

For my doctor

Name _____ Appointment date _____

Pain: 0 = no pain, 10 = worst pain you can imagine.

Fill it in over the week before. Hand page 1 to the doctor at the start.

My top 3 concerns

The things I most want to leave with an answer to

- 1 _____
- 2 _____
- 3 _____

My main symptoms

Symptom	Since when	How often For example: every period, most days	Worst pain 0 to 10	What it stops me doing

What I have tried

Medicine or treatment	Dose	How long	Did it help? And any side effects

About me

Age at first period _____ Usual days between periods _____

Days each period lasts _____ Contraception now _____

Pregnancies _____ Mother or sister with endometriosis? Yes / No / Not sure _____

Other conditions _____ Medicines I take now _____

For me

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Questions to ask

Tick the ones you want to ask. Write the answers under What we agreed.

Tests and diagnosis

- ☐ Could my symptoms be endometriosis, adenomyosis or something else?
- ☐ Which tests do you recommend, and why?
- ☐ What happens next if my scans look normal but I still have pain?
- ☐ Could my bowel or bladder symptoms be linked to my pelvic pain?

Treatment

- ☐ What are my options, with and without hormones?
- ☐ What side effects should I look out for?
- ☐ How long should I wait to see if a treatment works?
- ☐ What should I do on bad days, and when should I call the clinic?

Referral

- ☐ Should I see a gynecologist or a specialist endometriosis service?
- ☐ How long is the wait, and what can I do in the meantime?

My own questions

What we agreed

What the doctor thinks it could be _____

Tests, and when I get the results _____

Treatment to try _____

Referral _____

When to come back _____

What to do if it gets worse _____

Notes _____
