**Questionnaire**

**Treatment of bleeding disorders by removal of the endometrial lining: Evaluation of treatment during two time cohorts.**

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| **The time early following treatment (First few months):** |
| For how long after surgery did you experience bleeding (days)? |  |
| For how long did you receive sick-leave (weeks)? |  |
| For how long did you experience pain?Were you satisfied with the surgery: Yes No Unsure |   |
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| **Later:** |  |
| Have you experienced bleeding later: Yes No |  |
| If yes; how many days per month:  |  |
| Have you entered menopause after the surgery: Yes No Unsure |  |
| If yes: Which year did your periods finally stop:  |  |
| Is your bleeding decreased increased or unchanged compared to before the surgery? |  |
| If you felt better a while after surgery but later got worse, for how long were you well: |  |
| Are any menstrual pains increased decreased or unchanged after the surgery?   |  |
| Have you used contraception after surgery? Yes No |  |
| Have you been pregnant after the surgery? Yes No  |  |
| Have you used hormone tablets or patches after the surgery? Yes No |  |
| Have you received any additional surgery for your bleeding problems ? Yes No If yes: which type of surgery: When was this new surgery: (year) |  |
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| **Most important:** |  |
| Do you consider bleeding a present problem? Yes No |  |

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| **Comments:** |  |