

INGUINAL 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

2. 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	