

Appendix 1

EPHect Physical Examination (EPHect-PE) *Standard Form*

Date of examination: (YYYY) / (MM) / (DD)

History

If the EPHect endometriosis patient questionnaire (EPHect-EPQ) has not been completed within the last 3 months, then ensure Supplementary A is completed.

Ask prior to starting the examination:

A1. Pelvic pain severity today from 0 to 10:

0 (No pain)	1	2	3	4	5	6	7	8	9	10 (Worst imaginable pain)
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A2. Pelvic pain severity today compared to last 4 weeks (on average):

Better Same Worse

A3. Overall pain severity today from 0 to 10:

0 (No pain)	1	2	3	4	5	6	7	8	9	10 (Worst imaginable pain)
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A4. Overall pain severity today compared to last 4 weeks (on average):

Better Same Worse

A5. Body map for widespread pain. Completed with patient: tick off each body site with persistent or recurrent pain present for the last 3 months or longer (chronic pain), with total score = /35:

The body map consists of two human figures, one facing forward (FRONT) and one facing backward (BACK). Each figure has checkboxes for various body sites. The front view includes: Face, Right jaw, Left jaw, Right chest/breast, Left chest/breast, Right upper arm, Left upper arm, Abdomen, Right lower arm, Left lower arm, Right wrist/hand, Left wrist/hand, Right groin, Left groin, Right upper leg, Left upper leg, Right knee, Left knee, Right lower leg, Left lower leg, Right ankle/foot, Left ankle/foot. The back view includes: Head, Neck, Left shoulder, Right shoulder, Upper back, Left elbow, Right elbow, Lower back, Left hip, Right hip, Left buttocks, Right buttocks.

Body map adapted from Michigan body map (Brummett CM, Bakshi RR, Goesling J, Leung D, Moser SE, Zollars JW, Williams DA, Clauw DJ, Hassett AL. Preliminary validation of the Michigan Body Map. Pain. 2016 Jun;157(6):1205-1212); <https://medicine.umich.edu/dept/pain-research/clinical-research/michigan-body-map-mbm>

Anthropometrics

B1. Height (cm)

B2. Weight (kg)

B3. BMI (kg/m²)

Consent for the physical examination should be obtained from every patient prior to touching the patient.

Back and pelvic girdle

Ask if there is any pain present with each manoeuvre. If pain is present (yes), indicate if it reproduces the patient's known pain

C1. Right long dorsal sacroiliac ligament palpation

0	1	2	3	4	5	6	7	8	9	10
(No pain) (Worst imaginable pain)										

Reproduced pain
 Not assessed

C2. Left long dorsal sacroiliac ligament palpation

0	1	2	3	4	5	6	7	8	9	10
(No pain) (Worst imaginable pain)										

Reproduced pain
 Not assessed

C3. Right active straight leg raise

Positive Negative Not assessed Reproduced pain

C4. Left active straight leg raise

Positive Negative Not assessed Reproduced pain

C5. Right Faber

Positive Negative Not assessed Reproduced pain

C6. Left Faber

Positive Negative Not assessed Reproduced pain

C7. Right P4 (Posterior Pelvic Pain Provocation)

Positive Negative Not assessed Reproduced pain

C8. Left P4

Positive Negative Not assessed Reproduced pain

C9. Symphysis pubis palpation

Positive Negative Not assessed Reproduced pain

C10. Right lumbar paraspinal tenderness (palpation along L1-L5)

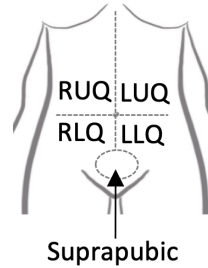
Positive Negative Not assessed Reproduced pain

C11. Left lumbar paraspinal tenderness (palpation along L1-L5)

Positive Negative Not assessed Reproduced pain

Abdominal examination

Palpate the different regions of the abdomen, including the suprapubic region. Note any areas of tenderness and the presence of any trigger points. Trigger points include palpable hyperirritable muscular bands or nodules.



D1. Left upper quadrant (LUQ)

D1.1. LUQ Tenderness:

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> Reproduced pain
(No pain)										(Worst imaginable pain)	<input type="checkbox"/> Not assessed

D1.1.1. If LUQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:
 Yes No Not assessed Reproduced pain

D1.2. Trigger point: Yes No Not assessed Reproduced pain

D1.3. Allodynia: Yes No Not assessed Reproduced pain

D2. Right upper quadrant (RUQ)

D2.1. RUQ Tenderness:

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> Reproduced pain
(No pain)										(Worst imaginable pain)	<input type="checkbox"/> Not assessed

D2.1.1. If RUQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:
 Yes No Not assessed Reproduced pain

D2.2. Trigger point: Yes No Not assessed Reproduced pain

D2.3. Allodynia: Yes No Not assessed Reproduced pain

D3. Left lower quadrant (LLQ)

D3.1. LLQ Tenderness:

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> Reproduced pain
(No pain)										(Worst imaginable pain)	<input type="checkbox"/> Not assessed

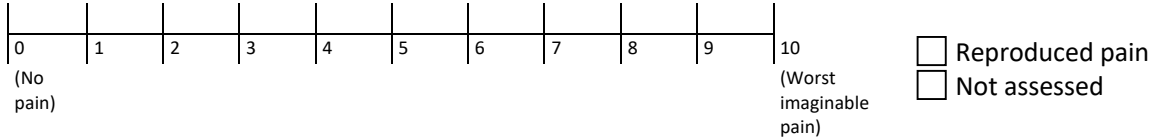
D3.1.1. If LLQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:
 Yes No Not assessed Reproduced pain

D3.2. Trigger point: Yes No Not assessed Reproduced pain

D3.3. Allodynia: Yes No Not assessed Reproduced pain

D4. Right lower quadrant (RLQ)

D4.1. RLQ tenderness:



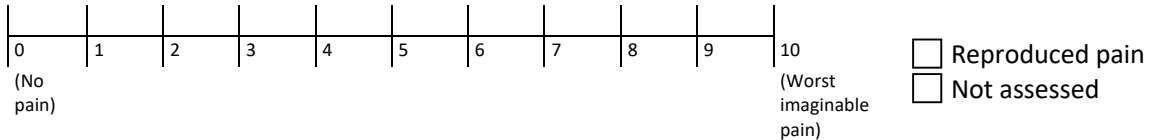
D4.1.1. If RLQ tenderness is present, pain is worse or the same with Carnett's manoeuvre:
 Yes No Not assessed Reproduced pain

D4.2. Trigger point Yes No Not assessed Reproduced pain

D4.3. Allodynia: Yes No Not assessed Reproduced pain

D5. Suprapubic region

D5.1. Suprapubic tenderness:



D5.1.1. If subpubic tenderness is present, pain is worse or the same with Carnett's manoeuvre:
 Yes No Not assessed Reproduced pain

D5.2. Trigger point: Yes No Not assessed Reproduced pain

D5.3. Allodynia: Yes No Not assessed Reproduced pain

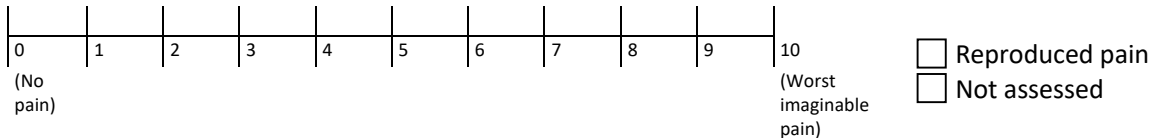
D6. Previous surgical incision

If more than one previous surgical incision, then refer to Appendix B: Surgical incision assessment

D6.1. Location (LUQ, LLQ, RUQ, RLQ):

D6.2. Size of incision (cm):

D6.3. Incisional tenderness:



D6.3.1. If incisional tenderness present, pain worse or the same with Carnett's manoeuvre:
 Yes No Not assessed Reproduced pain

D6.4. Allodynia: Yes No Not assessed Reproduced pain

D6.5. Palpable mass: Yes (Size: cm) No

Pelvic examination

The decision to proceed with the pelvic examination involves shared decision-making between the examiner and the individual patient, proceeding only if the patient consents to the pelvic examination. This discussion and consent may occur at the beginning of the encounter or after the initial examination of the pelvic girdle, back, and abdomen, with the goal of having each patient feel prepared and in control. Each component of the pelvic examination, and its rationale, should be explained, and questions answered before the examination (or during the examination if requested by the patient). Frequent checking-in during the examination is important to enable the patient to pause or stop the pelvic examination at any time. There are circumstances where a pelvic examination may not be appropriate (e.g., age, cultural sensitivities, patient choice); patient groups that merit particular consideration are adolescents, those with a trauma history, and individuals with vaginismus, where a pelvic examination may not be possible or may cause significant pain or distress, and thus may be omitted. Further, certain pelvic examination components are difficult for some patients (e.g., deeper pelvic exam and speculum exam), and thus they may be omitted or modified. The consent dialogue should also include a discussion of the presence of a chaperone during the examination. If an individual does not consent to the pelvic examination, they may still choose to consent to the external (abdominal and back) examination.

Vulva

Not performed (optional explanation: _____)

E1. Inspection: Normal Abnormal (explanation: _____)

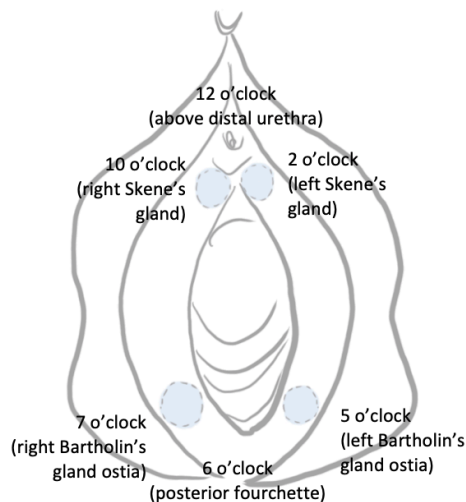
E2. Allodynia (Q-tip brushing)

E2.1. Left labia majora: Yes No Not assessed Reproduced pain

E2.2. Right labia majora: Yes No Not assessed Reproduced pain

E3. Presence of provoked vestibulodynia (Q-tip tenderness)

Palpate the vulvar vestibule gently with a cotton-tipped applicator that is moistened with lubricant. Go in one direction (eg clockwise), and palpate medial to the Hart line.



E3.1. 12 o'clock

0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/> Reproduced pain <input type="checkbox"/> Not assessed
(No pain)										(Worst imaginable pain)	

E3.2. 2 o'clock (left Skene's)

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain
 Not assessed

E3.3. 5 o'clock (left Bartholin's)

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain
 Not assessed

E3.4. 6 o'clock:

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain
 Not assessed

E3.5. 7 o'clock (right Bartholin's)

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain
 Not assessed

E3.6. 10 o'clock (right Skene's)

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain
 Not assessed

E3.7. Other (site:)

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain
 Not assessed

E4. Sacral reflexes

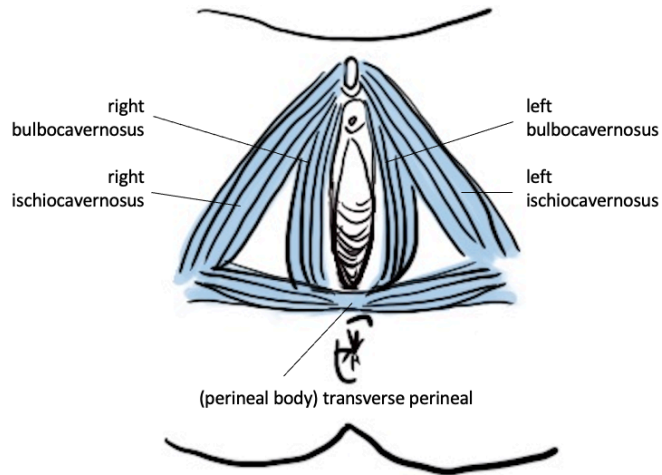
Anocutaneous reflex present: brush peri-anal skin, and check for anal sphincter contraction

Yes No Not assessed

Pelvic floor muscles

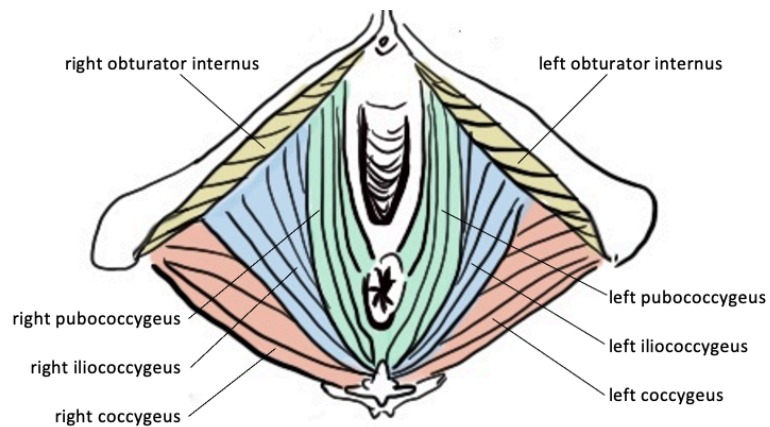
Not performed (optional explanation: _____)

Superficial muscles



- | | | | | | |
|-----|--------------------------------------|------------------------------|-----------------------------|---------------------------------------|--|
| F1. | Left bulbocavernosus tenderness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| F2. | Right bulbocavernosus tenderness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| F3. | Left ischiocavernosus tenderness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| F4. | Right ischiocavernosus tenderness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |
| F5. | Transverse perineal at perineal body | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not assessed | <input type="checkbox"/> Reproduced pain |

Deeper muscles



- F6. Left pubococcygeus
 F6.1. Palpable band: Yes No
 F6.2. Tenderness: Yes No Not assessed Reproduced pain
- F7. Right pubococcygeus
 F7.1. Palpable band: Yes No
 F7.2. Tenderness: Yes No Not assessed Reproduced pain
- F8. Left iliococcygeus:
 F8.1. Palpable band: Yes No
 F8.2. Tenderness: Yes No Not assessed Reproduced pain
- F9. Right iliococcygeus:
 F9.1. Palpable band: Yes No
 F9.2. Tenderness: Yes No Not assessed Reproduced pain
- F10. Left obturator internus:
 F10.1. Palpable band: Yes No
 F10.2. Tenderness: Yes No Not assessed Reproduced pain
- F11. Right obturator internus:
 F11.1. Palpable band: Yes No
 F11.2. Tenderness: Yes No Not assessed Reproduced pain
- F12. Left coccygeus:
 F12.1. Palpable band: Yes No
 F12.2. Tenderness: Yes No Not assessed Reproduced pain
- F13. Right coccygeus
 F13.1. Palpable band: Yes No
 F13.2. Tenderness: Yes No Not assessed Reproduced pain

Assess general pelvic floor tone

- F14. Overall tone of pelvic floor muscles
 Hypertonic Normotonic Hypotonic
- F15. Overall tone after voluntary contraction and relaxation
 Full relaxation Some relaxation No relaxation

Bladder

- Not performed (optional explanation: _____)
- G1. Anterior vaginal wall tenderness Yes No Not assessed Reproduced pain
- G2. Urethra tenderness Yes No Not assessed Reproduced pain
 (distal, near introitus)

Deeper pelvic tenderness (single digit)

Not performed (optional explanation: _____)

H1. Uterus present

Yes → **If yes:**

H1.1. Cervix

Yes

No

Not assessed

Reproduced pain

H1.2. Right paracervical / adnexal tenderness (9 o'clock)

Yes

No

Not assessed

Reproduced pain

H1.3. Right uterosacral tenderness (7-8 o'clock)

Yes

No

Not assessed

Reproduced pain

H1.4. Central cul de sac / posterior vaginal fornix tenderness (6'clock)

Yes

No

Not assessed

Reproduced pain

H1.5. Left uterosacral tenderness (4-5 o'clock)

Yes

No

Not assessed

Reproduced pain

H1.6. Left paracervical / adnexal tenderness (3 o'clock)

Yes

No

Not assessed

Reproduced pain

No uterus / post-hysterectomy → **If yes:**

H1.7. Right vault tenderness

Yes

No

Not assessed

Reproduced pain

H1.8. Central vault tenderness

Yes

No

Not assessed

Reproduced pain

H1.9. Left vault tenderness

Yes

No

Not assessed

Reproduced pain

H2. Nodularity present

Yes → **If yes:**

No

Not assessed

Reproduced pain

Location:

Size: _____ cm

Bimanual examination

Not performed (optional explanation: _____)

I1. Uterus present → **If yes:**

- I1.1. Size: Below symphysis Above symphysis _____ cm
I1.2. Orientation: Anteverted Axial Retroverted
I1.3. Mobility: Normal Decreased Fixed
I1.4. Tenderness: Yes No Reproduced pain

Uterus not present

Uterus not assessed or unable to assess

I2. Left adnexa present → **If yes:**

- I2.1. Tenderness: Yes No Not assessed Reproduced pain
I2.2. Mass present: Yes (size: _____) No
I2.3. Mobility: Normal Decreased Fixed

Left adnexa not present

Left adnexa not assessed or unable to assess

I3. Right adnexa present → **if yes:**

- I3.1. Tenderness: Yes No Not assessed Reproduced pain
I3.2. Mass present Yes (size: _____) No
I3.3. Mobility: Normal Decreased Fixed

Right adnexa not present

Right adnexa not assessed or unable to assess

Optional examinations

Speculum examination (only if clinically indicated, e.g. suspicion of vaginal deep disease, symptoms of vaginal discharge, or abnormal vaginal bleeding)

Not performed (optional explanation: _____)

J1. Vaginal suspected endometriosis nodules present

Yes (Nodule size: _____ cm, location: _____ o'clock) No

J2. Cervical suspected endometriosis lesion present

Yes (Lesion size: _____ cm, location: _____ o'clock) No

J3. Previous hysterectomy → **if yes:**

K3.1. Vaginal vault Q-tip examination tenderness: Yes No

J4. Other findings:

Pelvirectal exam (only if clinically indicated, e.g., suspicion of parametrial or rectal deep disease)

Not performed (optional explanation: _____)

J5. Yes (Nodule size: _____ cm, location: right, left, central) No

Pain during or after the examination

- K1. All pelvic pain symptoms were reproduced during or after the examination
 Yes Symptoms were partially reproduced None of symptoms were reproduced
- K2. Presence of new pain during or after the examination
 Yes No

Extra-pelvic site

Volar aspect of the distal dorsal third of the forearm

- L1. Tenderness on palpation

0	1	2	3	4	5	6	7	8	9	10
(No pain)										(Worst imaginable pain)

Reproduced pain
 Not assessed

- L2. Allodynia: Yes No Not assessed

Supplementary A:

Selected items from the EPHect-EPQ (to be completed if the EPHect-EPQ was completed > 3 months before the physical examination)

M1. Please list below all hormones you have used in the last 3 months for any reason (acne, bad cramping, irregular periods, birth control, fertility treatments). For each hormone used, please indicate what type of hormone it was using the number indicated for the categories below:

- 1=Combined birth control pill (eg. ethinyl estradiol/desogestrel [Marvelon], ethinyl estradiol/drospirenone [Yasmin], ethinyl estradiol/levonorgestrel [Microgynon])
- 2=Progestin only birth control pill (“mini-pill”, eg. desogestrel [Cerazette], norethindrone [Micronor])
- 3=Unsure of which type of oral birth control pill
- 4=Progestin injection/shot (eg. medroxyprogesterone acetate [Depo Provera])
- 5=Transdermals: patches (eg. ethinyl estradiol/norelgestromin [OrthoEvra], estradiol [Climara]), dots (estradiol [Vivelle])
- 6=Vaginal ring (ethinyl estradiol/etonogestrel [NuvaRing])
- 7=Progesterone containing coil/IUD (eg. levonorgestrel [Mirena, Kyleena])
- 8=Hormonal implant (etonogestrel [Implanon/Nexplanon])
- 9=Oral progestins to regulate the cycle (e.g., medroxyprogesterone acetate [Provera], dydrogesterone [Duphaston], dienogest [Visanne], norethisterone)
- 10=GnRH agonist injection/shot (eg. leuprolide (leuprolide) acetate [Prostap], goserelin [Zoladex])
- 11=GnRH antagonists (eg. elagolix [Orilissa], relugolix [Myfembree])
- 12=Norethindrone acetate [Aygestin]
- 13=Danazol (please specify if used vaginally or orally)
- 14=Hormone replacement therapy (eg. conjugates estrogens [Premarin], medroxyprogesterone acetate [Provera])
- 15=Other
- 16=Don’t know what type of hormone

Name of hormone	Type of hormone (Enter the number associated with the category above)	Total time used	Last dose
<i>For example:</i> Yasmin	1	1 months	2023 / 01 / 22
1.		months	YYYY / MM / DD
2.		months	YYYY / MM / DD
3.		months	YYYY / MM / DD

M2. Medications used in the last 24 hours (including analgesics and pain adjuvants):

M3. Have you had any periods in the last 3 months? (Bleeding for which you needed a tampon or menstrual products, NOT discharge (spotting))

Yes → **If yes:**

M3.1. Last menstrual period (YYYY/MM/DD)

If not using hormones, in the last 3 months, how many days **on average** were there between the first day of one period and the first day of the next? *(Not including spotting)*

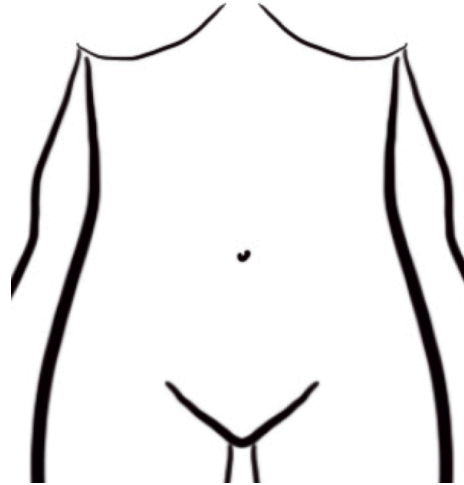
- < 24 days
- 24- -31 days
- 32- -38 days
- 39- -50 days
- 51+ days
- Too irregular to estimate

No → **If No:**

M3.2. Not menstruating due to:

- Hormonal suppression
- Hysterectomy
- Bilateral oophorectomy
- Spontaneous menopause
- Other
- Unknown

Supplementary B: Surgical incision assessment

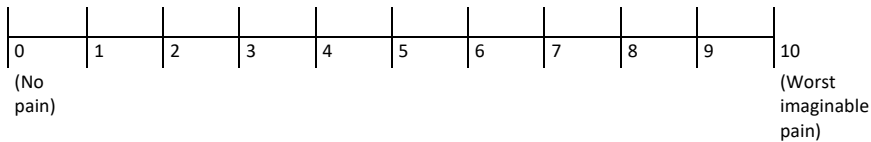


D7. Previous surgical incision #2

D7.1. Location (LUQ, LLQ, RUQ, RLQ):

D7.2. Size of incision (cm):

D7.3. Incisional tenderness:



Reproduced pain
 Not assessed

D7.3.1. If incisional tenderness present, pain worse or the same with Carnett's manoeuvre:

Yes No Not assessed Reproduced pain

D7.4. Allodynia: Yes No Not assessed Reproduced pain

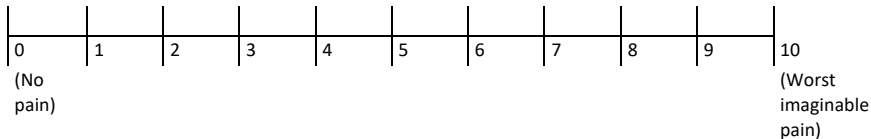
D7.5. Palpable mass: Yes (Size: cm) No

D8. Previous surgical incision #3

D8.1. Location (LUQ, LLQ, RUQ, RLQ):

D8.2. Size of incision (cm):

D8.3. Incisional tenderness:



Reproduced pain
 Not assessed

D8.3.1. If incisional tenderness present, pain worse or the same with Carnett's manoeuvre:

Yes No Not assessed Reproduced pain

D8.4. Allodynia: Yes No Not assessed Reproduced pain

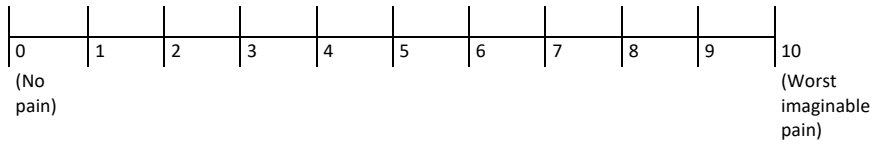
D8.5. Palpable mass: Yes (Size: cm) No

D9. Previous surgical incision #4

D9.1. Location (LUQ, LLQ, RUQ, RLQ):

D9.2. Size of incision (cm):

D9.3. Incisional tenderness:



- Reproduced pain
- Not assessed

D9.3.1. If incisional tenderness present, pain worse or the same with Carnett's manoeuvre:

- Yes
- No
- Not assessed
- Reproduced pain

D9.4. Allodynia: Yes No Not assessed Reproduced pain

D9.5. Palpable mass: Yes (Size: cm) No