Hernia Patient Reported Outcome Questionnaire (PRO)

Today's Date: (MMM/DD/YYYY)	_____/_____/_____
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 <u>two weeks</u>, I have had severe pain related to my hernia repair	All of the Time	Most of the Time	Some of the Time	None of the Time
b	In the last <u>two weeks</u>, I have felt like there is 'something in there'	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 repair affected the following:**				
a	In the last <u>two weeks</u>, my hernia repair 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 <u>two weeks</u>, 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)	All of the Time	Most of the Time	Some of the Time	None of the Time
c	In the last <u>two weeks</u>, my hernia repair 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 <u>two weeks</u>, my hernia repair 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 <u>two weeks</u>, my hernia repair 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	**Thinking about your most recent hernia repair surgery, how much do you AGREE or DISAGREE with the following:**				
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.)	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
4	**Thinking about your recovery from that surgery, how much do you AGREE or DISAGREE with the following statements:**				
a	The surgeon and/or surgical team adequately prepared me for the emotional side of recovery (e.g. worry, depression, nervousness, etc.).	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

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5	**Thinking about your most recent hernia repair, how much do you AGREE or DISAGREE with the following:**				
a	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:**				
a	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:**				
a	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:**				
a	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:**				
a	The symmetry (evenness) of my abdomen since my repair	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
b	How normal I feel in my clothing with my repair	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
c	My hernia repair scar	Very Unsatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied

Thank you for completing this form.