Development of an endometriosis self-assessment tool for patient

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**Before correction**

**Supplementary Table 1. Endometriosis self-assessment tool**

| Item                                                                 | Never | Rarely | Often | Always |
|----------------------------------------------------------------------|-------|--------|-------|--------|
| **Premenstrual symptoms**                                           |       |        |       |        |
| 1. I have constipation or diarrhea before my period.               | 1     | 2      | 3     | 4      |
| 2. I am sensitive and feel irritable before my period.             | 1     | 2      | 3     | 4      |
| 3. I have bleeding or pain during the ovulation period.            | 1     | 2      | 3     | 4      |
| **Menstrual Symptoms**                                             |       |        |       |        |
| 4. I have difficulties in daily living (in work or school) due to severe menstrual pain. | 1     | 2      | 3     | 4      |
| 5. I have experienced fainting or visited an emergency room due to severe menstrual pain | 1     | 2      | 3     | 4      |
| 6. I have sharp or needle-like pain in the lower abdomen during my period. | 1     | 2      | 3     | 4      |
| 7. I feel tense or pain in the perineum as if something was falling out during my period. | 1     | 2      | 3     | 4      |
| 8. I have severe backaches during my period.                       | 1     | 2      | 3     | 4      |
| 9. I experience cold on hands/feet or chilling during my period.   | 1     | 2      | 3     | 4      |
| 10. I have abdominal gas or bloating during my period.             | 1     | 2      | 3     | 4      |
| 11. I have pain as if my bowels were twisted during my period, and this pain worsened by diarrhea or constipation. | 1     | 2      | 3     | 4      |
| 12. I feel bladder pressure or pain on voiding during my period.   | 1     | 2      | 3     | 4      |
| 13. I have large blood clumps during my period.                    | 1     | 2      | 3     | 4      |
| 14. I have thick bleeding during my period.                        | 1     | 2      | 3     | 4      |
| 15. I experience sudden menstrual bleeding heavy enough to wet a sanitary pad completely. | 1     | 2      | 3     | 4      |
| **Usual symptoms**                                                 |       |        |       |        |
| 16. I have bleeding or a dark discharge for a few days after my period | 1     | 2      | 3     | 4      |
| 17. I often have stomatitis or cystitis between my periods.        | 1     | 2      | 3     | 4      |
| 19. I always worry about my period, so I feel that I am ruled by my period. | 1     | 2      | 3     | 4      |
| 20. I am sensitive to changes in my body during my menstrual cycle. | 1     | 2      | 3     | 4      |
| 21. I feel powerless, helpless, and tired all the time.            | 1     | 2      | 3     | 4      |
**Supplementary Table 1.** Endometriosis self-assessment tool

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| **Menstrual symptoms**                                              |       |        |       |        |
| 4. I have difficulties in daily living (in work or school) due to severe menstrual pain. | 1  | 2      | 3     | 4      |
| 5. I have experienced fainting or visited an emergency room due to severe menstrual pain. | 1  | 2      | 3     | 4      |
| 6. I have sharp or needle-like pain in the lower abdomen during my period. | 1  | 2      | 3     | 4      |
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| **Usual symptoms**                                                  |       |        |       |        |
| 16. I have bleeding or a dark discharge for a few days after my period. | 1  | 2      | 3     | 4      |
| 17. I often have stomatitis or cystitis between my periods.         | 1     | 2      | 3     | 4      |
| **18. I have severe coitus pain, which impedes my sexual life.**    | 1     | 2      | 3     | 4      |
| 19. I always worry about my period, so I feel that I am ruled by my period. | 1  | 2      | 3     | 4      |
| 20. I am sensitive to changes in my body during my menstrual cycle. | 1     | 2      | 3     | 4      |
| 21. I feel powerless, helpless, and tired all the time.             | 1     | 2      | 3     | 4      |