GEM PATIENT EDUCATION CENTER

My Symptoms & Appointment Toolkit

Bring this with you. It helps turn months or years of symptoms into a clear story your clinician can understand quickly.

Version 1.2 · September 2026

Print-first document. Form fields are designed to be completed on paper; the website links to this PDF rather than reproducing the form.



HOW TO USE THIS TOOLKIT

Before your appointment: record your symptoms and, if useful, their timing around periods. Do not delay care to complete a cycle or every box. Bring this toolkit and previous records. After the visit, write down the agreed plan, what to expect and when to follow up.

1 | MY BASIC STORY

My age: _____

Last menstrual period: _____

Symptoms began around age: _____

Pregnancy now desired? ☐ yes ☐ no ☐ unsure

First period at age: _____

Cycle length: _____ days

Symptoms are getting: ☐ better ☐ same ☐ worse

Fertility is a concern? ☐ yes ☐ no



2 | MY SYMPTOM PROFILE

SYMPTOM	WORST SEVERITY	WORSE AROUND PERIOD?
Period pain	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Pelvic pain between periods	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Pain with/deep after intercourse	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Pain with bowel movements	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Rectal bleeding around my period	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Pain with urination / bladder symptoms	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Heavy or irregular bleeding	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Fatigue	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure
Low back / leg pain	0 1 2 3 4 5 6 7 8 9 10	☐ Yes ☐ No ☐ Unsure



3 | HOW MUCH DOES THIS AFFECT MY LIFE?

☐ Missed school/work

Days in a typical month: _____

☐ Wake from sleep

Nights/month: _____

☐ Avoid exercise

☐ Avoid sex/intimacy

☐ Cancel social/family activities

☐ Need bed rest/heating pad

☐ Emergency/urgent visits for pain

Number in past year: _____

4 | MY HISTORY THAT MAY MATTER

☐ Family history of endometriosis

☐ Previous ovarian cyst/endometrioma

☐ Previous pelvic surgery

☐ Infertility evaluation/treatment

☐ Adenomyosis suspected/diagnosed

☐ Bowel/bladder condition

Previous operations / important findings:

_____

Previous ultrasound or MRI: _____

Rate impact: 0 = none, 10 = worst imaginable. Scores are personal ratings, not disease stage or blood-loss measurements. Report rectal or urinary bleeding to a clinician.

My Daily Symptom Tracker

Use one row per day; note calendar dates if periods are irregular or absent. Start whenever helpful.

DAY	BLEEDING 0-3	PAIN 0-10	BOWEL 0-10	BLADDER 0-10	FATIGUE 0-10	MEDICATION / NOTE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						

DAY	BLEEDING 0-3	PAIN 0-10	BOWEL 0-10	BLADDER 0-10	FATIGUE 0-10	MEDICATION / NOTE
27						
28						
29						
30						
31						

Bleeding: 0 none, 1 light, 2 moderate, 3 heavy (your own description). Symptoms: 0 none to 10 worst imaginable. This is not a validated blood-loss scale.

WHAT PATTERN DID I NOTICE?

My worst days were: _____

Symptoms began: ☐ before period ☐ during ☐ after ☐ throughout cycle

The symptom that affects me most is:

_____

Something I want my clinician to understand:

_____

Prepare for My Appointment



One page to complete before you walk into the room.

5 | TREATMENTS I HAVE ALREADY TRIED

TREATMENT / MEDICATION	HOW LONG?	DID IT HELP?	WHY STOPPED / SIDE EFFECTS?



6 | MY FIVE PRIORITY QUESTIONS

1. What do you think is causing my symptoms, and how strongly do you suspect endometriosis?
2. What can ultrasound or MRI identify in my case – and what could imaging miss?
3. What are my reasonable medical and surgical options now, including the advantages and disadvantages of each?
4. How could each option affect my fertility or ovarian reserve, if that matters to me?
5. If surgery is considered, who should perform it, what disease will be mapped/documented, and will the surgeon be prepared to resect visible disease when safely feasible and fully consented?

7 | MY OWN QUESTIONS

1. _____
2. _____
3. _____

8 | WHAT TO BRING

☐ This completed toolkit

☐ Medication list

☐ Prior ultrasound/MRI reports or images

☐ Operative reports

☐ Pathology reports

☐ Fertility records if relevant

☐ A trusted person if you want support

My Visit Summary

Complete this during or immediately after the appointment.

9 | WHAT DID WE DECIDE?

Working diagnosis: _____

Tests / imaging ordered: _____

Treatment we are starting or continuing:

_____

If surgery is being considered, next step:

_____

Fertility plan / referral: _____

Follow-up date or interval: _____

10 | IF SURGERY IS RECOMMENDED – QUESTIONS BEFORE I CONSENT

- What endometriosis and organ-specific experience does the surgeon have?
- What pelvic and abdominal areas can be safely assessed?

- How will disease, treatment and limits of assessment be documented?
- What treatment is planned and consented? Could it need to be staged?
- Will bowel, bladder or ureteral specialists be needed?
- What tissue will be examined by pathology?
- What report, images or video can I request afterward?
- How could surgery affect fertility, ovarian reserve or organ function?
- What are the recovery plan, warning signs and follow-up arrangements?

11 | MY NEXT THREE ACTIONS

1. _____
2. _____
3. _____

YOUR SYMPTOMS ARE DATA. YOUR QUESTIONS MATTER. YOUR FOLLOW-UP PLAN MATTERS.

> **GEM NOTE:** This toolkit is designed to help patients organize symptoms and prepare for a productive medical visit. It is not a diagnostic test and does not replace individualized medical assessment. A normal ultrasound or MRI does not exclude endometriosis, particularly superficial disease.

Evidence & references

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A practical communication aid

The questions reflect clinical assessment and shared decision-making. The toolkit itself is not a validated diagnostic instrument. Rating scales are subjective; neither pain scores nor the bleeding scale measures disease stage or exact blood loss.

Use without delaying care

Patients can record calendar dates during irregular or absent periods and need not complete a cycle before seeking care. Surgical questions now ask about safely achievable assessment and consent.

Full references

- **[S01]** ESHRE. Endometriosis guideline. 2022. Freely available
- **[S13]** WHO. Endometriosis. Fact sheet, 15 October 2025. Freely available
- **[S08]** NHS. Laparoscopy (keyhole surgery). Reviewed 20 December 2023. Freely available

No listed institution endorses GEM.

Medical information

Do not delay care; seek emergency help for a suspected emergency.

This material is for educational purposes only and does not constitute medical advice or create a clinician-patient relationship with GEM.

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