

The short-form Inguinal Pain Questionnaire

1. Estimate the worst pain you felt in the operated groin during the past week.

1. No pain
2. Pain present but can easily be ignored
3. Pain present, cannot be ignored, but does not interfere with daily activities
4. Pain present, cannot be ignored, interferes with concentration on chores and daily activities
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

2. If you have experienced groin pain, to what extent has it limited your ability to perform following activities? Multiple options can be selected.

- Getting up from a low chair
- Sitting down (more than half an hour)
- Standing up (more than half an hour)
- Going up or down stairs
- Driving a car
- Exercise and perform sports