| ID: | | | |
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| | | | |



Appendix I. The HPQ (Herniorrhaphy Pain Quest)

| 1. | Estimate the country of the state of | 1. No pain |
|----|---|--|
| | Estimate the severity of pain in the groin you felt before the operation | 2. Pain present but can easily be ignored |
| 2. | Estimate the pain you feel right now in the groin on the same side as the operation | 3. Pain present, cannot be ignored, but does not interfere with everyday activities |
| | grom on the same side as the operation | 4. Pain present, cannot be ignored, interferes with concentration on chores and daily activities |
| 3. | Estimate the worst pain you felt in the operated groin during this past week | 5. Pain present, cannot be ignored, interferes with most activities 6. Pain present, cannot be ignored, necessitates bed rest 7. Pain present, cannot be ignored, prompt medical advice sought |

| 4. | | | | | | |
|--|--|--|--|---|--|--|
| If you answered "no pain" to question 4, try to remember when the pain in the operated | 1. The pain in the operated groin disappeared within 1 | 2. The pain in the operated groin disappeared 2-3 months | 3. The pain in the operated groin disappeared 4-6 months | 4. The pain in the operated groin disappeared 7-12 months | 5. The pain in the operated groin disappeared 13-24 months | 6. The pain in the operated groin disappeared recently |
| groin disappeared after the operation | month after the operation | after the operation | after the operation | after the operation | after the operation | |

| 5. How often have you felt pain in the operated groin during the | 1. Once a week | 2. 2-5 times a week | 3. Every day | 4. Every day and even during night | 5 I have had pain the whole week, day as |
|---|----------------------|---------------------------|--------------------|------------------------------------|--|
| past week? | WCCK | a week | day | time | well as night |

| 6. How long have the episodes of pain lasted the in the past week? | 1. 1 minute 1 - hour | 2. 1-5 hours | 3. The whole day | 4. Day and night | 5. The pain has lasted the whole week, day and night |
|---|----------------------------|-----------------|---------------------|---------------------|--|
| | | | | | day and mgm |

| 7. | Do you find it difficult getting up from a low chair because of pain in the operated groin? | |
|-----|---|----------------|
| 8. | Do you find it difficult sitting down for more than half an hour because of the pain? | No Yes |
| 9. | Do you find it difficult standing up for more than half an hour because of the pain? | I don't know |
| 10. | Do you find it difficult going up or down stairs because of the pain? | Not applicable |
| 11. | Does driving a car cause you pain? | |
| 12, | Has the pain limited your ability to exercise and perform sports? | |

| 13 | Have you on any occasion taken pain-killers for pain in the operated groin? | No | Yes |
|----|---|----|-----|
| | | | |

| 14. | 1. | 2. | 3. | 4. | 5. | 6. |
|--|---|--|--|---|--|---------------------|
| To what extent has pain in the groin limited your working capability in the last 2 months? | I have not needed to take sick leave | The pain made me take 1-7 days' sick leave during the last 2 months | The pain made me take sick leave for 1-4 weeks during the last 2 months | The pain has made me take sick leave for the whole of the last 2 months | I have a disability pension because of pain in the groin | I am not working |

| 15. | 1. No pain | | |
|---|--|--|--|
| Estimate the severity of pain you feel right now in the | 2. Pain present but can easily be ignored | | |
| groin opposite to the operated side | 3. Pain present, cannot be ignored, but does not | | |
| | interfere with everyday activities | | |
| | 4. Pain present, cannot be ignored, interferes with | | |
| 16. | concentration on chores and daily activities | | |
| | 5. Pain present, cannot be ignored, interferes with most | | |
| Estimate the worst pain you have felt in the groin | activities | | |
| opposite to the operated side during this past week | 6. Pain present, cannot be ignored, necessitates bed | | |
| | rest | | |
| | 7. Pain present, cannot be ignored, prompt medical | | |
| | advice sought | | |

| To be answered by males – have you experienced testicular pain on the same side as the operat groin since the operation? | ed No |
|--|-------|
| 18. Have you been operated on for hernia or had an abdominal operation since the hernia operation 2000? | Yes |