ENDO *Queen*

SYMPTOM DIARY

My pain *diary*

Memories fade, notes stay. My record, my pain day by day, my cycles, and what I want to tell my doctor.



First name _____

HOW TO USE IT

How to *use it*

Memories fade, notes stay. A few seconds a day so you arrive at your appointment with facts, not just impressions.

1. **Once**, your record: medical history, tests, operations, treatments, the diagram of your lesions and your body map. Add to it over time.
2. **Every day**, one column of the “My month” page: your pain from 0 to 10, your period, what hurt, what helped.
3. **At the end of each cycle**, one row of “My cycles side by side”.
4. **Every 3 months**, your review at a glance.
5. **Whenever you like**, “My wins and good moments”: what did you good, even on a hard day.
6. **Before the appointment**, the “What I want to say” page. Take the whole diary with you, and let your provider write a note.

Print the “My month” page as many times as you need. Three months of notes is already a lot.

MY RECORD

The essentials *about me*

Fill this in once, then add to it. It saves you repeating everything to each new doctor.

Me

Full name _____

Date of birth (MM/DD/YYYY) _____

Primary care provider (PCP) _____

OB-GYN, midwife _____

Insurance: plan, member ID _____

My periods

First period at age _____

My cycles: about _____ days

My periods last _____ days

- [ ] Heavy periods
- [ ] Clots
- [ ] Bleeding between periods
- [ ] Pain since my first periods

Contraception, hormone treatments

Current and past, with dates.

_____

_____

How I get on with it

- [ ] Mood
- [ ] Weight
- [ ] Sex drive
- [ ] Skin
- [ ] Unexpected bleeding
- [ ] Headaches

Details _____

My medical history

Illnesses, operations (including laparoscopy), hospital stays, with the year.

_____

_____

_____

Allergies _____

Pregnancies

Pregnancies _____ births _____

Miscarriages _____ terminations, ectopic _____

- [ ] Trying for a baby
- [ ] Having fertility treatment

In my family

- [ ] Endometriosis (mother, sister…)
- [ ] Adenomyosis
- [ ] Very painful periods
- [ ] Fertility problems

Who _____

Diagnosis

- [ ] No diagnosis yet
- [ ] Suspected
- [ ] Confirmed

- [ ] Endometriosis
- [ ] Adenomyosis
- [ ] Other

Suspected or confirmed on _____

By which professional, on which test _____

MY RECORD

My tests and *my operations*

Keep your reports with this diary. Here, just the essentials: the date, the test, what was described. What is seen on imaging, what is found during an operation and what is confirmed under the microscope are three different things: note them separately.

Tests I have had

Pelvic or transvaginal ultrasound, specialist ultrasound, pelvic MRI, laparoscopy, blood tests, colonoscopy…

Date	Test	Where, by whom	What was described (lesions seen on imaging, result)

My operations

Laparoscopy, hysteroscopy, other. The operative report says what the surgeon saw; the pathology report (tissue under the microscope), when one is done, says what was confirmed. Not all lesions are analyzed: that is common.

Date	Operation, where, by whom	What was seen during the operation	Lesions removed	Microscope result, if available	Recovery
			fully · partly · no	confirmed · not confirmed · not analyzed · don't know	
			fully · partly · no	confirmed · not confirmed · not analyzed · don't know	
			fully · partly · no	confirmed · not confirmed · not analyzed · don't know	

MY RECORD

My treatments *and what helps me*

Note every treatment you have tried, even long ago. Color in the stars: ★☆☆ a little, ★★☆ moderately, ★★★ a lot. Effect: does it ease the pain? Tolerance: do I get on well with it?

Medicines

Pain relievers, hormone treatments (pill, hormonal IUD, implant, other), others. The name is on the box.

Name, dose	From… to…	Effect	Tolerance	Side effects	Why I stopped
		☆☆☆	☆☆☆		
		☆☆☆	☆☆☆		
		☆☆☆	☆☆☆		
		☆☆☆	☆☆☆		
		☆☆☆	☆☆☆		
		☆☆☆	☆☆☆		
		☆☆☆	☆☆☆		

Supportive care

Pelvic floor physical therapist, midwife, osteopath, psychologist or therapist, relaxation, adapted exercise, yoga, TENS, heat, other.

What, with whom	Since when, how often	What it does for me	Insurance or cost	Downsides
		☆☆☆		
		☆☆☆		
		☆☆☆		
		☆☆☆		
		☆☆☆		

Tips for choosing

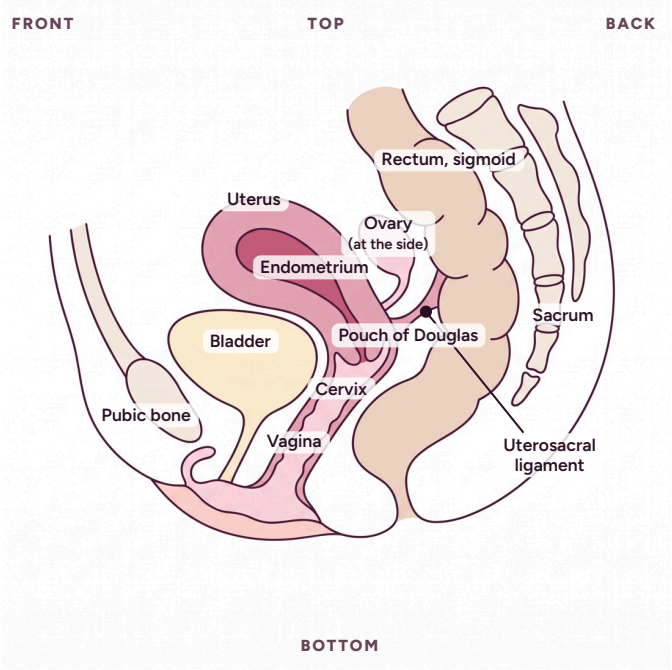
Complementary approaches can help ease some symptoms. How well they work, and how strong the evidence is, varies from one method to another. They add to your care and don't replace a suitable medical treatment. Be wary of anyone who asks you to stop your treatment, promises to cure endometriosis, criticizes your doctors or asks you to pay for many sessions in advance. If in doubt, talk to your doctor or your midwife.

MY DIAGRAM

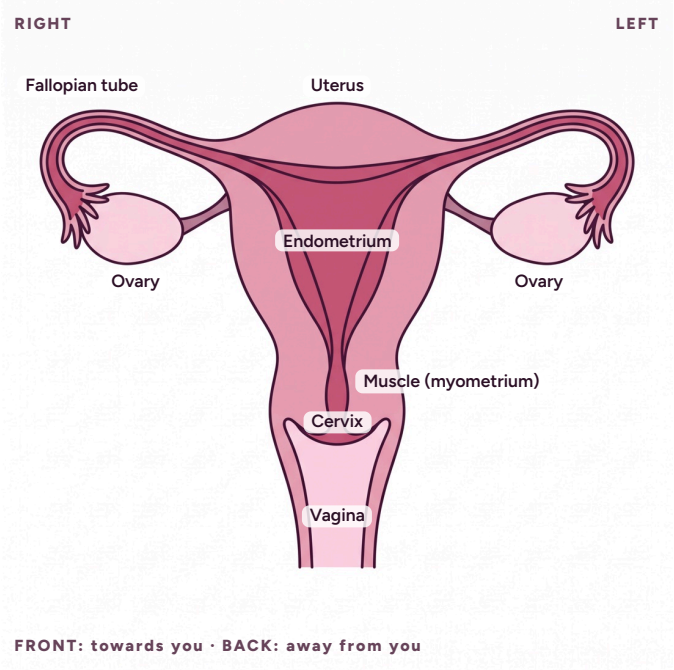
Where *my lesions* are

Using your ultrasound, MRI or laparoscopy report, or with your doctor, draw on these three diagrams. The same spot can appear on more than one diagram.

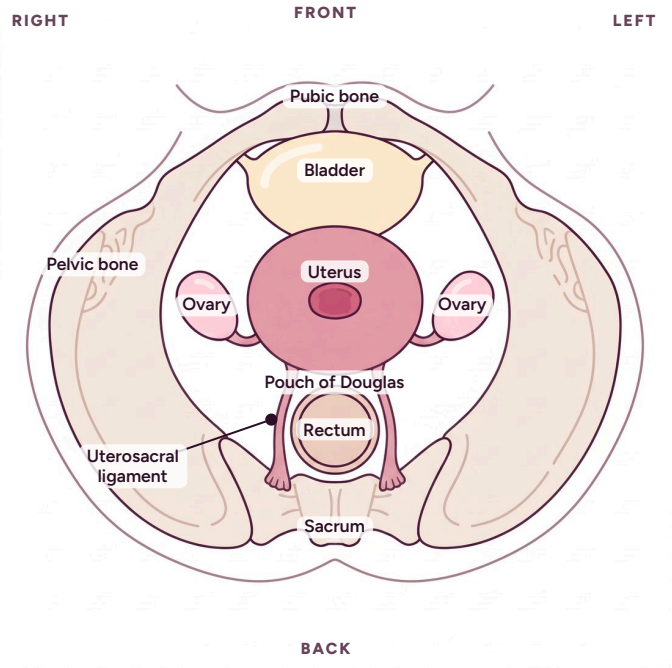
○ **Endometriosis** △ **Adenomyosis (in the muscle of the uterus)** Size, if known, next to the symbol.



From the side · sagittal view, through the middle of the body; the ovary, which sits to the side, is drawn as see-through



From the front · orientation view



Cross-section · orientation view, seen from the feet

Simplified diagrams and orientation views, to help you locate what you were told; they are not imaging slices and not for reading an MRI. Not to scale, EndoQueen illustrations. As on an MRI, the patient's right is on the left of the drawing.

What my reports say

Test, date, and the places mentioned: ovaries, uterosacral ligaments, pouch of Douglas, bladder, rectum, rectovaginal septum...

WHERE IT HURTS

My body *map*

Draw straight onto the outlines with the symbols below. You can use one color per period of time (during your period, the rest of the month) and write the date. Do it again when the pain changes.

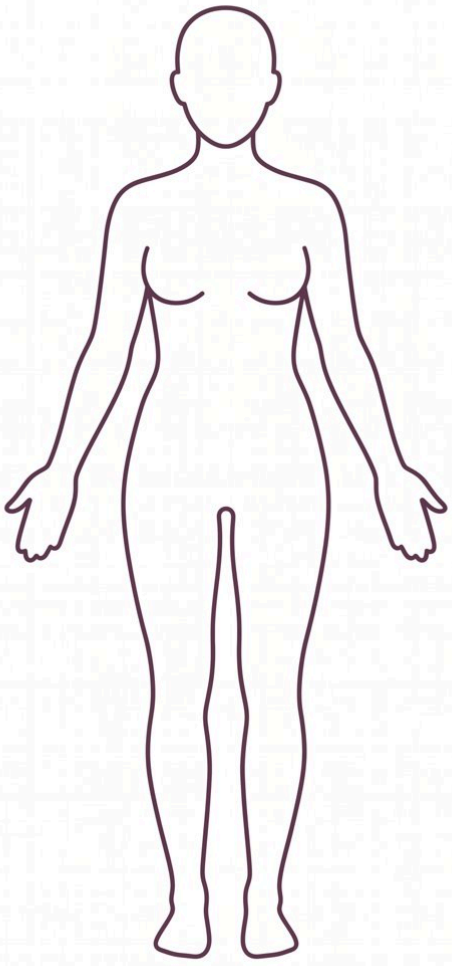
/// **Hatching** spread-out, widespread pain

Lightning burning, electric shocks, tingling

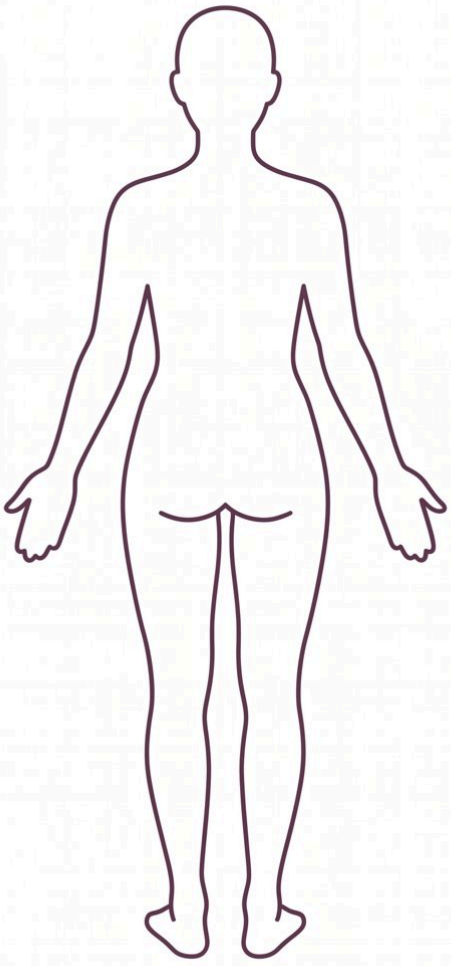
× **Cross** sharp pain at one precise spot

→ **Arrow** the pain starts here and travels or spreads

FRONT · your right is on the left of the drawing



BACK



Date _____

Color 1 = _____

Color 2 = _____

When

- ☐ During my period
- ☐ Around ovulation
- ☐ Almost all the time
- ☐ During or after sex
- ☐ Bowel movements
- ☐ When peeing

What triggers it or makes it worse

_____

_____

MY MONTH

Month of _____ 20___

One column per day. Note your worst pain of the day, from 0 (no pain) to 10 (the worst you can imagine). Check whatever applies. An empty box is OK: note what you can.

Day of the month	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	27	28	29	30	31
Period none · + · ++ · +++																															
Pain 0 to 10																															
Lower belly ✓																															
Back, legs ✓																															
Bowel movements ✓																															
When peeing ✓																															
During sex ✓																															
Bloating, bowels ✓																															
Tiredness 0 to 5																															
Mood good · OK · low																															
Sex drive usual · less · none																															
Sleep good · OK · poor																															
Pill, hormones taken ✓																															
Pain reliever taken ✓																															
Effect none · a bit · good																															
Other relief heat, TENS…																															
Day disrupted work, school, going out																															
My day hard · OK · good · very good																															

Pain: 0 1 2 3 4 5 6 7 8 9 10 0 none · 1 to 3 mild · 4 to 6 moderate · 7 to 10 severe

MY CHART · ONE DOT A DAY, THEN JOIN THE DOTS

Cycle starting _____ · *temperature, treatments, blood tests*

Day of cycle	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	27	28	29	30	31
Date																															
Morning temperature (°F) · when you wake up, before you get up · round to the nearest 0.2 °F																															
99.6																															
99.4																															
99.2																															
99.0																															
98.8																															
98.6																															
98.4																															
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97.8																															
97.6																															
97.4																															
97.2																															
97.0																															
96.8																															
Treatments · write the name, check ✓ each day you took it																															
_____																															
_____																															
_____																															
_____																															
Bleeding · + ++																															
Pain 0 to 10																															

Blood tests, only if they were ordered for you · Most people don't need blood tests for their day-to-day follow-up: leave this box empty if that's you. Copy the unit written on the report (it can change from one lab to another).

Date	Test	Result	Unit

Date	Test	Result	Unit

Date	Test	Result	Unit

CYCLE AFTER CYCLE

My cycles *side by side*

Fill this in at the end of each cycle, looking back over your monthly pages. A cycle runs from the first day of your period to the day before the next one. It's often the table your doctor looks at first.

Period started	Cycle length	Period length	Worst pain	Days with pain 7 or more	Pain with bowel movements, peeing, sex	Days disrupted	What helped

What you might notice

- Your cycles get longer, shorter, or stay regular.
- The pain starts before your period, or lasts after it.
- Pain relievers help a lot, a little, or not at all.
- How many days the pain stopped you doing what you wanted.

These are facts you write down, not a diagnosis. Only a health professional can make a diagnosis.

When to get help

Keep an eye on · pain that changes or lasts longer, or pain relievers that help less: note it and mention it at your next visit.

See a provider soon · blood in your urine or stool, weight loss for no reason, new and unusual pain: this needs a medical evaluation.

Emergency, 911 · heavy bleeding, fainting, sudden severe pain, fever with strong pain or vomiting, or any other serious sign.

Thinking about suicide, or worried about someone: call or text **988**, free, 24/7.

FOR ME

My wins *and good moments*

No pressure to be fine: hard days count too. This is where you keep what does you good, even on a day with pain.

Date	My small win or good moment

For example: going out despite the pain, a full night's sleep, an appointment where I felt listened to, a good laugh, a walk in the park, a call with a friend.

What does me good

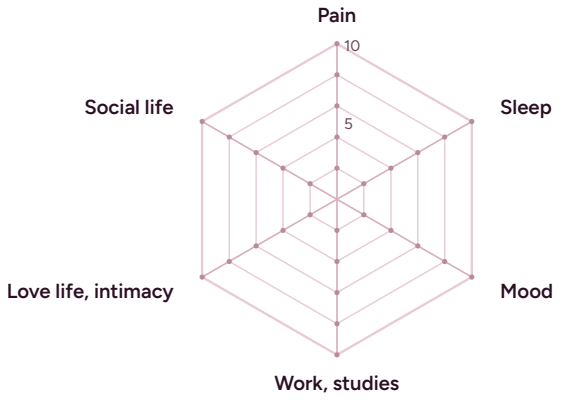
Something I'm proud of this month

EVERY 3 MONTHS

My review *at a glance*

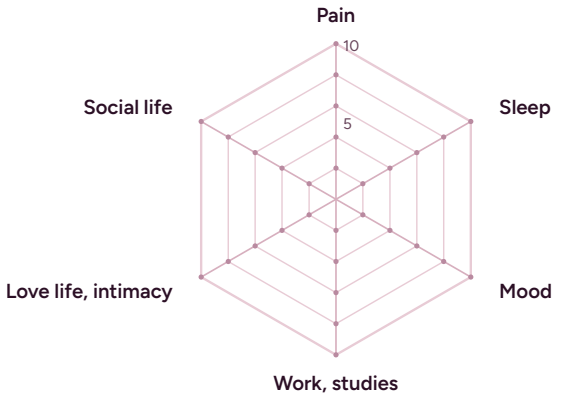
Every 3 months, or when a treatment changes. For each area, put a dot from 0 (not bothered at all) to 10 (hugely bothered) by endometriosis, then join the dots. The smaller the shape, the less the condition weighs on your life.

Review 1 · on _____



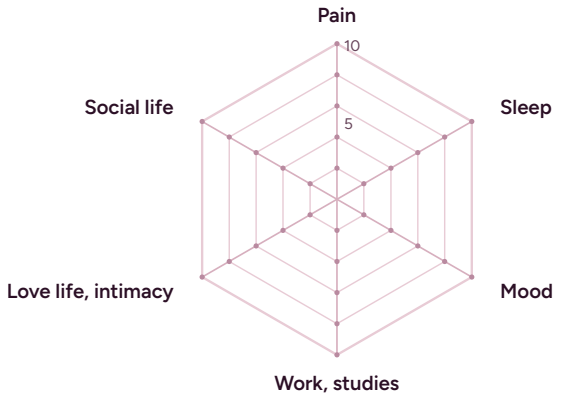
What is going well right now: _____

Review 2 · on _____



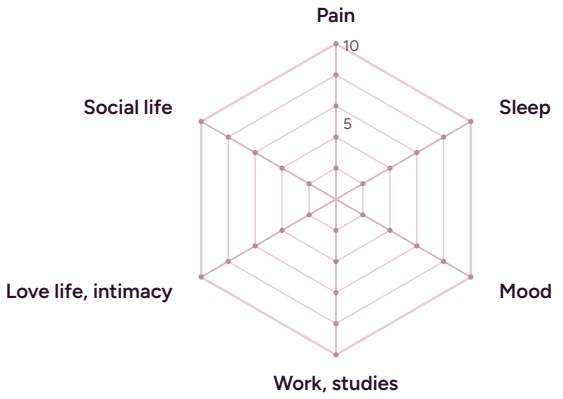
Since the last review, what has gotten better: _____

Review 3 · on _____



Since the last review, what has gotten better: _____

Review 4 · on _____



Since the last review, what has gotten better: _____

My lifestyle

	Review 1	Review 2	Review 3	Review 4
Sleep: hours a night, waking up				
Stress: rarely · sometimes · often				
Exercise: what, how much				
Smoking, alcohol: how much				
Food: what I notice				

These dots help you see how things change and talk about it; they are not a medical score.

MY TEAM

My care team *and practical steps*

Who	Name	Phone	City, place
Primary care (PCP)			
OB-GYN			
Endometriosis specialist			
Radiologist			
Pain management clinic			
Pelvic floor physical therapist			
Therapist, psychologist			
Other			

Practical steps

Note what you asked for (A), got (G) or were refused (R), with the date.

- [ ] FMLA leave (unpaid, job-protected): ____
- [ ] Recognition of a disability: ____
- [ ] Accommodations at work, working from home: ____
- [ ] Accommodations at school, college: ____
- [ ] Insurance: prior authorization, appeal: ____
- [ ] Other: ____

These are granted according to medical and administrative criteria, not just because of the diagnosis. FMLA: up to 12 weeks of unpaid leave in 12 months for a serious health condition, if you are eligible (dol.gov). Your doctor, your HR department or school nurse can help with the paperwork.

Near me

Endometriosis specialist near me _____

Ask your OB-GYN or PCP for a referral. Before booking, check whether the provider is in-network and whether you need prior authorization.

A note from my provider

So that each professional can write down what to remember.

Date _____ · Name, role _____

_____

_____

Date _____ · Name, role _____

_____

_____

Date _____ · Name, role _____

_____

_____

BEFORE THE APPOINTMENT

What I want *to say*

Since when

My pain started around _____

How it has changed: _____

Where it hurts

- [ ] Lower belly
- [ ] Right side
- [ ] Left side
- [ ] Lower back
- [ ] Legs
- [ ] Rectum, anus
- [ ] Bladder
- [ ] Deep in the vagina
- [ ] Shoulder
- [ ] Elsewhere: _____

What I have already tried

_____

_____

_____

_____

_____

_____

How it affects my life

_____

_____

_____

My questions

1. Could my symptoms be endometriosis or adenomyosis?
2. Who should I see next (OB-GYN, endometriosis specialist)? Is that provider in-network, and do I need a referral or prior authorization?
3. Can we start treatment based on a clinical diagnosis, without surgery first?
4. What are my options to ease my pain day to day?
5. Should we take this into account if I want to get pregnant?
6. _____

EASIER ON YOUR PHONE

With the EndoQueen app, you note all this in a minute a day, and arrive at your appointment with a clear PDF summary. No account, no ads: your data stays on your phone.

endoqueen.fr · 3 free days, then a 14-day trial.

The things to note follow the symptoms described for endometriosis by the NICHD (National Institutes of Health). You can ask for a copy of your records and imaging reports. This diary helps you describe what you are going through; it is not medical advice and does not replace a visit with your health care provider.