Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

BSGE Pelvic Pain Questionnaire

This questionnaire has been designed to help us understand your problems and to find the most appropriate treatments. It may also help you to formulate your thoughts on your symptoms and the way in which they can affect your quality of life. It is important that you answer as many of the questions as you are able. If you find any of them awkward to answer, please leave them blank and we may discuss them at your consultation should you wish.

Please be assured that the information you provide will be kept confidential, in accordance with Data Protection legislation and entered onto a central database together with the results of clinical examination and any tests that you may have. The findings and results of any surgical intervention that you may have will be recorded and assessed, as will your responses from follow up questionnaires.

If you do not understand any of the questions, particularly about previous treatment, please leave these blank and raise the questions when you are seen in the clinic.

Please sign below to confirm that you are happy for the information that you provide to be included on the database. We will be collecting information about you throughout your treatment.

Signature …….

NAME (Print) ……..

Date …….

GENERAL QUESTIONS ABOUT YOUR PAIN

1 Over the course of your **current normal menstrual cycle**, which of the following symptoms do you experience? Please tick yes or no to show whether you experience symptom during a normal cycle, and then if you have experienced the symptom, circle a score from 1 to 10 to indicate how slight or severe it usually is.
(Note: N/A denotes 'no periods')

Pre-menstrual pain (pain before periods) Experienced YES ☐ NO ☐ N/A ☐

Experienced slightly — Experienced severely

1 2 3 4 5 6 7 8 9 10

Menstrual pain (pain during periods) Experienced YES ☐ NO ☐ N/A ☐

Experienced slightly — Experienced severely

1 2 3 4 5 6 7 8 9 10

Non-cyclical pelvic pain (pain throughout the month) Experienced YES ☐ NO ☐

Experienced slightly — Experienced severely

1 2 3 4 5 6 7 8 9 10

Pain during sexual intercourse Experienced YES ☐ NO ☐ N/A ☐

Experienced slightly — Experienced severely

1 2 3 4 5 6 7 8 9 10

Pain opening bowels during period Experienced YES ☐ NO ☐ N/A ☐

Experienced slightly — Experienced severely

1 2 3 4 5 6 7 8 9 10

Pain opening bowels at other times Experienced YES ☐ NO ☐ N/A ☐

Experienced slightly — Experienced severely

1 2 3 4 5 6 7 8 9 10

Lower back pain Experienced YES ☐ NO ☐ N/A ☐

Bladder pain or pain passing urine Experienced YES ☐ NO ☐

Experienced slightly Experienced severely

1 2 3 4 5 6 7 8 9 10

Do you have difficulty emptying your bladder? YES ☐ NO ☐

Experienced slightly Experienced severely

1 2 3 4 5 6 7 8 9 10

Information about bowel function

(Note: N/A denotes stoma)

2 Do you have frequent bowel movements?
Never[0]☐ a little of the time[1]☐ some of the time[2]☐ most of the time[3]☐ all of the time[4]☐ N/A[5]☐

Do you have urgent bowel movements?
Never[0]☐ a little of the time[1]☐ some of the time[2]☐ most of the time[3]☐ all of the time[4]☐ N/A[5]☐

Do you have a sensation of incomplete emptying of the bowel?
Never[0]☐ a little of the time[1]☐ some of the time[2]☐ most of the time[3]☐ all of the time[4]☐ N/A[5]☐

Do you have constipation?
Never[0]☐ a little of the time[1]☐ some of the time[2]☐ most of the time[3]☐ all of the time[4]☐ N/A[5]☐

Have you been troubled by blood in the stool around the same time as your period?
Never[0]☐ a little of the time[1]☐ some of the time[2]☐ most of the time[3]☐ all of the time[4]☐ N/A[5]☐

Fertility

3 Are you currently trying to get pregnant?

No ☐

Yes, been trying for more than 18 months ☐

Previous treatment for endometriosis

4 Are you currently taking any of the following treatments? Please tick to indicate your use.

- **Oral contraceptive Pill** YES ☐ NO ☐

- **Mirena IUS (hormone containing coil)** YES ☐ NO ☐
- **GnRH Analogues, eg Goserelin, Buserelin, Lupron, Naferelin** YES ☐ NO ☐
- **GnRH Analogues + oestrogens (HRT)** YES ☐ NO ☐
- **Progestogens eg Primolut, Duphaston, Provera** YES ☐ NO ☐
- **Analgesics/painkillers**
  Paracetamol YES ☐ NO ☐

  NSAID anti-inflammatories e.g. Ibuprofen, Diclofenac YES ☐ NO ☐

  Opiates, e.g. Tramadol, DF118 YES ☐ NO ☐

  Aromatase inhibitors YES ☐ NO ☐

  Hormone Replacement YES ☐ NO ☐

Previous surgery for endometriosis

5 Have you had your endometriosis surgically treated? Yes ☐ No ☐

Have you had an ovary removed? Yes ☐ No ☐ Don't know ☐

Have you had both ovaries removed? Yes ☐ No ☐ Don't know ☐

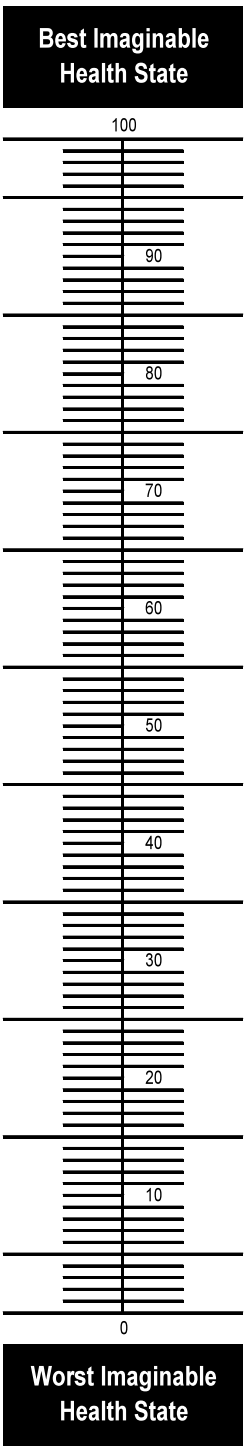
Have you had a hysterectomy? Yes ☐ No ☐ Don't know ☐

Questions about your health in general

6 The following questions refer to how you feel about your health in general **TODAY.** They form part of a standard set of questions relating to quality of life and therefore some may not seem particularly relevant to you. However, please try to answer ALL questions.

Please score how good or bad your health is **TODAY.** The best health state you can imagine is marked 100 and the worst health state you can imagine is marked 0.

(Please place a line on the scale between 1 and 100 according to how you feel)



7 Please indicate which statements best describe your health state **TODAY**

Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐
I have some problems with performing my usual activities ☐
I am unable to perform my usual activities ☐

Pain/Discomfort

I have no pain or discomfort ☐
I have moderate pain or discomfort ☐
I have extreme pain or discomfort ☐

Anxiety/Depression

I am not anxious or depressed ☐
I am moderately anxious or depressed ☐
I am extremely anxious or depressed ☐

Mobility

I have no problems in walking about ☐
I have some problems in walking about ☐
I am confined to bed ☐

Self-Care

I have no problems with self-care ☐
I have some problems washing or dressing myself ☐
I am unable to wash or dress myself ☐

Thank you very much for completing this questionnaire. We would like to reassure you again that all the answers will be treated in the strictest confidence.