Supplementary file 2 (text)

Pain intensity scores
Pain intensity scores at rest, during activity, on average and maximally, during the previous week were indicated on horizontally placed numerical rating scales (NRSs) anchored by no pain (= 0) and worst imaginable pain (= 10). In the statistical analyses the scores were summated (min = 0; max = 40).

Activities Assessment Scale
The AAS is an groin hernia repair specific pain-related functional scale [1]. The AAS includes 13 statements regarding functional status levels, from lying in bed to engaging in vigorous physical activities. For each functional level the subject indicates difficulty in performing the activity for the last 24 hrs as: ‘no difficulty’ (1 pt); ‘a little difficulty’ (2 pts); ‘some difficulty’ (3 pts); ‘a lot of difficulty’ (4 pts); ‘not able to perform’ (5 pts); or ‘did not perform for other reasons’ (8 pts). In the present study a modified AAS was used, including 8 of the 13 functional status levels. The first five ordinal scores were used for response evaluation, whereas the last category ‘did not perform for other reasons’ was not included in the analyses. A summated measure of the 8 AAS scores was used (min = 8 pts; max = 40 pts). The higher the summated score, the higher the impact of pain on activity-of-daily-living (ADL).

Hospital Anxiety and Depression Scale
The HADS evaluates anxiety (HADS-A) and signs of depression (HADS-D) [2]. The questionnaire consists of two subscales with seven questions in each with a timeframe corresponding to the previous week. For each question, the subject marks the response on a four-category ordinal scale. Each response scores from 0 to 3 pts. The two subscale scores for anxiety and depression are summated individually, a total score of 11 pts or more indicate anxiety or symptoms of depression.

Pain Catastrophizing Scale
The PCS evaluates pain catastrophizing behavior [3]. The questionnaire consists of three subscales with a total of 13 questions assessing rumination, exaggeration, and helplessness. For each question, the subject marks the response on a five-category ordinal scale: from 0 pts (‘not at all’) to 4 pts (‘all the time’). The three subscale scores are summated, and a total score of 30 pts indicate signs of pain catastrophizing behavior.
Self-reported Leeds Assessment of Neuropathic Symptoms and Signs pain scale

The S-LANSS is a questionnaire evaluating symptoms and signs of neuropathic pain [4]. The questionnaire consists of seven binary questions (yes/no). Each response scores from 0 to 5 pts. The scores are summated (min = 0 pts; max = 24 pts) and a score > 12 pts suggests a pain of predominantly neuropathic origin.

painDETECT

The painDETECT is an additional questionnaire evaluating neuropathic pain [5]. The questionnaire consists of seven questions: five questions regarding pain intensity and each having six possible responses yielding a score from 0 to 5 pts; one question regards the pain pattern with a score from -1 to 2 pts; and one question regarding whether the pain irradiates to other areas answered with a yes (2 pts) or no (0 pts). The points are summated to a total score. If the total score is ≤ 12 pts, it is unlikely that the pain is of neuropathic origin (< 15%). A total score > 12 pts and < 18 pts is an undecided result. A total score of ≥ 18 pts indicates that the pain probably is of neuropathic origin.

REFERENCES