



Surgical Consultants of Dallas, L.L.C

Carolinas Equation for Quality of Life Inguinal Hernia Repair Risk

Patient Name: _____ Date: _____

Age: _____

Do you have a hernia on one or both sides? _____

Have you ever had this hernia repaired? _____

Scale:

- 0- None
- 5- Severe debilitating

1. While lying down, how severe is your pain? _____

2. While bending over, how severe is your pain? _____

3. While bending over, is your movement limited? _____

4. While sitting up, how severe is your pain? _____

5. While sitting up, is your movement limited? _____

6. While performing activities of daily living (i.e. getting out of bed, bathing, getting dressed), how severe is your pain? _____

7. While performing activities of daily living (i.e. getting out of bed, bathing, getting dressed), is your movement limited? _____

8. When coughing or deep breathing, do you have pain? _____

9. When coughing or deep breathing, is your movement limited? _____

10. While walking, do you have pain? _____

11. While walking, is your movement limited? _____

12. When walking up the stairs, do you have pain? _____

13. When walking up the stairs, is your movement limited? _____

14. While exercising, do you have pain? _____

15. While exercising, is your movement limited? _____