

1. How many tablets of prescription opioid pain medication did you take in the past 30 days?

- ☐ 0
 ☐ 1 to 2
 ☐ 3 to 4
 ☐ 5 to 10
 ☐ 11 to 15
 ☐ 16 to 30
 ☐ 30 or more
☐ I Prefer not to Answer

In the past 7 days...

	<u>Had no pain</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Very Severe</u>
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How intense was your pain at its worst?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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How intense was your average pain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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What is your level of pain right now?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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3. Regarding your hernia operation...

- Do you feel your hernia has come back? ☐ Yes ☐ No
 Do you feel or see a bulge? ☐ Yes ☐ No
 Do you have physical pain or symptoms at the site? ☐ Yes ☐ No

Have you had additional surgery since

your hernia operation? ☐ Yes ☐ No

If yes, reason for abdominal surgery:

☐ For hernia ☐ For another reason

Strongly Disagree
 Moderately Disagree
 Slightly Disagree
 Slightly Agree
 Moderately Agree
 Strongly Agree

4. For the following statements, please circle the number that is most appropriate for you :

1. My abdominal wall has a huge impact on my health	1	2	3	4	5	6
2. My abdominal wall causes me physical pain	1	2	3	4	5	6
3. My abdominal wall interferes when I perform strenuous activities, e.g. heavy lifting	1	2	3	4	5	6
4. My abdominal wall interferes when I perform moderate activities, e.g. bowling, bending over	1	2	3	4	5	6
5. My abdominal wall interferes when I walk or climb stairs	1	2	3	4	5	6
6. My abdominal wall interferes when I dress myself, take showers, and cook	1	2	3	4	5	6
7. My abdominal wall interferes with my sexual activity	1	2	3	4	5	6
8. I often stay at home because of my abdominal wall	1	2	3	4	5	6
9. I accomplish less at home because of my abdominal wall	1	2	3	4	5	6
10. I accomplish less at work because of my abdominal wall	1	2	3	4	5	6
11. My abdominal wall affects how I feel every day	1	2	3	4	5	6
12. I often feel blue because of my abdominal wall	1	2	3	4	5	6

5. Please answer all of the 9 following questions in the 3 main fields of:

- 1. Pain of the side of the hernia**
- 2. Restrictions of activities because of pain or discomfort**
- 3. Cosmetic discomfort**

Therefore, please mark a number corresponding to your current state.

Respectively, you will give a 0 (no pain, no restriction and cosmetically beautiful) for the best conditions and a 10 for the worst state (worst pain, completely restricted and cosmetically ugly). If you do not perform one of these asked activities, please mark the X in the last column.

1. Pain at the site of the hernia													
	0 = no pain						10 = worst pain imaginable						
Pain in rest (lying down)	0	1	2	3	4	5	6	7	8	9	10		
Pain during activities (walking, biking, sports)	0	1	2	3	4	5	6	7	8	9	10		
Pain felt during the last week	0	1	2	3	4	5	6	7	8	9	10		
2. Restrictions of activities because of pain or discomfort at the site of the hernia													
	0 = no restriction						10 = completely restricted						
Restriction from daily activities (inside the house)	0	1	2	3	4	5	6	7	8	9	10	X	
Restriction outside the house (walking, biking, driving)	0	1	2	3	4	5	6	7	8	9	10	X	
Restriction during sports	0	1	2	3	4	5	6	7	8	9	10	X	
Restriction during heavy labour	0	1	2	3	4	5	6	7	8	9	10	X	
	X = If you do not perform this activity												
3. Cosmetic discomfort													
	0 = very beautiful						10 = extremely ugly						
Shape of your abdomen	0	1	2	3	4	5	6	7	8	9	10		
Site of the hernia	0	1	2	3	4	5	6	7	8	9	10		