

Center for Endometriosis Care
Perimeter Town Center, 1140 Hammond Drive
Bldg. F, Ste. 6220 | Atlanta, GA 30328

FOLLOW-UP QUESTIONNAIRE

YOUR NAME: _____

TODAY'S DATE: _____ **DATE OF SURGERY:** _____

Please accept our great appreciation for taking your time to complete this important questionnaire. The Center for Endometriosis Care has the largest, ongoing study evaluating the long-term results of excision of all Endometriosis. Your input allows us to accurately calculate our pain relief success, recurrence rates, and fertility rates over a long period of time. Without you, our accuracy decreases and our intervals of follow-up are shortened. Please help us maintain our excision study by taking a moment to fill in the details below. Kindly return this form to our offices upon completion. Thank you! ~ Drs. Albee & Sinervo

Please write your current contact information (address, phone numbers and email address) here:

Did you have any post-operative complications we are not already aware of? YES / NO
Please list the diagnosis and treatment:

Since your surgery with us, have you taken Lupron®, Synarel®, Zoladex®^{and/or} Depo Provera®?
 YES NO

If so, please list the drug(s) and describe why:

Since your surgery with us, have you had another pelvic surgery for any reason, such as a laparoscopy or hysterectomy? YES NO

If so, please describe the surgery performed and the findings. List multiple procedure details separately.

Since your surgery, have you tried to conceive? YES NO
If yes, were you able to conceive naturally? YES NO
Also, please tell us the outcome of the pregnancy:

Please rate your quality of life as you are experiencing it NOW, related to any pelvic or abdominal pain:

Awful Poor Fair Good Terrific

Symptoms you are STILL experiencing:

Slight=does not require any pain medication

Moderate=requires only non-narcotic pain medication

Severe=requires narcotic pain medication

Crippling=keeps you from performing daily tasks or severely limits your activity at least one day per month

Pelvic pain (away from your period)

does not apply slight moderate severe crippling

Menstrual cramps

does not apply slight moderate severe crippling

Painful sex with deep penetration

does not apply slight moderate severe crippling

Painful bowel movements

does not apply slight moderate severe crippling

Constipation

does not apply slight moderate severe crippling

Diarrhea

does not apply slight moderate severe crippling

Intestinal cramping

does not apply slight moderate severe crippling

Bladder pain

does not apply slight moderate severe crippling

Pelvic pain with exercise

does not apply slight moderate severe crippling

Backache

does not apply slight moderate severe crippling

Pain during pelvic exam

does not apply slight moderate severe crippling

WOULD YOU BE WILLING TO SERVE AS A REFERENCE AND TALK WITH OTHER WOMEN WHO ARE CONSIDERING SURGERY HERE AT THE CENTER FOR ENDOMETRIOSIS CARE?

- Yes, call me at work – phone number _____
- Yes, call me at home – phone number _____
- Yes, send me an email – address _____
- No

PERSONAL NOTE:

THE COLLECTION OF THIS DATA IS OF UTMOST IMPORTANCE TO FUTURE ENDOMETRIOSIS PATIENTS AND THE DOCTORS WHO WILL TREAT THEM. IT TAKES YEARS TO COLLECT VALID INFORMATION REGARDING THE LONG-TERM RESULTS OF SURGERY. WE HAVE BEEN VERY FORTUNATE TO TAKE CARE OF SO MANY WONDERFUL WOMEN, WHO HAVE SUFFERED SO MUCH AT THE HANDS OF THIS DISEASE; NOW WE NEED TO BE SURE THAT EVERYONE IS INCLUDED IN THE FOLLOW-UP.

PLEASE LET US MAKE COPIES OF YOUR RECORDS BY SIGNING THE FOLLOWING RELEASE.

THANK YOU FOR THE TIME YOU WILL SPEND DOING THIS.

***DR. ROBERT B. ALBEE, JR.
DR. KEN SINERVO***

RELEASE

FOR THE PURPOSES OF SCIENTIFIC RESEARCH, I AUTHORIZE RELEASE OF COPIES OF ANY MEDICAL INFORMATION INCLUDING OPERATIVE REPORTS, VIDEOTAPES, PATHOLOGY REPORTS AND OTHER MEDICAL RECORDS TO ROBERT B. ALBEE, JR., MD AND/OR KEN SINERVO, MD, PERIMETER TOWN CENTER, 1140 HAMMOND DRIVE, BUILDING F, SUITE 6220, ATLANTA, GA 30328.

SIGNED: _____

DATED: _____

RETURN TO:
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THANK YOU!