

HERNIA SCREENING QUESTIONNAIRE

If you think you may have a hernia, use this checklist to help identify symptoms. You can either fill it out before your appointment or bring the blank form to complete together with your Primary Care provider.

☐ YES ☐ NO **Do you notice a bulge in the groin? If yes...**

☐ YES ☐ NO Does the bulge get larger/become more noticeable later in the day?

☐ YES ☐ NO Do you have pain in the groin area?

☐ YES ☐ NO Does activity or being on your feet make the pain/soreness worse?

☐ YES ☐ NO Do you ever feel or hear gurgling in the groin?

☐ YES ☐ NO **Do you notice a bulge or "outtie" at the belly button? If yes...**

☐ YES ☐ NO Does the bulge get larger/become more noticeable later in the day?

☐ YES ☐ NO Do you have pain in the belly button area?

☐ YES ☐ NO Does activity or being on your feet make the pain/soreness worse?

☐ YES ☐ NO Do you ever feel or hear gurgling in the belly button?

☐ YES ☐ NO **Have you had prior abdominal surgery? If yes...**

☐ YES ☐ NO Do you notice a bulge at any of the scars from your prior incisions?

☐ YES ☐ NO Do you have any pain at the scars from your prior incisions?

☐ YES ☐ NO Does activity, lifting, or being on your feet make the pain/soreness worse?

☐ YES ☐ NO Do you ever feel or hear gurgling at the scars from your prior incisions?

☐ YES ☐ NO **Do you have chronic constipation or have to strain to move your bowels or empty your bladder?**

☐ YES ☐ NO **Do you have a chronic or recurrent cough?**



Schedule an appointment to review your answers with a Primary Care provider today! Call (800) 737-7900.