

ENDOMETRIOSIS HEALTH PROFILE QUESTIONNAIRE (EHP-5)

PART 1: CORE QUESTIONNAIRE

DURING THE LAST 4 WEEKS,
HOW OFTEN, BECAUSE OF YOUR ENDOMETRIOSIS, HAVE YOU...

	Never	Rarely	Sometimes	Often	Always
1. Found it difficult to walk because of the pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Felt as though your symptoms are ruling your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Had mood swings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Felt others do not understand what you are going through?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Felt your appearance has been affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have **ticked one box for each question.**