

Surgeon ID: _____ Patient ID: _____ Date: ____/____/____
DD MM YYYY

I. Menses: LMP: ____/____/____ Cycle day: ____ Currently bleeding? No Yes
DD MM YYYY

II. Current hormonal treatment: No Do not know Yes
 COCP POP Depot progestin
 GnRH agonist GnRH antagonist IUCD
 Other _____
 Last application: ____/____/____
DD MM YYYY

III. Previous surgical diagnosis of endometriosis: No Do not know Yes

IV. Current surgery: Procedure(s): _____

V. Any pathology observed during surgery: No Yes → If no: end of questionnaire
 Visual diagnosis of endometriosis: No Yes → If no: go to question VII

Peritoneum	Endometriosis	<1cm	1-3cm	>3cm
	superficial	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
deep	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	
ovary	Left superficial	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
	deep	4 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
	Right superficial	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
	deep	4 <input type="checkbox"/>	16 <input type="checkbox"/>	20 <input type="checkbox"/>
Pouch of Douglas obliteration		Partial		Complete
		4 <input type="checkbox"/>		40 <input type="checkbox"/>
ovary	Adhesions	<1/3 enclosure	1/3 – 2/3	>2/3 enclosure
	Left filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
	dense	4 <input type="checkbox"/>	8 <input type="checkbox"/>	16 <input type="checkbox"/>
	Right filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
	dense	4 <input type="checkbox"/>	8 <input type="checkbox"/>	16 <input type="checkbox"/>
	Left filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
tube	dense	4 <input type="checkbox"/> *	8 <input type="checkbox"/> *	16 <input type="checkbox"/>
	Right filmy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 <input type="checkbox"/>
	dense	4 <input type="checkbox"/> *	8 <input type="checkbox"/> *	16 <input type="checkbox"/>

Revised American Fertility Society Score
 * If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16
 Mark the total area of endometriosis, possibly of multiple lesions, NOT just the largest lesion

VI. Location of endometriosis, number and appearance of lesions:

LEFT SIDE

Location of Endometriosis	Lesion Size (please circle) A = <1cm B = 1 – 3 cm C = >3cm							Adhesions (please check)				
	Vascular	Clear	Yellow	Red	White	Blue/Black	Brown	Filmy	Web	Thin	Dense	Sac Like
Left pelvic sidewall <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Left utero-sacral ligament <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Left ovary – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Left tube – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					

RIGHT SIDE

Location of Endometriosis	Lesion Size (please circle) A = <1cm B = 1 – 3 cm C = >3cm							Adhesions (please check)				
	Vascular	Clear	Yellow	Red	White	Blue/Black	Brown	Filmy	Web	Thin	Dense	Sac Like
Right pelvic sidewall <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Right utero-sacral ligament <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Right ovary – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Right tube – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					

CENTRAL AREA

Location of Endometriosis	Lesion Size (please circle) A = <1cm B = 1 – 3 cm C = >3cm							Adhesions (please check)				
	Vascular	Clear	Yellow	Red	White	Blue/Black	Brown	Filmy	Web	Thin	Dense	Sac Like
Uterovesical pouch/ Anterior cul-de-sac <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Pouch of Douglas/ Posterior cul-de-sac <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Uterus – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Bladder – deep infiltrating <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Bladder – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Colon – deep infiltrating <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Colon – serosa <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Vagina <input type="checkbox"/>	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					
Others <input type="checkbox"/> _____	A B C	A B C	A B C	A B C	A B C	A B C	A B C					

Biopsy taken:

No Yes

Location(s): 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

VII. Endometrioma:

No Yes

Left size(s): 1. ___cm 2. ___cm 3. ___cm

Right size(s): 1. ___cm 2. ___cm 3. ___cm

Sent to histology

Sample collected for research: Left Right

VIII. Additional findings:

Fibroids (Myoma)

No Yes

Adhesions (w/o evidence of endometriosis)

No Yes

Non-endometriotic ovarian cyst

No Yes

Any other findings _____