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ENDOCAN → Monthly
12:54 p.m.

September 3, 2024,

FOLLOW-UP QUESTIONNAIRE for the ENDOCAN Study

AI05

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:

AI01

First Name:

Last name:

Date of birth:

Email address:

2. How much cannabis extract do you currently take in the MORNING?

AI02

[Please select]

3. How much cannabis extract do you currently take in the EVENING?

AI03

[Please select]

AI04

Please indicate the intensity of the side effects you experienced that were attributable to taking the cannabis extract.

Fatigue/drowsiness	not experienced	Mild	moderate	severe
Dry mouth	not experienced	Mild	moderate	severe
Red eyes	not experienced	Mild	moderate	severe
Dizziness	not experienced	Mild	moderate	severe
Nausea	not experienced	Mild	moderate	severe
Impaired motor function/dyscoordination/balance disorders	not experienced	slightly	medium	hard
Cognitive/euphoric effects (“high”)	not felt	Mild	moderate	severe
Difficulty concentrating	not experienced	Mild	moderate	severe
Memory problems	not experienced	Mild	moderate	severe
Anxiety/Panic	not experienced	Mild	moderate	severe
Restlessness/feeling of tension	not felt	Mild	moderate	severe
Paranoia	not experienced	mild	moderate	severe
Heart palpitations > 15 min	not felt	Mild	moderate	severe
Increased appetite	not experienced	slight	moderate	severe
other	not felt	slightly	moderate	severe

5. Have you experienced any other side effects not listed above?

AI06

6. What was the average intensity of endometriosis-related pain over the past month while on cannabinoid treatment?

SA01

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

7. On average, how many days last month did you experience pain due to your endometriosis (despite taking the cannabis extract)?

SA02

- ☐ Last month, I experienced pain on an average of days ☐ I had pain every day
- ☐ I had no pain at all

8. On how many days last month did you take other pain relievers (in addition to the cannabis extract) to relieve your pain?

SA04

- ☐ I took pain relievers on about days last month ☐ I did not take any pain relievers last month

9. Do you feel that, because you're taking cannabis extract, you have to rely on other pain relievers?

SA03

- ☐ Yes, significantly less often (about 50% less often) ☐ Yes, somewhat less often (about 25% less often) ☐ No noticeable change
- ☐ No, I feel like I've had to rely on other pain relievers more often

SA05

10. How often (compared to the previous month) have you used one or more of the following medications to treat your endometriosis-related pain?

Diclofenac (e.g., Voltaren© tablets)

Not currently
taking any

Took it less
often than last
month

Intake
unchanged

Taken more
often than last
month

Buscopan Plus (tablet, coated tablet)

Not currently
taking

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

Buscopan Plus (suppositories)

Not currently
taking

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

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

Not currently
taking any

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

Celecoxib (e.g., Celebrex©)

Not currently
taking

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

Ibuprofen

Not currently
taking it

Taken less
often than last
month

Intake
unchanged

Taken more
often than last
month

Acetaminophen

Not currently
taking any

Taken less
often than last
month

Intake
unchanged

Taken more
often than last
month

Metamizole (Novaminsulfon©)

Not currently
taking

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

Tramadol (e.g., Tramal©)

Not currently
taking

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

Tilidine

Not currently
taking

Taken less
often than last
month

Intake
unchanged

Taken more
often than last
month

Dihydrocodeine

Not currently
taking

Taken less
often than last
month

Intake
unchanged

Taken more
often than last
month

Morphine

Not currently
taking any

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

Oxycodone

Not currently
taking any

Taken less
often than last
month

Intake
unchanged

Taken more
often than last
month

Levomethadone

Not currently
taking it

Taken less
frequently than
last month

Intake
unchanged

Taken more
often than last
month

Not currently taking	Taken less often than last month	Intake unchanged	Taken more often than last month
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Pethidine

Not currently taking	Taken less often than last month	Intake unchanged	Taken more often than last month
----------------------	----------------------------------	------------------	----------------------------------

Buprenorphine

Not currently taking	Taken less often than last month	Intake unchanged	Taken more often than last month
----------------------	----------------------------------	------------------	----------------------------------

Piritramide

Not currently taking	Taken less often than last month	Intake unchanged	Taken more often than last month
----------------------	----------------------------------	------------------	----------------------------------

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

Not currently taking any	Taken less frequently than last month	Intake unchanged	Taken more often than last month
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Co-analgesics such as carbamazepine, gabapentin, pregabalin

Not currently taking any	Taken less frequently than last month	Intake unchanged	Taken more often than last month
--------------------------	---------------------------------------	------------------	----------------------------------

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

Not currently taking any	Taken less frequently than last month	same frequency of use	Taken more often than last month
--------------------------	---------------------------------------	-----------------------	----------------------------------

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

SA06

12. 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 the last time you felt well.

CF01

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

13. Rate your memory performance

CF02

How would you rate your memory?

Better
than
usual

as
usual

worse than
usual

much worse
than usual

14. For each statement, please select the answer on the right that best applies to you at this time.

CS01 

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

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

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

p.m. felt that others think you're complaining?

Never Rarely Sometime Often Always
s

Alone?

Never Rarely Sometime Often Always
s

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

Never Rarely Sometime Often Always
s

felt that your appearance was affected?

Never Rarely Sometime Often Always
s

had less self-confidence?

Never Rarely Sometime Often Always
s

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

EM02

had to take time off work?

Never Rarely Sometime Often Always
s

unable to perform your job duties?

Never Rarely Sometime Often Always
s

felt ashamed or guilty at work because of your symptoms?

Never Rarely Sometime Often Always
s

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

Never Rarely Sometime Often Always
s

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

Never Rarely Sometime Often Always
s

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

EM03

experienced pain during or after sexual intercourse?

Never Rarely Sometime Often Always
s

Have you ever been worried about having sexual intercourse?

Never Rarely Sometime Often Always
s

Have you avoided sexual intercourse because of the pain?

Never Rare Sometime Often Always
s

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

Never Rarely Sometime Often Always
s

felt frustrated because you can't enjoy sexual intercourse?

Never Rarely Sometime Often Always
s

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

GA01

	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 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	☐	☐	☐	☐

PD02

19. Please indicate below to what extent your pain affects you in the various areas 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 that 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, including 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 impairment ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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 one's occupation related to the occupation; this also includes household activities)

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

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

entirely Impairment

Self-sufficiency

0 1 2 3 4 5 6 7 8 9 10

(This area encompasses activities that enable autonomy and independence in daily life, such as washing and dressing oneself, and 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 (vital activities such as eating, sleeping, and breathing)

no 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.

Your answers have been saved; you can now close the browser window.

[Janosch Kratz](#) – 2023