



Questionnaire regarding pain after surgery for ventral hernia

Choose the alternative which best describes your pain following surgery for ventral hernia. Choose only one alternative for each question.

1. Date

2. Describe the pain you experienced from your hernia prior to surgery.

- a. No pain
- b. Pain that could easily be ignored
- c. Pain that could not be ignored but did not influence daily activities
- d. Pain that could not be ignored, which affected concentration and performance of daily activities
- e. Pain that inhibited most daily activities
- f. Pain that required rest or bed rest
- g. Pain so severe that you were forced to seek medical attention

3. Describe the abdominal pain you experience right now following surgery.

- a. No pain
- b. Pain that can easily be ignored
- c. Pain that cannot be ignored, but does not affect your daily activities
- d. Pain that cannot be ignored, which affects concentration and daily activities
- e. Pain that inhibits most daily activities
- f. Pain that requires rest or bed rest
- g. Pain so severe that you are forced to seek medical attention

4. Describe your abdominal pain when most intense during the last week.

- a. No pain
- b. Pain that could easily be ignored
- c. Pain that could not be ignored but did not influence daily activities
- d. Pain that could not be ignored, which affected concentration and performance of daily activities
- e. Pain that inhibited most daily activities
- f. Pain that required rest or bed rest
- g. Pain so severe that you were forced to seek medical attention

5. If you no longer have pain in the operated area, try to recall when your abdominal pain stopped. After answering this question, go skip to question 16.

- a. I still have abdominal pain
- b. Pain in the operated area stopped within 1 month following surgery
- c. Pain in the operated area stopped within 3 months following surgery
- d. Pain in the operated area stopped within 6 months following surgery
- e. Pain in the operated area stopped within 1 year following surgery
- f. Pain in the operated area stopped within 2 years following surgery
- g. Pain in the operated area stopped recently

If you have reported some form of abdominal pain during the last week, please answer the remainder of the questionnaire.

6. How often have you felt abdominal pain in the operated area in the last week?

- a. A few times during the last week
- b. Several times during the last week
- c. Every day
- d. Every day and night
- e. Constant pain during the last week (day and night)

7. How long does the pain persist when experienced this last week?

- a. A few minutes
- b. Several minutes
- c. Most of the day
- d. All day
- e. Constant pain during the last week (day and night)

8. Do you find it difficult to rise from a low-sitting chair as a result of your abdominal pain?

- a. No
- b. Yes
- c. Not sure
- d. Never perform this activity

9. Do you find it difficult to sit for an extended period (over 30 minutes) as a result of your abdominal pain?

- a. No
- b. Yes
- c. Not sure
- d. Never perform this activity

10. Do you find it difficult to stand for an extended period (over 30 minutes) as a result of your abdominal pain?

- a. No
- b. Yes
- c. Not sure
- d. Never perform this activity

11. Do you find it difficult to climb stairs as a result of your abdominal pain?

- a. No
- b. Yes
- c. Not sure
- d. Never perform this activity

12. Do you find it difficult to drive a car as a result of your abdominal pain?

- a. No
- b. Yes
- c. Not sure
- d. Never perform this activity

13. Has abdominal pain limited your ability to perform sports activities?

- a. No
- b. Yes
- c. Not sure
- d. Never perform this activity

14. Have you taken any pain medication during the last week for abdominal pain?

- a. No
- b. Yes

If yes, which medication?

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15. To what extent has abdominal pain limited your ability to work during the last two months?

- a. I have not needed any sick-leave as a result of abdominal pain
- b. Abdominal pain has caused 1-7 days of sick-leave during the last 2 months
- c. Abdominal pain has caused 1-4 weeks of sick-leave during the last 2 months
- d. Abdominal pain has caused constant sick-leave during the last 2 months
- e. Abdominal pain has caused me to seek disability income
- f. I am unemployed or retired

16. Have you had hernia or any other type of abdominal surgery after your initial surgery?

- a. No
- b. Yes

17. Do you feel any abdominal stiffness or rigidity after surgery?

- a. No
- b. Yes

18. Are you satisfied with your operation?

- a. No
- b. Yes

19. Would you repeat the operation if necessary?

- a. No
- b. Yes

20. How would you describe your work?

- a. Heavy physical work
- b. Light physical work
- c. Office work