

**World Endometriosis Research Foundation Surgical Sheet**  
**Global Study of Women's Health (GSWH) and Women's Health Symptom Survey (WHSS)**

**Surgeon ID:** \_\_\_\_\_ **Patient ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (dd/mm/yy)

1. Ultrasound scan: N  0 Y  1 → If there was no ultrasound scan go to question 2  
*If scan performed, were the following seen?*  
 - endometrioma: N  0 Y  1  
 - nodule: N  0 Y  1

2. Any pathology observed during surgery? N  0 Y  1 → If no: end of questionnaire

**Endometriosis?** N  0 Y  1

**Revised American Fertility Society Classification**

Perito -neum	Endometriosis	<1cm	1-3cm	>3cm
		superficial	1 <input type="checkbox"/> 1	2 <input type="checkbox"/> 2
	deep	2 <input type="checkbox"/> 4	4 <input type="checkbox"/> 5	6 <input type="checkbox"/> 6
ovary	Left superficial	1 <input type="checkbox"/> 1	2 <input type="checkbox"/> 2	4 <input type="checkbox"/> 3
	deep	4 <input type="checkbox"/> 4	16 <input type="checkbox"/> 5	20 <input type="checkbox"/> 6
	Right superficial	1 <input type="checkbox"/> 1	2 <input type="checkbox"/> 2	4 <input type="checkbox"/> 3
	deep	4 <input type="checkbox"/> 4	16 <input type="checkbox"/> 5	20 <input type="checkbox"/> 6
	<b>Posterior cul-de-sac obliteration</b>	<b>Partial</b>		<b>Complete</b>
		4 <input type="checkbox"/> 1		40 <input type="checkbox"/> 2
ovary	<b>Adhesions</b>	<b>&lt;1/3 enclosure</b>	<b>1/3 – 2/3</b>	<b>&gt;2/3 enclosure</b>
	Left filmy	1 <input type="checkbox"/> 1	2 <input type="checkbox"/> 2	4 <input type="checkbox"/> 3
	dense	4 <input type="checkbox"/> 4	8 <input type="checkbox"/> 5	16 <input type="checkbox"/> 6
	Right filmy	1 <input type="checkbox"/> 1	2 <input type="checkbox"/> 2	4 <input type="checkbox"/> 3
	dense	4 <input type="checkbox"/> 4	8 <input type="checkbox"/> 5	16 <input type="checkbox"/> 6
	tube	Left filmy	1 <input type="checkbox"/> 1	2 <input type="checkbox"/> 2
dense		4* <input type="checkbox"/> 4	8* <input type="checkbox"/> 5	16 <input type="checkbox"/> 6
Right filmy		1 <input type="checkbox"/> 1	2 <input type="checkbox"/> 2	4 <input type="checkbox"/> 3
dense		4* <input type="checkbox"/> 4	8* <input type="checkbox"/> 5	16 <input type="checkbox"/> 6

\* If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16

**Total score:**

**Endometriotic nodule (>1 cm diameter):**

- bladder: N  0 Y  1  
 - cul-de-sac: N  0 Y  1  
 - bowel: N  0 Y  1

**Additional findings:**

- **No other pathology found**  → end of questionnaire  
 - Fibroids: N  0 Y  1  
 - Adhesions (without evidence of endometriosis): N  0 Y  1  
 - Non-endometriotic ovarian cyst: N  0 Y  1

- Any other findings