

VENTRAL HERNIA PREOPERATIVE ASSESSMENT

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			e		
2. Please respond to each item by marking one box per row:									
In the past 7 days	Had no pain	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>		<u>re</u>	Very <u>Severe</u>		
How intense was your pain at its worst?	□ 1	□ 2	□ 3	□ 4			□ 5		
How intense was your average pain?	□ 1			□ 4			5		
What is your level of pain right now?	_ 1	□ 2	□ 3	□ 4			□ 5		
3. For the following statements, please cappropriate for you:	ircle the nun	nber that is	most	Strongly	Moderat	Slightly, Sager	Sighting Bree	Moder	Strongly, Agree
1. My abdominal wall has a huge impact on my health					2	3	4	5	6
2. My abdominal wall causes me physical pain					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 abo	dominal 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