**Additional questionnaire**

**Palmitoylethanolamide and polydatin effect on pain and dysmenorrhea in women scheduled for laparoscopic treatment of possible endometriosis: a double blind randomized controlled trial**

1. At the end of the 8 weeks supplement you received, how many tablets were left in your jar?

Open answer \_\_\_\_\_\_\_\_\_\_\_

1. How satisfied are you with the food supplement you received?

Very dissatisfied/Somewhat dissatisfied/Neither satisfied nor dissatisfied/Somewhat satisfied/Very satisfied

1. Do you feel that the food supplement made your overall pain:

Much worse/Somewhat worse/Neither better nor worse/Somewhat better/Much better

1. Do you feel that the food supplement made your quality of life:

Much worse/Somewhat worse/Neither better nor worse/Somewhat better/Much better

1. Would you use this food supplement again?

Yes/No/Unsure

1. Would you recommend this food supplement to a friend who had a similar problem? Yes/No/Unsure
2. During the past 8 weeks, have you experienced new any symptoms you would consider as related to the food supplement you received in this trial?

Yes/No

1. If yes, please complete the following questions for each of the symptom (top 3 if multiple symptoms).

**First side effect symptom:**

1. When did you first experience this symptom?

Open answer \_\_\_\_\_\_\_\_\_\_\_

1. Did you stop the treatment because of this side effect?

Yes/No

1. If yes, when did you stop (date)?\_\_\_\_\_\_\_\_\_
2. What was the duration of the symptom?\_\_\_\_\_\_\_\_\_\_\_
3. What was the severity of symptom?
4. Mild
5. Unpleasant but did not affect everyday activity
6. Bad enough to affect everyday activity
7. Bad enough to see a doctor
8. Bad enough to be admitted to hospital
9. Caused very serious illness
10. Other \_\_\_\_\_\_\_\_\_\_\_\_
11. How sure you are that this symptom was caused by this drug?
12. Very sure
13. Quite sure
14. Not sure
15. Quite unsure
16. Very unsure
17. Do you think there are possible other factors for your symptoms?

Open answer \_\_\_\_\_\_\_\_\_\_\_

1. Have you experienced this symptom in the past with or without being treated by another food supplement?

Open answer \_\_\_\_\_\_\_\_\_\_\_

**Second side effect symptom:**

1. When did you first experience this symptom?

Open answer \_\_\_\_\_\_\_\_\_\_\_

1. Did you stop the treatment because of this side effect?

Yes/No

1. If yes, when did you stop (date)?\_\_\_\_\_\_\_\_\_
2. What was the duration of the symptom?\_\_\_\_\_\_\_\_\_\_\_
3. What was the severity of symptom?
4. Mild
5. Unpleasant but did not affect everyday activity
6. Bad enough to affect everyday activity
7. Bad enough to see a doctor
8. Bad enough to be admitted to hospital
9. Caused very serious illness
10. Other \_\_\_\_\_\_\_\_\_\_\_\_
11. How sure you are that this symptom was caused by this drug?
12. Very sure
13. Quite sure
14. Not sure
15. Quite unsure
16. Very unsure
17. Do you think there are possible other factors for your symptoms?

Open answer \_\_\_\_\_\_\_\_\_\_\_

1. Have you experienced this symptom in the past with or without being treated by another food supplement?

Open answer \_\_\_\_\_\_\_\_\_\_\_

**Third side effect symptom:**

1. When did you first experience this symptom?

Open answer \_\_\_\_\_\_\_\_\_\_\_

1. Did you stop the treatment because of this side effect?

Yes/No

1. If yes, when did you stop (date)?\_\_\_\_\_\_\_\_\_
2. What was the duration of the symptom?\_\_\_\_\_\_\_\_\_\_\_
3. What was the severity of symptom?
4. Mild
5. Unpleasant but did not affect everyday activity
6. Bad enough to affect everyday activity
7. Bad enough to see a doctor
8. Bad enough to be admitted to hospital
9. Caused very serious illness
10. Other \_\_\_\_\_\_\_\_\_\_\_\_
11. How sure you are that this symptom was caused by this drug?
12. Very sure
13. Quite sure
14. Not sure
15. Quite unsure
16. Very unsure
17. Do you think there are possible other factors for your symptoms?

Open answer \_\_\_\_\_\_\_\_\_\_\_

1. Have you experienced this symptom in the past with or without being treated by another food supplement?

Open answer \_\_\_\_\_\_\_\_\_\_\_