ACHQC
ABDOMINAL CORE HEALTH QUALITY COLLABORATIVE

Combined Patient Assessment/Ventral & Inguinal

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 to15** ☐ **16 to 30** ☐ **30 or more**

2. Please respond to each item by marking one box per row:

In the past 7 days…

	Had no pain	**Mild**	**Moderate**	**Severe**	**Very Severe**
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

3. Regarding your hernia operation… [SKIP THIS SECTION IF YOU HAVE NOT HAD 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 have additional surgery since your hernia operation?	☐ **Yes** ☐ **No** ***If Yes, reason for abdominal Surgery:*** ☐ For Hernia ☐ For another reason

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

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
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. Decision Regret Scale

Please think about the decision you made about abdominal surgery after talking to your health professional.
Please show how you feel about these statements by circling a number from 1 (strongly agree) to 5 (strongly disagree).

1. It was the right decision	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
2. I regret the choice that was made	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
3. I would go for the same choice if I had to do it over again	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
4. The choice did me a lot of harm	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree
5. The decision was a wise one	1 Strongly Agree	2 Agree	3 Neither Agree Nor Disagree	4 Disagree	5 Strongly Disagree

Decision Regret Scale *© AM O'Connor 1996*

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

- **a. Pain**
- **b. Restrictions of activities because of pain or discomfort**
- **c. 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 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	

Used with permission from the European Registry of Abdominal Wall Hernias (EuraHS)