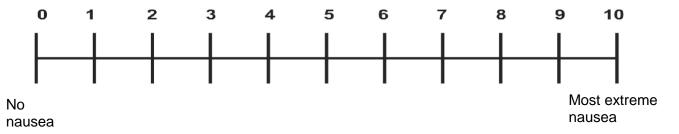


## Questionnaire on side effects 24 hours after hysteroscopic myomectomy

| Date while filling in this questionnaire: | (dav/month/vear) |
|---|------------------|
|---|------------------|

2. How nauseous are you at the moment?

At this scale, please mark the number that indicates how nauseous you feel at the moment. '0' means you don't experience any nausea, '10' means the most extreme nausea you can imagine.



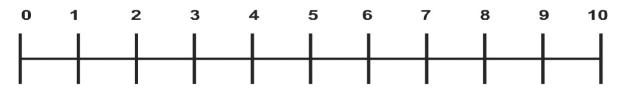
3. Did you have to throw up after the surgery?

Yes □ No □

Did you check yes? Go to question 4. Otherwise skip to question 5.

- 4. How many times did you have to throw up after the surgery?.....times
- 5. How much pain do you experience at the moment?

At this scale, please mark the number that indicates how much pain you experience at the moment. '0' means you don't experience any pain, '10' means the most extreme pain you can imagine.



No pain

Worst pain you can imagine