

APPENDIX

ITEMS AND CODING OF EACH SCORE OF QUESTIONNAIRE FOR PERSONS WITH TRANSFEMORAL AMPUTATION (Q-TFA)

Figures between () are used for the raw calculation. Each score and sub-score is transformed to a figure between 0-100 by dividing the actual figure with its maximum figure.

PROSTHETIC USE SCORE

How many days per week, on average, do you wear the prosthesis? Number of days:

0 1 2 3 4 5 6 7

How many hours per day, on average, do you wear the prosthesis?

- 0 – 3 hours (1.5)
- 4 – 6 hours (5)
- 7 – 9 hours (8)
- 10 – 12 hours (11)
- 13 – 15 hours (14)
- more than 15 hours (15.5)

Calculation of score: Multiply number of days by the number of hours within (). Divide the figure by 108.5. Both items have to be answered to calculate the score.

PROSTHETIC MOBILITY SCORE

SUB-SCORE WALKING AIDS

A. Which walking aid do you normally use when walking in your home wearing the prosthesis?

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| Walking frame or
similar | 2 crutches or
2 sticks | 1 crutch or
1 stick | Nothing |

B. Which walking aid do you normally use when walking outdoors wearing the prosthesis?

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> (0) | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) | <input type="checkbox"/> (3) |
| Walking frame or similar | 2 crutches or 2 sticks | 1 crutch or 1 stick | Nothing |

Calculation of sub-score: Add the figures for A and B. Divide the sum by 6. Both items have to be answered to calculate the score.

SUB-SCORE CAPABILITY

Can you perform the following movements wearing the prosthesis and with the support of your normal walking aid? Please feel free to try the movement if you are unsure of your answer.

- | | Yes | No | Not tried |
|---|--------------------------|--------------------------|--------------------------|
| A. Walking up and down stairs without a handrail: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Walking up a hill: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Walking down a hill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Walking over uneven terrain, e.g. on forest trails or fields: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Walking quickly over a distance of 50 meters: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Walking while carrying a bag of food shopping or light suitcase: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (1) | (0) | (0) |

Can you do the following when wearing the prosthesis? Please feel free to try if you are unsure of your answer

- | | Yes | No | Not tried |
|--|--------------------------|--------------------------|--------------------------|
| G. Standing up for 10-15 minutes without support and without discomfort: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Walking across the room carrying a tray with both hands: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Sitting comfortably in a low armchair or in the back seat of a car: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. From a seated position, bending down and tying your shoelaces: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Easily sitting down on the floor and standing up again: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Cycling: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (1) | (0) | (0) |

Calculation of sub-score: Count the number of the answer Yes. Divide the sum by 12.

A missing answers is treated like answer No or Not tried = 0.

SUB-SCORE WALKING HABITS

Over the past three months, how often have you used the prosthesis to continuously walk outdoors any of the distances shown below? (Enter one cross for each distance)

	Daily	Several times/week	Once/week	Less than once/week	Never
50 m:	<input type="checkbox"/>				
200 m:	<input type="checkbox"/>				
500 m:	<input type="checkbox"/>				
2 km:	<input type="checkbox"/>				
5 km or more:	<input type="checkbox"/>				
	(4)	(3)	(2)	(1)	(0)

Calculation of sub-score: Add the figure for each distance. Divide the sum by 20.

Missing answers: If three or more distances are answered properly the score is calculated by dividing the actual raw sum with the actual maximum raw sum for the number of distances answered.

Calculation of the Prosthetic Mobility Score: Calculate each sub-score and transform it to a figure between 0 –100. Calculated the average of the sub-scores. At least two of the three sub-scores have to be included.

PROBLEM SCORE

Over the past four weeks, have you been troubled by any of the following?

Please specify how much trouble you have had and how this trouble has affected your quality of life. Enter a figure between 0 - 4 in the box for trouble and a figure between 0 - 4 in the box for quality of life.

Examples:

	Trouble	Quality of life
1a Have you experienced phantom pains?	<input type="checkbox"/>	<input type="checkbox"/>
1b How has this affected your quality of life?	(0-4)	(0-4)
15a Has the prosthesis made it uncomfortable to sit down?	<input type="checkbox"/>	<input type="checkbox"/>
15b How has this affected your quality of life?	(0-4)	(0-4)

Trouble

- 0 = No trouble
- 1 = Slight trouble
- 2 = Moderate trouble
- 3 = Considerable trouble
- 4 = Great deal of trouble

Quality of life

- 0 = No reduction in quality of life
- 1 = Slight reduction in quality of life
- 2 = Moderate reduction in quality of life
- 3 = Considerable reduction in quality of life
- 4 = Extreme reduction in quality of life

ITEMS INCLUDED (each followed by the question “How has this affected your quality of life?”)

Trouble regardless of prosthesis usage

1. Have you experienced phantom pains?
2. Have you had pain in your residual limb (stump) when not wearing the prosthesis?
3. Have you experienced back pain?
4. Have you had pain in your shoulders?
5. Have you experienced pain in your other leg?
6. Have you been troubled by the appearance of your residual limb (stump)?
7. Have you been troubled by being with other people without your prosthesis?
8. Have you had difficulty using public transport?
9. Have you had difficulty visiting public places such as the cinema, theatre, museum or sports ground?
10. Have you been troubled by not being able to have your hands free when using a walking aid?

Trouble in connection with prosthesis usage

11. Have you had pain in your residual limb (stump) when standing and walking?
12. Have you had difficulty putting on (donning) or removing (doffing) the prosthesis?
13. Have you been unable to rely on the prosthesis being securely fastened?
14. Have you been troubled by noises from the prosthesis' socket?
15. Has the prosthesis made it uncomfortable to sit down?
16. Has the prosthesis made it troublesome to sit on the toilet?
17. Has the prosthesis given rise to sores, chafing or skin irritation?
18. Have you had trouble maintaining good hygiene on your residual limb (stump)?
19. Has the prosthesis caused increased wear on your clothes?
20. Have you had difficulty directing and keeping control of the prosthesis?
21. Have you been unable to walk quickly?
22. Have you been unable to walk in woods or fields?
23. Have you been troubled by the way you walk (e.g. limping / waddling)?
24. Have you had difficulty feeling what type of surface you are standing/walking on?
25. Does your residual limb (stump) become tired when walking with the prosthesis?
26. Have you been troubled by the prosthesis feeling heavy?

27. Have you been troubled by the appearance of the prosthesis (color, shape, surface)?

28. Have you been forced to refrain entirely from using the prosthesis?

Trouble in different weather conditions in connection with prosthesis usage

29. During the last summer, have you been troubled by heat/sweating of your residual limb (stump) when wearing the prosthesis?

30. During the last winter, have you been troubled by the cold in or on your residual limb (stump) when wearing the prosthesis?

Calculation of score: Add the figures for each item (0-4 + 0-4). Add the sum for all items, divide the total sum by 240.

Missing answers: If 15 or more items are answered properly the score is calculated by dividing the actual raw sum with the actual maximum raw sum for the number of items answered.

GLOBAL SCORE

A. How would you summarize your level of function with your current prosthesis?

(0) (1) (2) (3) (4)
Extremely low Low Average High Extremely high

B. How would you summarize the problems you experience with your current prosthesis?

(0) (1) (2) (3) (4)
Extreme Considerable Average Small Extremely small

C. How would you summarize your overall situation as an amputee?

(0) (1) (2) (3) (4)
Extremely poor Poor Average Good Extremely good

Calculation of score: Add the figures for A, B and C. Divide the sum by 12.

Missing answers: If at least two of the three questions are answered properly the score is calculated by dividing the actual raw sum by 8.