Hernia Patient Reported Outcome Questionnaire (PRO)

Today's Date: 

Name: 

Read each question and circle the answer that best describes how you feel.

1  In the last two weeks, how often have you experienced the following:

   a  In the last two weeks, I have had severe pain related to my hernia
      All of the Time  Most of the Time  Some of the Time  None of the Time

2  In the last two weeks, how often has your hernia affected the following:

   a  In the last two weeks, my hernia has made my sleep worse
      All of the Time  Most of the Time  Some of the Time  None of the Time

   b  In the last two weeks, my hernia has made it harder to do my daily routine (e.g. what I do from the time I get up, until I go to bed)
      All of the Time  Most of the Time  Some of the Time  None of the Time

   c  In the last two weeks, my hernia has limited how much I can get done by myself (e.g. without someone to help me)
      All of the Time  Most of the Time  Some of the Time  None of the Time

   d  In the last two weeks, my hernia has made me feel anxious
      All of the Time  Most of the Time  Some of the Time  None of the Time

   e  In the last two weeks, my hernia has made me feel less attractive without my clothes on
      All of the Time  Most of the Time  Some of the Time  None of the Time

3  In the last two weeks, when you think about how your hernia has affected how your body looks, how satisfied are you with the following:

   a  The symmetry (evenness) of my abdomen
      Very Unsatisfied  Somewhat Dissatisfied  Somewhat Satisfied  Very Satisfied

   b  How normal I feel in my clothing with my hernia
      Very Unsatisfied  Somewhat Dissatisfied  Somewhat Satisfied  Very Satisfied

Scoring

Thank you for completing this form.
# Hernia Patient Reported Outcome Questionnaire (PRO)

**Today's Date:**
(MMM/DD/YYYY) __________/_____/________

**Name:** ____________________________________

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**Read each question and circle the answer that best describes how you feel.**

### 1. In the last two weeks, how often have you experienced the following:

|   |   | All of the Time | Most of the Time | Some of the Time | None of the Time |
|---|---|----------------|------------------|-----------------|-----------------|
| a | In the last two weeks, I have had severe pain related to my hernia repair |   |                 |                 |                 |
| b | In the last two weeks, I have felt like there is 'something in there' |   |                 |                 |                 |

### 2. In the last two weeks, how often has your hernia repair affected the following:

|   |   | All of the Time | Most of the Time | Some of the Time | None of the Time |
|---|---|----------------|------------------|-----------------|-----------------|
| a | In the last two weeks, my hernia repair has made my sleep worse |   |                 |                 |                 |
| b | In the last two weeks, my hernia repair has made it harder to do my daily routine (e.g. what I do from the time I get up, until I go to bed) |   |                 |                 |                 |
| c | In the last two weeks, my hernia repair has limited how much I can get done by myself (e.g. without someone to help me) |   |                 |                 |                 |
| d | In the last two weeks, my hernia repair has made me feel anxious |   |                 |                 |                 |
| e | In the last two weeks, my hernia repair has made me feel less attractive without my clothes on |   |                 |                 |                 |

### 3. Thinking about your most recent hernia repair surgery, how much do you AGREE or DISAGREE with the following:

|   |   | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|---|-------------------|-------------------|---------------|---------------|
| a | I was satisfied with how the surgeon and/or surgical team prepared me for surgery (e.g. what will procedure be like, where will incision be, etc.) |   |                 |               |               |

### 4. Thinking about your recovery from that surgery, how much do you AGREE or DISAGREE with the following statements:

|   |   | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|---|-------------------|-------------------|---------------|---------------|
| a | The surgeon and/or surgical team adequately prepared me for the emotional side of recovery (e.g. worry, depression, nervousness, etc.) |   |                 |               |               |
### Hernia Patient Reported Outcome Questionnaire (PRO)

| Today's Date: (MMM/DD/YYYY) | __________/________/__________ |
| Name: | ____________________________________ |

5. Thinking about your most recent hernia repair, how much do you AGREE or DISAGREE with the following:

|   | I was able to discuss recovery concerns with my surgeon and/or surgical team (e.g. infections, continuing pain, water retention, medication, wound care, limitations, etc.) | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|-------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------|----------------|

6. When you think about possible changes to your body caused by the repair, how much do you AGREE or DISAGREE with the following statement:

|   | I was aware that my hernia repair might cause long-term changes to my body (e.g. loss of navel, weight gain or loss, scarring). | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|-----------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------|----------------|

7. Thinking about your surgeon and/or surgical team, how much do you AGREE or DISAGREE with the following statements:

|   | My surgeon and/or surgical team cared about my unique situation (e.g. medical history, personal needs). | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|-------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------|----------------|

8. Thinking about your overall hernia repair experience, how much do you AGREE or DISAGREE with the following statements:

|   | This repair changed my life for the better. | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------|----------------|

9. When you think about how your repair has affected how your body looks, how satisfied are you with the following:

|   | The symmetry (evenness) of my abdomen since my repair | Very Unsatisfied | Somewhat Unsatisfied | Somewhat Satisfied | Very Satisfied |
|---|-------------------------------------------------------------------------------------------------|-------------------|---------------------|-------------------|----------------|
|   | How normal I feel in my clothing with my repair | Very Unsatisfied | Somewhat Unsatisfied | Somewhat Satisfied | Very Satisfied |
|   | My hernia repair scar | Very Unsatisfied | Somewhat Unsatisfied | Somewhat Satisfied | Very Satisfied |

### Scoring

|   | 1 | 2 | 3 | 4 |

Thank you for completing this form.