

4.

1. How many tablets of prescription 0 1 to 2 3 to 4	5 to 10	11 to 15	16 to 30	n tr	_ `				-
2. Please respond to each item by marking one box per row:									
In the past 7 days	Had no pain	Mild	<u>Moderate</u>	<u>S</u>	eve	<u>re</u>		Vei Seve	•
How intense was your pain at its worst?	□ 1	2	3		4			5	
How intense was your average pain?	□ 1	2	3		4			5	
What is your level of pain right now?	□ 1	□ 2	□ 3		□ 4			5	
Regarding your hernia operation		•	ional surgery since						
Do you feel or see a bulge?			on? □Yes □No		Q.	, 6	9/6		Q
Do you feel or see a bulge?  Do you have physical pain or symptoms at the site?   Or the following statements, please circle the number of the following statements.  1. My abdominal wall has a huge impact on my	s no recumber that is	r hernia   most appro	For another reason priate for you:	Strongly	Moderal Visable	Slightly Sign	Sight, Disale	Modelle I	Strong Agree
My <b>abdominal wall</b> has a huge impact on my	y health		-	1	2	3	4	5	6
2. My <b>abdominal wall</b> causes me physical pain				1	2	3	4	5	6
3. My <b>abdominal wall</b> interferes when I perform strenuous activities, e.g. heavy lifting				1	2	3	4	5	6
<ol> <li>My abdominal wall interferes when I perform moderate activities, e.g. bowling, bending over</li> </ol>				1	2	3	4	5	6
5. My <b>abdominal wall</b> interferes when I walk or climb stairs				1	2	3	4	5	6
6. My <b>abdominal wall</b> interferes when I dress myself, take showers, and cook				1	2	3	4	5	6
7. My <b>abdominal wall</b> interferes with my sexua	al activity			1	2	3	4	5	6
8. I often stay at home because of my <b>abdominal wall</b>				1	2	3	4	5	6
9. I accomplish less at home because of my <b>abc</b>	dominal wall			1	2	3	4	5	6
10. I accomplish less at work because of my <b>abd</b>	ominal wall			1	2	3	4	5	6
11. My <b>abdominal wall</b> affects how I feel every day				1	2	3	4	5	6
12. I often feel blue because of my <b>abdominal wall</b>				1	2	3	4	5	6