

## Appendix 2

### EPHect Physical Examination (EPHect-PE) *Minimum Form*

Date of examination: (YYYY) / (MM) / (DD)

## History

If the EPHect endometriosis patient questionnaire (EPHect-EPQ) has not been completed within the last 3 months, then ensure Supplementary A is completed.

Ask prior to starting the examination:

A1. Pelvic pain severity today from 0 to 10:

0 (No pain)	1	2	3	4	5	6	7	8	9	10 (Worst imaginable pain)
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A2. Pelvic pain severity today compared to last 4 weeks (on average):

Better  Same  Worse

A3. Overall pain severity today from 0 to 10:

0 (No pain)	1	2	3	4	5	6	7	8	9	10 (Worst imaginable pain)
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A4. Overall pain severity today compared to last 4 weeks (on average):

Better  Same  Worse

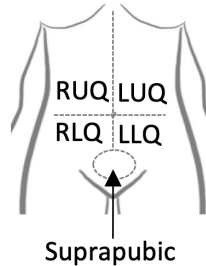
A5. Body map for widespread pain. Completed with patient: tick off each body site with persistent or recurrent pain present for the last 3 months or longer (chronic pain), with total score = /35:

The body map consists of two human figures, one facing forward (FRONT) and one facing backward (BACK). Each figure has checkboxes for various body sites. The FRONT view includes: Face, Right jaw, Left jaw, Right chest/breast, Left chest/breast, Right upper arm, Left upper arm, Abdomen, Right lower arm, Left lower arm, Right wrist/hand, Left wrist/hand, Pelvis, Right groin, Left groin, Right upper leg, Left upper leg, Right knee, Left knee, Right lower leg, Left lower leg, Right ankle/foot, Left ankle/foot. The BACK view includes: Head, Neck, Left shoulder, Right shoulder, Upper back, Left elbow, Right elbow, Lower back, Left hip, Right hip, Left buttocks, Right buttocks.



## Abdominal examination

Palpate the different regions of the abdomen, including the suprapubic region. Note any areas of tenderness and the presence of any trigger points. Trigger points include palpable hyperirritable muscular bands or nodules.



### D1. Left upper quadrant (LUQ)

D1.1. LUQ Tenderness:

Yes     No     Not assessed     Reproduced pain

D1.1.1. If LUQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:

Yes     No     Not assessed     Reproduced pain

D1.2. Trigger point:  Yes     No     Not assessed     Reproduced pain

D1.3. Allodynia:  Yes     No     Not assessed     Reproduced pain

### D2. Right upper quadrant (RUQ)

D2.1. RUQ Tenderness:

Yes     No     Not assessed     Reproduced pain

D2.1.1. If RUQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:

Yes     No     Not assessed     Reproduced pain

D2.2. Trigger point:  Yes     No     Not assessed     Reproduced pain

D2.3. Allodynia:  Yes     No     Not assessed     Reproduced pain

### D3. Left lower quadrant (LLQ)

D3.1. LLQ Tenderness:

Yes     No     Not assessed     Reproduced pain

D3.1.1. If LLQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:

Yes     No     Not assessed     Reproduced pain

D3.2. Trigger point:  Yes     No     Not assessed     Reproduced pain

D3.3. Allodynia:  Yes     No     Not assessed     Reproduced pain

### D4. Right lower quadrant (RLQ)

D4.1. RLQ tenderness:

Yes     No     Not assessed     Reproduced pain

D4.1.1. If RLQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:

Yes     No     Not assessed     Reproduced pain

D4.2. Trigger point:  Yes     No     Not assessed     Reproduced pain

D4.3. Allodynia:  Yes     No     Not assessed     Reproduced pain

D5. Suprapubic region

D5.1. Suprapubic tenderness:

Yes     No     Not assessed     Reproduced pain

D5.1.1. If suprapubic tenderness is present, pain is worse or the same with Carnett's manoeuvre:

Yes     No     Not assessed     Reproduced pain

D5.2. Trigger point:     Yes     No     Not assessed     Reproduced pain

D5.3. Allodynia:     Yes     No     Not assessed     Reproduced pain

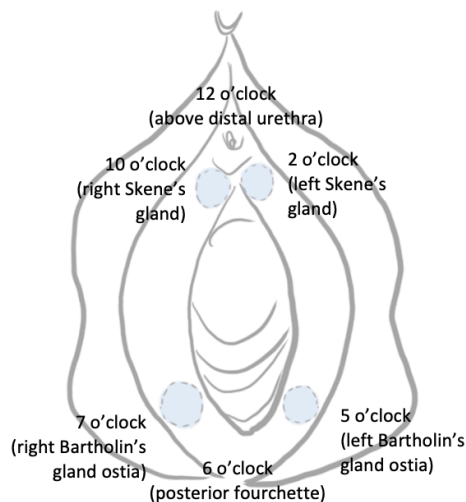
## Pelvic examination

The decision to proceed with the pelvic examination involves shared decision-making between the examiner and the individual patient, proceeding only if the patient consents to the pelvic examination. This discussion and consent may occur at the beginning of the encounter or after the initial examination of the pelvic girdle, back, and abdomen, with the goal of having each patient feel prepared and in control. Each component of the pelvic examination, and its rationale, should be explained, and questions answered before the examination (or during the examination if requested by the patient). Frequent checking-in during the examination is important to enable the patient to pause or stop the pelvic examination at any time. There are circumstances where a pelvic examination may not be appropriate (e.g., age, cultural sensitivities, patient choice); patient groups that merit particular consideration are adolescents, those with a trauma history, and individuals with vaginismus, where a pelvic examination may not be possible or may cause significant pain or distress, and thus may be omitted. Further, certain pelvic examination components are difficult for some patients (e.g., deeper pelvic exam and speculum exam), and thus they may be omitted or modified. The consent dialogue should also include a discussion of the presence of a chaperone during the examination. If an individual does not consent to the pelvic examination, they may still choose to consent to the external (abdominal and back) examination.

## Vulva

- Not performed (optional explanation: \_\_\_\_\_ )
- E1. Inspection:  Normal  Abnormal (explanation: \_\_\_\_\_ )
- E2. Allodynia (Q-tip brushing)
- E2.1. Left labia majora:  Yes  No  Not assessed  Reproduced pain
- E2.2. Right labia majora:  Yes  No  Not assessed  Reproduced pain
- E3. Presence of provoked vestibulodynia (Q-tip tenderness)

***Palpate the vulvar vestibule gently with a cotton-tipped applicator that is moistened with lubricant. Go in one direction (eg clockwise), and palpate medial to the Hart line.***

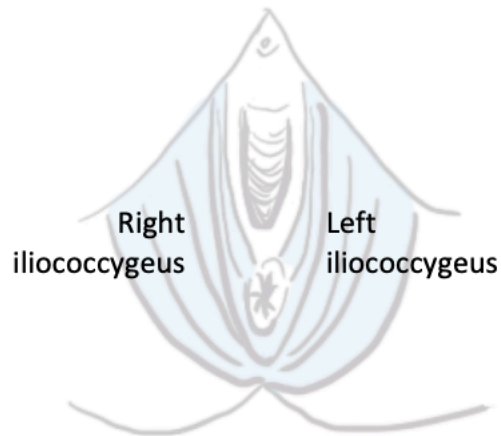


- E3.1. 12 o'clock  
 Yes  No  Not assessed  Reproduced pain
- E3.2. 2 o'clock (left Skene's)  
 Yes  No  Not assessed  Reproduced pain
- E3.3. 5 o'clock (left Bartholin's)

- |                                     |                             |                                       |  |
|-------------------------------------|-----------------------------|---------------------------------------|--|
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| E3.4. 6 o'clock:                    |                             |                                       |  |
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| E3.5. 7 o'clock (right Bartholin's) |                             |                                       |  |
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| E3.6. 10 o'clock (right Skene's)    |                             |                                       |  |
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |

## Pelvic floor muscles

Not performed (optional explanation: \_\_\_\_\_ )



- |                          |                              |                             |                                       |  |
|--------------------------|------------------------------|-----------------------------|---------------------------------------|--|
| F1. Left iliococcygeus:  |                              |                             |                                       |  |
| F1.1. Palpable band:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                       |  |
| F1.2. Tenderness:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| F2. Right iliococcygeus: |                              |                             |                                       |  |
| F2.1. Palpable band:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                       |  |
| F2.2. Tenderness:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |

### Assess general pelvic floor tone

- |   |  |  |  |
|---|--|--|--|
| F3. Overall tone of pelvic floor muscles                    | <input type="checkbox"/> Hypertonic      | <input type="checkbox"/> Normotonic      | <input type="checkbox"/> Hypotonic     |
| F4. Overall tone after voluntary contraction and relaxation | <input type="checkbox"/> Full relaxation | <input type="checkbox"/> Some relaxation | <input type="checkbox"/> No relaxation |

## Bladder

Not performed (optional explanation: \_\_\_\_\_ )

- |                                      |                              |                             |                                       |  |
|--------------------------------------|------------------------------|-----------------------------|---------------------------------------|--|
| G1. Anterior vaginal wall tenderness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
|--------------------------------------|------------------------------|-----------------------------|---------------------------------------|--|

## Deeper pelvic tenderness (single digit)

Not performed (optional explanation: \_\_\_\_\_ )

H1. Uterus present

Yes → **If yes:**

H1.1. Cervix

Yes

No

Not assessed

Reproduced pain

H1.2. Right paracervical / adnexal tenderness (9 o'clock)

Yes

No

Not assessed

Reproduced pain

H1.3. Right uterosacral tenderness (7-8 o'clock)

Yes

No

Not assessed

Reproduced pain

H1.4. Central cul de sac / posterior vaginal fornix tenderness (6'clock)

Yes

No

Not assessed

Reproduced pain

H1.5. Left uterosacral tenderness (4-5 o'clock)

Yes

No

Not assessed

Reproduced pain

H1.6. Left paracervical / adnexal tenderness (3 o'clock)

Yes

No

Not assessed

Reproduced pain

No uterus / post-hysterectomy → **If yes:**

H1.7. Right vault tenderness

Yes

No

Not assessed

Reproduced pain

H1.8. Central vault tenderness

Yes

No

Not assessed

Reproduced pain

H1.9. Left vault tenderness

Yes

No

Not assessed

Reproduced pain

H2. Nodularity present

Yes → **If yes:**

No

Not assessed

Reproduced pain

Location:

Size: \_\_\_\_\_ cm



## Bimanual examination

Not performed (optional explanation: \_\_\_\_\_ )

I1. Uterus present → **If yes:**

- I1.1. Size:  Below symphysis  Above symphysis \_\_\_\_\_ cm  
I1.2. Orientation:  Anteverted  Axial  Retroverted  
I1.3. Mobility:  Normal  Decreased  Fixed  
I1.4. Tenderness:  Yes  No  Reproduced pain

Uterus not present

Uterus not assessed or unable to assess

I2. Left adnexa present → **If yes:**

- I2.1. Tenderness:  Yes  No  Not assessed  Reproduced pain  
I2.2. Mass present:  Yes (size: \_\_\_\_\_ )  No  
I2.3. Mobility:  Normal  Decreased  Fixed

Left adnexa not present

Left adnexa not assessed or unable to assess

I3. Right adnexa present → **if yes:**

- I3.1. Tenderness:  Yes  No  Not assessed  Reproduced pain  
I3.2. Mass present  Yes (size: \_\_\_\_\_ )  No  
I3.3. Mobility:  Normal  Decreased  Fixed

Right adnexa not present

Right adnexa not assessed or unable to assess

## Optional examinations

*Speculum examination (only if clinically indicated, e.g. suspicion of vaginal deep disease, symptoms of vaginal discharge, or abnormal vaginal bleeding)*

Not performed (optional explanation: \_\_\_\_\_ )

J1. Vaginal suspected endometriosis nodules present

Yes (Nodule size: \_\_\_\_\_ cm, location: \_\_\_\_\_ o'clock)  No

J2. Cervical suspected endometriosis lesion present

Yes (Lesion size: \_\_\_\_\_ cm, location: \_\_\_\_\_ o'clock)  No

J3. Previous hysterectomy → **if yes:**

K3.1. Vaginal vault Q-tip examination tenderness:  Yes  No

J4. Other findings:

## Pain during or after the examination

- K1. All pelvic pain symptoms were reproduced during or after the examination  
 Yes       Symptoms were partially reproduced       None of symptoms were reproduced
- K2. Presence of new pain during or after the examination  
 Yes       No

## Extra-pelvic site

Volar aspect of the distal dorsal third of the forearm

- L1. Tenderness on palpation

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain  
 Not assessed

- L2. Allodynia:     Yes       No       Not assessed

**Supplementary A:**

**Selected items from the EPHect-EPQ (to be completed if the EPHect-EPQ was completed > 3 months before the physical examination)**

M1. Please list below all hormones you have used in the last 3 months for any reason (acne, bad cramping, irregular periods, birth control, fertility treatments). For each hormone used, please indicate what type of hormone it was using the number indicated for the categories below:

- 1=Combined birth control pill (eg. ethinyl estradiol/desogestrel [Marvelon], ethinyl estradiol/drospirenone [Yasmin], ethinyl estradiol/levonorgestrel [Microgynon])
- 2=Progestin only birth control pill (“mini-pill”, eg. desogestrel [Cerazette], norethindrone [Micronor])
- 3=Unsure of which type of oral birth control pill
- 4=Progestin injection/shot (eg. medroxyprogesterone acetate [Depo Provera])
- 5=Transdermals: patches (eg. ethinyl estradiol/norelgestromin [OrthoEvra], estradiol [Climara]), dots (estradiol [Vivelle])
- 6=Vaginal ring (ethinyl estradiol/etonogestrel [NuvaRing])
- 7=Progesterone containing coil/IUD (eg. levonorgestrel [Mirena, Kyleena])
- 8=Hormonal implant (etonogestrel [Implanon/Nexplanon])
- 9=Oral progestins to regulate the cycle (e.g., medroxyprogesterone acetate [Provera], dydrogesterone [Duphaston], dienogest [Visanne], norethisterone)
- 10=GnRH agonist injection/shot (eg. leuprolide (leuprolide) acetate [Prostap], goserelin [Zoladex])
- 11=GnRH antagonists (eg. elagolix [Orilissa], relugolix [Myfembree])
- 12=Norethindrone acetate [Aygestin]
- 13=Danazol (please specify if used vaginally or orally)
- 14=Hormone replacement therapy (eg. conjugates estrogens [Premarin], medroxyprogesterone acetate [Provera])
- 15=Other
- 16=Don’t know what type of hormone

Name of hormone	Type of hormone (Enter the number associated with the category above)	Total time used	Last dose
<i>For example:</i> Yasmin	1	1 months	2023 / 01 / 22
1.		months	YYYY / MM / DD
2.		months	YYYY / MM / DD
3.		months	YYYY / MM / DD

M2. Medications used in the last 24 hours (including analgesics and pain adjuvants):

M3. Have you had any periods in the last 3 months? (Bleeding for which you needed a tampon or menstrual products, NOT discharge (spotting))

Yes → **If yes:**

M3.1. Last menstrual period (YYYY/MM/DD)

If not using hormones, in the last 3 months, how many days **on average** were there between the first day of one period and the first day of the next? *(Not including spotting)*

- < 24 days
- 24- -31 days
- 32- -38 days
- 39- -50 days
- 51+ days
- Too irregular to estimate

No → **If No:**

M3.2. Not menstruating due to:

- Hormonal suppression
- Hysterectomy
- Bilateral oophorectomy
- Spontaneous menopause
- Other
- Unknown