



PRM PATHWAY™: ENDOMETRIOSIS SCREENING & REFERRAL MODEL ENDOMETRIOSIS DIAGNOSTIC QUESTIONNAIRE

PATIENT INFORMATION

Full Name:	Phone Number:
Date of Birth:	Email:

SECTION A: PAIN SYMPTOMS

Instructions: For each symptom, indicate the severity over the last 3 months.

Scale: 0 = None 1 = Mild 2 = Moderate 3 = Severe

Symptom	Score (0-3)
• Menstrual cramps (dysmenorrhea)	_____
• Pelvic pain outside menstruation	_____
• Pelvic pain outside menstruation	_____
• Pain with bowel movements during period	_____
• Pain with urination during period	_____
• Pain during or after sexual intercourse (deep dyspareunia)	_____
• Lower back pain during menstruation	_____
• Fatigue that worsens during menstruation	_____
Subtotal A (Max 21) _____	

SECTION B: MENSTRUAL & BLEEDING PATTERNS

Instructions: Please check yes or no for each.

- Menstrual periods last more than 7 days Yes No
- Heavy flow (soaking through a pad/tampon every 1–2 hours at peak) Yes No
- Irregular cycles or spotting between periods Yes No
- Clotting during menstruation Yes No

Subtotal B (Max 4) _____

SECTION C: FERTILITY & GI/GU HISTORY

Instructions: Please check yes or no for each.

- History of infertility (trying \geq 12 months without pregnancy) Yes No
- IBS or GI symptoms worsen with menstruation Yes No
- Bladder pain worsens cyclically Yes No
- Pain improves with hormonal contraception Yes No

Subtotal C (Max 4) _____



SECTION D: RISK FACTORS & FAMILY HISTORY

Instructions: Please check yes or no for each.

- First-degree relative with endometriosis (mother, sister, aunt) Yes No
- Menarche before age 11 Yes No
- No history of pregnancy (nulliparity) Yes No
- Prior pelvic/abdominal surgery (especially for pelvic pain) Yes No

Subtotal D (Max 4) _____

SECTION E: FUNCTIONAL IMPACT

Instructions: Rate the degree to which pain has affected your life in the following areas

Scale: 0 = None 1 = Mild 2 = Moderate 3 = Severe

Impact Area	Score (0-3)
• Missed school or work due to pain	_____
• Unable to perform normal daily activities	_____
• Emotional distress due to chronic pelvic pain	_____

Subtotal E (Max 9) _____

TOTAL SCORE (MAX = 42): _____

SCORING INTERPRETATION

Instructions: For each symptom, indicate the severity over the last 3 months.

Scale: 0 = None 1 = Mild 2 = Moderate 3 = Severe

Recommendation	Probability Level	Total Score
• Monitor; consider alternative diagnoses, schedule tele-health visits to discuss	Low	0-9
• Recommend imaging and referral to PRM non operative pelvic pain specialist	Moderate	10-19
• Consider empirical therapy and GYN Endometriosis referral for possible diagnostic laparoscopy	High	20-29
• Refer to a GYN Endometriosis Excision specialist for possible laparoscopic excision	Very High	30-42