

HERQL (Version 1.1)

* Required

Discomfort induced by hernia in the past week

1. Please indicate the severity of pain induced by hernia at rest (i.e. lie down) *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Not at all painful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Most severe pain imaginable

2. Is there any protrusion or straining sensation over your abdominal wall/groin hernia? *

Mark only one oval.

- Never
- Seldom (once every several months)
- Occasionally (several times a month)
- Often (several times a week)
- Persistent

3. Please indicate the severity of pain induced by hernia during light activity (i.e. walking) *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Not at all painful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Most severe pain imaginable

4. Please indicate the severity of pain induced by hernia during moderate activity (i.e. climbing stairs) *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Not at all painful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Most severe pain imaginable

10. Do you experience any discomfort in the past week? *

(multiple selections)

Check all that apply.

- Not at all
- Upper gastrointestinal discomfort
- Lower gastrointestinal discomfort
- Back discomfort
- Urinary discomfort
- Sexual discomfort
- Other:

11. Please describe the impact of hernia on your health *

Mark only one oval.

- No impact at all
- Little impact
- Moderate impact
- Severe impact
- Extremely severe impact

12. Does hernia elicit any economic burden for you? *

Mark only one oval.

- No burden at all
- Little burden
- Moderate burden
- Severe burden
- Extremely severe burden

13. Please value your global health/quality-of-life in the past week *

Mark only one oval.

- Excellent
- Good
- Fair
- Poor
- Extremely poor

14. Have you received surgical repair of hernia? *

Mark only one oval.

- Not yet
- Repaired *Skip to question 15.*

Having received hernia repair surgery

15. Have you ever experienced mesh foreign body sensation?

(Skip this item if you did not receive mesh repair for hernia)

Mark only one oval.

- Never
- Seldom (once every several months)
- Occasionally (several times per month)
- Often (several times per week)
- Always

16. Do you experience any discomfort associated with hernia surgery in the past week? *

(multiple selections)

Check all that apply.

- Not at all
- Groin pain
- Groin or inner thigh paresthesia (numbness)
- Abdominal wall pain
- Abdominal wall paresthesia (numbness)
- Water contact or urination pain
- Coital pain
- Testicular pain
- Ovulation or menstration pain
- Other: _____

17. Please indicate the severity of discomfort *

Mark only one oval.

- No bother at all
- Little bothersome
- Moderate bothersome
- Very bothersome
- Extremely bothersome

18. How do you rate your last hernia repair? *

Mark only one oval.

- Very satisfactory
- Satisfactory
- Fair
- Unsatisfactory
- Very unsatisfactory

19. **Regarding outcome of hernia repair, you are.... ***

Mark only one oval.

- Very confident that hernia will not recur
- Supposedly that hernia will not recur
- Have no idea whether hernia will recur
- Worried about that hernia may recur
- The hernia has recurred

20. **How do you rate the improvement in quality-of-life by hernia repair? ***

Mark only one oval.

- A lot of improvement in quality-of-life
- Slight improvement in quality-of-life
- No change in quality-of-life
- Slight deterioration in quality-of-life
- Devastating in quality-of-life

Powered by

