

<b>Hernia Patient Reported Outcome Questionnaire (PRO)</b>	
<b>Today's Date:</b>	_____ / _____ / _____ (MMM / DD / YYYY)
<b>Name:</b>	_____

<b>Read each question and circle the answer that best describes how you feel.</b>					
<b>1</b>	<b>In the last <u>two weeks</u>, how often have you experienced the following:</b>				
a	In the last <u>two weeks</u> , I have had severe pain related to my hernia	All of the Time	Most of the Time	Some of the Time	None of the Time
<b>2</b>	<b>In the last <u>two weeks</u>, how often has your hernia affected the following:</b>				
a	In the last <u>two weeks</u> , my hernia has made my sleep worse	All of the Time	Most of the Time	Some of the Time	None of the Time
b	In the last <u>two weeks</u> , my hernia has made it harder to do my daily routine (e.g. what I do from the time I get up, until I go to bed)	All of the Time	Most of the Time	Some of the Time	None of the Time
c	In the last <u>two weeks</u> , my hernia has limited how much I can get done by myself (e.g. without someone to help me)	All of the Time	Most of the Time	Some of the Time	None of the Time
d	In the last <u>two weeks</u> , my hernia has made me feel anxious	All of the Time	Most of the Time	Some of the Time	None of the Time
e	In the last <u>two weeks</u> , my hernia has made me feel less attractive without my clothes on	All of the Time	Most of the Time	Some of the Time	None of the Time
<b>3</b>	<b>In the last two weeks, when you think about how your hernia has affected how your body looks, how satisfied are you with the following:</b>				
a	The symmetry (evenness) of my abdomen	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
b	How normal I feel in my clothing with my hernia	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
<b>Scoring</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<i>Thank you for completing this form.</i>					

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**Read each question and circle the answer that best describes how you feel.**

<b>1</b>	<b>In the last two weeks, how often have you experienced the following:</b>				
a	In the last <u>two weeks</u> , I have had severe pain related to my hernia repair	All of the Time	Most of the Time	Some of the Time	None of the Time
b	In the last <u>two weeks</u> , I have felt like there is 'something in there'	All of the Time	Most of the Time	Some of the Time	None of the Time
<b>2</b>	<b>In the last two weeks, how often has your hernia repair affected the following:</b>				
a	In the last <u>two weeks</u> , my hernia repair has made my sleep worse	All of the Time	Most of the Time	Some of the Time	None of the Time
b	In the last <u>two weeks</u> , my hernia repair has made it harder to do my daily routine (e.g. what I do from the time I get up, until I go to bed)	All of the Time	Most of the Time	Some of the Time	None of the Time
c	In the last <u>two weeks</u> , my hernia repair has limited how much I can get done by myself (e.g. without someone to help me)	All of the Time	Most of the Time	Some of the Time	None of the Time
d	In the last <u>two weeks</u> , my hernia repair has made me feel anxious	All of the Time	Most of the Time	Some of the Time	None of the Time
e	In the last <u>two weeks</u> , my hernia repair has made me feel less attractive without my clothes on	All of the Time	Most of the Time	Some of the Time	None of the Time
<b>3</b>	<b>Thinking about your most recent hernia repair surgery, how much do you AGREE or DISAGREE with the following:</b>				
a	I was satisfied with how the surgeon and/or surgical team prepared me for surgery (e.g. what will procedure be like, where will incision be, etc.)	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<b>4</b>	<b>Thinking about your recovery from that surgery, how much do you AGREE or DISAGREE with the following statements:</b>				
a	The surgeon and/or surgical team adequately prepared me for the emotional side of recovery (e.g. worry, depression, nervousness, etc.).	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

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<b>5</b>	<b>Thinking about your most recent hernia repair, how much do you AGREE or DISAGREE with the following:</b>				
a	I was able to discuss recovery concerns with my surgeon and/or surgical team (e.g. infections, continuing pain, water retention, medication, wound care, limitations, etc.)	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<b>6</b>	<b>When you think about possible changes to your body caused by the repair, how much do you AGREE or DISAGREE with the following statement:</b>				
a	I was aware that my hernia repair might cause long-term changes to my body (e.g. loss of navel, weight gain or loss, scarring).	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<b>7</b>	<b>Thinking about your surgeon and/or surgical team, how much do you AGREE or DISAGREE with the following statements:</b>				
a	My surgeon and/or surgical team cared about my unique situation (e.g. medical history, personal needs).	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<b>8</b>	<b>Thinking about your overall hernia repair experience, how much do you AGREE or DISAGREE with the following statements:</b>				
a	This repair changed my life for the better.	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<b>9</b>	<b>When you think about how your repair has affected how your body looks, how satisfied are you with the following:</b>				
a	The symmetry (evenness) of my abdomen since my repair	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
b	How normal I feel in my clothing with my repair	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
c	My hernia repair scar	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
<b>Scoring</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

*Thank you for completing this form.*