea after lunch	2 hours	Tylenol (moderate)

Andrea Mankoski's painscale (used with attribution)

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 (ie. aspirin, ibuprofen)
4	Can be ignored if you are really involved in your work, but still distracting.	Mild pain killers are effective 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 reduce pain for 3-4 hours (ie. Codeine, Vicodin)
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 (ie. Oxycontin, Morphine)
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
10	Unconscious. Pain makes you pass out.	Strongest painkillers are only partially effective

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