

Endometriosis Pain and Bleeding Diary

The questions in this diary are designed to measure changes in your endometriosis symptoms. Please complete the diary **each night** just before you go to bed. For each question, please indicate how you've been feeling **during the past 24 hours** (or since the last time you completed the diary if it has not been exactly 24 hours).

The first questions are about pain. Please be sure to think only about **pain related to your endometriosis** when answering these questions.

		Yes	No
1	During the past 24 hours, did you have any endometriosis-related pain?	<input type="radio"/>	<input type="radio"/> Skip to Question 12

The next few questions ask about **intermittent or periodic** endometriosis-related pain, pain that tends to come and go. These are then followed by a few questions about **continuous or constant** endometriosis-related pain, pain that tends to last a while.

		Yes	No
2	During the past 24 hours, did you have any intermittent or periodic pain , such as sudden pains or cramps that came and went?	<input type="radio"/>	<input type="radio"/> Skip to Question 6

3												
During the past 24 hours, at its worst , how severe was your intermittent or periodic pain ?												
0	1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No Pain												Worst Pain Imaginable

4	During the past 24 hours, about how many episodes of intermittent or periodic pain did you experience? An episode of intermittent or periodic pain is the number of sudden pains occurring together with a clear beginning and end.	<input type="text"/>	episodes
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5	During the past 24 hours, on average , about how long did each of your episode(s) of intermittent or periodic pain last? Please indicate either the approximate number of minutes or seconds	<input type="text"/>	minutes	or	<input type="text"/>	seconds
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		Yes	No
6	During the past 24 hours, did you have any continuous or constant pain , such as cramping or aching in your abdomen or lower back that lasted awhile?	<input type="radio"/>	<input type="radio"/> Skip to Question 11

7												
During the past 24 hours, on average , how severe was your continuous or constant pain ?												
0	1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No Pain												Worst Pain Imaginable

8												
During the past 24 hours, at its worst , how severe was your continuous or constant pain ?												
0	1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No Pain												Worst Pain Imaginable

9	During the past 24 hours, about how much of the time (when you were awake) did you have continuous or constant pain ? Please indicate the approximate number of hours and/or minutes.	<input type="text"/>	hours	and/or	<input type="text"/>	minutes
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10	During the past 24 hours, about how much of the time were you asleep? Please indicate the approximate number of hours and/or minutes.	<input type="text"/>	hours	and/or	<input type="text"/>	minutes						
11	During the past 24 hours, how much did your endometriosis-related pain interfere with your daily activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
		0	1	2	3	4	5	6	7	8	9	10
		Did Not Interfere at All										Interfered Completely

The next few questions ask about **sexual activity**.

											Yes	No	
12	During the past 24 hours, did you have sexual intercourse or engage in any other sexual activity that involved full vaginal penetration?	<input type="radio"/>										<input type="radio"/>	Skip to Question 15
13	During the past 24 hours, did you have <u>any</u> endometriosis-related pain, either during or after sexual intercourse or other sexual activity that involved full vaginal penetration?	<input type="radio"/>										<input type="radio"/>	Skip to Question 16
14	During the past 24 hours, at its <u>worst</u> , how severe was the endometriosis-related pain you experienced either during or after sexual intercourse or other sexual activity that involved full vaginal penetration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
		0	1	2	3	4	5	6	7	8	9	10	
		No Pain										Worst Pain Imaginable	
											Yes	No	
15	During the past 24 hours, did you avoid sexual intercourse because of your endometriosis?	<input type="radio"/>										<input type="radio"/>	
16	During the past 24 hours, did you have any bleeding or spotting related to sexual activity?	<input type="radio"/>										<input type="radio"/>	

The next few questions ask about **menstruation and bleeding or spotting between periods**.

											Yes	No	
17	During the past 24 hours, have you been menstruating (bleeding or spotting <u>during</u> your period)?	<input type="radio"/>										<input type="radio"/>	Skip to Question 19
18	During the past 24 hours, did you have <u>any other</u> bleeding or spotting, such as spotting <u>between</u> periods? (Please do <u>not</u> include bleeding or spotting related to sexual activity).	<input type="radio"/>										<input type="radio"/>	Skip to Question 20

The next questions ask about **heaviness of bleeding or spotting and the number of sanitary products used for bleeding or spotting**.

19	During the past 24 hours, <u>on average</u> , how heavy was your bleeding or spotting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Light	Moderate	heavy
20	During the past 24 hours, how many sanitary products (panty liners, pads or tampons) did you use? (If none, please enter 0).	<input type="text"/>	<input type="text"/>	<input type="text"/>
		panty liners	pads	tampons

Disclaimer: This tool is for informational purposes only and is not intended to replace regular medical checkups or the advice of your healthcare provider (HCP). Discuss any health concerns or problems with your HCP.

Reference: Deal LS, Williams VS, DiBenedetti DB, Fehnel SE. Development and psychometric evaluation of the Endometriosis Treatment Satisfaction Questionnaire. *Qual Life Res.* 2010;19(6):899–905.