## HERQL (Version 1.1) \* Required

## Discomfort induced by hernia in the past week

	, 00	val.	verity of	paın ır	iduced	by nern	iia at re	st (i.e. I	ie aowr	1) *		
	0	1	2	3	4	5	6	7	8	9	10	
Not at all painful												Most severe pain imaginable
	nly one o		or stra	ining s	ensatio	n over y	our ab	domina	l wall/g	roin he	rnia? *	
	Never											
	Seldom (		•									
	Occasion	ally (se	veral tim	ies a mo	onth)							
	Often (se	veral tir	nes a we	eek)								
	Persisten	ıt										
3. <b>Please</b> <i>Mark or</i>	indicate		verity of	pain ir	nduced	by hern	ia durir	ng light	activity	(i.e. wa	alking) *	•
	0	1	2	3	4	5	6	7	8	9	10	
Not at all painful	0	1	2	3	4	5	6	7	8	9	10	Most sever pain imaginable
all painful 4. Please climbin		the sev										sever pain

	0	1	2	3	4	5	6	7	8	9	10	
Not at all painful												Most severe pain imaginat
Which co (multiple s Check all	selectio	ns)	ou think	are mo	ost affe	cted by	hernia	?*				
Not	affected	d by her	nia at all									
At re		•										
Liftir	ng heav	y weigh	ts or def	ecation								
Long	g sitting	, long st	tanding,	keep wa	alking o	r chang	e positio	on				
	rcise					-						
Daily Outo	y activit	tivity (wa	ework) re alking, bi			) restric	ted					
Hea	vy labo	r restrict	ted									
Have you Mark only			nalgesic	s due to	o hernia	a induc	ed pain	or disc	omfort	? *		
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	ever				41 \							
			ery seve									
( ) Ot		• `	eral time		ntn)							
		verai tiir	nes a we	ek)								
	ılıy											
Of Da					octricti	on due	to hern	nia indu	ced pai	n or dis	comfor	t
O Da	dicate	the exte	ent of a	ctivity r	esu icu						• • • • • • • • • • • • • • • • • • • •	-
Da Please in			ent of a	ctivity r	estricti							
Da Please in			ent of a	ctivity r	estricti							
Da Please in		⁄al.		ctivity r			6	7	8	9	10	ı

10.	(multiple selections)  Check all that apply.
	Not at all
	Upper gastrointestinal discomfort
	Lower gastrointestinal discomfort
	Back discomfort
	Urinary discomfort
	Sexual discomfort
	Other:
	Culci.
11.	Please descript 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

Mark only one oval.
Very confident that hernia will not recur
Suppposely 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 get the improvement in quality of life by begin a gradu?
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
Mark only one oval.  A lot of improvement in quality-of-life
Mark only one oval.  A lot of improvement in quality-of-life  Slight improvement in quality-of-life
Mark only one oval.  A lot of improvement in quality-of-life  Slight improvement in quality-of-life  No change in quality-of-life

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