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SUPPLEMENTARY DATA

Supplementary data

Below are the questions asked in each cohort for self-report of endometriosis.

Black Women's Health Study

1995
Has a doctor ever told you that you have any of the following conditions? If yes, mark the condition and the age it was first diagnosed

	No	Yes	Less than 30	30-39	40-49	50 or more
Endometriosis	○	○	○	○	○	○

1997
If a doctor has told you that you had any of the following conditions, please fill in the ovals indicating when it was first diagnosed

	Yes, before March 1, 1995	Yes, after March 1, 1995
Endometriosis	○	○

1999
Between March 1997 and March 1999, if you were diagnosed with any of the following conditions, please fill in the circles and indicate the year it was first diagnosed

	Yes	Year
Endometriosis Confirmed by laparoscopy	○ ○	□□

2001
Between March 1999 and March 2001, if you were diagnosed with any of the following conditions, please fill in the circles and indicate the year it was first diagnosed

	Yes	Year
Endometriosis Confirmed by laparoscopy	○ ○	□□

2007
Have you EVER been diagnosed with any of the following conditions?

	Yes	Year
Endometriosis (confirmed by laparoscopy)	○	□□

2009
Since March 2007, if you were diagnosed with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed

	Yes	Year
Endometriosis (confirmed by laparoscopy)	○	□□

2011
Since March 2009, if you were diagnosed with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed

	Yes	Year
Endometriosis (confirmed by laparoscopy)	○	□□□□

2013
Since March 2011, if you were diagnosed with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed

	Yes	Year
Endometriosis (cells normally in the uterus are found outside of the uterus causing pelvic pain)	○	□□□□

Etude Epidémiologique auprès de femmes de la Mutuelle Générale de l'Education Nationale **(E3N) Cohort**

1990

Which of the following illnesses or procedures have you ever had?

		Age at illness onset						
	Yes	**10 or younger**	**11-14**	**15-19**	**20-29**	**30-39**	**40-49**	**50 or older**
Endometriosis	◯	◯	◯	◯	◯	◯	◯	◯

1992

Uterine and ovarian illnesses

Reported exact age of onset and diagnosis and treatment of endometriosis

1993

Since January 1992, have you had any illnesses of the uterus or ovaries?

	Yes	Date of illness	
		Month	Year
Endometriosis	◯	☐☐	☐☐

What was the treatment?

	Yes
Surgery	
Hormone treatment	
Other medical treatment	
No treatment	
Don't know	

Please indicate the exams that were performed for this disease:

	Yes
Biopsy	
Laparoscopy	
Hysterography	
Hysteroscopy	
Ultrasound	
Don't know	

1995

Since June 1993, have you had any illnesses of the uterus or ovaries?

	Yes	Date of illness	
		Month	Year
Endometriosis	◯	☐☐	☐☐

What was the treatment?

	Yes
Surgery	
Hormone treatment	
Other medical treatment	
No treatment	
Don't know	

Please indicate the exams that were performed for this disease:

	Yes
Biopsy	
Laparoscopy	
Hysterography	
Hysteroscopy	
Ultrasound	
Don't know	

1997

Since June 1990, have you had any illnesses of the uterus or ovaries?

	Yes	Date of illness: Month	Date of illness: Year
Endometriosis	○	☐☐	☐☐

What was the treatment?

	Yes
Surgery	
Hormone treatment	
Other medical treatment	
No treatment	
Don't know	

Please indicate the exams that were performed for this disease:

	Yes
Biopsy	
Laparoscopy	
Hysterography	
Hysteroscopy	
Ultrasound	
Don't know	

2000

Since April 1997, have you had any illnesses of the uterus or ovaries?

	Yes	Date of illness: Month	Date of illness: Year
Endometriosis	○	☐☐	☐☐

What was the treatment?

	Yes
Surgery	
Hormone treatment	
Other medical treatment	
No treatment	
Don't know	

Please indicate the exams that were performed for this disease:

	Yes
Biopsy	
Laparoscopy	
Hysterography	
Hysteroscopy	
Ultrasound	
Don't know	

2002

Since July 2000, have you had any illnesses of the uterus or ovaries?

	Yes	Date of illness: Month	Date of illness: Year
Endometriosis	○	☐☐	☐☐

What was the treatment?

	Yes
Surgery	
Hormone treatment	
Other medical treatment	
No treatment	
Don't know	

Please indicate the exams that were performed for this disease:

	Yes
Biopsy	
Laparoscopy	
Hysterography	
Hysteroscopy	
Ultrasound	
Don't know	

2005

Since July 2002, have you had any illnesses of the uterus or ovaries?

	Yes	Date of illness: Month	Date of illness: Year
Endometriosis	○	☐☐	☐☐☐☐

What was the treatment?

	Yes
Surgery	
Hormone treatment	
Other medical treatment	
No treatment	
Don't know	

Please indicate the exams that were performed for this disease:

	Yes
Biopsy	
Laparoscopy	
Hysterography	
Hysteroscopy	
Ultrasound	
Don't know	

Growing Up Today Study **(GUTS)**

2005

Has a health care provider ever diagnosed you as having…

	No	Yes
Endometriosis		○
Confirmed by laparoscopy?	○	○

2007

Has a doctor or other health care provider ever diagnosed you as having:

	No	Yes
Endometriosis		○
Confirmed by laparoscopy?	○	○

2010

Have you ever been told by a health care provider that you have any of the following illnesses?

			Year of first diagnosis				
	Yes	No	Before 1996	1996-1999	2000-2004	2005-2009	2010+
Endometriosis	○		○	○	○	○	○
Confirmed by laparoscopy?	○	○					

2011
Have you ever been told by a health care provider that you have any of the following illnesses?

			Year of first diagnosis			
	Yes	No	Before 2004	2004-2006	2007-2009	2010+
Endometriosis	○		○	○	○	○
Confirmed by laparoscopy?	○	○				

2013
Have you ever been told by a health care provider that you have any of the following illnesses?

			Year of first diagnosis			
	Yes	No	Before 2006	2006-2008	2009-2011	2012+
Endometriosis	○		○	○	○	○
Confirmed by laparoscopy?	○	○				

2014
Have you ever been told by a health care provider that you have any of the following illnesses?

			Year of first diagnosis		
	Yes	No	Before 2009	2009-2013	2014+
Endometriosis	○		○	○	○
Confirmed by laparoscopy?	○	○			

2015
Have you ever been told by a health care provider that you have any of the following illnesses?

			Year of first diagnosis		
	Yes	No	Before 2010	2010-2014	2015+
Endometriosis	○		○	○	○
Confirmed by laparoscopy?	○	○			

2016
Have you ever been told by a health care provider that you have any of the following illnesses?

			Year of first diagnosis		
	Yes	No	Before 2011	2011-2015	2016+
Endometriosis	○		○	○	○
Confirmed by laparoscopy?	○	○			

<u>Nurses' Health Study II (NHSII)</u>

1993
Have you ever had any of these physician-diagnosed illnesses?

			Year of diagnosis			
	Yes	No	Before 9/1989	9/1989-5/1991	6/1991-5/1993	After 6/1993
Endometriosis – 1st Dx	○		○	○	○	○
Confirmed by laparoscopy	○	○				

1995
Since June 1993, have you had any of these physician-diagnosed illnesses?

			Year of diagnosis		
	Yes	No	Before 6/1/1993	6/1993-5/1995	After 6/1/1995
Endometriosis – 1st Dx	○		○	○	○
Confirmed by laparoscopy	○	○			

1997

Since June 1995, have you had any of these physician-diagnosed illnesses?

			Year of diagnosis		
	Yes	No	Before 6/1/1995	6/1995-5/1997	After 6/1/1997
Endometriosis – 1st Dx	◯		◯	◯	◯
Confirmed by laparoscopy	◯	◯			

1999

Since June 1997, have you had any of these physician-diagnosed illnesses?

			Year of diagnosis		
	Yes	No	Before 6/1/1997	6/1997-5/1999	After 6/1/1999
Endometriosis – 1st Dx	◯		◯	◯	◯
Confirmed by laparoscopy	◯	◯			

2001

Since June 1999, have you had any of these physician-diagnosed illnesses?

			Year of diagnosis		
	Yes	No	Before 6/1/1999	6/1999-5/2001	After 6/1/2001
Endometriosis – 1st Dx	◯		◯	◯	◯
Confirmed by laparoscopy	◯	◯			

2003

Since June 2001, have you had any of these physician-diagnosed illnesses?

			Year of diagnosis		
	Yes	No	Before 6/1/2001	6/2001-5/2003	After 6/1/2003
Endometriosis – 1st Dx	◯		◯	◯	◯
Confirmed by laparoscopy	◯	◯			

2005

Since June 2003, have you had any of these clinician-diagnosed illnesses?

			Year of diagnosis		
	Yes	No	Before 6/1/2003	6/2003-5/2005	After 6/1/2005
Endometriosis – 1st Dx	◯		◯	◯	◯
Confirmed by laparoscopy	◯	◯			

2007

Since June 2005, have you had any of these clinician-diagnosed illnesses?

			Year of diagnosis		
	Yes	No	Before 6/1/2005	6/2005-5/2007	After 6/1/2007
Endometriosis – 1st Dx	◯		◯	◯	◯
Confirmed by laparoscopy	◯	◯			