



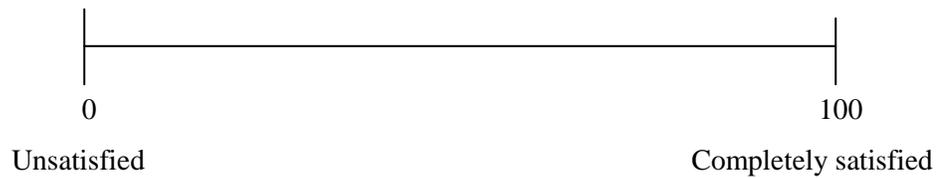
D: Ability to walk with prosthesis:



E: Ability to walk on uneven terrain:



F: Ability to walk up and down stairs:



G: Appearance of prosthesis:



H: Overall satisfaction with prosthesis



**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):



B: Wounds/ingrown hairs/blisters:



C: Skin irritations:



D: Pistoning within the socket:



E: Painful stump:



F: Swelling stump (edema):



G: Unpleasant smells of prosthesis or stump:



H: Unwanted sounds:

