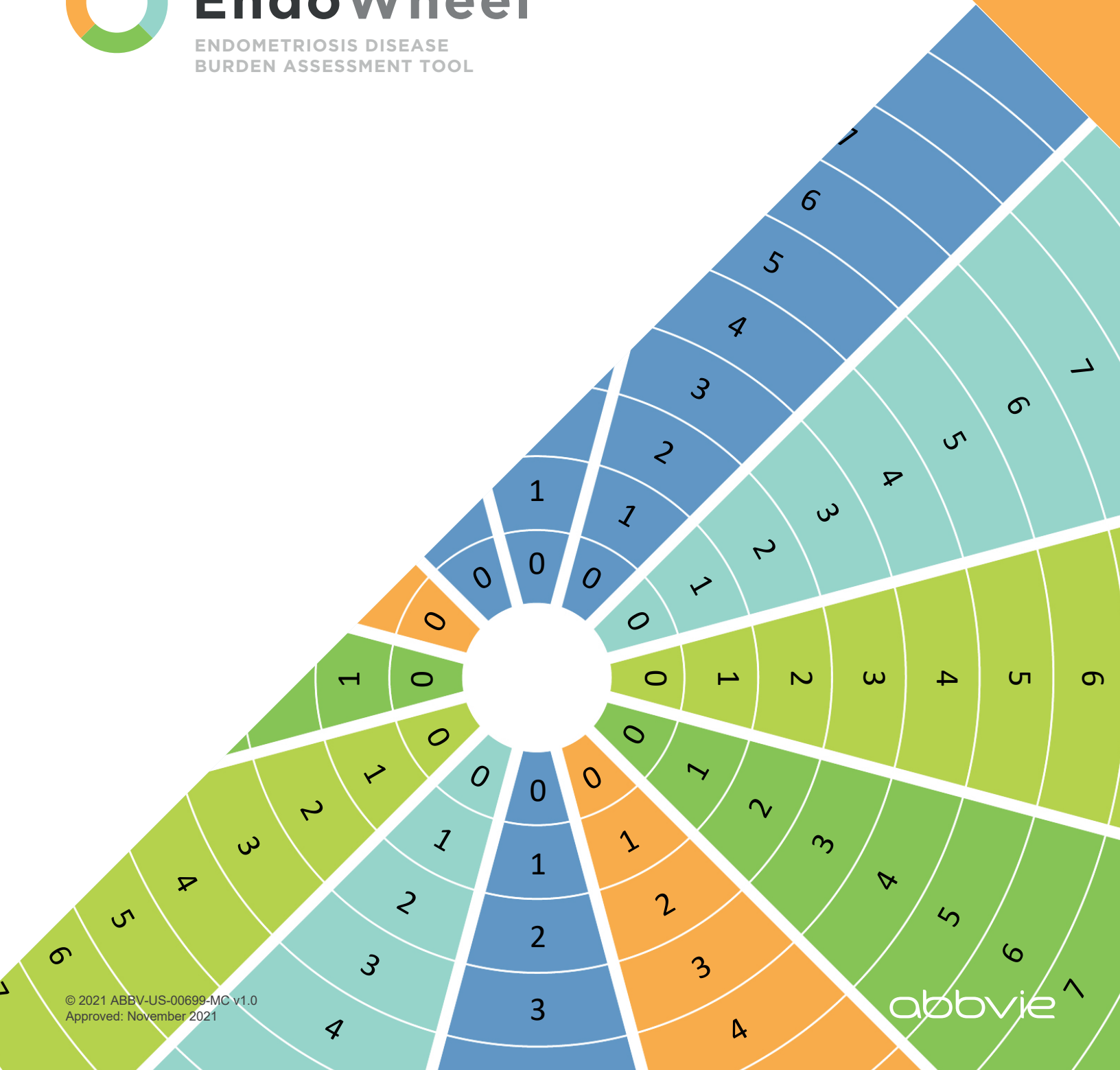




EndoWheel™

ENDOMETRIOSIS DISEASE
BURDEN ASSESSMENT TOOL



This EndoWheel tool is designed for women experiencing pelvic pain (pain in the lower area of the belly/abdomen) or for women diagnosed with endometriosis.*

EndoWheel asks you to rate your level of agreement with a set of statements that have been developed to get you thinking about your symptoms, and how they may be affecting other areas of your life.

Step-by-Step Guide on How to use the EndoWheel:

- 1** Before you start completing the tool, take a moment to think about how you've felt over the past 3 months.
- 2** Please read the 12 statements in the table overleaf.

For each of the statements, find the section of the colored wheel related to the statement, and circle your score.
- 3** Some symptoms may not be directly related to endometriosis or pelvic pain, but can help you and your physician evaluate your symptoms and monitor your health. Score your level of agreement on the scale of 0-10 (0 being 'I do not agree at all' and 10 being 'I completely agree').
- 4** Once you have circled a score in all colored sections of the wheel, draw a line to connect all circled scores – start from your circled score in the 'pelvic pain (period pain)' section and work your way around to 'emotional wellbeing'.
- 5** Show this to your physician – it will help during your appointments to discuss your symptoms, and how they may be affecting other areas of your life.
- 6** Try completing this exercise before each appointment – it will help you and your physician track if anything has changed since your last appointment.

The EndoWheel tool is intended for informational purposes only and should not be used as a substitute for advice provided by your doctor or other healthcare professionals. You should always consult your doctor or other healthcare professionals.

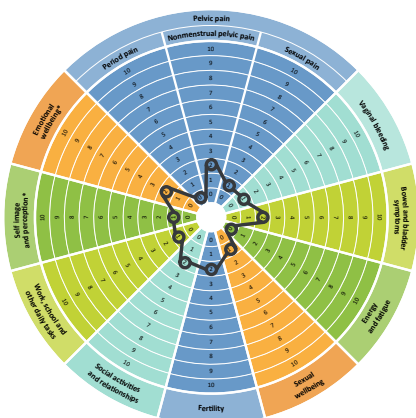
What Does your EndoWheel Mean?

- Below are some examples of how your completed EndoWheel may look.
- Sections with higher scores represent symptoms that are bothering you, or aspects of your life that are not going well or are causing you problems as a result of your condition, at the time of completing the exercise.
- Sections with lower scores represent symptoms or aspects of your life that are not bothering you at the time of completing the exercise.



If you have mostly high scores your completed EndoWheel might look something like this

Higher scores give a bigger shape



If you have mostly low scores your completed EndoWheel might look something like this

Lower scores give a smaller shape

EndoWheel Statements and Agreement Scale

For each statement below, indicate your level of agreement by circling the score directly on the colored wheel on the following page

*I do not
agree at all*

*I completely
agree*

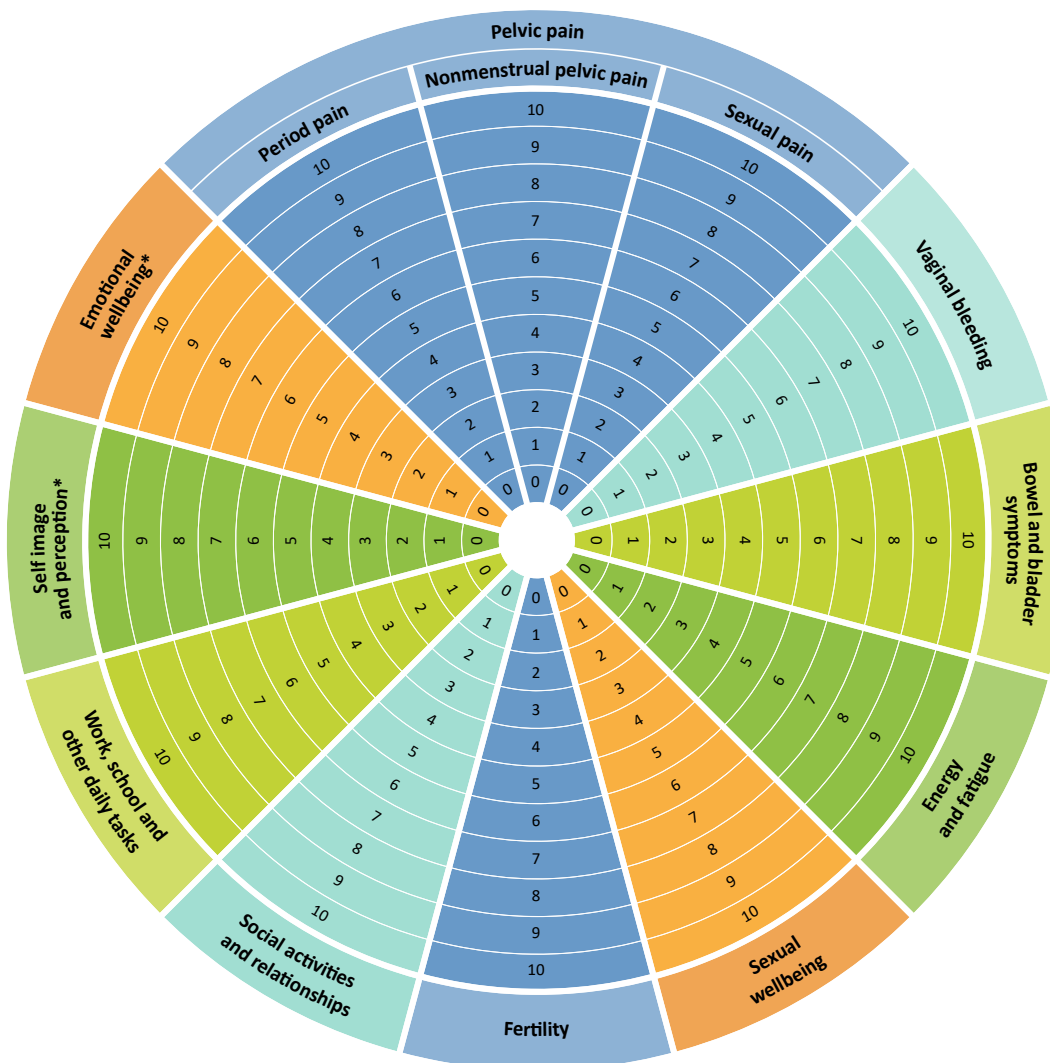


Pelvic pain over the past 3 months Note: Pain may include cramping, shooting, stabbing, and/or dull aching pain in the back or lower belly/abdomen and/or pain that shoots down the legs .	Period pain: I have been bothered by pain or discomfort in the lower part of my belly/abdomen a day or two before and/or during my period.
	Nonmenstrual pelvic pain: I have been bothered by pain or discomfort in the lower part of my belly/abdomen that is unrelated to my periods.
	Sexual pain: I have been bothered by pain during sexual activity, or within 24 hours after sexual activity, particularly pain in the belly/abdomen or deep pressure in the vagina.
Vaginal bleeding over the past 3 months	I have been bothered by heavy or unexpected vaginal bleeding.
Bowel and bladder symptoms over the past 3 months	I have been bothered by one or more of the following: <ul style="list-style-type: none"> • Pain when I pass urine (pee) or stools (poop) • Feeling bloated or gassy • Diarrhea (unusually frequent, loose/liquid poop) • Difficulty passing stools (constipation)
Energy and fatigue over the past 3 months	I have felt fatigued or exhausted during the day and/or have experienced restless or disturbed sleep.
Sexual wellbeing over the past 3 months	My symptoms have affected how satisfied I am with my sex life and/or intimate relationships.
Fertility over the past 3 months	I have been concerned that I may not be able to have children/more children because of my physical symptoms.
Social activities and relationships over the past 3 months	My symptoms have affected my personal relationships and/or my ability to participate in activities that I enjoy.
Work, school, and other daily activities over the past 3 months	My symptoms have affected my work or school and/or my ability to do other daily activities, such as driving, running errands, shopping, and household chores.
Self image and self perception over the past 3 months	My symptoms have affected the way I feel about myself, the way I look, and my ability to achieve the personal expectations I have for myself.
Emotional wellbeing over the past 3 months	My symptoms have affected my mood and mental health.

Date of completion: _____

Patient name: _____ *Date of birth:* _____

Indicate your level of agreement for each statement by circling the score directly on the colored disc below. Once you have circled a score in all colored sections of the disc, draw a line to connect all circled scores – start from your circled score in the ‘pelvic pain (period pain)’ section and work your way around to ‘emotional wellbeing’.



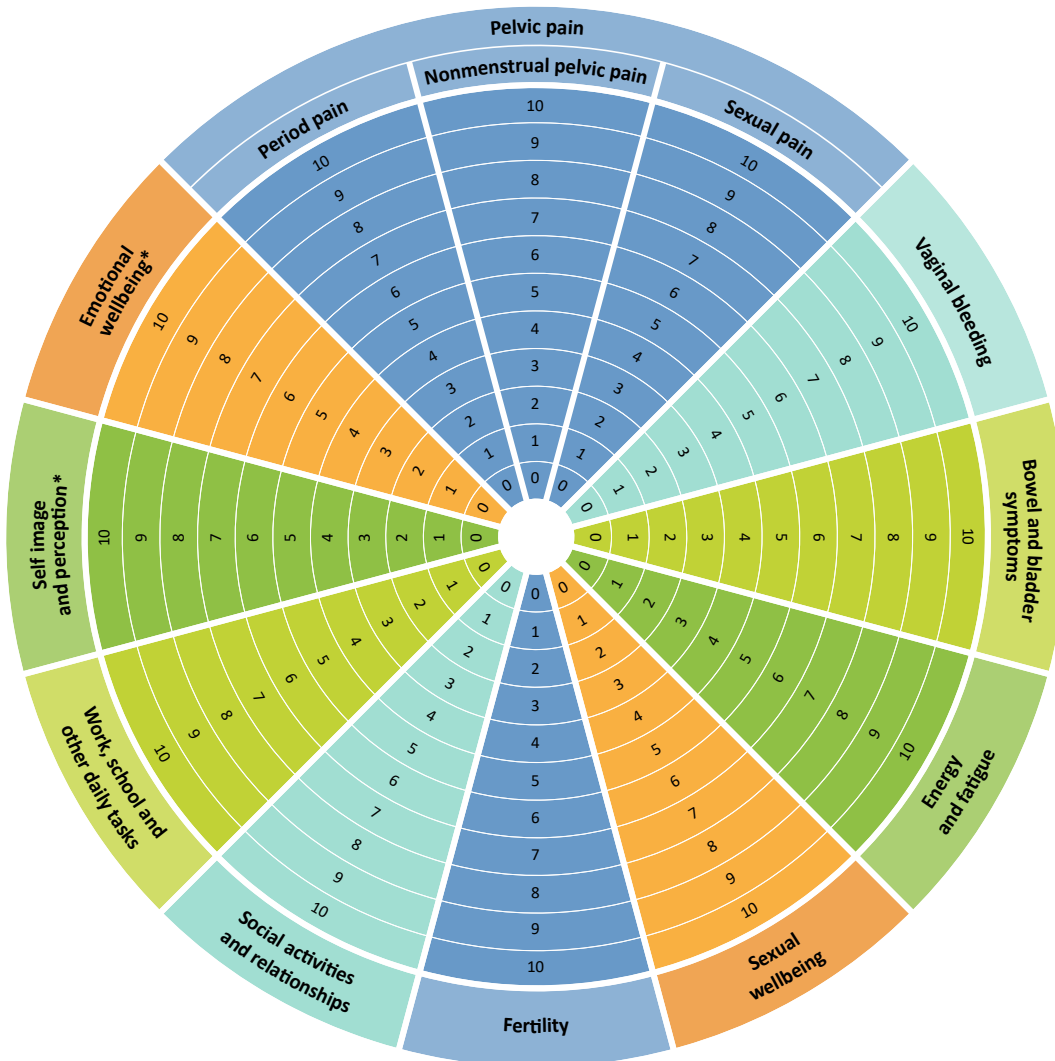
Please list any additional symptoms that you are experiencing that are currently not covered in the EndoWheel tool, and indicate a score out of 10 (eg, nausea, vomiting, headache).

*If you give a **high score**, and you're thinking about suicide or would like emotional support, **call the National Suicide Prevention Lifeline in the U.S. at 1-800-273-8255**.

Date of completion: _____

Patient name: _____ *Date of birth:* _____

Indicate your level of agreement for each statement by circling the score directly on the colored disc below. Once you have circled a score in all colored sections of the disc, draw a line to connect all circled scores – start from your circled score in the ‘pelvic pain (period pain)’ section and work your way around to ‘emotional wellbeing’.



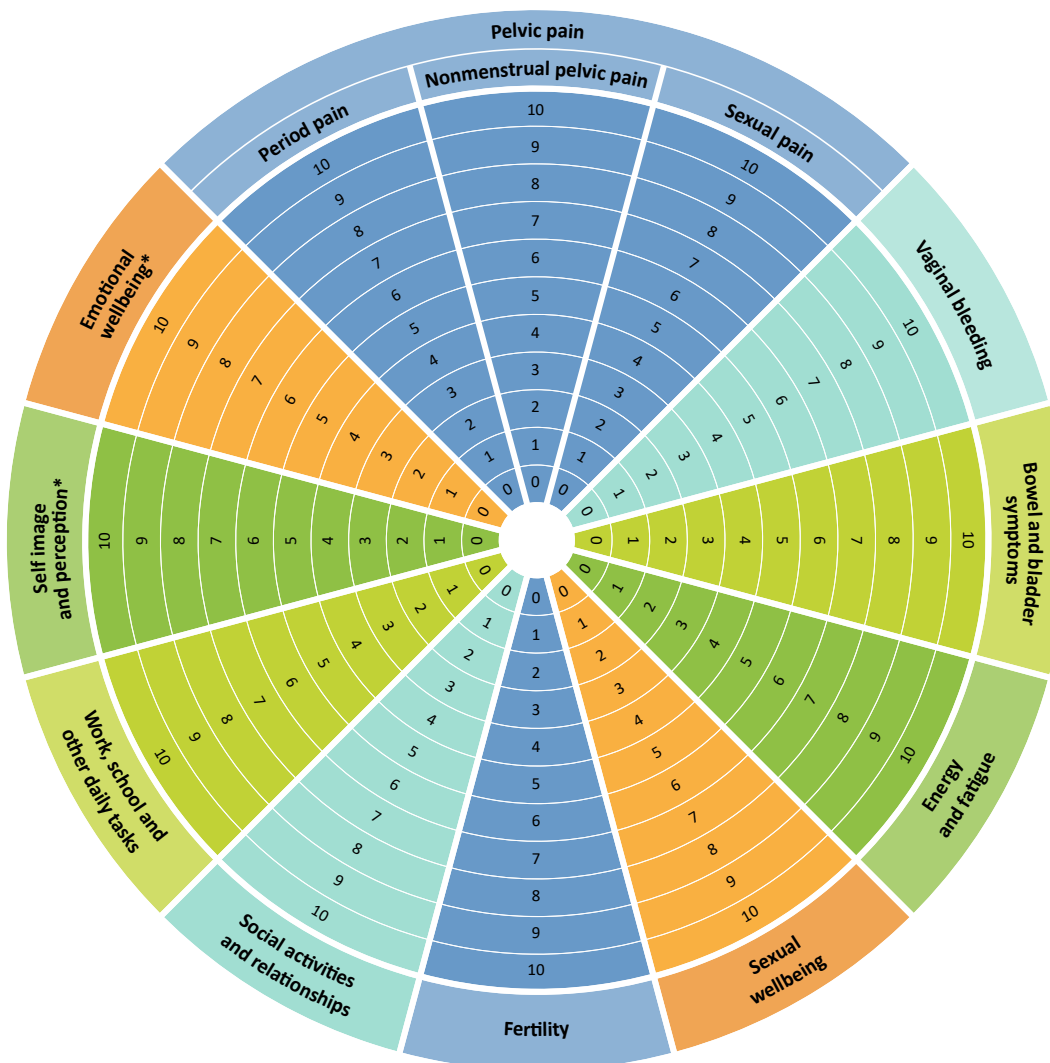
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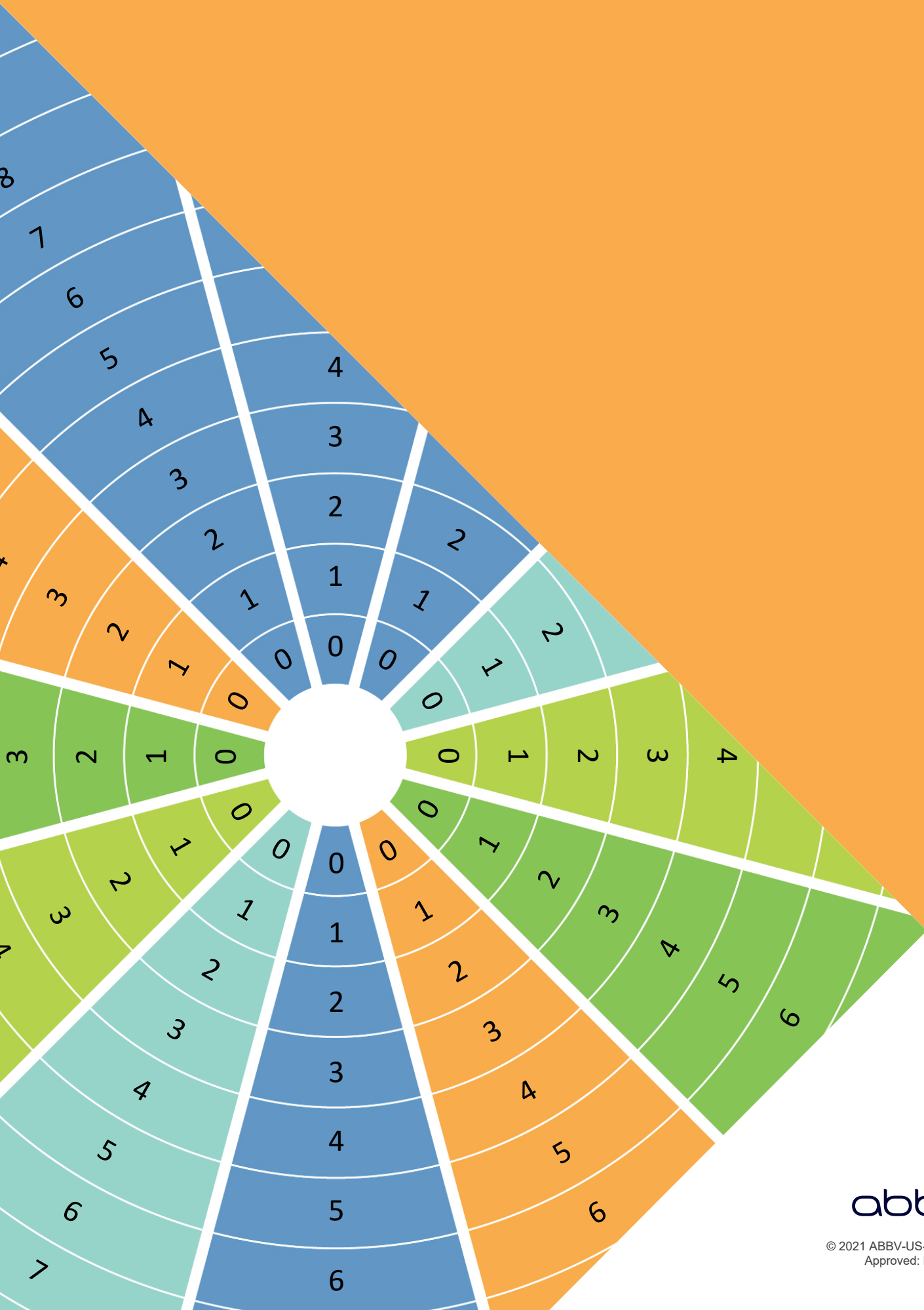
Patient name: _____ *Date of birth:* _____

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