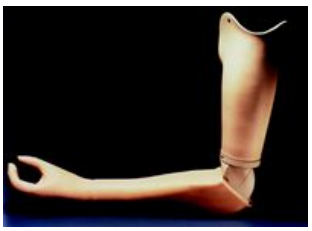
Study ID #___

Survey for Prosthetic Use











If you have questions, please feel free to call our toll-free number: **1-866-448-3134**.

Please return the completed survey in the envelope provided.

Thank you very much for your help.

Photo credits are listed at the end.

Study ID #___

Survey for Prosthetic Use

This survey will help us understand which types of prostheses people with amputations need and want. This information will be used to make future recommendations to VA for you and other people with amputations. ***Your participation is very important. This survey should take you approximately 30 minutes.***

Questions relate to:

- Basic information about you, like age and gender.
- Your initial amputation and military-related injuries.
- The types of prostheses you received after your amputation.
- The prostheses you stopped using.
- Your current prostheses use and expectations for future use.

You are free to not answer any question. Participation or refusal to participate will not affect your medical care. All answers will be kept confidential and only summary information will be released. This means no individual information will be released to any military or VA personnel or insurance companies. Only the study investigators will have access to your information. No one else will be able to review your answers. Your return to service or benefits are not influenced by your answers. If you take the survey by the internet, confidentiality of emails cannot be guaranteed, but the survey is on a secured website.

If you have any questions or need assistance in taking this survey, please call toll-free: 1-866-448-3134 or email Lynne.McFarland@va.gov. Confidentiality of e-mail cannot be guaranteed.

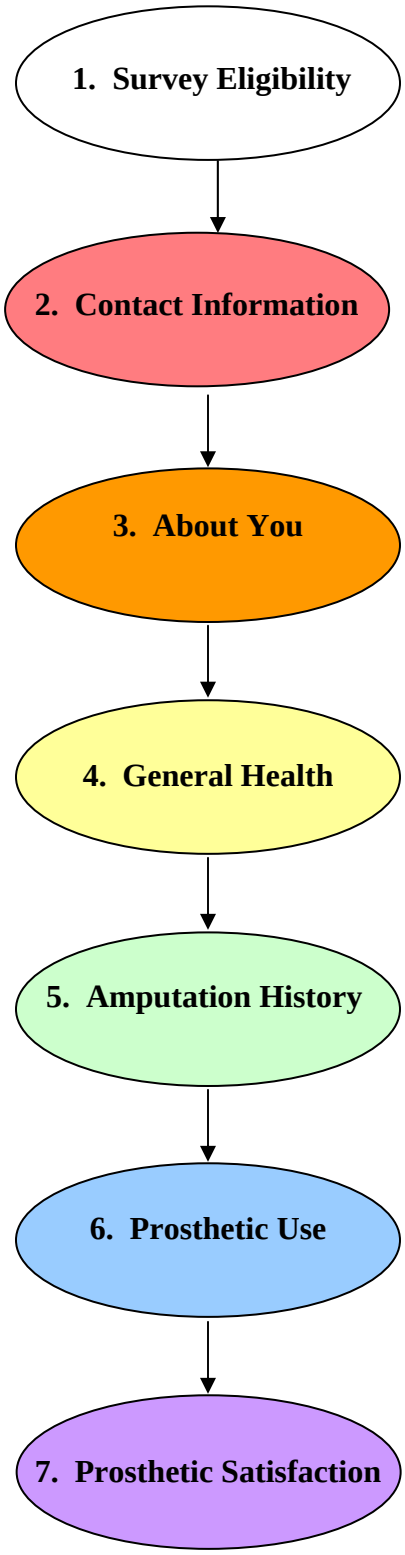
You may take this survey one of three ways:

(1) **By internet**. Visit us at: www.ProstheticUse.com and log on with your study identification number (in the upper right hand corner of this survey).
(2) **By telephone.** Call us toll-free at: **1-866-448-3134**
(3) **By mail.** Complete this survey and mail it back to us in the enclosed self-addressed, stamped envelope.

We thank you for your assistance!

Survey for Prosthetic Use

Sections:



Section #1. Survey Eligibility.

		YES	NO
1.1.	Did you serve in: Operation Enduring Freedom ***or*** Operation Iraqi Freedom ***or*** Operation Desert Storm/Shield? ***or*** the Vietnam War? Which one? (Check all that apply.) ☐ Operation Enduring Freedom ☐ Operation Iraqi Freedom ☐ Operation Desert Storm/Shield ☐ Vietnam War	☐	☐
1.2.	Do you have an amputation at a level higher than fingers or toes?	☐	☐
1.3.	Is your amputation the result of an injury received during one of the above military conflicts?	☐	☐

If you answered "**YES**" to Questions 1.1 - 1.3, you are eligible to participate in this survey.

Proceed to the next question.

If you answered "**NO**" to any of the questions, 

you are not eligible for our study. Please return the survey in the self-addressed, stamped envelope.

Section #2. Contact Information. Note, information on this page will be destroyed after the study is completed. Your answers are confidential.

Name (Last Name, First, Middle Initial):	**Last Four Digits** of Social Security Number:
Telephone Number: ( ) -	**Email Address:**
Postal Address:	
Birthdate (mm/dd/yyyy):	**Today's Date** (mm/dd/yyyy):
Secondary Contact—someone who knows how to contact you, in case your contact information changes: Name: Address: Phone: ( ) -	
Employment: Please check **all** that apply regarding your current employment:	❑ Employed full-time ❑ Employed part-time ❑ Student ❑ Retired, but was employed after my amputation ❑ Retired, but was **not** employed after my amputation ❑ On medical leave ❑ Other
Marital Status:	❑ Married/living together ❑ Divorced/separated ❑ Widowed ❑ Never married
Do you have children?	❑ Yes ❑ No
Do you want a copy of the survey results?	❑ Yes ❑ No

This information is for research purposes only.
Individual information will **not** be shared with VA or other government agencies.
We will only release "summary data" from the survey responses.

We need your full mailing address to contact you if we have questions,
and to send you the survey results.

Section # 3. About You

Please fill in number or check box below:

Age	_____ years
Sex	❑ Male ❑ Female
Race/ethnicity (check all that apply)	❑ American Indian/Alaska Native ❑ Asian ❑ Black/African-American ❑ Hispanic or Latino ❑ Native Hawaiian or other Pacific Islander ❑ White/Caucasian ❑ Other

Military Service:

Current Military Status (check all that apply)	❑ Active military ❑ In Rehab (Walter Reed) ❑ In Rehab (Brooke) ❑ In Rehab (other facility) ❑ Medical discharge ❑ Discharged from military ❑ National Guard or Reserves ❑ Other (*specify*): _____
Highest Rank/Grade:	_____
Where do you currently get your prosthesis made? *(Check all that apply.)*	*Name the facility:* ❑ At military facility: _____ ❑ At VA facility: _____ ❑ At non-government (private) facility: _____ ❑ Don't have a prosthesis now ❑ Other (*specify*): _____
If you are active military, how many years until you retire?	❑ _____ years *(fill in)* ❑ not applicable

Section #4. General Health

This section asks questions on your general health.

4.1. Height and Weight

a.	Usual weight, one year prior to first amputation:	_____ pounds
b.	Current weight:	_____ pounds
c.	Current height:	_____ feet and _____ inches

4.2. Do you currently have any of the following health problems?

		Check Yes or No box: YES	NO
a.	Arthritis	☐	☐
b.	Asthma	☐	☐
c.	Cancer	☐	☐
d.	Chronic back pain	☐	☐
e.	Chronic lung disease (bronchitis, emphysema, COPD)	☐	☐
f.	Depression (not Post-traumatic Stress Disorder)	☐	☐
g.	Diabetes	☐	☐
h.	Difficulty with vision	☐	☐
i.	Gastrointestinal conditions (stomach ulcers, chronic diarrhea/ constipation)	☐	☐
j.	Heart Attack or Coronary Artery Disease	☐	☐
k.	Kidney disease (including dialysis)	☐	☐
l.	Migraine headaches	☐	☐
m.	Pain in the missing limb (phantom)	☐	☐
n.	Pain in the remaining limb (residual)	☐	☐
o.	Peripheral arterial disease	☐	☐
p.	Pneumonia	☐	☐
q.	Post-Traumatic Stress Disorder (not depression in general)	☐	☐
r.	Smoking/tobacco use—current	☐	☐
s.	Smoking/tobacco use—past	☐	☐
t.	Stroke	☐	☐
u.	Traumatic Brain Injury (TBI)	☐	☐
v.	Non-combat-related amputation	☐	☐

Which of the following was a cause for this amputation?

- ☐ trauma
- ☐ diabetes
- ☐ vascular disease
- ☐ cancer
- ☐ other (specify): _____

Section #4. General Health—continued

4.3. Which of the following types of injuries did you sustain and how do they impact your quality of life?

Check box if occurred:	Type of Injury	On a scale of 0 to 10, how do these injuries affect your quality of life today? *(Circle one number for each injury checked.)* Does not affect at all **0**	1	2	3	4	Moderately Affects **5**	6	7	8	9	Strongly Affects **10**
a. ☑	Limb injury(ies) with amputation	0	1	2	3	4	5	6	7	8	9	10
b. ☐	Limb injury(ies) with no amputation	0	1	2	3	4	5	6	7	8	9	10
c. ☐	Head injury	0	1	2	3	4	5	6	7	8	9	10
d. ☐	Eye injury	0	1	2	3	4	5	6	7	8	9	10
e. ☐	Hearing loss	0	1	2	3	4	5	6	7	8	9	10
f. ☐	Chest injury	0	1	2	3	4	5	6	7	8	9	10
g. ☐	Abdominal injury	0	1	2	3	4	5	6	7	8	9	10
h. ☐	Burns	0	1	2	3	4	5	6	7	8	9	10
i. ☐	Other injury(ies) (describe): _____	0	1	2	3	4	5	6	7	8	9	10
j. ☐	Other injury(ies) (describe): _____	0	1	2	3	4	5	6	7	8	9	10
k. ☐	Other injury(ies) (describe): _____	0	1	2	3	4	5	6	7	8	9	10

4.4. Quality of Life: In general, my quality of life is: *(check one)*

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

4.5. Self-rated Health: In general, would you say your current health is: *(check one)*

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

Section #4. General Health—continued

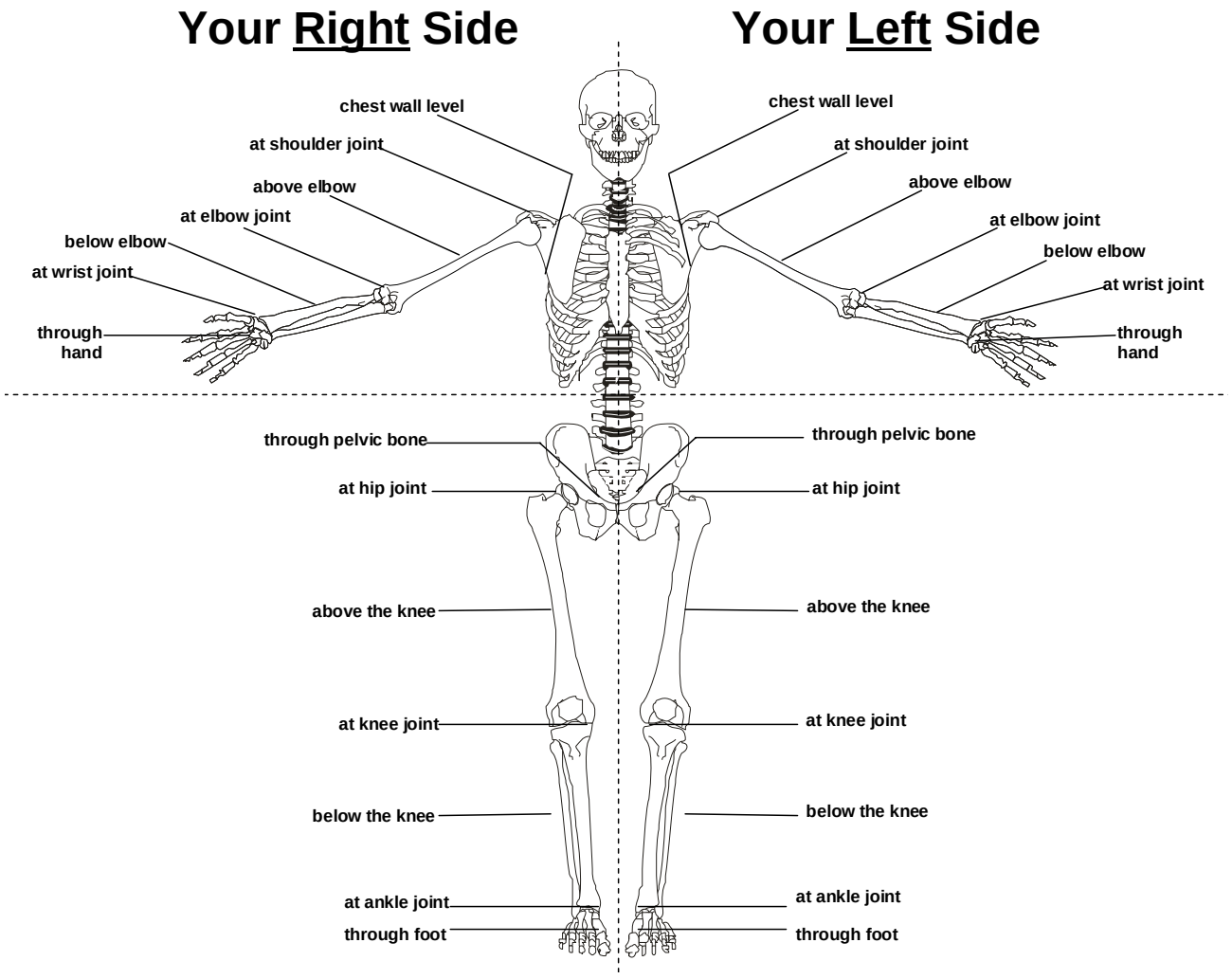
4.6. For each activity, select one response to indicate your usual daily function:					
		Usually do wearing prosthesis:	**Do without prosthesis; 1-hand adapted technique:**	**Do with assistance of another person:**	**Do not do this activity:**
EATING	a. Carry a tray	❑	❑	❑	❑
	b. Cut meat	❑	❑	❑	❑
	c. Butter bread	❑	❑	❑	❑
DRESSING/ GROOMING	a. Manage zippers and snaps	❑	❑	❑	❑
	b. Lace and tie shoes	❑	❑	❑	❑
	c. Use toothpaste and brush teeth	❑	❑	❑	❑
COMMUNITY	a. Take bill from wallet	❑	❑	❑	❑
	b. Use cell phone and take notes	❑	❑	❑	❑
	c. Fold letter and seal an envelope	❑	❑	❑	❑
MEAL PREPARATION	a. Open/close jar	❑	❑	❑	❑
	b. Open lid of can	❑	❑	❑	❑
	c. Peel/cut vegetables	❑	❑	❑	❑
HOUSE-KEEPING	a. Hand wash dishes	❑	❑	❑	❑
	b. Dry dishes with towel	❑	❑	❑	❑
	c. Fold laundry	❑	❑	❑	❑
OPERATING CAR/TRUCK	a. Open/close door, trunk and hood	❑	❑	❑	❑
	b. Operate gauges and dials	❑	❑	❑	❑
	c. Drive	❑	❑	❑	❑
USE OF TOOLS	a. Shovel	❑	❑	❑	❑
	b. Rake	❑	❑	❑	❑
	c. Use power tools	❑	❑	❑	❑
SPORTS	a. Low aerobic sports (golf, fishing)	❑	❑	❑	❑
	b. High aerobic sports (bicycling, basketball)	❑	❑	❑	❑

4.7. What percentage of a typical day do you need help from another person to do routine daily activities (such as feeding, dressing, transfers, walking)?

(check one box only in each column)	**Now**	**Likely to Need in the Next Year**	**Likely to Need in the Next 2-3 Years**
	❑ Full-time (19-24 hours/day)	❑ Full-time (19-24 hours/day)	❑ Full-time (19-24 hours/day)
	❑ 75% of the time (13-18 hours/day)	❑ 75% of the time (13-18 hours/day)	❑ 75% of the time (13-18 hours/day)
	❑ 50% of the time (7-12 hours/day)	❑ 50% of the time (7-12 hours/day)	❑ 50% of the time (7-12 hours/day)
	❑ up to 25% of the time (1-6 hours/day)	❑ up to 25% of the time (1-6 hours/day)	❑ up to 25% of the time (1-6 hours/day)
	❑ 0% (don't need assistance)	❑ 0% (don't need assistance)	❑ 0% (don't need assistance)

Section #5. Amputation History

5.1. Location of amputations: Please fill in the month and year (mm/yyyy) on the line at the location of your **combat**-related amputation(s). Do not answer for **non-combat**-related amputations.



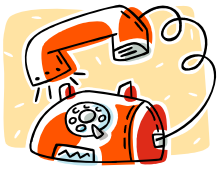
If you have major amputations on multiple limbs, we would be happy to assist you with the following questions. Please call our study staff at the number listed on page 2 of the survey.

Upper Limb

(hand or arm)

<u>If you have NOT had an upper limb amputation</u>,
skip to page 21.

<u>If you had an amputation on BOTH arms/hands</u>,
you can request an additional upper limb survey by:



calling us toll-free at 1-866-448-3134

OR

requesting one when you mail back this survey

Section #5. Amputation History (continued)

5.2. When was the initial injury that led to your first amputation? _____ (year)

5.3. Number of surgeries to amputated limb <u>prior</u> to amputation? _____ (number) ☐ Don't remember

5.4. Date of first amputation _____ (year)

5.5. How many surgeries have you had on your amputated limb <u>after</u> your first amputation? _____ (number)

5.6. Since your amputation, have you ever been diagnosed with any of the following in your non-amputated upper limb?

(Check any or all that apply.)

- ☐ Carpal tunnel syndrome (wrist)
- ☐ Cubital tunnel syndrome (elbow)
- ☐ Tendonitis
- ☐ Tennis elbow (lateral epicondylitis)
- ☐ Golfer's elbow (medial epicondylitis)
- ☐ Stenosing Tenosynovitis (trigger finger)
- ☐ Stenosing Tendosynovitis (DeQuervains) (thumb)
- ☐ Ganglion cyst
- ☐ Rotator cuff tendonitis (shoulder)
- ☐ Osteoarthritis/degenerative joint disease
- ☐ Other (describe):

  _____

Section #6. Prosthetic Use

In this section, we are interested in the number and type(s) of prostheses you have used since your first amputation.

Your answer to the following questions will be used to improve the quality of VA prosthetic devices and services.

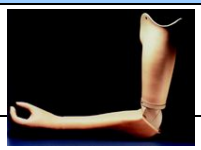
- Do not include socket changes or assistive devices (such as kitchen devices or car modifications) as we will ask about these later.
- Do not include repairs or replacement parts (such as elbows, wrists or connectors).
- The **pictured prosthesis** is only an example and may **not** look exactly like **your** prosthesis.

PROSTHETIC TYPE	How many have you received since your first amputation?		CURRENT USE:	
	within the first year (12 months) ***Give number (#):***	**since then** (13 months to present) ***Give number (#):***	Of all of those received, how many do you currently use? ***Give number (#):***	Of the one you use most often (for each type), how often do you use them?
6.1. Electronic				
Electronic ***Above Elbow:*** Myoelectric, microprocessor type (needs to be recharged daily) 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Electronic ***Below Elbow:*** Myoelectric (needs batteries) 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
6.2. Hybrid				
Hybrid ***Above Elbow:*** Mix of electronic and body-powered parts. Photo no longer available.	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Hybrid ***Below Elbow:*** Mix of electronic and body-powered parts.	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year

Section #6. Prosthetic Use (continued)

PROSTHETIC TYPE	How many have you received since your first amputation?		CURRENT USE:	
	within the first year (12 months) ***Give number (#):***	**since then** (13 months to present) ***Give number (#):***	Of all of those received, how many do you currently use? ***Give number (#):***	Of the one you use most often (for each type), how often do you use them?
6.3. Mechanical				
Mechanical ***<u>Above</u> Elbow:*** Body-powered (no batteries needed) 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Mechanical ***<u>Below</u> Elbow:*** Body-powered (no batteries needed) Photo no longer available.	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
6.4. Cosmetic Only				
Cosmetic ***<u>Above</u> Elbow:*** Non-functional limb Photo no longer available.	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Cosmetic ***<u>Below</u> Elbow:*** Non-functional limb 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year

Section #6. Prosthetic Use (continued)

FUTURE USE	
Please indicate which assistive devices you would consider using in the next 3 years (even if you do not currently use them).	
PROSTHETIC TYPE:	**FUTURE USE:** Would you consider using this prosthesis in the next 3 years?
6.5. Electronic	
Electronic ***Above Elbow:*** Myoelectric (needs batteries) 	❑ Yes ❑ No
Electronic ***Below Elbow:*** Myoelectric (needs batteries) 	❑ Yes ❑ No
6.6. Hybrid	
Hybrid ***Above Elbow:*** Mix of electronic and body-powered parts Photo no longer available.	❑ Yes ❑ No
Hybrid ***Below Elbow:*** Mix of electronic and body-powered parts	❑ Yes ❑ No
6.7. Mechanical	
Mechanical ***Above Elbow:*** Body-powered (no batteries needed) 	❑ Yes ❑ No
Mechanical ***Below Elbow:*** Body-powered (no batteries needed) Photo no longer available.	❑ Yes ❑ No
6.8. Cosmetic	
Cosmetic ***Above Elbow:*** Non-functional limb Photo no longer available.	❑ Yes ❑ No
Cosmetic ***Below Elbow:*** Non-functional limb 	❑ Yes ❑ No

Section #6. Prosthetic Use (continued)

DEVICES

Examples of Devices (used with prosthesis):

Basketball Holder

Bicycle Handlebar Adapter

Guitar Pick Holder

Cooking Devices

6.9. Use of Devices

Please indicate which devices you currently use or anticipate using during the next 3 years.

	Currently Use *(what you use now no matter how many hours/day)*	**Likely to Use in Next 3 Years** *(your prediction of how your use might change in the next 3 years)*
	Check all that apply:	***Check all that apply:***
a. Kitchen/cooking devices	❑	❑
b. Clothing/dressing devices	❑	❑
c. Eating utensils	❑	❑
d. Household appliance attachments	❑	❑
e. Car modifications (steering devices, etc.)	❑	❑
f. Grasping tool for mechanical work	❑	❑
g. Computer adaptations	❑	❑
h. Phone attachments	❑	❑
i. Other work-related attachments	❑	❑
j. Sports devices (golf, fishing, basketball, bicycle, archery, bowling, baseball,etc.)	❑	❑
k. Electronic wheelchair	❑	❑
l. Manual wheelchair	❑	❑
m. Scooter	❑	❑
n. Other (*describe*): _____ _____	❑	❑
o. None	❑	❑

Section #7. Prosthetic Satisfaction

This section will ask you about all your prostheses, both prostheses that you:

- no longer use because: ⇨ they wore out: ***Question 7.1***
  ⇨ you do not like them: ***Question 7.2***
- currently use: ⇨ ***Question 7.3***

7.1. For prosthetics that <u>WORE OUT</u> (from daily wear and tear):			
	Electronic	**Body-powered / Mechanical**	**Sports / Specialty**
a. How many prosthetics wore out?	_____(enter #) ❑ None	_____(enter #) ❑ None	_____(enter #) ❑ None
b. On average, how often have you had to replace your prosthesis? *(check <u>one</u> box)*	❑ less than yearly ❑ every 1-2 years ❑ every 3-5 years ❑ every 6+ years	❑ less than yearly ❑ every 1-2 years ❑ every 3-5 years ❑ every 6+ years	❑ less than yearly ❑ every 1-2 years ❑ every 3-5 years ❑ every 6+ years
c. Were you generally satisfied with your prosthesis before it wore out?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

7.2. For prosthetics that you <u>do not like</u> and <u>stopped using</u>:			
	Electronic	**Body-powered / Mechanical**	**Sports / Specialty**
a. How many were there?	_____(enter #) ❑ None	_____(enter #) ❑ None	_____(enter #) ❑ None
b. In general, what was the major reason why you stopped using each type of prosthesis? *(check <u>**all**</u> boxes that apply)*	❑ too heavy ❑ uncomfortable ❑ too long to put on and take off ❑ too much fuss ❑ pain ❑ unreliable ❑ I grew out of it (or weight changed) ❑ didn't fit well ❑ difficulty coping ❑ difficulty adapting ❑ could not fully flex elbow ❑ too noisy ❑ not functional—*why*: _____ ❑ battery recharging ❑ other—*describe*: _____	❑ too heavy ❑ uncomfortable ❑ too long to put on and take off ❑ too much fuss ❑ pain ❑ unreliable ❑ I grew out of it (or weight changed) ❑ didn't fit well ❑ difficulty coping ❑ difficulty adapting ❑ could not fully flex elbow ❑ not functional—*why*: _____ ❑ other—*describe*: _____	❑ too heavy ❑ uncomfortable ❑ too long to put on and take off ❑ too much fuss ❑ pain ❑ unreliable ❑ I grew out of it (or weight changed) ❑ didn't fit well ❑ difficulty coping ❑ difficulty adapting ❑ could not fully flex elbow ❑ not functional—*why*: _____ ❑ other—*describe*: _____

Section #7. Prosthetic Satisfaction (continued)

If you are NOT <u>currently</u> using a prosthesis, skip to question 7.4. →

7.3. For prosthetics that you <u>currently use</u>, how true are the following statements?

*Select **<u>one</u>** box per statement:*

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. My prosthesis fits well.	❑	❑	❑	❑
b. The weight of my prosthesis is manageable.	❑	❑	❑	❑
c. My prosthesis is pain-free to wear.	❑	❑	❑	❑
d. My prosthesis is easy to put on.	❑	❑	❑	❑
e. I am bothered with skin problems.	❑	❑	❑	❑
f. I am bothered by noises from my prosthesis.	❑	❑	❑	❑
g. I am bothered with smells from my prosthesis.	❑	❑	❑	❑
h. I am satisfied with my prosthesis.	❑	❑	❑	❑
i. I can cope with my prosthesis.	❑	❑	❑	❑
j. I have adjusted to life with a prosthesis.	❑	❑	❑	❑
k. I am interested in trying a different type of prosthesis on a trial basis.	❑	❑	❑	❑
l. I want to change this current prosthesis to another type.	❑	❑	❑	❑
m. I usually receive an appointment with my prosthetist within a reasonable amount of time (initial or repeat visits).	❑	❑	❑	❑
n. I am satisfied with the training I initially received on how to use my prosthesis.	❑	❑	❑	❑
o. I am satisfied with the training I received on how to maintain my prosthesis.	❑	❑	❑	❑
p. I was fully informed about prosthetic equipment choices.	❑	❑	❑	❑
q. I receive adequate information on new types of prostheses on a regular basis.	❑	❑	❑	❑
r. I had a role in choosing my prosthesis.	❑	❑	❑	❑
s. I am happy with the comfort and fit of my **socket**.	❑	❑	❑	❑
t. I am bothered with sweating inside my **socket**.	❑	❑	❑	❑
u. I cannot wear my prosthesis because my **socket** fits poorly.	❑	❑	❑	❑

Section #7. Prosthetic Satisfaction (continued)

7.4. Prosthetic Services	
a. In the last 5 years, did you feel that you were able to get a repair when you needed one?	❑ Yes ❑ No
b. In the last 5 years, did you feel that you were able to get a replacement when you needed one?	❑ Yes ❑ No
c. For your last prosthesis, how long did it take to get a new replacement (from when your physician placed the order until your new prosthesis was ready for the initial fitting)? *(check one box)*	❑ 1-14 days ❑ 2 - 4 weeks ❑ up to 2 months ❑ over 2 months, but less than 6 months ❑ over 6 months
d. How long do you think it should take to get a new replacement? *(check one box)*	❑ 1-14 days ❑ 2 - 4 weeks ❑ up to 2 months ❑ over 2 months, but less than 6 months ❑ over 6 months

7.5. On a scale of 0 (not at all satisfied) to 10 (the most satisfied I could be), how satisfied are you with your main prosthesis?											
(circle one number)	**not at all satisfied**					**so-so**					**completely satisfied**
	0	1	2	3	4	5	6	7	8	9	10

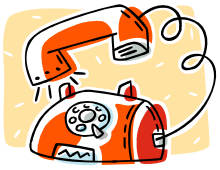
7.6. We welcome your comments about your prosthetic experience.
(Please continue on back and attach pages if you wish.)

Lower Limb

(leg or foot)

<u>If you have NOT had a lower limb amputation</u>,
skip to page 30.

<u>If you had an amputation on BOTH legs/feet</u>,
you can request an additional lower limb survey by:



calling us toll-free at 1-866-448-3134

OR

requesting one when you mail back this survey

Section #4. General Health—continued

4.6. Currently, using your prosthesis and/or assistive devices, what is your typical (average) activity level?

Check one box only:

- ❑ Need help to transfer. Cannot walk.
- ❑ Do not need help to transfer, but cannot walk.
- ❑ Household walker (walk around the house on even surfaces only).
- ❑ Community walker (walk around community over short barriers, can walk on uneven surfaces).
- ❑ Can walk with varying speeds (slow to fast) over uneven surfaces and barriers.
- ❑ Low-impact activities. Can run, but usually do low-impact activities (swim, golf, trail hikes).
- ❑ High-impact activities. Usually jog or run, and do high-impact sports (ski, jog, mountain climbing).

4.7. What percentage of a typical day do you need help from another person to do routine daily activities (such as feeding, dressing, transfers, walking)?

(check one box only in each column)

Now	Likely to Need in the Next Year	Likely to Need in the Next 2-3 Years
❑ Full-time (19-24 hours/day)	❑ Full-time (19-24 hours/day)	❑ Full-time (19-24 hours/day)
❑ 75% of the time (13-18 hours/day)	❑ 75% of the time (13-18 hours/day)	❑ 75% of the time (13-18 hours/day)
❑ 50% of the time (7-12 hours/day)	❑ 50% of the time (7-12 hours/day)	❑ 50% of the time (7-12 hours/day)
❑ up to 25% of the time (1-6 hours/day)	❑ up to 25% of the time (1-6 hours/day)	❑ up to 25% of the time (1-6 hours/day)
❑ 0% (don't need assistance)	❑ 0% (don't need assistance)	❑ 0% (don't need assistance)

Section #5. Amputation History (continued)

5.2. When was the initial injury that led to your first amputation? _____ (year)

5.3. Number of surgeries to amputated limb <u>prior</u> to amputation? _____ (number) ☐ Don't remember

5.4. Date of first amputation _____ (year)

5.5. How many surgeries have you had on your amputated limb <u>after</u> your first amputation? _____ (number)

5.6. Since your amputation, have you ever been diagnosed with any of the following in your non-amputated lower limb?

(Check any or all that apply.)

- ☐ Ankle arthritis
- ☐ Knee arthritis
- ☐ Hip arthritis
- ☐ Stiff ankle
- ☐ Stiff knee
- ☐ Stiff hip
- ☐ Heel pain
- ☐ Plantar fasciitis
- ☐ Other (describe):

  _____

Section #6. Prosthetic Use

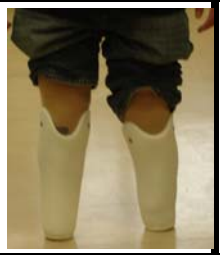
In this section, we are interested in the number and type(s) of prostheses you have used since your first amputation.

Your answer to the following questions will be used to improve the quality of VA prosthetic devices and services.

- Do not include socket changes or assistive devices (such as canes, crutches, wheelchairs) as we will ask about these later.
- Do not include repairs or replacement parts (such as foot, knee, or connectors).
- The **pictured prosthesis** is only an example and may **not** look exactly like **your** prosthesis.

PROSTHETIC TYPE	How many have you received since your first amputation?		CURRENT USE:	
	within the first year (12 months) ***Give number (#):***	**since then** (13 months to present) ***Give number (#):***	Of all those received, how many do you currently use? ***Give number (#):***	Of the one you use most often (for each type), how often do you use them?
6.1. Advanced Technology				
Electronic ***Above Knee:*** Microprocessor type (must be recharged daily) 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Vacuum-assisted system ***Below Knee:*** Knee has pump or suction device 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
6.2. Hybrid				
Hybrid ***Above Knee:*** Mix of electronic and body-powered parts Micro-processor and body-powered components	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Hybrid ***Below Knee:*** Mix of electronic and body-powered parts Micro-processor and body-powered components	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year

Section #6. Prosthetic Use (continued)

PROSTHETIC TYPE	How many have you received since your first amputation?		CURRENT USE:	
	within the first year (12 months) ***Give number (#):***	**since then** (13 months to present) ***Give number (#):***	Of all of those received, how many do you currently use? ***Give number (#):***	Of the one you use most often (for each type), how often do you use them?
6.3. Mechanical Only				
Mechanical *Above Knee:* Body-powered (does not need to be recharged) 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Mechanical *Below Knee:* Body-powered (does not need to be recharged) 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Mechanical *Above Knee:* Bilateral short limbs with or without feet 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Mechanical *Below Knee:* Bilateral short limbs with or without feet 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year

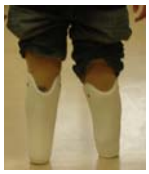
Section #6. Prosthetic Use (continued)

PROSTHETIC TYPE	How many have you received since your first amputation?		CURRENT USE:	
	within the first year (12 months) *Give number (#):*	**since then** (13 months to present) *Give number (#):*	Of all of those received, how many do you currently use? *Give number (#):*	Of the one you use most often (for each type), how often do you use them?
6.4. Specific Functions				
Specialty ***Above Knee:*** For recreational, athletic or high impact use, usually with shock-absorbing foot or sprinter **For example:** 	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Specialty ***Below Knee:*** For recreational, athletic or high impact use, usually with shock-absorbing foot or sprinter	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
6.5. Waterproof				
Waterproof ***Above Knee:*** Shower leg, swimming leg **For example:** Photo no longer available.	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Waterproof ***Below Knee:*** Shower leg, swimming leg	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
6.6. Cosmetic Only				
Cosmetic ***Above Knee:*** non-functional limb **For example:** Photo no longer available.	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year
Cosmetic ***Below Knee:*** non-functional limb	#	#	#	❑ daily ❑ weekly ❑ monthly ❑ 1-2/year

Section #6. Prosthetic Use (continued)

FUTURE USE		
Please indicate which assistive devices you would consider using in the next 3 years (even if you do not currently use them).		
PROSTHETIC TYPE		**FUTURE USE:** Would you consider using this prosthesis in the next 3 years?
6.7. Advanced Technology		
Electronic ***Above Knee:*** Microprocessor type (must be recharged daily)-		❑ Yes ❑ No
Vacuum-assisted system ***Below Knee:*** Knee has pump or suction device		❑ Yes ❑ No
6.8. Hybrid		
Hybrid ***Above Knee:*** Mix of electronic and body-powered parts	Microprocessor and body-powered components	❑ Yes ❑ No
Hybrid ***Below Knee:*** Mix of electronic and body-powered parts	Microprocessor and body-powered components	❑ Yes ❑ No
6.9. Mechanical		
Mechanical ***Above Knee:*** Body-powered (does not need to be recharged)		❑ Yes ❑ No
Mechanical ***Below Knee:*** Body-powered (does not need to be recharged)		❑ Yes ❑ No

Section #6. Prosthetic Use (continued)

FUTURE USE (continued)		
PROSTHETIC TYPE		**FUTURE USE:** Would you consider using this prosthesis in the next 3 years?
6.9. Mechanical—continued		
Mechanical ***Above Knee:*** Bilateral short limbs with or without feet		❑ Yes ❑ No
Mechanical ***Below Knee:*** Bilateral short limbs with or without feet		❑ Yes ❑ No
6.10. Specialty		
Specialty ***Above Knee:*** For recreational, athletic or high impact use, usually with shock-absorbing foot and knee joint	**For example:** 	❑ Yes ❑ No
Specialty ***Below Knee:*** For recreational, athletic or high impact use, usually with shock-absorbing foot		❑ Yes ❑ No
6.11. Waterproof		
Waterproof ***Above Knee:*** Shower leg, swimming leg	**For example:** Photo no longer available.	❑ Yes ❑ No
Waterproof ***Below Knee:*** Shower leg, swimming leg		❑ Yes ❑ No
6.12. Cosmetic Only		
Cosmetic ***Above Knee:*** Non-functional limb	**For example:** Photo no longer available.	❑ Yes ❑ No
Cosmetic ***Below Knee:*** Non-functional limb		❑ Yes ❑ No

Section #6. Prosthetic Use (continued)

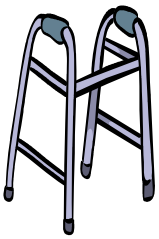
ASSISTIVE DEVICES

Examples of Assistive Devices (used with prosthesis):

Non-motored Wheel Chair

Scooter

Cane/Crutch



Walker

Roll-A-Bout

6.13. Use of Assistive Devices

Please indicate which assistive devices you currently use or anticipate using during the next 3 years.

	Currently Use *(what you use now, no matter how many hours/day)*	**Likely to Use in Next 3 Years** *(your prediction of how your use might change in the next 3 years)*
	Check all that apply:	***Check all that apply:***
a. Cane(s)	❑	❑
b. Crutch(s)	❑	❑
c. Walker (no leg support)	❑	❑
d. Roll-A-Bout (walker with one leg support, knee rests on platform)	❑	❑
e. Manual-powered wheelchairs	❑	❑
f. Electronic wheelchairs	❑	❑
g. Electronic scooters (rascals)	❑	❑
h. Car modifications	❑	❑
i. Cane with fold-out seat	❑	❑
j. Other (*describe*): _____ _____	❑	❑
k. None	❑	❑

Section #7. Prosthetic Satisfaction

This section will ask you about all your prostheses, both prostheses that you:

- no longer use because: ⇨ they wore out: ***Question 7.1***
  ⇨ you do not like them: ***Question 7.2***
- currently use: ⇨ ***Question 7.3***

7.1. For prosthetics that <u>WORE OUT</u> (from daily wear and tear):			
	Electronic	**Body-powered / Mechanical**	**Sports / Specialty**
a. How many prosthetics wore out?	_____(enter #) ❑ None	_____(enter #) ❑ None	_____(enter #) ❑ None
b. On average, how often have you had to replace your prosthesis? *(check <u>one</u> box)*	❑ less than yearly ❑ every 1-2 years ❑ every 3-5 years ❑ every 6+ years	❑ less than yearly ❑ every 1-2 years ❑ every 3-5 years ❑ every 6+ years	❑ less than yearly ❑ every 1-2 years ❑ every 3-5 years ❑ every 6+ years
c. Were you generally satisfied with your prosthesis before it wore out?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

7.2. For prosthetics that you <u>do not like</u> and <u>stopped using</u>:			
	Electronic	**Body-powered / Mechanical**	**Sports / Specialty**
a. How many were there?	_____(enter #) ❑ None	_____(enter #) ❑ None	_____(enter #) ❑ None
b. In general, what was the major reason why you stopped using each type of prosthesis? *(check <u>**all**</u> boxes that apply)*	❑ too heavy ❑ uncomfortable ❑ too long to put on and take off ❑ too much fuss ❑ pain ❑ unreliable ❑ I grew out of it (or weight changed) ❑ did not fit well ❑ difficulty coping ❑ difficulty adapting ❑ too noisy ❑ could not fully flex knee or ankle ❑ not functional—*why*: _____ ❑ battery recharging ❑ other—*describe*: _____	❑ too heavy ❑ uncomfortable ❑ too long to put on and take off ❑ too much fuss ❑ pain ❑ unreliable ❑ I grew out of it (or weight changed) ❑ did not fit well ❑ difficulty coping ❑ difficulty adapting ❑ could not fully flex knee or ankle ❑ not functional—*why*: _____ ❑ other—*describe*: _____	❑ too heavy ❑ uncomfortable ❑ too long to put on and take off ❑ too much fuss ❑ pain ❑ unreliable ❑ I grew out of it (or weight changed) ❑ did not fit well ❑ difficulty coping ❑ difficulty adapting ❑ could not fully flex knee or ankle ❑ not functional—*why*: _____ ❑ other—*describe*: _____

Section #7. Prosthetic Satisfaction (continued)

If you are NOT <u>currently</u> using a prosthesis, skip to question 7.4. →

7.3. For prosthetics that you <u>currently use</u>, how true are the following statements?

*Select **<u>one</u>** box per statement:*

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. My prosthesis fits well.	❑	❑	❑	❑
b. The weight of my prosthesis is manageable.	❑	❑	❑	❑
c. My prosthesis is pain-free to wear.	❑	❑	❑	❑
d. My prosthesis is easy to put on.	❑	❑	❑	❑
e. I am bothered with skin problems.	❑	❑	❑	❑
f. I am bothered by noises from my prosthesis.	❑	❑	❑	❑
g. I am bothered with smells from my prosthesis.	❑	❑	❑	❑
h. I am satisfied with my prosthesis.	❑	❑	❑	❑
i. I can cope with my prosthesis.	❑	❑	❑	❑
j. I have adjusted to life with a prosthesis.	❑	❑	❑	❑
k. I am interested in trying a different type of prosthesis on a trial basis.	❑	❑	❑	❑
l. I want to change this current prosthesis to another type.	❑	❑	❑	❑
m. I usually receive an appointment with my prosthetist within a reasonable amount of time (initial or repeat visits).	❑	❑	❑	❑
n. I am satisfied with the training I initially received on how to use my prosthesis.	❑	❑	❑	❑
o. I am satisfied with the training I received on how to maintain my prosthesis.	❑	❑	❑	❑
p. I was fully informed about prosthetic equipment choices.	❑	❑	❑	❑
q. I receive adequate information on new types of prostheses on a regular basis.	❑	❑	❑	❑
r. I had a role in choosing my prosthesis.	❑	❑	❑	❑
s. I am happy with the comfort and fit of my **socket**.	❑	❑	❑	❑
t. I am bothered with sweating inside my **socket**.	❑	❑	❑	❑
u. I cannot wear my prosthesis because my **socket** fits poorly.	❑	❑	❑	❑

Section #7. Prosthetic Satisfaction (continued)

7.4. Prosthetic Services	
a. In the last 5 years, did you feel that you were able to get a repair when you needed one?	❑ Yes ❑ No
b. In the last 5 years, did you feel that you were able to get a replacement when you needed one?	❑ Yes ❑ No
c. For your last prosthesis, how long did it take to get a new replacement (from when your physician placed the order until your new prosthesis was ready for the initial fitting)? *(check one box)*	❑ 1-14 days ❑ 2 - 4 weeks ❑ up to 2 months ❑ over 2 months, but less than 6 months ❑ over 6 months
d. How long do you think it should take to get a new replacement? *(check one box)*	❑ 1-14 days ❑ 2 - 4 weeks ❑ up to 2 months ❑ over 2 months, but less than 6 months ❑ over 6 months

7.5. On a scale of 0 (not at all satisfied) to 10 (the most satisfied I could be), how satisfied are you with your main prosthesis?											
(circle one number)	**not at all satisfied**					**so-so**					**completely satisfied**
	0	1	2	3	4	5	6	7	8	9	10

7.6. We welcome your comments about your prosthetic experience.
(Please continue on back and attach pages if you wish.)

Congratulations!

This is the end of our survey!

If you have any questions or need assistance in taking this survey, please call toll-free: 1-866-448-3134 or email Lynne.McFarland@va.gov. Confidentiality of e-mail cannot be guaranteed.

Thank you for helping us understand your prosthetic needs and wishes!

Please return the survey
in the self-addressed stamped envelope.

We may be interested in doing further research in this area in the near future. Would you be interested in receiving information on future studies?

☐ **Yes**
☐ **No**

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