Swiss GO Trial Group

KSW Kantonsspital Winterthur

Questionnaire for the MUSA 3 study

Study title **Association of ultrasound features of the myometrium suggestive of adenomyosis and clinical symptoms (MUSA 3)**

Correlation of symptoms and ultrasound signs of adenomyosis

Patient ID:	
Year of birth:	
Date:	

In the following, we ask you to assess your symptoms and bleeding as accurately as possible. The questionnaire will take about 10-15 minutes to complete. If you have any questions, please contact your investigator at any time.

Please provide the following details about your symptoms (if applicable):

1. Which of the following symptoms has affected you the most during the last four weeks? (please tick as appropriate)

   - ○ Pain during menstruation (dysmenorrhea)
   - ○ Lower abdominal pain independent of menstrual bleeding
   - ○ Pain during sexual intercourse (dyspareunia)
   - ○ Other symptoms
     If applicable, please describe the type of symptom: _____
   - ○ No symptoms

2. On a scale of 0-10, how severe would you rate your (possible) pain on average in the last 4 weeks? (please mark with a cross where applicable)

0	1	2	3	4	5	6	7	8	9	10

No pain ◄——————————————► Worst pain

3. On a scale of 0-10, how severe would you rate the most severe pain you have experienced in the last 4 weeks? (please mark with a cross where applicable)

0	1	2	3	4	5	6	7	8	9	10

No pain ◄——————————————► Worst pain

Patient ID:	
Year of birth:	
Date:	

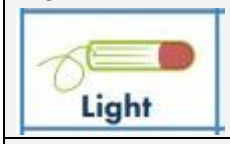
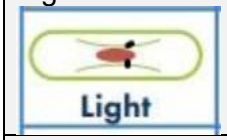
Please estimate the amount of your period bleeding and/or intermenstrual bleeding now:

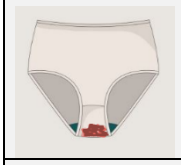
4. How many days have you had a bleeding in the last 4 weeks?
   - _____Days

5. In your opinion, what was the main type of bleeding in the last 4 weeks? (Please tick as appropriate)
   - Period bleeding
   - Atypical/intermenstrual bleeding i.e. vaginal bleeding in between periods
   - Unclear to me

6. What was the amount of bleeding **on the day of the heaviest bleeding** in the last 4 weeks?

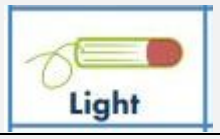
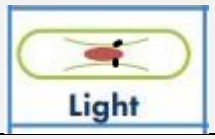
   Enter the ***number* of tampons/pads/menstrual cups/period underwear** used on this day and **blood clots** recognized.
   - Fields that do not apply can be left blank.

	Quantity heaviest bleeding day
Tampons	For example: 5
Light 	
Medium 	
Heavy 	
Pads/Liners	
Light 	
Medium 	

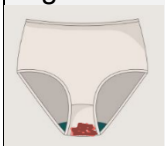
Heavy 	
Menstrual cups	
Light 	
Moderate 	
Heavy 	
Period underwear	
Light 	
Moderate 	
Heavy 	
Blood clot	
Small (number) 	
Large (number) 	
Leakage (how often)	

Patient ID:	
Year of birth:	
Date:	

7. What was the total amount of bleeding during the last bleeding phase?
   - Enter the ***number* of tampons/pads/menstrual cups/period underwear/blood clots** per day.
   - Fields that do not apply can be left blank.
   - If you have bled on more than 10 days, please enter the last 10 days of bleeding.

	Bleeding Day									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Tampons										
For example	4	5	3	2	1					
Light 										
Medium 										
Heavy 										
Pads / Liners										
Light 										
Medium 										
Heavy 										

Patient ID:	
Year of birth:	
Date:	

	Bleeding Day									
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Day 8**	**Day 9**	**Day 10**
Menstrual cups										
For example	4	5	3	2	1					
Light 										
Moderate 										
Heavy 										
Period underwear										
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Day 8**	**Day 9**	**Day 10**
For example	4	5	3	2	1					
Light 										
Moderate 										
Heavy 										

Patient ID:	
Year of birth:	
Date:	

Blood clots										
	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Day 8**	**Day 9**	**Day 10**
For example	4	5	3	2	1					
Small (number) 										
Large (number) 										
Leakage (frequency)										

Thank you for your help with the MUSA 3 study.