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ENDOCAN → base
12:53 p.m.

September 3, 2024,

BASELINE QUESTIONNAIRE for the ENDOCAN Study

BL01

Dear Patient,

Your doctor has asked you if you would like to participate in an observational study on the improvement of endometriosis-related symptoms through the use of cannabis extracts. To gain important new insights into the treatment of endometriosis and thereby improve the situation for those affected, we ask that you answer the following questionnaires carefully, on time (before the start of treatment, and after 1, 2, and 3 months of treatment), and truthfully. Please take your time when answering the questions. We are available to answer any questions you may have at any time (janosch-willem.kratz@charite.de).

1. Please provide us with the following information:

BL02

First Name:

Last name:

Date of birth:

Email

2. Have you already been diagnosed with endometriosis?

BL03

☐ No

☐ Yes, in what year?

3. Age at first menstrual period:

BL04

☐ years

☐ Unknown

4. First day of the last menstrual period:

BL05

☐ Date:

☐ Currently not

menstruating ☐ Unknown

1 active filter

Filter BL05/F1

If one of the following answer options was selected: 2 Then hide page(s) **jump1** of the questionnaire

5. Is menstrual bleeding regular (every 25–35 days):

BL06

- ☐ yes
☐ no
☐ unknown
☐ all days

6. How heavy is your average period:

BL07

- ☐ heavy
☐
moderate
☐ light
☐ no bleeding

7. On average, how many days does your menstrual bleeding last?

BL08

- ☐ Days
☐ Unknown
☐ No bleeding at the moment

Page 03

8. Are you currently taking the pill or using any other hormonal contraceptives? (Pill/hormonal IUD/patch/ring)

BL09

- ☐ Yes, I am taking the following
medication
☐ No
☐ Unknown

1 active filter

Filter BL09/F1

If one of the following answer options was selected: 1

Then display question/text BL10 later in the questionnaire (otherwise hide it)

9. How do you take the hormone medication?

BL10

☐ Cyclically, i.e., for 21 (24) days, followed by a break or inactive pills ☐

Break every months

☐ continuously, without a break

BL11

10. Which of the following medications have you taken so far to treat your endometriosis-related pain?

Diclofenac (e.g., Voltaren© tablets)

I have never
taken it

I have taken it
in the past

I am currently
taking it

Buscopan Plus (tablet, coated tablet)

I have never
taken

I have taken it
in the past

I am currently
taking it

Buscopan Plus (suppositories)

I have never
taken

I have taken it
in the past

I am currently
taking it

Acetylsalicylic acid/ASA (e.g., Aspirin©)

I have never
taken

I have taken it
in the past

I am currently
taking it

Celecoxib (e.g., Celebrex©)

I have never
taken

I have taken it
in the past

I am currently
taking it

Ibuprofen

I have never
taken

I have taken it
in the past

I am currently
taking it

Acetaminophen

I have never
taken

I have taken it
in the past

I am currently
taking it

Metamizole (Novaminsulfon©)

I have never
taken it

I have taken it
in the past

I am currently
taking it

Tramadol (e.g., Tramal©)

I have never
taken

I have taken it
in the past

I am currently
taking it

Tilidine

I have never
taken

I have taken it
in the past

I am currently
taking it

Dihydrocodeine

I have never
taken

I have taken it
in the past

I am currently
taking it

Morphine

I have never
taken

I have taken it
in the past

I am currently
taking it

Oxycodone

I have never
taken

I have taken it
in the past

I am currently
taking it

Levomethadone

I have never
taken

I have taken it
in the past

I am currently
taking it

Fentanyl

I have never
taken

I have taken it
in the past

I am currently
taking it

Pethidine

I have never
taken

I have taken it
in the past

I am currently
taking it

Buprenorphine

I have never
taken

I have taken it
in the past

I am currently
taking it

I have never
taken

I have taken it
in the past

I am currently
taking it

Co-analgesics such as amitriptyline, doxepin, clomipramine, and imipramine

I have never
taken these

I have taken
them in the
past

I am currently
taking them

Co-analgesics such as carbamazepine, gabapentin, pregabalin

I have never
taken

I have taken
them in the
past

I am currently
taking

Benzodiazepines (diazepam, lorazepam, lormetazepam,
midazolam, oxazepam, temazepam, flunitrazepam)

I have never
taken

I have taken
them in the
past

I am currently
taking them

11. Have you taken any other pain relievers not listed above?

BL12

12. What complementary therapies have you tried? Did they lead to any improvement?

BL13

	Never Tried	None Improvement	slight Improvement	significant Improvement
Dietary changes	☐	☐	☐	☐
Yoga	☐	☐	☐	☐
Osteopathy, physical	☐	☐	☐	☐
therapy, acupuncture,	☐	☐	☐	☐
pelvic floor exercises	☐	☐	☐	☐
Psychotherapy / psychological support	☐	☐	☐	☐
Sports	☐	☐	☐	☐
REHAB	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

BL14

13. What is/was the average pain intensity over the past month?

- ☐ 0 (no pain)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (the most severe pain imaginable)

BL15

14. On average, how many days a month do you experience pain?

- ☐ On average, I experience pain days a month
- ☐ I have pain every day
- ☐ I never have pain

BL16

15. On average, how many days a month do you take pain medication?

- ☐ On average, I take pain relievers days a month to relieve the pain
- ☐ I don't usually take pain relievers

1 active filter

Filter BL16/F1

If any of the following response options were selected: 2, then hide question/text BL17 later in the questionnaire

16. Can the pain be relieved by taking painkillers?

BL17

- ☐ Taking pain relievers completely eliminates my pain
- ☐ Despite taking pain relievers, I still experience pain an average of days per month
- ☐ I don't usually take painkillers

17. Cannabis use:

BL18

Do you use cannabis?

Never used

Tried it
once many
years ago

I use cannabis a
few times a year

I use cannabis
occasionally

I use cannabis
regularly (several
times a week)

18. Have you ever used cannabis to relieve symptoms caused by endometriosis?

BL19

- ☐ Yes
- ☐ No
- ☐ Unknown

1 active filter

Filter BL19/F1

If one of the following answer options was selected: 1

Then display question/text BL20 later in the questionnaire (otherwise hide it)

BL20

19. In what form have you used cannabis to treat your endometriosis-related symptoms?

- ☐ Cannabis flowers without THC (over-the-counter CBD flowers)
- ☐ Cannabis flowers with THC
- ☐ CBD oil
- ☐ Cannabis oil with THC
- ☐ Edibles (cannabis chocolate, cookies, brownies, etc.)

BL21

20. Do you have a family history of endometriosis?

- ☐ Yes, who?
- ☐ No
- ☐ Unknown

BL22

21. Have you ever been pregnant?

- ☐ Yes
- ☐ No
- ☐ Unknown

1 active filter

Filter BL22/F1

If one of the following answer options was selected: **1**

Then display question/text **BL23** later in the questionnaire (otherwise hide it)

22. If you have ever been pregnant...

BL23

- ☐ Total ☐ Pregnancies
☐ Total ☐ Miscarriages
☐ Total ☐ Abortions

23. Have you already had surgery for your endometriosis?

BL24

- ☐ Yes
☐ No
☐ Unknown

1 active filter

Filter BL24/F1

If one of the following answer options was selected: 1 Then display
page(s) jump2 of the questionnaire (otherwise hide)

24. How many surgeries have you had in total due to your endometriosis?

- ☐ 1 surgery
- ☐ 2 surgeries
- ☐ 3 surgeries
- ☐ 4 Operation
- ☐ > 4 surgeries

BL26

25. Which ASF/rASRM stage were you diagnosed with?

Surgical reports and doctors' letters often specify the ASF/rASRM stage of endometriosis lesions. If you know your ASF/rASRM stage, please indicate it here.

- ☐ No
information ☐ I
- ☐ II
- ☐ III
- ☐ IV

BL27

26. Which ENZIAN classification was determined for your surgery?

Surgical reports and physician's letters often specify the ENZIAN classification of endometriosis lesions. If you know your classification, please indicate it. (Multiple selections allowed)

- | | | |
|-----------------------------|-----------------------------|--|
| ☐ A1 | ☐ A2 | ☐ A3 |
| ☐ B1 | ☐ B2 | ☐ B3 |
| ☐ C1 | ☐ C2 | ☐ C3 |
| ☐ P1 | ☐ P2 | ☐ P3 |
| ☐ O1 | ☐ O2 | ☐ O3 |
| ☐ T1 | ☐ T2 | ☐ T3 |
| ☐ FA | ☐ FB | ☐ FU |
| ☐ FI | ☐ FO | ☐ Not specified |

CF01

27. We'd like to learn more about the problems you've had in the past month because you've felt tired, weak, or lacking energy. Please answer ALL questions by checking the answer that best applies to you. If you've been feeling tired for a long time, compare how you feel now to how you felt when you were last feeling well.

Please check only one box per line.

Do you have problems with fatigue?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you need to rest more often?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you feel tired or sleepy?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you find it hard to get started on tasks?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you feel weak or lacking in energy?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you have less strength in your muscles?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you feel weak?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you have trouble concentrating?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you frequently slip up when speaking?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

Do you find it harder to find the right word?

less than usual	no more than usual (unchanged)	more than usual	much more than usual
-----------------	--------------------------------	-----------------	----------------------

28. Rate your memory performance

CF02

How would you rate your memory?

Better than usual	as usual	worse than usual	much worse than usual
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29. For each statement, please select the answer on the right that best applies to you at this time.

When I wake up in the morning, I feel tired and not well-rested.

never Rarely occasionally often always

My muscles feel stiff and sore.

never Rarely occasionally often always

I have anxiety attacks.

never Rarely occasionally often always

I grind or clench my teeth.

never rarely occasionally often always

I have problems with diarrhea and/or constipation.

never Rarely occasionally often always

I need help with my daily activities.

never Rarely occasionally often always

I am sensitive to bright light.

never Rarely occasionally often always

I get tired very quickly during physical activities.

never Rarely occasionally often always

I have pain all over my body.

never rarely occasionally often always

I have a headache.

never rarely occasionally often always

My bladder feels uncomfortable and/or I have a burning sensation when I urinate.

never Rarely occasionally often always

I don't sleep well.

never rarely occasionally often always

I have trouble concentrating.

never rarely occasionally often always

I have skin problems, such as dry or itchy skin or a rash.

never Rarely occasionally often always

Stress makes my physical symptoms worse.

never Rarely occasionally often always

I feel sad or down.

never Rarely occasionally often always

I have little energy.

never Rarely occasionally often always

I have muscle tension in my neck and shoulders.

never Rarely occasionally often always

I have a toothache.

never rarely occasionally often always

Certain smells, such as perfume, make me feel dizzy and nauseous.

never Rarely occasionally often always

I have to urinate frequently.

never Rarely occasionally often always

My legs feel uncomfortable and restless when I try to fall asleep at night.

never Rarely occasionally often always

I have trouble remembering things.

never rarely occasionally often always

I experienced traumatic events as a child.

never Rarely occasionally often always

I have pain in my pelvic area.

never Rarely occasionally often always

30. How often during the past 4 weeks have you, because of your endometriosis...

been unable to attend social events because of pain?	Never	Rarely	Sometimes	Often	Always
unable to do any housework because of pain?	Never	Rarely	Sometimes	Often	Always
Do you have difficulty standing due to pain?	Never	Rarely	Sometimes	Often	Always
Do you have difficulty sitting because of pain?	Never	Rarely	Sometimes	Often	Always
Do you have difficulty walking due to pain?	Never	Rarely	Sometimes	Often	Always
Do you find it difficult to exercise or engage in the leisure activities you'd like to do because of pain?	Never	Rarely	Sometimes	Often	Always
lost your appetite and/or been unable to eat because of pain?	Never	Rarely	Sometimes	Often	Always
unable to sleep well because of pain?	Never	Rarely	Sometimes	Often	Always
Do you have to go to bed or lie down because of pain?	Never	Rarely	Sometimes	Often	Always
unable to do the things you wanted to do because of pain?	Never	Rarely	Sometimes	Often	Always
felt unable to cope with the pain?	Never	Rarely	Sometimes	Often	Always
Do you generally feel unwell?	Never	Rarely	Sometimes	Often	Always
felt frustrated because your symptoms aren't getting better?	Never	Rarely	Sometimes	Often	Always
felt frustrated because you can't control your symptoms?	Never	Rarely	Sometimes	Often	Always
Have you ever felt unable to forget the symptoms?	Never	Rarely	Sometimes	Often	Always
felt that your symptoms are controlling your life?	Never	Rarely	Sometimes	Often	Always
felt like your symptoms were taking your life away?	Never	Rarely	Sometimes	Often	Always
felt down?	Never	Rarely	Sometimes	Often	Always
felt tearful or close to tears?	Never	Rarely	Sometimes	Frequently	Always
felt miserable?	Never	Rarely	Sometimes	Often	Always
Have you ever suffered from mood swings?	Never	Rarely	Sometimes	Often	Always
felt in a bad mood or irritable?	Never	Rarely	Sometimes	Often	Always
felt hostile or aggressive?	Never	Rarely	Sometimes	Often	Always
Have you ever felt unable to explain to others how you feel?	Never	Rarely	Sometimes	Often	Always
felt that others don't understand what you're going through?	Never	Rarely	Sometimes	Often	Always

felt that others think you're complaining?

Never

Rarely

Sometimes

Often

Always

Alone?

Never

Rarely

Sometimes

Often

Always

felt frustrated because you can't always wear the clothes
you'd like to choose?

Never

Rarely

Sometimes

Often

Always

felt that your appearance was affected?

Never

Rarely

Sometimes

Often

Always

had less self-confidence?

Never

Rarely

Sometimes

Often

Always

31. How often during the past 4 weeks have you, because of your endometriosis...

EM02

had to take time off work?

Never

Rarely

Sometimes

Often

Always

unable to perform your job duties?

Never

Rarely

Sometimes

Often

Always

felt ashamed or guilty at work because of your symptoms?

Never

Rarely

Sometimes

Often

Always

Do you feel guilty because you took time off from work?

Never

Rarely

Sometimes

Often

Always

Have you ever been afraid that you wouldn't be able to do your job?

Never

Rarely

Sometimes

Often

Always

32. How often during the past 4 weeks have you, because of your endometriosis...

EM03

experienced pain during or after sexual intercourse?

Never

Rarely

Sometimes

Often

Always

Have you ever been worried about having sexual intercourse?

Never

Rarely

Sometimes

Often

Always

Have you avoided sexual intercourse because of the pain?

Never

Rarely

Sometimes

Often

Always

felt guilty because you didn't want to have sexual intercourse?

Never

Rarely

Sometimes

Often

Always

felt frustrated because you can't enjoy sexual intercourse?

Never

Rarely

Sometimes

Often

Always

33. How often have you felt impaired by the following symptoms over the past 4 weeks?

	Not at all	On some days	On more than half the days	Almost every day
Nervousness, anxiety, or tension	☐	☐	☐	☐
Being unable to stop or control your worries	☐	☐	☐	☐
Excessive worry about various matters	☐	☐	☐	☐
Difficulty relaxing	☐	☐	☐	☐
Restlessness, making it hard to sit still	☐	☐	☐	☐
Getting annoyed or irritated easily	☐	☐	☐	☐
A feeling of fear, as if something bad were going to happen	☐	☐	☐	☐

34. Please indicate below to what extent your pain in the various areas ^{PD02}
of your life. In other words: To what extent does the pain prevent you from leading a normal life?
For each of the seven areas of life, please check the number that best describes the typical
severity of the impairment caused by your pain. A score of 0 means no impairment at all, and a
score of 10 indicates that you are completely impaired in this area due to the pain.

Family and household responsibilities

0 1 2 3 4 5 6 7 8 9 10

(This category refers to activities related to the home or the family. It includes housework and activities around the house or apartment, as well as yard work).

no impairment ☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete impairment

Recreation

0 1 2 3 4 5 6 7 8 9 10

(This category includes hobbies, sports, and leisure activities)

none ☒ 0 ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10
Impairment

All Impairment

Social Activities

0 1 2 3 4 5 6 7 8 9 10

(This section refers to spending time with friends and acquaintances, such as parties, going to the theater or concerts, dining out, and other social activities)

no impairment ☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete impairment

Work

0 1 2 3 4 5 6 7 8 9 10

(This area refers to activities that are part of the job or are directly related to the occupation; this also includes household activities)

none ☒ 0 ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10
impairment

Complete impairment

Sexual life

0 1 2 3 4 5 6 7 8 9 10

(this area refers to Frequency and quality of sexual life)

none ☒ 0 ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10
Impairment

directly Impairment

Self-care

0 1 2 3 4 5 6 7 8 9 10

(This area encompasses activities that enable autonomy and daily life such as washing and dressing oneself, or driving a car, without having to rely on outside help)

no impairment ☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

complete impairment

Activities Essential for Daily Living

0 1 2 3 4 5 6 7 8 9 10

(This category refers to absolutely

none ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Compl

(activities essential for life, such as eating, sleeping, and breathing)

Impairment ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Complete Impairment

Thank you very much for your participation!

We would like to express our sincere gratitude for your assistance.

If you have any questions, please feel free to contact us at any time (janosch-willem.kratz@charite.de). Your answers have been saved; you may now close the browser window.

Janosch Kratz – 2023