



## ENDOMETRIOSIS 3-MONTH TRACKER

Use this weekly tracker for the next 3 months to chart your symptoms. Then, bring it to your follow-up appointment and share with your doctor.

Beginning on: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 1 Mark the week(s) during which your period occurs.

13-week time frame	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
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### 2 Indicate how many times each week you experienced the following because of endometriosis pain:

	13-WEEK TIME FRAME													TOTAL WEEKS
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	
I missed work and/or school														
I missed a family and/or social event														
My work and/or school performance was affected														
My exercise and/or activities were affected														
I didn't interact with my family as I wanted to														
I didn't have sex														
I didn't enjoy sex														
I didn't sleep as well as I wanted to														

### 3 During the 3-month time frame, when did you experience pain? (mark all that apply)

☐ During your period      ☐ Not during your period      ☐ During sex      ☐ Other (specify): \_\_\_\_\_



## ENDOMETRIOSIS PAIN AND IMPACT QUESTIONNAIRE

Endometriosis pain can get in the way of your daily life—even when it's not your period. In addition to painful periods, endometriosis symptoms can include pain outside of your period and painful sex.

**Answer the following questions about your pain. Then, share its impact with your doctor.**

**1 When** have you experienced pain within the past 30 days? (mark all that apply)

☐ During your period    ☐ Not during your period    ☐ During sex    ☐ Other (specify): \_\_\_\_\_

**2 In the past 30 days**, how many times has endometriosis pain affected your ability to (mark all that apply)

**Attend work and/or school**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ If more, specify: \_\_\_\_\_

**Participate fully at work and/or school**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ If more, specify: \_\_\_\_\_

**Enjoy sex with significant other**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ If more, specify: \_\_\_\_\_

**Attend family and/or social events**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ If more, specify: \_\_\_\_\_

**Participate in activities related to caring for your family**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ If more, specify: \_\_\_\_\_

**Get enough sleep**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ If more, specify: \_\_\_\_\_

**Participate in sports or exercise**

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ If more, specify: \_\_\_\_\_

**3 In the past 30 days**, how would you rate the level of your **worst** pain?

(mark number on the scale below: 0=no pain; 10=worst pain imaginable)

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

**4 In the past 30 days**, have you taken any over-the-counter or prescription pain medication for endometriosis pain? ☐ Yes    ☐ No

If yes, which one(s)? \_\_\_\_\_

How much and how often? \_\_\_\_\_

**5 Since your last visit**, has anything about your endometriosis changed (pain level, medication, symptoms, etc.)?

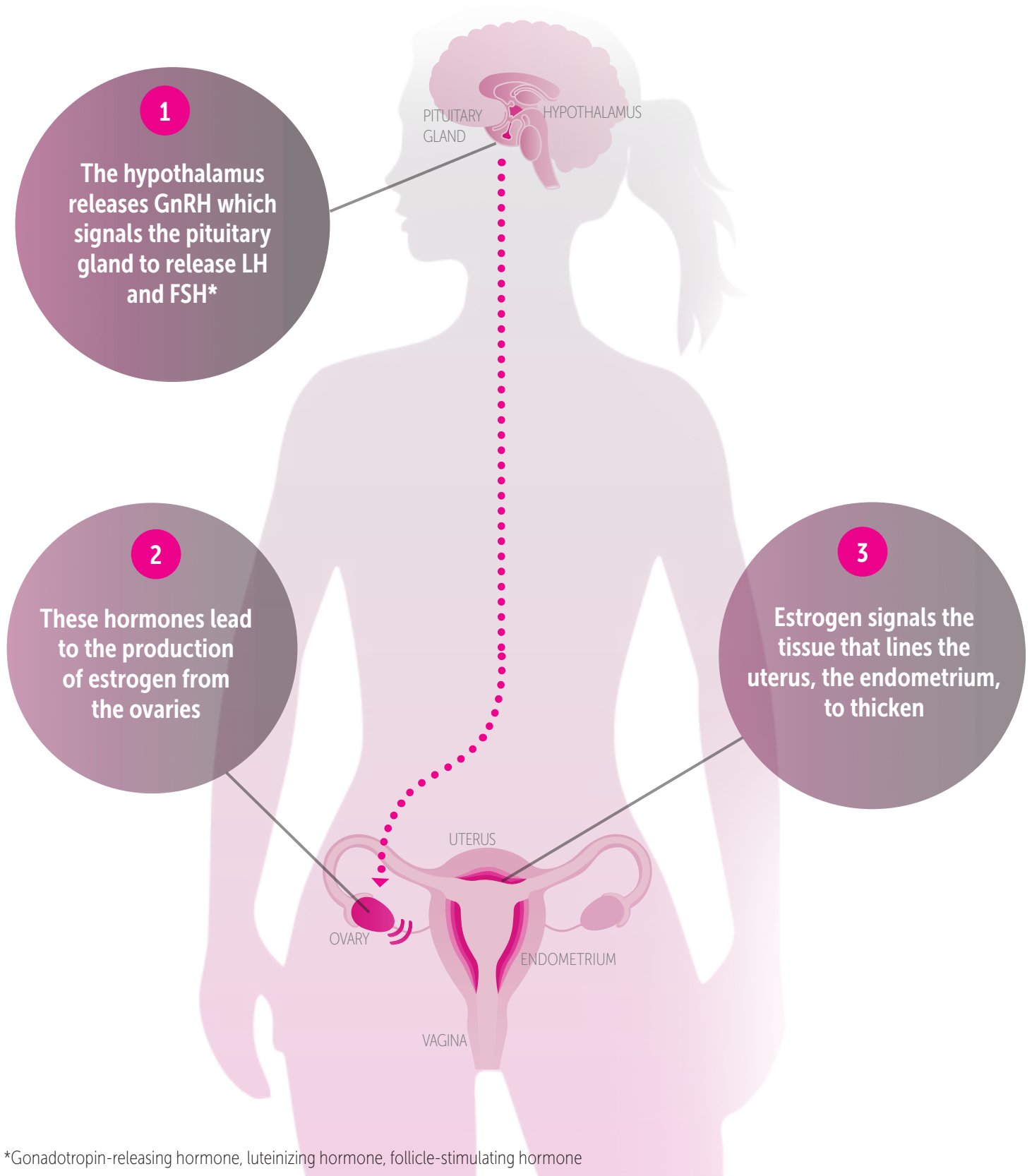
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\_\_\_\_\_

**It's important to discuss your pain symptoms, as well as their impact, with your doctor.  
That way, he or she can help you find the right management plan for you.**



# HOW ENDOMETRIOSIS WORKS<sup>1</sup>

A hormone called estrogen plays an important role in your menstrual cycle.

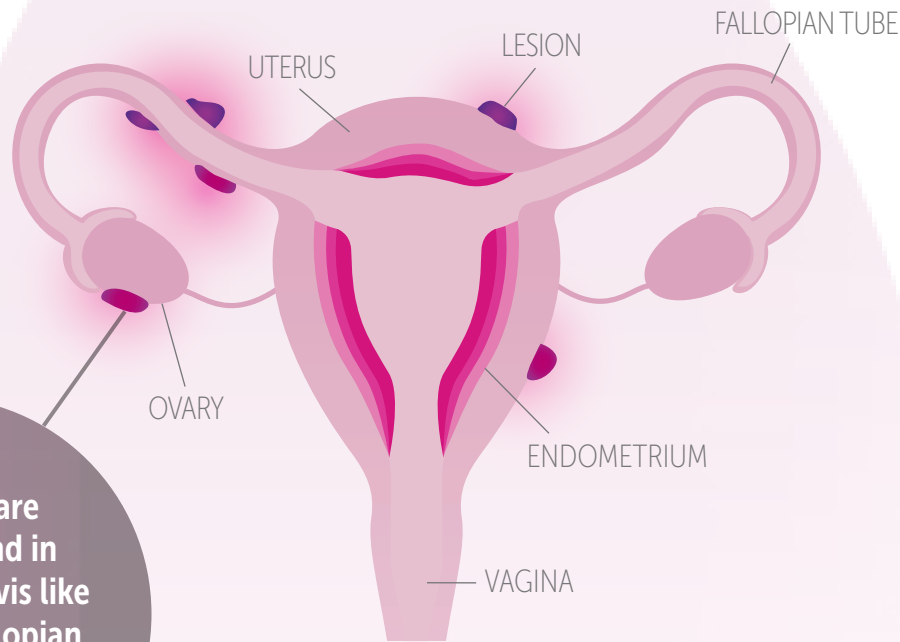


\*Gonadotropin-releasing hormone, luteinizing hormone, follicle-stimulating hormone



# HOW ENDOMETRIOSIS WORKS

Endometriosis occurs when endometrial tissue grows in places outside of the uterus, forming lesions.<sup>2,3</sup>



The lesions are typically found in areas of the pelvis like the ovaries, fallopian tubes, uterus, rectum and bladder.<sup>2</sup>

When **estrogen** tells the endometrium to thicken, it also signals the lesions to grow, which can cause **inflammation and pain**. Depending on the location of the lesions, different types of pain and symptoms may develop.<sup>1-4</sup>

Your body is producing varying levels of estrogen at any given time, that's why there may be pain regardless of your period.<sup>3</sup>

## There are several ways to control estrogen levels:<sup>5</sup>

- a. Reduce the amount of estrogen the ovaries produce
- b. Reduce the signal the pituitary gland sends to the ovaries
- c. Surgical procedure to remove the ovaries

### References:

1. Brzyski RG, Knudtson J. Female Reproductive Endocrinology. Merck Manual website. <http://www.merckmanuals.com/professional/gynecology-and-obstetrics/female-reproductive-endocrinology/female-reproductive-endocrinology>. Updated April 2013. Accessed July 27, 2016. 2. Association of Professors of Gynecology and Obstetrics. Diagnosis & Management of Endometriosis: Pathophysiology to Practice. Educational Series on Women's Health Issues. 3. Bulun SE. Endometriosis. *N Engl J Med*. 2009;360(3):268-279. 4. Practice Committee of the American Society for Reproductive Medicine. Treatment of pelvic pain associated with endometriosis: a committee opinion. *Fertil Steril*. 2014;101(4):927-935. 5. Endometriosis. In: Becker K. *Principles and Practice of Endocrinology & Metabolism*. 3rd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2001. <http://ovidsp.tx.ovid.com.proxy.cc.uic.edu/sp-3.20.0b/ovidweb.cgi>. Accessed August 3, 2016.



## ENDOMETRIOSIS ACTION PLAN

Endometriosis symptoms vary from one woman to another. There are a number of options that may help you manage your disease and its symptoms. It's important to follow your action plan as closely as possible for the best results.

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Recommended action plan

TODAY'S DATE	____/____/____	
GOALS	Short-term _____ _____	Long-term _____ _____
CURRENT RECOMMENDED MANAGEMENT	_____ _____ _____	

If goals are not met with current management:

FUTURE MANAGEMENT OPTIONS	1 _____ 2 _____ 3 _____
FOLLOW-UP VISIT DATE	____/____/____
NOTES	_____ _____

### Management options for endometriosis:

#### Medications<sup>1</sup>:

NSAIDs  
Contraceptive therapy  
GnRH agonist  
Modified testosterone

#### Surgery:

\_\_\_\_\_

#### Other:

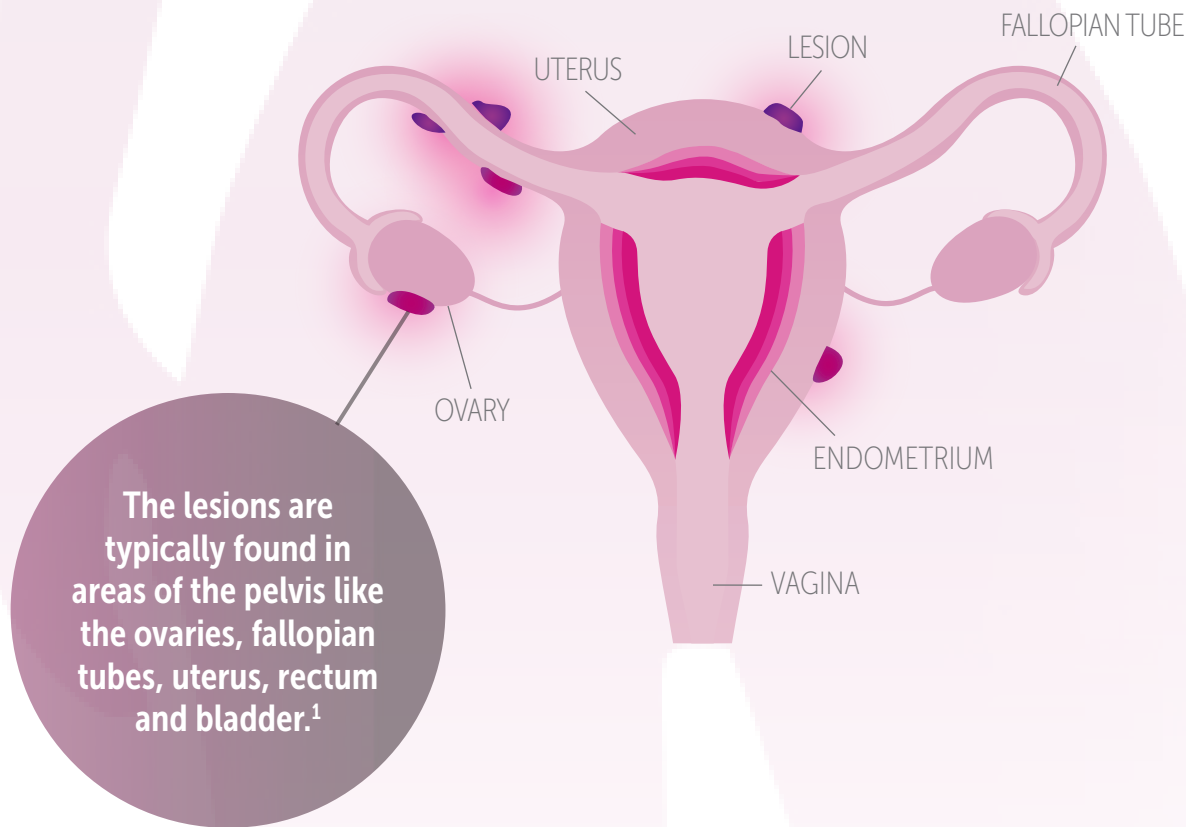
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#### Contact your doctor's office if:

- You have new or worsening pain
- You have new or worsening symptoms

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# PATIENT INTERVIEWING GUIDE

Helping her verbalize her pain and feelings can create a clearer picture of her symptoms and improve patient-provider communication.

## UNDERSTANDING HER

**P**atient-centered interview at the core  
**A**sk about pain and impact at every visit<sup>1-4</sup>  
**I**nform her about her disease and treatment options  
**N**egotiate an action plan that she is comfortable with

By using patient-centered interview skills, you can build a stronger patient-provider relationship and help her open up about her pain.<sup>5</sup>

To help her tell you  
what's on her mind:

### OPEN-ENDED SKILLS<sup>6</sup>

#### NON-FOCUSING:

- Silence
- Nonverbal cues
- Continuers

*Help her  
speak freely*

#### FOCUSING:

- Echoing
- Open-ended requests
- Summarizing

*Help her  
feel heard*

To build a strong  
patient-provider relationship:

### EMOTION-SEEKING SKILLS<sup>6</sup>

#### DIRECT INQUIRY:

- Open-ended
- Applied to an emotion

#### INDIRECT INQUIRY:

- Impact
- Beliefs
- Self-disclosure
- Triggers

### EMPATHY SKILLS<sup>6</sup>

- Name
- Understand
- Respect
- Support

The information above was derived from a patient-centered source that is not specific to endometriosis.

Adapted from: Fortin AH, Dwamena FC, Frankel RM, Smith RC, *Smith's Patient-Centered Interviewing*, 3rd edition, 2012.



# EXAMPLES OF PATIENT-CENTERED INTERVIEWING SKILLS

## NON-FOCUSING SKILLS

### Silence

Approximately five seconds, maintain eye contact

### Nonverbal cues

Nodding, leaning forward

### Neutral utterances or continuers

“I see,” “uh-huh,” “yes”

## FOCUSING SKILLS

### Echoing

Repeat a word or phrase that the patient just said to encourage her to proceed.

### Open-ended requests

#### Simple

“Go on,” “tell me more”

#### Expanded

“Tell me more about staying in bed because of pain.”

### Summarizing

“Last week, you missed class and had to stay in bed all day because the pain was severe.”

## EMOTION-SEEKING SKILLS

### Direct inquiry

“We have discussed the possibility of surgery today. How does this make you feel?”

### Indirect inquiry

#### Inquire about impact

“How has your pain affected your family?”

“How has your pain changed the way you perform at work?”

“How has the time you’ve spent in bed because of pain affected your grades?”

#### Ask about beliefs

“What do you think is causing your pain?”

#### Self-disclosure

“If I were in pain every day, I would be frustrated, too.”

#### Determine triggers

“What made you decide to see me today about your pain?”

## EMPATHY SKILLS

### Name the emotion

“It made you angry.”

### Understand the emotion

“You’ve missed so much work due to pain.  
I understand why you’re angry.”

### Respect the patient

“Thank you for opening up about your anger.”

### Support the patient

“I’d like to help you feel better. I’ll make sure we get you the proper care.”

#### References:

1. Bourdel N, Alves J, Pickering G, Ramilo I, Roman H, Canis M. Systematic review of endometriosis pain assessment: how to choose a scale? *Hum Reprod Update*. 2015;21(1):136-152.  
2. Bulun SE. Endometriosis. *N Engl J Med*. 2009;360(3):268-279. 3. Practice Committee of the American Society for Reproductive Medicine. Treatment of pelvic pain associated with endometriosis: a committee opinion. *Fertil Steril*. 2014;101(4):927-935. 4. De Graaff AA, D’Hooge TM, Dunselman GA, et al. The significant effect of endometriosis on physical, mental and social wellbeing: results from an international cross-sectional survey. *Hum Reprod*. 2013;28(10):2677-2685. 5. Barrier PA, Li JT, Jensen NM. Two words to improve physician-patient communication: what else? *Mayo Clin Proc*. 2003;78(2):211-214. 6. Fortin AH, Dwamena FC, Frankel RM, Smith RC. Data-Gathering and Relationship Building SKills. In: Shanahan JF, Diedrich C, Pancotti R, eds. *Smith’s Patient Centered Interviewing: An Evidence-Based Method*. 3rd ed. United States: McGraw-Hill Companies; 2012. <http://accessmedicine.mhmedical.com.proxy.cc.uic.edu/content.aspx?bookid=501&sectionid=41021118>. Accessed July 28, 2016.

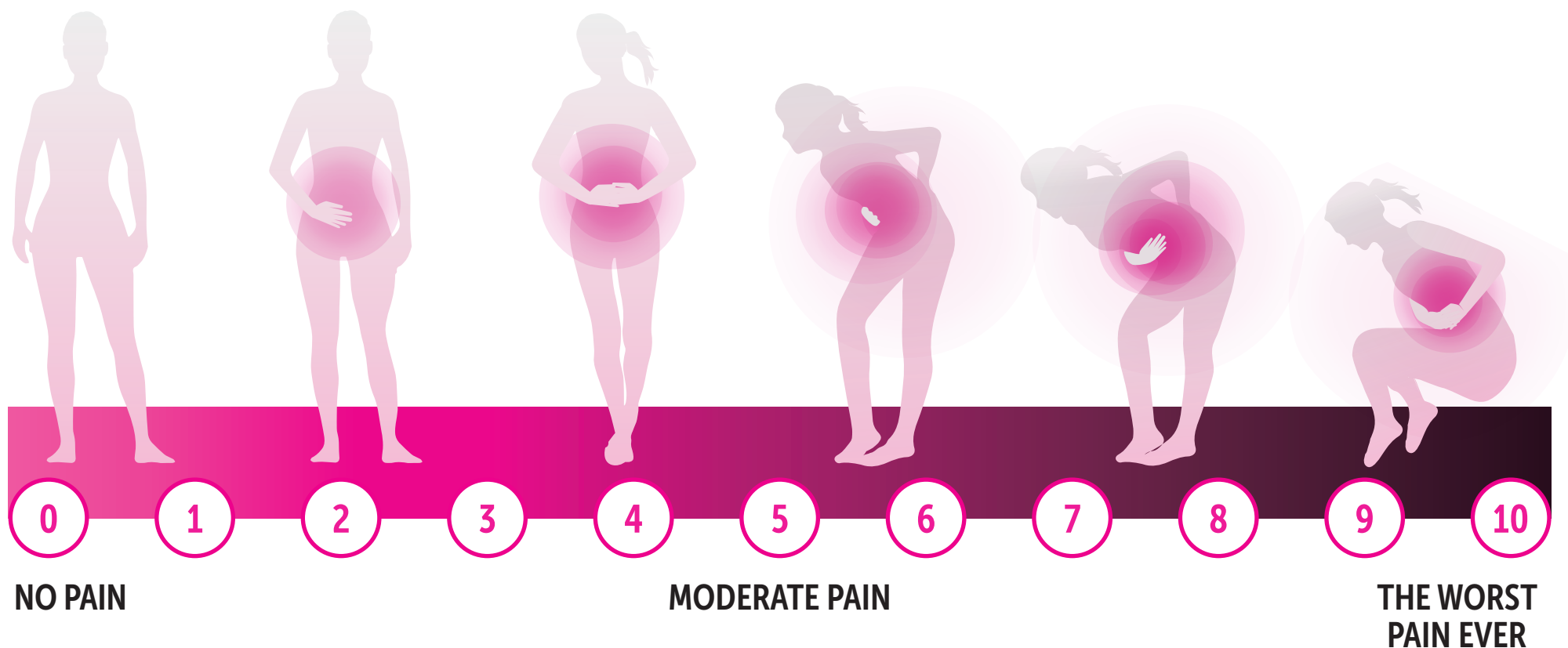




## ENDOMETRIOSIS PAIN SCALE<sup>1</sup>

Each woman's pain is unique and may respond differently to treatment. An accurate representation of your pain will help your doctor determine the appropriate treatment for you.

On a scale of 0 to 10, with 0 being no pain and 10 being the worst pain imaginable, how would you rate the level of your pain?



This chart is intended as a guide and not an exact measure of pain. Concept by AbbVie based on the visual analog pain scale and the numeric pain rating scale by Bourdel.

Adapted from: Bourdel N, Alves J, Pickering G, Ramilo I, Roman H, Canis M. Systematic review of endometriosis pain assessment: how to choose a scale? *Hum Reprod Update*. 2015;21(1):136-152.

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