

Hernia Questionnaire

Name: _____ Date: _____

1. When did you first notice this hernia or pain? _____

2. Did this occur on the job? Yes___ No___
If yes, did you notify your supervisor? Yes___ No___
What were you doing when the pain happened? _____

3. Bulge? Yes___ No___
If yes, Left___ Right___

4. Pain? Yes___ No___
if yes, burning___ stinging___

Does pain:	Increase	Decrease	Doesn't change
with exercise	_____	_____	_____
with lifting	_____	_____	_____
with bowel movement	_____	_____	_____
with coughing/sneezing	_____	_____	_____

6. Previous hernia repair? Yes ___ No ___
If yes, Left___ Right___
Dates including year _____

7. Bowels regular? Yes ___ No ___

8. Blood in stools? Yes ___ No ___

8. Black tarry stools? Yes ___ No ___

10. Pain going down your leg? Yes ___ No ___