

Pre-Operative Questionnaire - Prevalence and Severity of Endometriosis at Laparoscopic Treatment of Tubal Ectopic Pregnancy

Background information 1

1. What is your Unit Record (UR) number?

2. What is your date of birth?

Date

Date



3. Which side is your tubal ectopic pregnancy located?

Right

Left

4. How many pregnancies, including the current ectopic pregnancy, have you had?

5. How many births at >20 weeks gestation have you had in the past?

6. Have you had a previous ectopic pregnancy?

Yes

No

Unsure (please specify)

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Ectopic pregnancy questions

7. How many ectopic pregnancies, excluding the current one, have you had in the past?

- 1
- 2
- 3 or more

8. Which site(s) was the previous ectopic pregnancy located?

- | | |
|---|---|
| <input type="checkbox"/> Right fallopian tube | <input type="checkbox"/> Caesarean scar |
| <input type="checkbox"/> Left fallopian tube | <input type="checkbox"/> Cervical |
| <input type="checkbox"/> Right uterine cornu/interstitium | <input type="checkbox"/> Ovarian |
| <input type="checkbox"/> Left uterine cornu/interstitium | <input type="checkbox"/> Peritoneal |
| <input type="checkbox"/> Unsure (please specify) | |

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Background information 2

9. Do you have a history of documented tubal disease (e.g. hydrosalpinx, salpingitis, tubo-ovarian abscess)?

- Yes
- No
- Unsure (please specify)

10. Do you have a history of pelvic infection?

- Yes
- No
- Unsure (please specify)

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Pelvic infection question

11. What was the cause of your pelvic infection(s)?

Chlamydia trachomatis

Neisseria gonorrhoea

Mycoplasma genitalum

Other (please specify)

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Background information 3

12. Do you have a history of in-utero diethylstilbestrol (DES) exposure i.e. your mother took DES while she was pregnant with you?

- Yes
 No
 Unsure (please specify)

13. Do you have a history of tubal surgery (e.g. tubal ligation, salpingotomy), excluding salpingectomy (removal of Fallopian tube)?

- Yes
 No
 Unsure (please specify)

14. Do you have an intrauterine device in-situ?

- Yes - Mirena
 Yes - copper intrauterine device
 No

15. Was this pregnancy the result of assisted reproduction (ART)?

- Yes - IVF/ICSI and fresh embryo transfer
 Yes - thawed embryo transfer
 Yes - intrauterine insemination
 Other (please specify)
- Yes - ovulation induction and timed intercourse
 No

16. Are you an ex- or current smoker?

- Yes - current smoker
 Yes - ex-smoker
 Never smoked

17. Do you have a history of endometriosis?

Yes

No

Unsure (please specify)

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Endometriosis diagnosis and treatment

18. How was your endometriosis diagnosed?

- Laparoscopy (key-hole surgery)
- Laparotomy (open surgery)
- Ultrasound
- MRI
- Gynaecologist assessment
- GP or other doctor's assessment
- Other (please specify)

19. How is your endometriosis currently being managed (tick all that applies)?

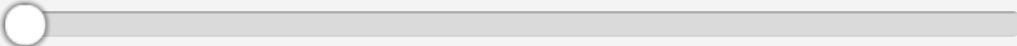
- No treatment
- Depo Provera
- Combined hormonal contraception
- Visanne
- Other (please specify)
- Gonadotropin-releasing hormone analogues e.g. Synarel or Zoladex
- Mirena intrauterine device
- Laparoscopic (keyhole) surgery

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Endometriosis symptoms

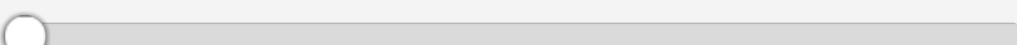
20. In the last 3 months, have you experienced pain with your periods?

No pain Some pain Severe pain



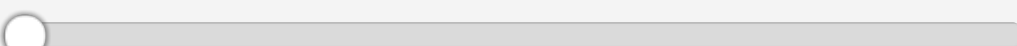
21. In the last 3 months, have you experienced pain at times other than with your periods?

No Moderate pain sometimes Severe, constant pain



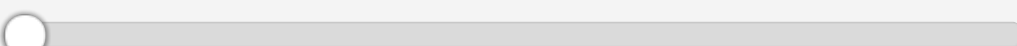
22. In the last 3 months, have you experienced pain when you have sexual intercourse?

No pain Some pain Severe pain



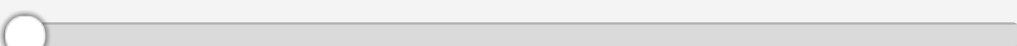
23. In the last 3 months, have you experienced pain when you open your bowels?

No pain Some pain Severe pain



24. In the last 3 months, have you experienced pain when you urinate?

No pain Some pain Severe pain



25. Have you ever tried to get pregnant for more than 12 months in a row without succeeding?

- Yes
- No

26. Is this pregnancy planned?

- Yes
- No

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Trying to conceive

27. How long have you been trying to get pregnant?

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Not trying to conceive

28. What contraception method have you been using?

- | | |
|--|---|
| <input type="radio"/> No contraception | <input type="radio"/> Combined hormonal contraception |
| <input type="radio"/> Withdrawal | <input type="radio"/> Implanon |
| <input type="radio"/> Rhythm method | <input type="radio"/> Copper intrauterine device |
| <input type="radio"/> Condoms | <input type="radio"/> Mirena intrauterine device |
| <input type="radio"/> Minipill/progestogen-only pill | |
| <input type="radio"/> Other (please specify) | |