A: General characteristics

Please check the answer that best describes your situation or fill in the blank accordingly

Sex: □ Male □ Female

Age: …… Weight: …….. Height: ……..

Years since amputation: ……..

Cause of Amputation: □ Vascular □ Trauma □ Tumor □ Congenital

B. Use and satisfaction.

Please answer, based on your experiences of the past 4 weeks:

How satisfied are you with the following?

A: Fit of prosthesis:

0                                                                                                   100
Unsatisfied                                                                           Completely satisfied

B: Ability to don and doff prosthesis:

0                                                                                                   100
Unsatisfied                                                                           Completely satisfied

C: Ability to sit with prosthesis:

0                                                                                                   100
Unsatisfied                                                                           Completely satisfied
D: Ability to walk with prosthesis:

Unsatisfied                                    Completely satisfied

E: Ability to walk on uneven terrain:

Unsatisfied                                    Completely satisfied

F: Ability to walk up and down stairs:

Unsatisfied                                    Completely satisfied

G: Appearance of prosthesis:

Unsatisfied                                    Completely satisfied

H: Overall satisfaction with prosthesis

Unsatisfied                                    Completely satisfied
C. Prosthesis related problems/complaints.
Please answer, based on your experiences of the past 4 weeks:
How bothered were you with any of the following problems during the last 4 weeks?

A: Sweating (perspiration):

0                                                                                          100
Extremely bothered                                                                        Not at all

B: Wounds/ingrown hairs/blisters:

0                                                                                          100
Extremely bothered                                                                        Not at all

C: Skin irritations:

0                                                                                          100
Extremely bothered                                                                        Not at all

D: Pistoning within the socket:

0                                                                                          100
Extremely bothered                                                                        Not at all

E: Painful stump:

0                                                                                          100
Extremely bothered                                                                        Not at all
F: Swelling stump (edema):

0 100
Extremely bothered Not at all

G: Unpleasant smells of prosthesis or stump:

0 100
Extremely bothered Not at all

H: Unwanted sounds:

0 100
Extremely bothered Not at all