



This project has received funding from
The European Union's Horizon 2020 research and innovation programme under
Grant agreement No. 101017562

Finding Endometriosis using Machine Learning:

FEMaLe

Call/Topic: Digital transformation in Health and Care

Type of action: RIA

Date: 05.01.2022

DELIVERABLE NUMBER	D5.2
DELIVERABLE TITLE	Lucy App Baseline Questionnaire module
RESPONSIBLE AUTHOR	YC LAB KFT (P11)
GRANT AGREEMENT No.	101017562
DOCUMENT TYPE	Report
WORKPACKAGE N. TITLE	5 BIG DATA: digital health monitoring and the Lucy App
LEAD CONTRACTOR	YC LAB KFT (P11)
AUTHOR(S)	YC LAB KFT (P11), SEMMELWEIS (P4)
CONTRIBUTING PARTNERS	KTH (P8)
PLANNED DELIVERY DATE	July 31 st , 2021
ACTUAL DELIVERY DATE	January 05 th , 2022
DISSEMINATION LEVEL	Public
STATUS	Completed
VERSION	Final version (1.5)
REVIEWED BY	Nemanja Todic (WBS, P14) and Tong Zhu (EQUIP, P3),AU

Document history

Version	Date ¹	Comment	Author	Status ²
1.1	07-06-2021	First draft created	YLK	Drafted
1.2	30-09-2021	Second draft created, including recommendations from WP participants.	YLK	Drafted
1.3	30-11-2021	Third draft prepared for FEMaLe Review Panel.	YLK	Drafted
1.4	20-12-2021	Final draft created, based on FEMaLe Review Panel feedback.	YLK	Completed
1.5	04-01-2022	Final version ready for submission, quality checked by FEMaLe PMO.	AU	Validated

¹ As per the project's cloud storage or per email date if applicable.

² Drafted, completed or validated as per the project's cloud storage or per email date if applicable.

TABLE OF CONTENTS

DISCLAIMER	4
COPYRIGHT NOTICE	4
ACKNOWLEDGEMENT	4
CITATION	4
LEGISLATION.....	4
1. THE PROCESS: DEVELOPMENT OF LUCY APP BASELINE QUESTIONNAIRE MODULE.....	5
2. THE CONTENT: LUCY APP BASELINE QUESTIONNAIRE (ENGLISH VERSION).....	6
3. THE CONTENT: LUCY APP BASELINE QUESTIONNAIRE (HUNGARIAN VERSION).....	12
4. THE LUCY APP BASELINE QUESTIONNAIRE: VISUALS.....	18

Disclaimer

The content of this deliverable does not reflect the official opinion of the European Union. Responsibility for the information and views expressed herein lies entirely with the author(s). All FEMaLe Consortium members are also committed to publish accurate and up to date information and take the greatest care to do so. However, the FEMaLe Consortium members cannot accept liability for any inaccuracies or omissions, nor do they accept liability for any direct, indirect, special, consequential, or other losses or damages of any kind arising out of the use of this information.

Copyright notice



This work by parties of the FEMaLe Consortium will be licensed under a Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>).

Acknowledgement



The project ‘Finding Endometriosis using Machine Learning’ (FEMaLe) has received funding from the European Union Horizon 2020 programme under grant number 101000640

Citation

Be so kind as to cite this work as: Finding Endometriosis using Machine Learning, 2022: Lucy App Baseline Questionnaire module. FEMaLe Consortium under the supervision of the Project's Coordinator.

Legislation

Legislation H2020 Framework Programme – Regulation (EU) No 1291/2013 of the European Parliament and of the Council of 11 December 2013 establishing Horizon 2020 - The Framework Programme for Research and Innovation (2014-2020) (OJ 347, 20.12.2013, p. 104).

Euratom Research and Training Programme (2014-2018) – Council Regulation (Euratom) No 1314/2013 of 16 December 2013 on the Research and Training Programme of the European Atomic Energy Community (2014-2018) complementing the Horizon 2020 – The Framework Programme for Research and Innovation (OJ L 347, 20.12.2013, p. 948).

H2020 Specific Programme – Council Decision 2013/743/EU of 3 December 2013 establishing the Specific Programme Implementing Horizon 2020 - The Framework Programme for Research and Innovation (2014-2020) (OJ L 347, 20.12.2013, p. 965).

Rules for Participation (RfP) – Regulation (EU) No 1290/2013 of the European Parliament and of the Council of 11 of December 2013 laying down the rules for the participation and dissemination in Horizon 2020 – the Framework Programme for Research and Innovation (2014-2020) (OJ L 347, 20.12.2013, p.81).

Financial Regulation (FR) – Regulation (EC, Euratom) No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the European Union (OJ L 298, 26.10.2012, p.1).

Rules of Application (RAP) – Commission Regulation (EC, Euratom) No 1268/2012 of 29 October 2012 on the rules of application of l Regulation (EC, Euratom) No 966/2012 of the European Parliament and of the Council on the financial rules applicable to the general budget of the Union (OJ L 298, 26.10.2012, p.1).

1. THE PROCESS: DEVELOPMENT OF LUCY APP BASELINE QUESTIONNAIRE MODULE

The development process and timeline were the following:

2021.03 - 2021.05 SU (Semmelweis University, namely Dr. Attila Bokor) took part in the development of WP3's baseline questionnaire. During this discussion, we made the decisions on which part of the Baseline Questionnaire should be included in the shorter version shown in the Lucy App.

2021.05 - 2021.08 Yourcode Lab created the questionnaire module in Lucy, which is a system in which we can easily define and show new questionnaires to the users.

2021.07 - 2021.10 SU designed the core of the questionnaire and initiated the acquisition processes for the required licenses (EHP-30).

2021.09 SU acquired access for the validated CSI questionnaire to be used.

2021.09 - 2021.11 SU (Dr. Gabriella Márki) and TIEF (Adrienn Salamon) discussed the required actions to keep the motivation up from participants to fill the questionnaire regularly.

2021.10.22 Big Data meeting with SU and Sebastiaan Meijer and Jayanth Raghothama. This discussion helped us realize that to bring the greatest value to the project, we need to realign some of the questions in the questionnaire. The realigned questions will be much easier to analyze in a multinational setting.

2021.12 SU and Yourcode Lab finalized the questionnaires in Hungarian and English and implemented them in Lucy. The remaining translations can be made from the English core version.



2. THE CONTENT: LUCY APP BASELINE QUESTIONNAIRE (ENGLISH VERSION)

1. DEMOGRAPHIC QUESTIONS (ONLY AT THE BEGINNING OF THE STUDY)

What is your age? _____

Where do you live?

- Capital
- City
- Town
- Village

Please name the capita / city / town / village where you live: _____

What is the highest degree or level of education you have completed?"

- Less than eight elementary school classes
- Eight elementary school classes
- Vocational training
- Graduation
- College / university degree
- Doctoral degree, PhD

What is your marital status?

- Single
- Living in a relationship
- Married, living in a cohabiting relationship
- Divorced
- Widowed

My diagnosed disease(s) (multiple choice):

- I have no diagnosed diseases.
- Endometriosis
- Insulin resistance
- Pelvic inflammatory disease
- Myoma, fibroids
- Ovarian cyst
- Polycystic ovary syndrome (PCOS)
- Other

Are you currently affected by infertility, difficulty conceiving?

- No
- Yes
- I cannot tell.

2. QUESTIONNAIRES

2.1. PAIN RELATED TO THE MENSTRUAL CYCLE

Please mark on the scale below how strong you have experienced YOUR PAIN in your current or recent cycle

- on the bleeding days (dysmenorrhea)
- during nonbleeding day (chronic pelvic pain)
- during or after sexual intercourses (dyspareunia)
- during defecation (dysphasia)
- during urination (dysuria)

0 – It wasn't painful at all (no pain)

10 – I experienced very severe pain (severe intolerable pain)

2.2. QUALITY OF LIFE QUESTIONNAIRES

2.2.1 EQ-5D-5L

ENGLISH VERSION: <https://euroqol.org/eq-5d-instruments/sample-demo/>

TRANSLATION (PDF): https://euroqol.org/wp-content/uploads/2020/09/Sample_UK-English-EQ-5D-5L-Paper-Self-Complete-v1.2-ID-24700.pdf

(INTRO TEXT:)

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about.



SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Supplementing the ED-5D-5L with a VAS 0-100 values

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine.

0 means the worst health you can imagine.

Please mark on the scale to indicate how your health is TODAY.

2.2.2. ENDOMETRIOSIS HEALTH PROFILE QUESTIONNAIRE (EHP-5)

TRANSLATION: https://innovation.ox.ac.uk/wp-content/uploads/2014/09/Final_EHP-5_English_UK_SAMPLE-1.pdf

During the last 4 weeks, how often, because of your endometriosis, have you...

1. Found it difficult to walk because of the pain?
2. Felt as though your symptoms are ruling your life?
3. Had mood swings?
4. Felt others do not understand what you are going through?
5. Felt your appearance has been affected?

Answers:

- | | |
|------------------------------------|-----|
| <input type="checkbox"/> never | 0 |
| <input type="checkbox"/> rarely | 25 |
| <input type="checkbox"/> sometimes | 50 |
| <input type="checkbox"/> often | 75 |
| <input type="checkbox"/> always | 100 |

2.3. CENTRAL SENSITISATION INVENTORY (CSI-9)

Please tick the best response to the right of each statement.

1. I feel tired and unrefreshed when I wake from sleeping.
2. My muscles feel stiff and achy.
3. I feel pain all over my body.
4. I have headaches.
5. I do not sleep well.
6. I have difficulty concentrating.
7. Stress makes my physical symptoms get worse.
8. I have muscle tension in my neck and shoulders.
9. I have difficulty remembering things.

Answers:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> never | 0 |
| <input type="checkbox"/> rarely | 1 |
| <input type="checkbox"/> sometimes | 2 |
| <input type="checkbox"/> often | 3 |
| <input type="checkbox"/> always | 4 |



Have you been diagnosed by a doctor with any of the following disorders?

Please check the box to the right for each diagnosis and write the year of the diagnosis.

		NO	YES	Year Diagnosed
1	Restless Leg Syndrome			
2	Chronic Fatigue Syndrome			
3	Fibromyalgia			
4	Temporomandibular Joint Disorder (TMJ)			
5	Migraine or tension headaches			
6	Irritable Bowel Syndrome			
7	Multiple Chemical Sensitivities			
8	Neck Injury (including whiplash)			
9	Anxiety or Panic Attacks			
10	Depression			

2.4. FREE TEXT (SELF-IDENTITY)

1. Please describe **your lifestyle (even your diet, exercise, sleep)** with a few individual words or phrases.
2. Please describe **your health** with a few individual words or phrases.
3. Please describe **yourself** with a few individual words or phrases.

2.5. RISK FACTORS

Are you sensitive to the sun?

- No
- Yes
- I cannot tell.

Number of your birthmarks:

- ~10
- ~25
- ~50
- ~100
- ~100+



2.6. DIET

Mark foods and nutrients you have completely removed from your nutrition in the last month:

- Sugar
- Gluten
- Coffee
- Soy
- Dairy products
- Red meat

Mark foods and nutrients you have limited in your diet in the past month:

- Sugar
- Gluten
- Coffee
- Soy
- Dairy Products
- Red Meat

3. THANK YOU - INTERFACE

Thank you for participating in our investigation.

The test will continue next month, the application will notify you!

3. THE CONTENT: LUCY APP BASELINE QUESTIONNAIRE (HUNGARIAN VERSION)

1. ELSŐ KITÖLTÉS

Az első kitöltés során lekérdezzük általános demográfiai változókat, amelyekkel később a publikációban jellemezzük a mintánkat. Ezt kiegészítjük betegségmutatóval, ez segíti majd a későbbi minták közötti összevetést, ez lesz a csoportosító változónk.

Életkorod: _____ év

Lakhelyed:

- főváros
- nagyváros
- kisváros
- község, falu

Kérjük, neved meg a települést, ahol életvitelszerűen élsz: _____

Legmagasabb iskolai végzettséged:

- kevesebb, mint 8 általános
- nyolc általános
- szakmunkásképző
- érettségi
- főiskolai/egyetemi diploma
- doktori fokozat, PhD

Családi állapotod:

- egyedülálló
- párkapcsolatban élő
- házasságban / élettársi kapcsolatban élő
- elvált
- özvegy

Diagnosztizált betegsége(i)m:

- nincs diagnosztizált betegségem
- endometriózis
- inzulinrezisztencia
- kismencedei gyulladás
- mióma
- petefészkek ciszta
- policisztás ovárium szindróma (PCOS)
- egyéb

Jelenleg érintett vagy-e meddőségben, teherbeesési nehézségben?

- nem
- igen
- nem tudom megítélni

2. KÉRDŐÍVEK

2.1 MENSTRUÁCIÓS CIKLUSHOZ KAPCSOLÓDÓ FÁJDALOM

Kérjük, hogy jelöld be az alábbi skálán, hogy a jelenlegi ciklusodban milyen erősségűnek élted meg a:

- menstruációs fájdalmat
- menstruációtól független kismencedei fájdalmat
- szexuális élet során megélt fájdalmat
- székletürítés közben tapasztalt fájdalmat
- vizeletürítés közben megélt fájdalmat

0 – egyáltalán nem volt fájdalmas

10 – nagyon erős fájdalommal járt

2.2 ÉLETMINŐSÉG KÉRDŐÍVEK

2.2.1 EQ-5D-5L – amit mindenki kitölt

SZÖVEG [validált, nem írható át tartalmában]: Az egyes címsorok alatt kérjük, jelöld be azt a választ, amely a legjobban jellemzi az MAI egészségi állapotodat.

MOZGÉKONYSÁG

- Nincs problémám a járással
- Enyhe problémám van a járással
- Közepes fokú problémám van a járással
- Súlyos problémám van a járással
- Képtelen vagyok járni

ÖNELLÁTÁS

- Nincs problémám a tisztálkodással vagy az öltözködéssel
- Enyhe problémám van a tisztálkodással vagy öltözködéssel
- Közepes fokú problémám van a tisztálkodással vagy az öltözködéssel
- Súlyos problémám van a tisztálkodással vagy az öltözködéssel
- Képtelen vagyok önállóan tisztálkodni vagy öltözködni

SZOKÁSOS TEVÉKENYSÉGEK (pl. munka, tanulás, házimunka, családi vagy szabadidős tevékenység)

- Nincs problémám a szokásos tevékenységeim elvégzésével
- Enyhe problémám van szokásos tevékenységeim elvégzésével
- Közepes fokú problémám van szokásos tevékenységeim elvégzésével
- Súlyos problémám van szokásos tevékenységeim elvégzésével
- Képtelen vagyok elvégezni szokásos tevékenységeimet

FÁJDALOM / ROSSZ KÖZÉRZET

- Nincs fájdalmam vagy rossz közérzetem
- Enyhe fájdalmam van kissé rossz közérzetem
- Közepes fokú fájdalmam vagy közepesen rossz közérzetem van
- Súlyos fájdalmam vagy nagyon rossz közérzetem van
- Rendkívül erős fájdalmam vagy rendkívül rossz közérzetem van

SZORONGÁS / DEPRESSZIÓ

- Nem szorongok vagy nem vagyok depressziós
- Enyhén szorongok vagy enyhén depressziós vagyok
- Közepes mértékben szorongok vagy közepesen depressziós vagyok
- Nagyon szorongok vagy súlyosan depressziós vagyok
- Rendkívül szorongok vagy rendkívül depressziós vagyok

ED-5D-5L kiegészítése egy VAS 0-100 értékekkel

Szeretnénk megtudni, hogy MA milyen jó vagy rossz az egészségi állapotod.

Kérjük, jelöld be skálán azt a pontot, amely megmutatja, hogy milyen a MAI napon egészségi állapotod.

0 – Az elképzelhető legrosszabb egészségi állapot

100 – Az elképzelhető legjobb egészségi állapot

2.2.2 EHP-5 – AMIT CSAK AZ ENDOMETRIÓZISSAL ÉLŐ NŐK TÖLTENEK KI

Endometriózis Egészségügyi Állapotfelmérő Kérdőív

SZÖVEG [validált, nem írható át tartalmában]: Az elmúlt 4 hét során milyen gyakran történtek meg veled az alábbiak az endometriózisod miatt?

1. A fájdalom miatt nehezedre esett járn.
2. Úgy érezted, hogy a tüneteid meghatározzák az életedet.
3. Hangulatingadozásaid voltak.
4. Úgy érezted, mások nem értik meg, min mész keresztül.
5. Úgy érezted, hogy a betegséged kihat a megjelenésedre.

Válaszlehetőségek:

- | | |
|----------------------------------|-----|
| <input type="checkbox"/> soha | 0 |
| <input type="checkbox"/> ritkán | 25 |
| <input type="checkbox"/> néha | 50 |
| <input type="checkbox"/> gyakran | 75 |
| <input type="checkbox"/> mindig | 100 |

2.3. CENTRÁLIS SZENZITIZÁCIÓS INDEX

SZÖVEG: Jelöld be, milyen gyakran jelentkeznek Nálad az alábbi tünetek! Csak egy választ jelölj meg!

10. Fáradtan és kialvatlanul ébrednek az alvásból.
11. Az izmaim merevek, fájdalmasak.
12. Az egész testem fáj.
13. Fájni szokott a fejem.
14. Rosszul alszom.
15. Nehezen tudok koncentrálni.
16. Stressz hatására a testi tüneteim felerősödnek.
17. A nyak- és vállizmaim feszülnek.
18. Nehezen emlékszem dolgokra.

Válaszlehetőségek:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> soha | 0 |
| <input type="checkbox"/> ritkán | 1 |
| <input type="checkbox"/> néha | 2 |
| <input type="checkbox"/> gyakran | 3 |
| <input type="checkbox"/> mindig | 4 |

CSI első felvételekor lekérdezzük a B részt is, a későbbiekben ez – akárcsak a demográfiai rész – nem kell.

SZÖVEG: Diagnosztizálta-e Nálad orvos a következő rendellenességek valamelyikét? Jelöld be a megfelelő választ a diagnózisok mellett és pozitív válasz esetén add meg a diagnózis évét!

		NEM	IGEN	DIAGNÓZIS ÉVE
1	Nyugtalan láb szindróma			
2	Krónikus fáradtság szindróma			
3	Fibromyalgia			
4	Állkapocsízületi diszfunkció és fájdalom			
5	Migrén vagy tenziós típusú fejfájás			
6	Irritábilis bél szindróma			
7	Érzékenység többféle vegyi anyagra			
8	Nyaksérülés, beleértve az ostorcsapás sérülést (whiplash)			
9	Szorongás vagy pánikbetegség			
10	Depresszió			

2.4. SZABAD SZÖVEG

Kérjük, hogy jellemezd _____ néhány önálló szóval vagy kifejezéssel.

1. az életmódodat (táplálkozásodat, testmozgásodat, alvásodat is akár)
2. az egészségedet
3. önmagadat

2.5. RIZIKÓFAKTOROK

Napérzékeny vagy?

- nem
 igen
 nem tudom megítélni

Anyajegyeim száma:

- ~10
 ~25
 ~50
 ~100
 ~100+

2.6. DIÉTA

Jelöld meg, mely élelmiszereket, tápanyagokat kerülted teljes mértékben az elmúlt egy hónap során:

- cukor, cukrozott termékek
- glutén
- kávé
- szója
- tejtermékek
- vörös hús

Jelöld meg, mely élelmiszerek, tápanyagok fogyasztását korlátoztad az elmúlt egy hónap során:

- cukor, cukrozott termékek
- glutén
- kávé
- szója
- tejtermékek
- vörös hús

4. THE LUCY APP BASELINE QUESTIONNAIRE: VISUALS

8:50   

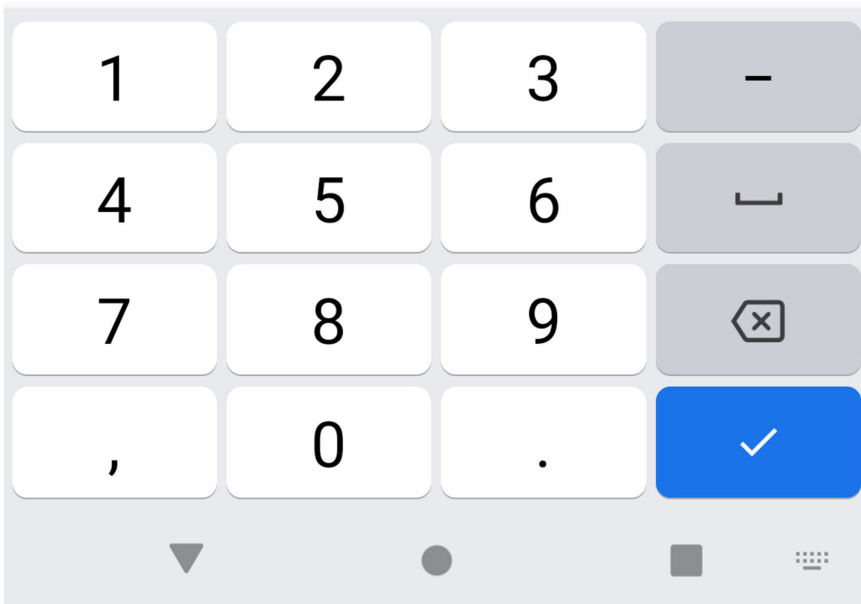


✕ FEMaLe Questionnaire

1. What is your age?

Answer

45





✕ FEMaLe Questionnaire



2. Where do you live?

Capital

City

Town

Village





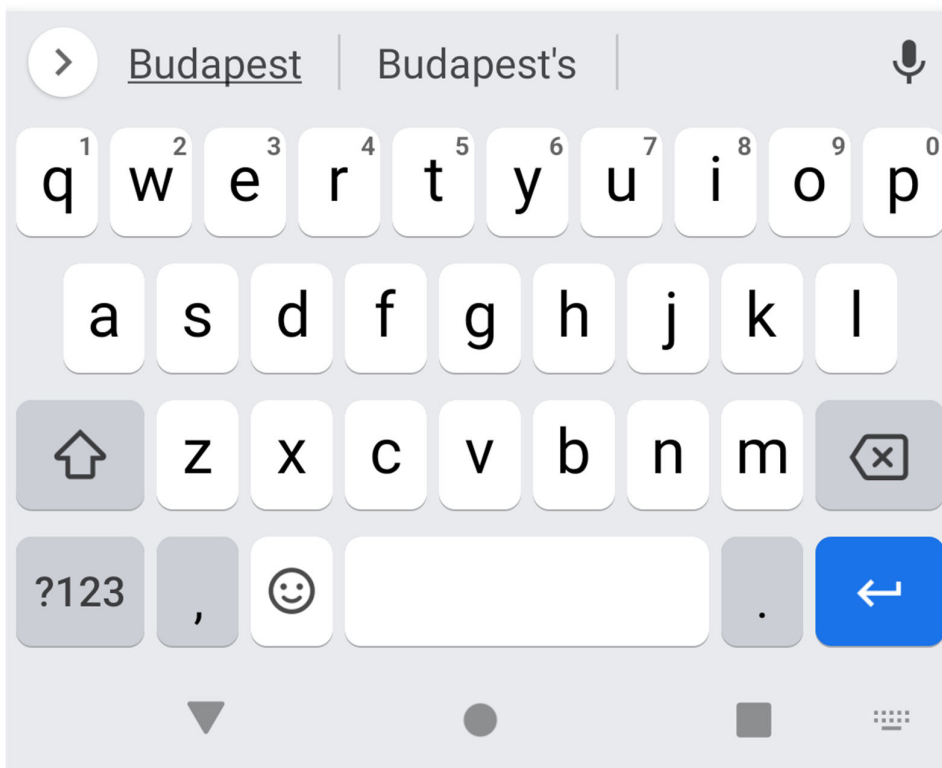
✕ FEMaLe Questionnaire



3. Please name the capital/city/town/village you live in

Answer

Budapest





✕ FEMaLe Questionnaire

4. What is the highest degree or level of education you have completed?

- Less than eight elementary school classes
- Eight elementary school classes
- Vocational training
- Graduation
- College / university degree
- Doctoral degree, PhD





✕ FEMaLe Questionnaire



5. What is your marital status?

- Single
- Living in a relationship
- Married, living in a cohabiting relationship
- Divorced
- Widowed





×

FEMaLe Questionnaire

6. My diagnosed disease(s):

- I have no diagnosed diseases
- Endometriosis
- Insulin resistance
- Pelvic inflammatory disease
- Myoma, fibroids
- Ovarian cyst
- Polycystic ovary syndrome (PCOS)
- Other
- Restless Leg Syndrome
- Chronic Fatigue Syndrome



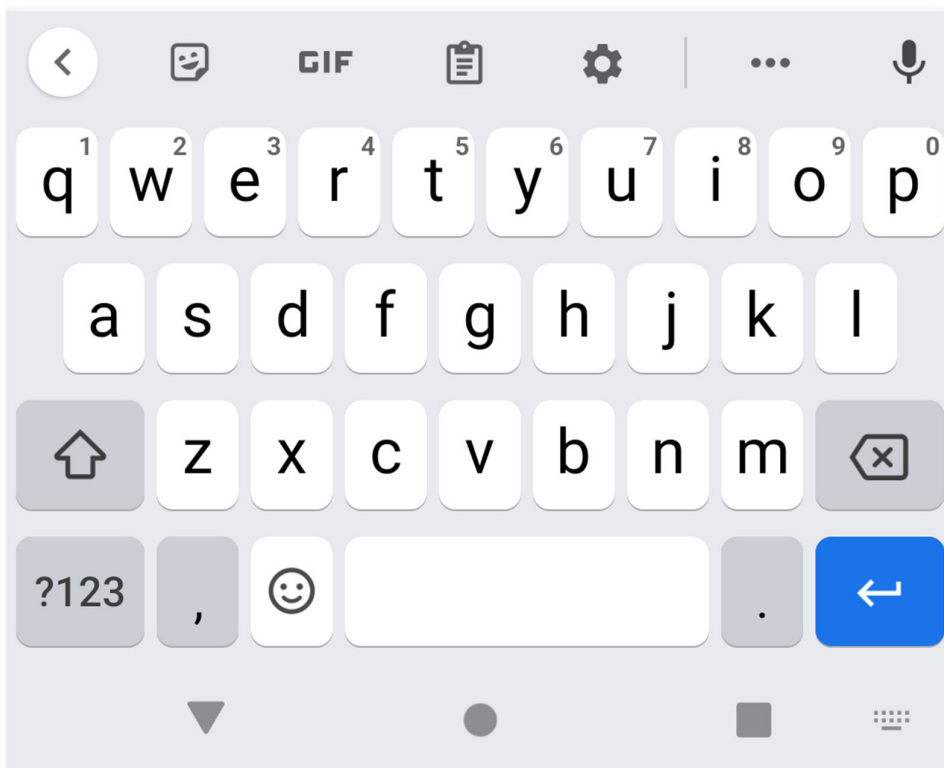


✕ FEMaLe Questionnaire



7. If you had any disease marked in the previous question, please state the date of your diagnosis

Answer





✕ FEMaLe Questionnaire



8. Are you currently affected by infertility, difficulty conceiving?

- No
- Yes
- I can not tell





✕ FEMaLe Questionnaire



9. Are you sensitive to the sun?

- No
- Yes
- I cannot tell





✕ FEMaLe Questionnaire



10. Number of your birthmarks:

- ~10
- ~25
- ~50
- ~100
- 100+





FEMaLe Questionnaire





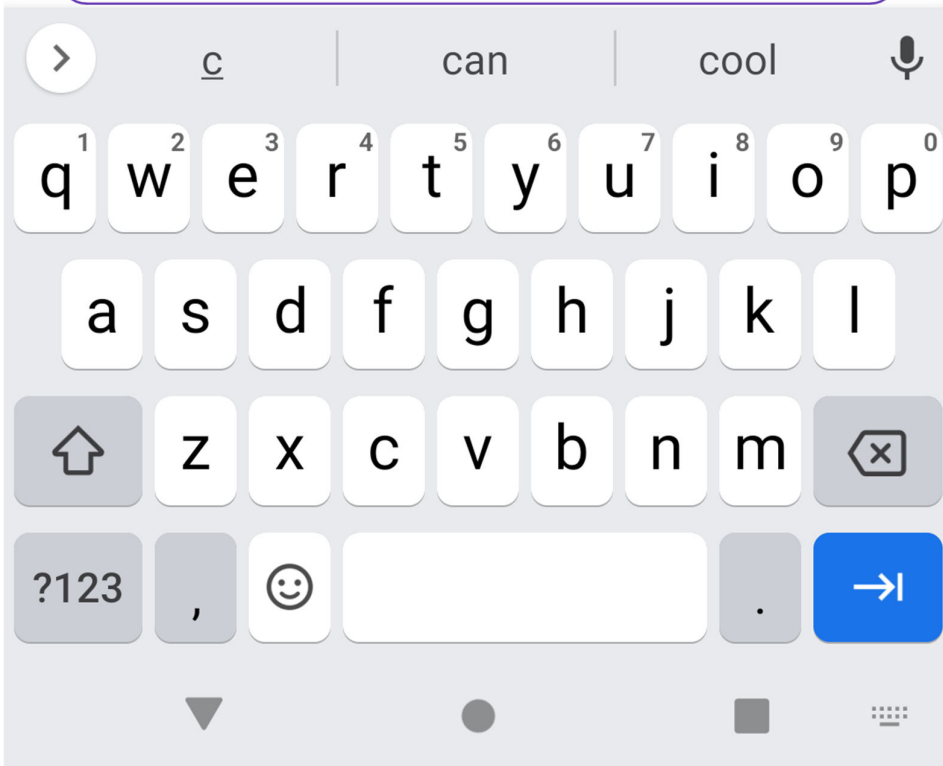
11. Please describe your **lifestyle (even your diet, exercise, sleep)** with a few individual words

1. answer

2. answer

3. answer





✕ FEMaLe Questionnaire



12. Please describe your **health** with a few individual words

1. answer

c

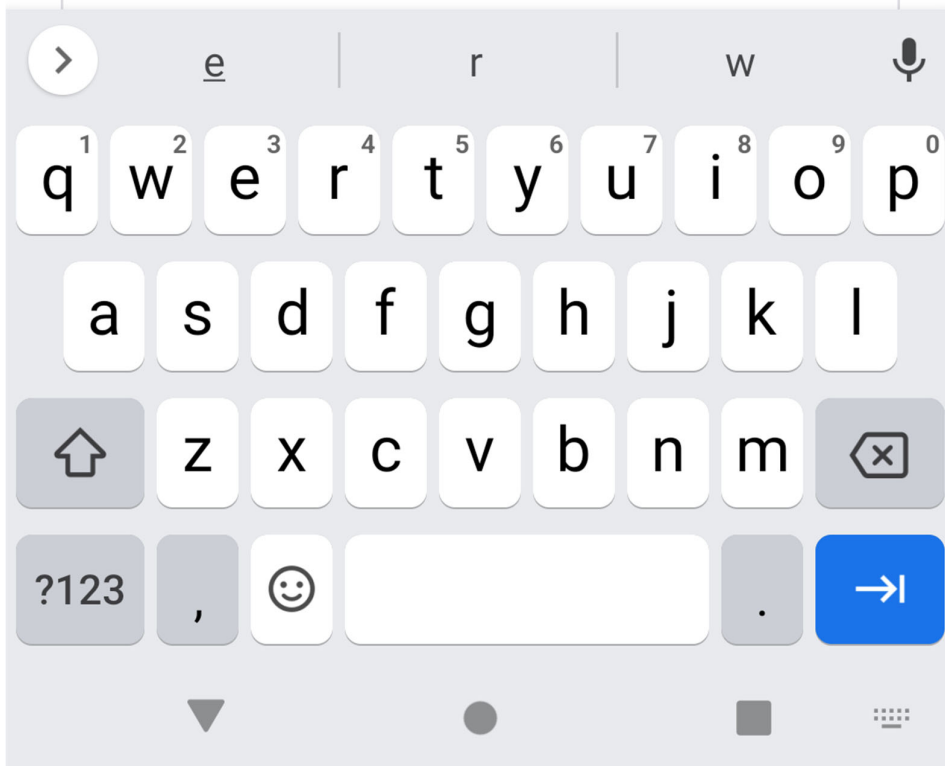
2. answer

d

3. answer

1

< >





✕ FEMaLe Questionnaire

13. Please describe **yourself** with a few individual words

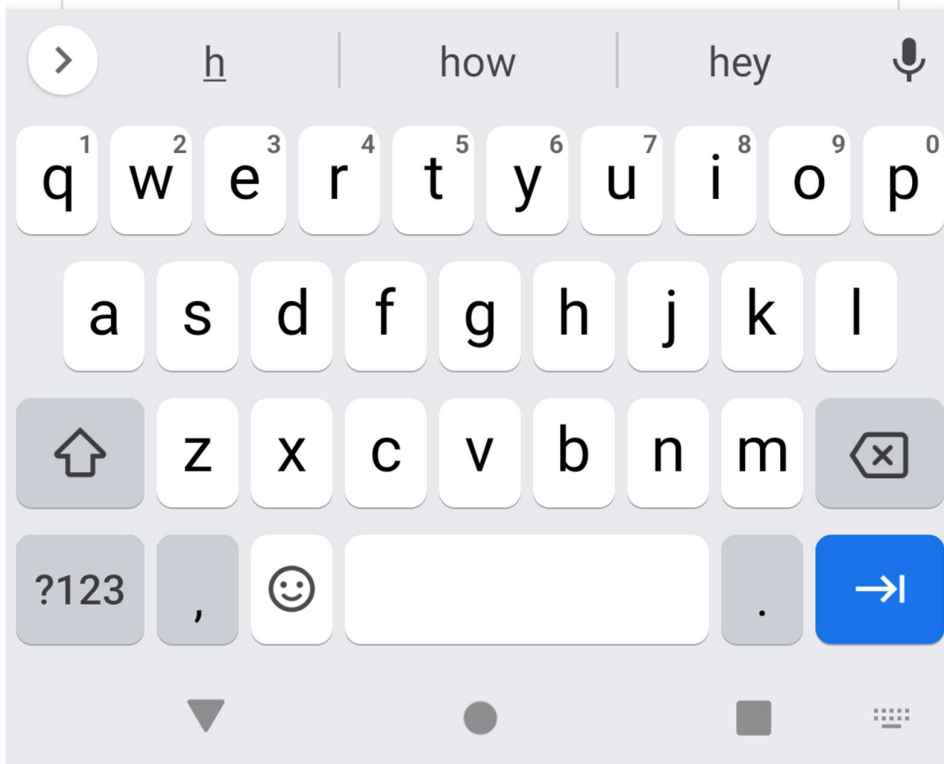
1. answer

f

2. answer

g

3. answer





×

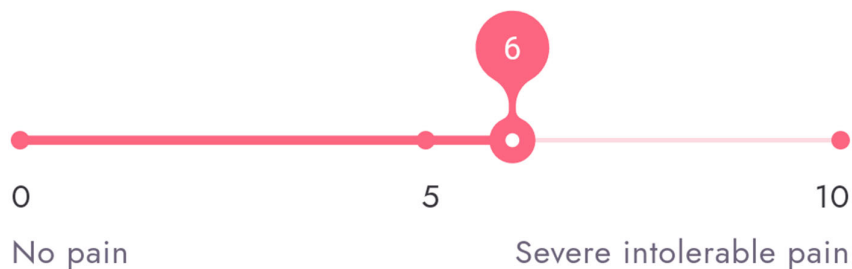
FEMaLe Questionnaire



14. Please mark on the scale below how strong you have experienced YOUR PAIN in your current or recent cycle **on the bleeding days** (dysmenorrhea)

Pain level

6





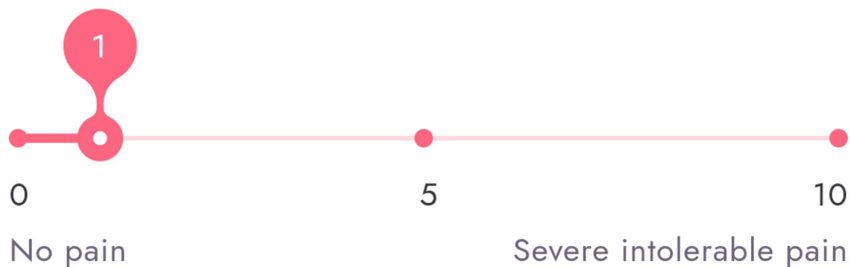
✕ FEMaLe Questionnaire



15. Please mark on the scale below how strong you have experienced YOUR PAIN in your current or recent cycle **during nonbleeding day** (chronic pelvic pain)

Pain level

1





✕ **FEMaLe Questionnaire**



16. Please mark on the scale below how strong you have experienced YOUR PAIN in your current or recent cycle **during or after sexual intercourses (dyspareunia)**

Pain level

10





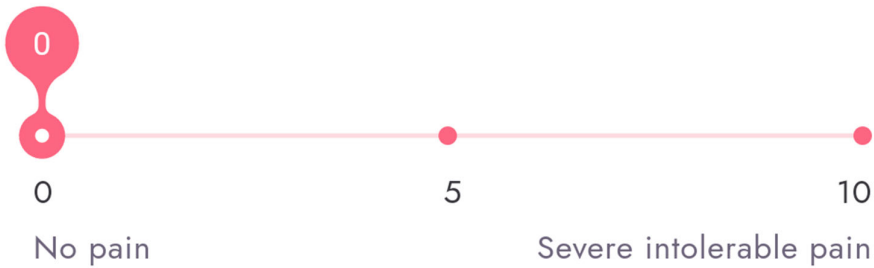
✕ **FEMaLe Questionnaire**



17. Please mark on the scale below how strong you have experienced YOUR PAIN in your current or recent cycle **during defecation (dyschezia)**

Pain level

0





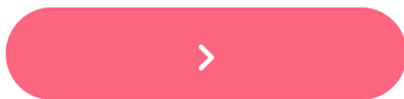
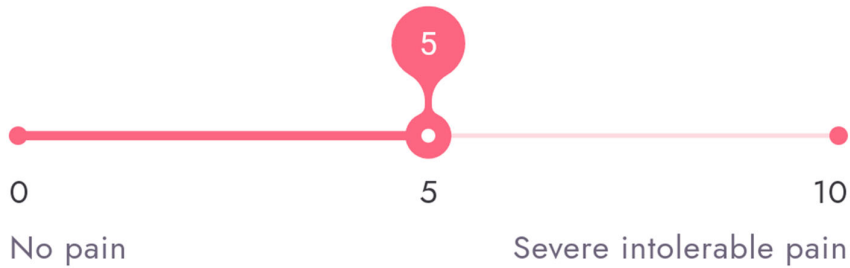
 **FEMaLe Questionnaire**



18. Please mark on the scale below how strong you have experienced YOUR PAIN in your current or recent cycle **during urination (dysuria)**

Pain level

5





✕ FEMaLe Questionnaire



19. Please tick ONE box that best describes your **MOBILITY TODAY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about





×

FEMaLe Questionnaire



20. Please tick ONE box that best describes your **SELF-CARE TODAY**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself





✕ FEMaLe Questionnaire



21. Please tick ONE box that best describes your **USUAL ACTIVITIES TODAY** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities





✕ FEMaLe Questionnaire



22. Please tick ONE box that best describes your
PAIN/DISCOMFORT TODAY

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort





✕ FEMaLe Questionnaire



23. Please tick ONE box that best describes your
ANXIETY/DEPRESSION TODAY

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed





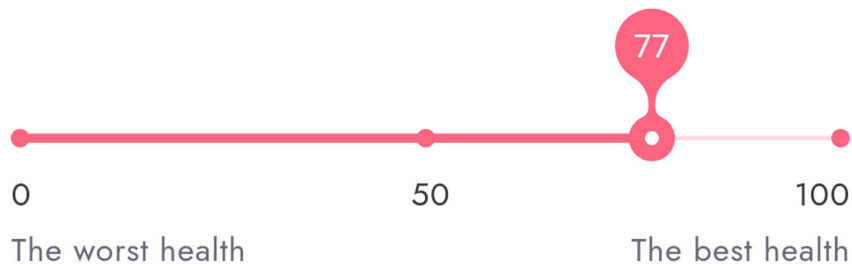
✕ **FEMaLe Questionnaire**



24. Please mark on the scale to indicate how your health is TODAY.

Your health today

77





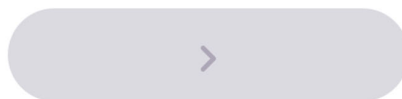
✕ FEMaLe Questionnaire



25. Do you have a diagnosed case of **endometriosis**?

No

Yes



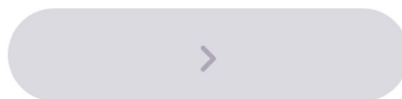


✕ FEMaLe Questionnaire



26. During the last 4 weeks, how often, because of your endometriosis **have you found it difficult to walk because of the pain?**

- Never
- Rarely
- Sometimes
- Often
- Always





✕ FEMaLe Questionnaire



27. During the last 4 weeks, how often, because of your endometriosis **have you felt as though your symptoms are ruling your life?**

- Never
- Rarely
- Sometimes
- Often
- Always



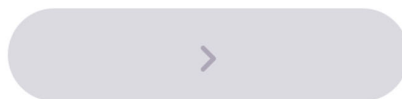


✕ FEMaLe Questionnaire



28. During the last 4 weeks, how often, because of your endometriosis **have you had mood swings?**

- Never
- Rarely
- Sometimes
- Often
- Always



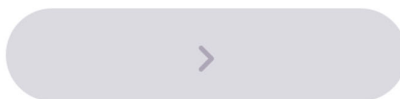


✕ FEMaLe Questionnaire



29. During the last 4 weeks, how often, because of your endometriosis **have you felt others do not understand what you are going through?**

- Never
- Rarely
- Sometimes
- Often
- Always



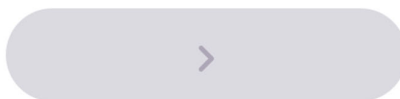


✕ FEMaLe Questionnaire



30. During the last 4 weeks, how often, because of your endometriosis **have you felt your appearance has been affected?**

- Never
- Rarely
- Sometimes
- Often
- Always



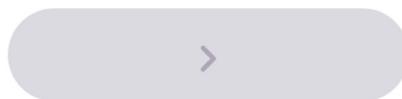


✕ FEMaLe Questionnaire



31. I feel tired and unrefreshed when I wake from sleeping.

- Never
- Rarely
- Sometimes
- Often
- Always



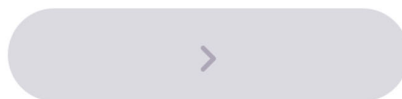


✕ FEMaLe Questionnaire



32. My muscles feel stiff and achy.

- Never
- Rarely
- Sometimes
- Often
- Always



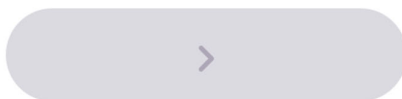


✕ FEMaLe Questionnaire



33. I feel pain all over my body.

- Never
- Rarely
- Sometimes
- Often
- Always



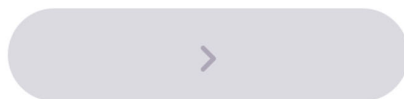


✕ FEMaLe Questionnaire



34. I have headaches.

- Never
- Rarely
- Sometimes
- Often
- Always



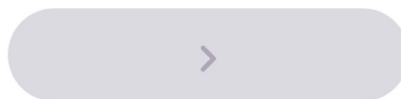


✕ FEMaLe Questionnaire



35. I do not sleep well.

- Never
- Rarely
- Sometimes
- Often
- Always



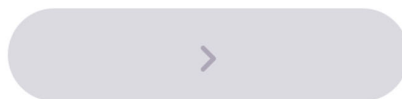


✕ FEMaLe Questionnaire



36. I have difficulty concentrating.

- Never
- Rarely
- Sometimes
- Often
- Always



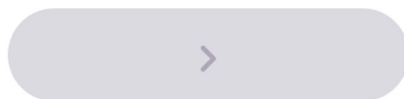


✕ FEMaLe Questionnaire



37. Stress makes my physical symptoms get worse.

- Never
- Rarely
- Sometimes
- Often
- Always



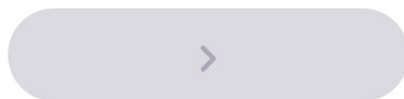


✕ FEMaLe Questionnaire



38. I have muscle tension in my neck and shoulders.

- Never
- Rarely
- Sometimes
- Often
- Always



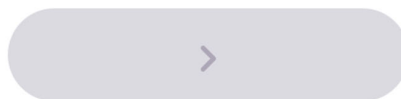


✕ FEMaLe Questionnaire



39. I have difficulty remembering things.

- Never
- Rarely
- Sometimes
- Often
- Always





✕ FEMaLe Questionnaire



40. Mark which foods and nutrients you have **completely removed** from your nutrition in the last month

- Sugar
- Gluten
- Coffee
- Soy
- Dairy products
- Red meat

