Summary score = 120 - (20/12)*(raw score)
Minimally clinically important difference (MCID) = 15.6

AMERICAS HERNIA SOCIETY QUALITY COLLABORATIVE

Baseline and 30 Day Follow Up

What would your doctor need to know regarding your experience of your hernia (or hernia surgery) to take good care of you?

Please respond to each item by marking one box per row.

In the past 7 days…	Had no pain	Mild	Moderate	Severe	Very Severe
How intense was your pain at its worst?....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
How intense was your average pain?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	No pain	Mild	Moderate	Severe	Very Severe
What is your level of pain right now?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

For the following statements, please circle the number that is most appropriate for you.	*Strongly Disagree*	*Moderately Disagree*	*Slightly Disagree*	*Slightly Agree*	*Moderately*	*Strongly Agree*
1. My abdominal wall has a huge impact on my health	1	2	3	4	5	6
2. My abdominal wall causes me physical pain	1	2	3	4	5	6
3. My abdominal wall interferes when I perform strenuous activities, e.g., heavy lifting	1	2	3	4	5	6
4. My abdominal wall interferes when I perform moderate activities, e.g. bowling, bending over	1	2	3	4	5	6
5. My abdominal wall interferes when I walk or climb stairs	1	2	3	4	5	6
6. My abdominal wall interferes when I dress myself, take showers and cook	1	2	3	4	5	6
7. My abdominal wall interferes with my sexual activity	1	2	3	4	5	6
8. I often stay home because of my abdominal wall	1	2	3	4	5	6
9. I accomplish less at home because of my abdominal wall	1	2	3	4	5	6
10. I accomplish less at work because of my abdominal wall	1	2	3	4	5	6
11. My abdominal wall effects how I feel every day	1	2	3	4	5	6
12. I often feel blue because of my abdominal wall	1	2	3	4	5	6