

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 <u>two weeks</u>, how often have you experienced the following:				
a	In the last <u>two weeks</u> , 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 <u>two weeks</u>, how often has your hernia affected the following:				
a	In the last <u>two weeks</u> , 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 <u>two weeks</u> , 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 <u>two weeks</u> , 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 <u>two weeks</u> , 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 <u>two weeks</u> , 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
<i>Thank you for completing this form.</i>					