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SUPPLEMENTARY DATA



Supplementary Figure S1 Percent distribution of perineal sitespecific pain by depth of ovarian endometriosis. (A = deep, B = superficial). Significant differences between pain report frequencies: *P < 0.05, **P < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had ovarian endometriotic implants (n = 75).



Supplementary Figure S2 Percent distribution of perineal sitespecific pain by depth of peritoneal endometriosis. (A = deep, B = superficial). Significant differences between pain report frequencies: *P < 0.05, **P < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had peritoneal endometriotic implants (n = 155).



Supplementary Figure S3 Percent distribution of perineal sitespecific pain by extent of cul de sac endometriosis. (A = full, B = partial). Significant differences between pain report frequencies: *P < 0.05, **P < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had cul de sac endometriotic implants (n = 36).



Supplementary Figure S4 (a) Percent distribution of front body site-specific pain by depth of ovarian endometriosis. (A = deep, B = superficial). Significant differences between pain report frequencies: *P < 0.05, **P < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had ovarian endometriotic implants (n = 75). (b) Percent distribution of back body site-specific pain by depth of ovarian endometriosis. (A = deep, B = superficial). Significant differences between pain report frequencies: *P < 0.05, **P < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had ovarian endometriotic implants (n = 75).



Supplementary Figure S5 (a) Percent distribution of front body site-specific pain by depth of peritoneal endometriosis. (A = deep, B = superficial). Significant differences between pain report frequencies: **P* < 0.05, ***P* < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had peritoneal endometriotic implants (*n* = 155). (b) Percent distribution of back body site-specific pain by depth of peritoneal endometriosis. (A = deep, B = superficial). Significant differences between pain report frequencies: **P* < 0.05, ***P* < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had peritoneal endometriosis diagnosis who participated in the ENDO Study and had peritoneal endometriotic implants (*n* = 155).



Supplementary Figure S6 (a) Percent distribution of front body site-specific pain by extent of cul de sac endometriosis. (A = full, B = partial). Significant differences between pain report frequencies: *P < 0.05, **P < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had cul de sac endometriotic implants (n = 36). (b) Percent distribution of back body site-specific pain by depth of cul de sac endometriosis. (A = full, B = partial). Significant differences between pain report frequencies: *P < 0.05, **P < 0.01. Study sample for these analyses includes all women with a surgically visualized endometriosis diagnosis who participated in the ENDO Study and had cul de sac endometriotic implants (n = 36).