

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

2. 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

3. 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	