

Multimedia Appendix

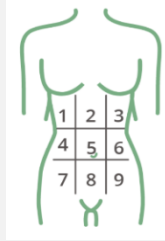
Table 1. Set of questions (q) for the endometriosis specific ESM-PROM [13]

<u>One-off questionnaire</u>	Answer options
1. The following applies to me:	I have regular periods, My periods are irregular, I never experience blood loss <i>* in case of regular or irregular periods, q1.1 is asked.</i> <i>** in case of never experiencing blood loss, q3 (endometriosis specific symptoms) is not asked.</i>
1.1 How many days ago did your most recent period start?	0 t/m 31 days.
<u>Morning questionnaire</u>	
Sleep	Answer options
1. I slept well	0 (not at all)—10 (very much so)
2. I had trouble falling asleep.	Yes – No
3. I woke up during the night.	Yes – No <i>* in case of “Yes”, q3.1 is asked.</i>
3.1 I woke up because of...	An urge to urinate, abdominal pain, worrying, something else/no apparent cause.
Sexuality	Answer options
4. I had sexual intercourse.	Yes – No <i>* in case of “Yes”, q4.2 is asked.</i> <i>** in case of “No”, q4.1 is asked.</i>
4.1 I avoided sexual intercourse because of pain symptoms.	Yes – No
4.2 I suffered from pain during or after sexual intercourse.	0 (no pain)—10 (a lot of pain) <i>* in case of “1 or more”, q4.3 is asked.</i>
4.3 The pain was ...	Superficial vaginal pain, deep vaginal pain, abdominal pain <i>~More than one answer option possible.</i>
<u>Momentary assessment</u>	
Endometriosis specific symptoms	Answer options
1. I suffer from abdominal/pelvic pain	0 (no pain)—10 (a lot of pain) <i>* in case of “1 or more”, q1.1 is asked.</i>

1.1 I feel this pain in the following place(s) in my abdomen:

0 – 9

R L



2. I suffer from pain in my...

Shoulders, groins, back, anus, legs, other area, none of the above.

~More than one answer option possible.

2.1 I feel pain when I am...

Walking, sitting, standing, laying down.

~More than one answer option possible

3. The vaginal blood loss is as follows:

No bleeding, spotting, light bleeding, moderate bleeding, heavy bleeding.

4. I feel...

Cold (-5) – neutral (0) – very hot/hot flushes(+5)

5. Since the last questionnaire I have urinated...

0 times, once, twice, 3 times, 4 times, > 4 times.

* In case of "once or more", q5.1 is asked.

5.1 When urinating I experienced the following symptoms:

Pain while passing urine, strong urge to urinate, blood loss while passing urine, difficulty passing urine, no symptoms.

* In case of "strong urge to urinate", q5.2 is asked.

~More than one answer option possible

5.2 How strong was the urge to urinate.

I could put it off for 30 minutes, I could put it off for 10 minutes, I had to urinate instantly/I could not put it off any longer.

6. I feel discomfort due to being bloated

0(not at all) – 10(very much so)

7. My stomach is distended (swollen).

0(not at all) – 10(very much so)

8. I feel an urge to defecate.

0(not at all) – 10(very much so)

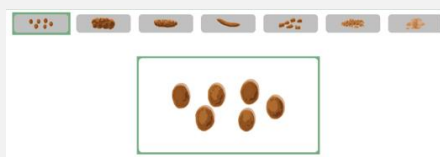
9. Since the last questionnaire I have had... bowel movements.

0, 1, 2, 3, 4, 5, >5

*In case of "1 or more", q9.1 is asked.

9.1 The appearance of my stools was as follows:

Bristol Stool Form Scale



9.2 My bowel movements are painful

0(not at all) – 10(very much so)

9.3 I have rectal bleeding/blood loss.	0 (not at all)—10 (very much so)
General somatic symptoms	Answer options
10. I feel dizzy.	0 (not at all)—10 (very much so)
11. I feel nauseous.	0 (not at all)—10 (very much so)
12. I have a headache.	0 (not at all)—10 (very much so)
13. I feel short of breath.	0 (not at all)—10 (very much so)
14. I have sore muscles and/or joints.	0 (not at all)—10 (very much so)
15. I feel...	-5 (very tired) – 0 (neutral) – +5 (full of energy)
16. I feel well physically.	0 (not at all)—10 (very much so)
Mood and psychological factors	Answer options
17. I feel happy.	0 (not at all)—10 (very much so)
18. I feel sad (down).	0 (not at all)—10 (very much so)
19. I feel emotional.	0 (not at all)—10 (very much so)
20. I feel stressed.	0 (not at all)—10 (very much so)
21. I feel relaxed.	0 (not at all)—10 (very much so)
22. I am worried.	0 (not at all)—10 (very much so)
23. I feel irritable.	0 (not at all)—10 (very much so)
Social and contextual factors	Answer options
24. My current situation is as follows:	I am at home, I am at someone else's home, I am at work/school, I am in a public place, I am on the move, I am somewhere else.
25. Just before the questionnaire I was...	Resting, at work/school, doing household chores/grocery shopping, taking care of children/providing other informal care, eating/drinking, relaxing/spending time on a hobby, exercising/participating in sports, on the move, doing something else.
26. I feel uneasy/easy in this situation.	-5 (very uneasy) – 5 (very easy)
27. My symptoms are getting in the way of my activities.	0 (not at all)—10 (very much so) <i>* In case of "1 or more", q27.1 is asked.</i>
27.1 My symptoms are negatively affecting my...	Household chores, sports/hobbies, work, social activities. <i>~More than one answer option possible.</i>

28. I am currently in the company of... My partner, children, friends, housemates, co-workers, relatives (who are not part of my household), acquaintances, people I don't know/others, a big group, one or more pets, no one.

** In case "no one" is NOT answered, q28.1 is asked.*

28.1 I feel uneasy/easy in this company. -5 (very uneasy) – 5 (very easy)

29. I feel that I need to rest. 0 (not at all)—10 (very much so)

Use of nutrition and medication **Answer options**

30. Since the last questionnaire I have eaten... Breakfast, lunch, dinner, a snack/fruit, nothing

31. Since the last questionnaire I have taken/had... Caffeine (coffee), nicotine (smoking), alcohol, recreational drugs, painkillers, none of the above.

** In case of "alcohol", q31.1 is asked.*

*** In case of "painkillers", q31.2 and q31.3 are asked.*

31.1 Since the last questionnaire I have had ... units of alcohol. 0-2, 3-4, > 4

31.2 Since the last questionnaire I have used painkillers for... Abdominal pain and/or pelvic pain, something else.

31.3 Since the last questionnaire I have used the following painkiller ... Paracetamol, an NSAID (ibuprofen, Nurofen, aspirin, mefenamic acid), tramadol/Zaldiar, an opioid (e.g. morphine), homoeopathic preparations, CBD oil (cannabis oil)/ hashish/ THC.