Women with Limb Loss - Needs Based Assessment Survey Questions

Navigating the survey
All questions require an answer. You are given the option not to respond by selecting "prefer not to answer" or writing in "none" or "n/a"

Reset – Delete all answers provided on the current page and reloads the page.
Back – Takes you to the previous survey page. The entered answers are saved. Please do not use your browser’s back button.
Next – Take you to the next survey page. The entered answers are saved.
Save – Allows you to save the survey results and continue the survey later. A page will appear with a new link for you to access the saved survey.

participate. Would you like to participate in this survey?

Version date 06.12.2019
Survey Eligibility

To begin, we have a series of questions to determine your eligibility to participate in this survey.

Please note: For the survey amputation and limb loss refers to missing a limb for any reason, including since birth.

lostlimb. Have you lost a limb or multiple limbs (including partial limbs)?

Version date 06.12.2019
This Question is Conditionally Shown if: (lostlimb = Yes) limbslost.
Which limb(s) have you lost? Select all that apply. Specifics of your amputation level(s) will be asked in another section.

☐ part of left hand (including fingers/thumb)
☐ left arm (at/above the wrist, e.g. below or above elbow)
☐ part of left foot (including mid-foot/toes)
☐ left leg (at/above the ankle, e.g. below or above knee)
☐ part of right hand (including fingers/thumb)
☐ right arm (at/above the wrist, e.g. below or above elbow)
☐ part of right foot (including mid-foot/toes)
☐ right leg (at/above the ankle, e.g. below or above knee)

This Question is Conditionally Shown if: (limbslost (left arm (at or above the wrist)) = Selected)
4_left arm. Did your left arm amputation occur at least one year ago?
☐ Yes
☐ No

This Question is Conditionally Shown if: (limbslost (left leg (at or above the ankle)) = Selected)
4_left leg. Did your left leg amputation occur at least one year ago?
☐ Yes
☐ No

This Question is Conditionally Shown if: (limbslost (right arm (at or above the wrist)) = Selected)
4_right arm. Did your right arm amputation occur at least one year ago?
☐ Yes
☐ No

This Question is Conditionally Shown if: (limbslost (right leg (at or above the ankle)) = Selected)
4_right leg. Did your right leg amputation occur at least one year ago?
- Yes
- No

age.
What is your age?
- Under 18 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

reccare.
Where do you currently receive your care?
- In the U.S. states or territories
- Outside the U.S. states or territories but in a U.S.-run facility
- Outside the U.S. states or territories and in a non-U.S. facility
- Not currently receiving care (but have a U.S. based provider)
- Not currently receiving care (but have a non-US based provider)

gender.
Which gender do you currently identify as?
- Male
- Female
- Transgender Male
- Transgender Female
- Gender Queer
- Other

Version date 06.12.2019
Demographics

Next, we would like to know a little more about you. These questions will help provide context for experiences you will be asked about later in the survey.

knowwt. Do you know your current weight when NOT wearing prosthesis(es)?

☐ Yes
☐ No

This Question is Conditionally Shown if: (knowwt = Yes)

weight. What is your current weight in pounds?

Pounds ___

This Question is Conditionally Shown if: (knowwt = No)

knowwtpro. Do you know your current weight when wearing prosthesis(es)?

Version date 06.12.2019
This Question is Conditionally Shown if: (knowwtpro = Yes)
weightpro. What is your current weight in pounds?
Pounds ___

height. What is your current height?
Feet ___
Inches ___

HLSOrigin. Are you of Hispanic, Latino, or Spanish origin?
☑ Yes
☑ No
☑ Prefer not to answer

race. What best describes your race? Select all that apply.
☑ White
☑ Black or African American
☑ American Indian or Alaskan Native
☑ Asian
☑ Native Hawaiian or other Pacific Islander
☑ Other, please specify ______________________
☑ Prefer not to answer

marital. What is your current marital status?
☑ Married
☑ Widowed

Version date 06.12.2019
What is your current relationship status?

- Not in a relationship and not interested in seeking one
- Not in a relationship and interested in seeking one
- In a relationship
- Prefer not to answer

Who are you sexually attracted to?

- Men
- Women
- Both
- Neither
- Prefer not to answer

What is the highest grade or year of school you have completed?

- Some high school, no degree
- High school, GED, or diploma equivalent
- Trade or Vocation school certificate
- Some college, no degree
- Associate’s Degree
- Bachelor’s Degree
- Master’s Degree
- Doctorate or other Professional Degree

Version date 06.12.2019
Are you currently a student?
- Yes, full time
- Yes, part time
- No, not currently a student
- Prefer not to answer

Are you currently gainfully employed?
- Yes
- No
- Prefer not to answer

This Question is Conditionally Shown if: (employed = Yes)
What is your current employment status?
- Full time
- Part time
- Other, please specify ________________
- Prefer not to answer

This Question is Conditionally Shown if: (employed = No)
Which best describes your current status?
- Can’t find work
- Retired due to age
- Retired due to disability
- Stay-at-home parent
- Volunteer
- Other, please specify ________________
- Prefer not to answer

Version date 06.12.2019
Has your amputation affected your employment status at any time?

- Prefer not to answer
- No, did not impact
- Yes, a lot negatively
- Yes, quite a bit negatively
- Yes, a little negatively
- Yes, a little positively
- Yes, quite a bit positively
- Yes, a lot positively

This Question is Conditionally Shown if: (affectemploy = A lot, negatively OR affectemploy = Quite a bit, negatively OR affectemploy = A little, negatively OR affectemploy = A little, positively OR affectemploy = Quite a bit, positively OR affectemploy = A lot, positively)

desafactemploy. Please describe how your amputation has affected your employment status. Write "None" if nothing to add.

Please do not include personally identifiable information (PII) or operationally sensitive information.

______________________________________________________________
______________________________________________________________
______________________________________________________________

USres. Do you currently reside in the United States? (Including territories)

- Yes
- No
- Prefer not to answer

Version date 06.12.2019
This Question is Conditionally Shown if: (USres = Yes)
state. Which state or territory do you currently reside?
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana

Version date 06.12.2019
milaffil. Which one of the following describe your current service in the United States Armed Forces?

- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- US Minor Outlying Islands
- US Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Version date 06.12.2019
☑ I have never served in the United States Armed Forces
☑ I currently serve in the United States Armed Forces as Active Duty, National or National Air Guard Unit, in a Reserve Unit
☑ I have served in the Armed Forces in the past.
☑ Prefer not to answer

Which best describes your living situation?
☑ Living in a shelter or temporary home
☑ Living alone in a private residence
☑ Living with roommates, not significant other or spouse
☑ Living with significant other/spouse and/or children under 18
☑ Living with family (such as parents, siblings, adult children, etc.)
☑ Living in an assisted care facility
☑ Other, please specify ______________________
☑ Prefer not to answer

Are you the caregiver of anyone you live with? Select all that apply
☑ Yes – Child, including adult children
☑ Yes – Parent or other relative
☑ Yes – Spouse
☑ Yes – Other, please specify ______________________
☑ No
☑ Prefer not to answer

Is someone your caregiver? Select all that apply
☑ Yes – Child, including adult children
☑ Yes – Parent or other relative
☑ Yes – Spouse
☑ Yes – Other, please specify ______________________
☑ No

Version date 06.12.2019
affectres. Has your amputation affected your role in your residence at any time?
- Prefer not to answer
- No, did not impact
- Yes, a lot negatively
- Yes, quite a bit negatively
- Yes, a little negatively
- Yes, a little positively
- Yes, quite a bit positively
- Yes, a lot positively

This Question is Conditionally Shown if: (affectres = A lot, negatively OR affectres = Quite a bit, negatively OR affectres = A little, negatively OR affectres = A little, positively OR affectres = Quite a bit, positively OR affectres = A lot, positively) desaffectres.

Please describe how your amputation has affected your role at your residence.

Write "None" if nothing to add.

Please do not include personally identifiable information (PII) or operationally sensitive information.

______________________________
______________________________
______________________________

General Health

Version date 06.12.2019
In this section we will be asking questions about your overall health and any other medical conditions that you may have.

diagnoses. Besides your limb loss, what other medical conditions have you been diagnosed with?

The examples below are not comprehensive.

**Heart Problems:** For example, abnormal heart rhythms (arrhythmias), heart failure, heart valve disease, coronary artery disease (CAD), hypertension, etc.

**Kidney Problems:** For example, chronic kidney disease (CKD), kidney failure, etc.

**Visual Problems:** Other than needing glasses to see near or far

**Traumatic Brain Injury:** Brain injury caused by an impact to the head

**Neurological Problems:** Disorders of the nervous system, i.e. brain, spinal cord, and/or nerves that connect them

**Respiratory Problems:** For example, chronic obstructive pulmonary disease, asthma, chronic bronchitis, emphysema, etc.

**Problems with the Veins in your arms/legs**

**Type 2 Diabetes:** This type of diabetes is usually diagnosed over 30 years of age, associated with excess body weight, usually treated initially without medication, and it is possible to come off of medication

**Type 1 Diabetes:** This type of diabetes is often diagnosed in childhood, not associated with body weight, treated with insulin, and cannot be controlled without insulin

**Sexual Function:** For example, vaginal dryness, pain with intercourse, decreased sexual interest, challenges maintaining or attaining an erection, erectile dysfunction, difficulties achieving orgasm and/or ejaculation, etc.

**Mental Health:** For example, anxiety disorders, trauma and stressor-related disorders, substance-related and addictive disorders, personality disorders, etc.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Problems</td>
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<tr>
<td>Kidney Problems</td>
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<td>Visual Problems</td>
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<tr>
<td>Traumatic Brain Injury</td>
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<tr>
<td>Neurological Problems</td>
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<tr>
<td>Respiratory Problems</td>
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<tr>
<td>Problems with the Veins</td>
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<td>Type 2 Diabetes</td>
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<td>Type 1 Diabetes</td>
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<td>Sexual Function</td>
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<tr>
<td>Mental Health</td>
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</tbody>
</table>

Version date 06.12.2019
Have you been diagnosed with any medical conditions that were not listed above?
- No
- Yes, please specify __________________________
- Prefer not to answer

Please respond to each item by marking one box per row.

<table>
<thead>
<tr>
<th>In general, would you say your health is:</th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, would you say your quality of life is:</td>
<td></td>
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<tr>
<td>In general, how would you rate your physical health?</td>
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<tr>
<td>In general, how would you rate your mental health, including your mood and your ability to think?</td>
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<tr>
<td>In general, how would you rate your satisfaction with your social activities and relationships?</td>
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<tr>
<td>In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)</td>
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</tbody>
</table>

Please select the item which best describes your experience.

<table>
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<tr>
<th>Completely</th>
<th>Mostly</th>
<th>Moderately</th>
<th>A little</th>
<th>Not at all</th>
<th>Prefer not to answer</th>
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</table>

Version date 06.12.2019
To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? 

glohealth3.

In the past 7 days...

How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

How would you rate your fatigue on average?

The following question is about your overall pain and not specific to your amputation.

How would you rate your pain on average?

This Question is Conditionally Shown if: (gender = Female OR gender = Transgender Female)

women. Please describe any topics or situations that are specific to being a woman (e.g. feminine self-care, pregnancy, hormone fluctuations influencing socket fit) that you feel have been affected by your limb loss.

Write “None” if you have nothing to add.

Please do not include personally identifiable information (PHI) or operationally sensitive information.

Version date 06.12.2019
Amputation History and Prosthesis: **Left Arm**

In this section we will be asking questions to better understand your *left arm* amputation and your experiences with your *left arm* prosthesis.

*Current level of amputation* is the level of amputation you are today, including any revisions since you were first amputated.

Please see image to help answer the question below regarding the level of your upper amputation(s).
36. Left arm. What level is your left arm currently amputated?

☐ Hand only (amputated at the wrist)
☐ Below elbow (amputated between wrist and elbow)
☐ At the elbow (amputated at the elbow)
☐ Above elbow (amputated between elbow and shoulder)
☐ At the shoulder (amputated at the shoulder)
☐ Forequarter (amputated above the shoulder)

Version date 06.12.2019
This Question is Conditionally Shown if: (36_left arm = Above elbow (amputated between elbow and shoulder))
36_la_b. How long is your residual limb compared to its original length?

- [ ] Short
- [ ] Medium
- [ ] Long

37_left arm. What was the reason your left arm was amputated? Select all that apply
- [ ] Car or motorcycle accident
- [ ] Blast injury
- [ ] Explosive device
- [ ] Gunshot
- [ ] Infection
- [ ] Diabetes
- [ ] Vascular disease
- [ ] Cancer
- [ ] Since birth

Version date 06.12.2019
38_left arm. How many years have you had your current level of amputation on your left arm?
- <1 year
- 1 year to < 2 years
- 2 years to < 5 years
- 5 years to 10 years
- 10 or more years
- Prefer not to answer

39_left arm. Do you wear a prosthesis on your left arm?
- Yes
- No
- Prefer not to answer

This Question is Conditionally Shown if: (39_left arm = Yes)

40_left arm. How many days per week do you wear your prosthesis on your left arm?
- 1-2 days
- 3-4 days
- 5 or more days
- Prefer not to answer

This Question is Conditionally Shown if: (39_left arm = Yes)

41_left arm. On the days you wear your prosthesis, how many hours per day do you wear your prosthesis on your left arm?
- Less than 1 hour
- 1-4 hours
- 5-8 hours
- More than 8 hours

Version date 06.12.2019
This Question is Conditionally Shown if: (39_left arm = No)
42_left arm. If you don’t use a prosthesis on your left arm, please provide the top two reasons why. If you prefer not to answer, please write "prefer not to answer" in each box.

Reason 1

Reason 2

This Page is Conditionally Shown if: (4_right arm = Yes)

Amputation History and Prosthesis: Right Arm

In this section we will be asking questions to better understand your right arm amputation and your experiences with your right arm prosthesis.

This Page is Conditionally Shown if: (limbslost (right arm (at or above the wrist)) = Selected)

Current level of amputation is the level of amputation you are today, including any revisions since you were first amputated.

Please see image to help answer the question below regarding the level of your upper amputation(s).

Version date 06.12.2019
36. Right arm. What level is your **right arm** currently amputated?

- Hand only (amputated at the wrist)
- Below elbow (amputated between wrist and elbow)
- At the elbow (amputated at the elbow)
- Above elbow (amputated between elbow and shoulder)
- At the shoulder (amputated at the shoulder)
- Forequarter (amputated above the shoulder)
This Question is Conditionally Shown if: (36_right arm = Above elbow (amputated between elbow and shoulder))
36_ra_b. How long is your residual limb compared to its original length?

☐ Short
☐ Medium
☐ Long

37_right arm. What was the reason your right arm was amputated? Select all that apply
☐ Car or motorcycle accident
☐ Blast injury
☐ Explosive device
☐ Gunshot
☐ Infection
☐ Diabetes
☐ Vascular disease
☐ Cancer
☐ Since birth

Version date 06.12.2019
☐ Other, please specify ____________________
☐ Prefer not to answer

38_right arm. How many years have you had your current level of amputation on your right arm?
☐ <1 year
☐ 1 year to < 2 years
☐ 2 years to < 5 years
☐ 5 years < 10 years
☐ 10 or more years
☐ Prefer not to answer

39_right arm. Do you wear a prosthesis on your right arm?
☐ Yes
☐ No
☐ Prefer not to answer

This Question is Conditionally Shown if: (39_right arm = Yes)

40_left arm. How many days per week do you wear your prosthesis on your right arm?
☐ 1-2 days
☐ 3-4 days
☐ 5 or more days
☐ Prefer not to answer

This Question is Conditionally Shown if: (39_right arm = Yes)

41_right arm. On the days you wear your prosthesis, how many hours per day do you wear your prosthesis on your right arm?
☐ Less than 1 hour
☐ 1-4 hours
☐ 5-8 hours

Version date 06.12.2019
More than 8 hours
☐ Prefer not to answer

This Question is Conditionally Shown if: (39_right arm = No)
42_right arm. If you don't use a prosthesis on your right arm, please provide the top two reasons why. If you prefer not to answer, please write "prefer not to answer" in each box.

Reason 1 ____________________
Reason 2 ____________________

This Page is Conditionally Shown if: (limbslost (left leg (at or above the ankle)) = Selected)

Amputation History and Prosthesis: Left Leg

In this section we will be asking questions to better understand your left leg amputation and your experiences with your left leg prosthesis.

This Page is Conditionally Shown if: (limbslost (left leg (at or above the ankle)) = Selected)

Current level of amputation is the level of amputation you are today, including any revisions since you were first amputated.
Please see image to help answer the question below regarding the level of your lower amputation(s).
36_left leg. What level is your **left leg** currently amputated?

- Foot only (amputated at the ankle)
- Below knee (amputated between ankle and knee)

Version date 06.12.2019
At the knee (amputated at the knee)
- Above knee (amputated between knee and hip)
- At the hip (amputated at the hip)
- Hemipelvectomy (amputated above the hip)

This Question is Conditionally Shown if: (36_left_leg = Above knee (amputated between knee and hip))

36_II_b. How long is your residual limb compared to its original length?

- Short
- Medium
- Long

37_left_leg. What was the reason your left leg was amputated? Select all that apply
- Car or motorcycle accident
- Blast injury
- Explosive device
- Gunshot
- Infection
- Diabetes

Version date 06.12.2019
Vascular disease
❑ Cancer
❑ Since birth
❑ Other, please specify ____________________
❑ Prefer not to answer

38_left leg. How many years have you had your current level of amputation on your left leg?
❑ <1 year
❑ 1 year to < 2 years
❑ 2 years to < 5 years
❑ 5 years < 10 years
❑ 10 or more years
❑ Prefer not to answer

39_left leg. Do you wear a prosthesis on your left leg including for transfers and standing?
❑ Yes
❑ No
❑ Prefer not to answer

This Question is Conditionally Shown if: (39_left leg = Yes)
40_left leg. How many days per week do you wear your prosthesis on your left leg?
❑ 1-2 days
❑ 3-4 days
❑ 5 or more days
❑ Prefer not to answer

This Question is Conditionally Shown if: (39_left leg = Yes)
41_left leg. On the days you wear your prosthesis, how many hours per day do you wear your prosthesis on your left leg?
❑ Less than 1 hour

Version date 06.12.2019
This Question is Conditionally Shown if: (39_left leg = No) 42_left leg. If you don’t use a prosthesis on your left leg, please provide the top two reasons why. If you prefer not to answer, please write “prefer not to answer” in each box.

Reason 1 ____________________
Reason 2 ____________________

This Page is Conditionally Shown if: (limbslost (right leg (at or above the ankle)) = Selected)

Amputation History and Prosthesis: Right Leg

In this section we will be asking questions to better understand your right leg amputation and your experiences with your right leg prosthesis.

This Page is Conditionally Shown if: (limbslost (right leg (at or above the ankle)) = Selected)

**Current level of amputation** is the level of amputation you are today, including any revisions since you were first amputated.

Version date 06.12.2019
Please see image to help answer the question below regarding the level of your lower amputation(s).

36_right leg. What level is your **right leg** currently amputated?
- ☐ Foot only (amputated at the ankle)
- ☐ Below knee (amputated between ankle and knee)
- ☐ At the knee (amputated at the knee)

Version date 06.12.2019
- Above knee (amputated between knee and hip)
- At the hip (amputated at the hip)
- Hemipelvectomy (amputated above the hip)

This Question is Conditionally Shown if: (36_right_leg = Above knee (amputated between knee and hip))
36_rl_b. How long is your residual limb?

- Short
- Medium
- Long

37_right_leg. What was the reason your right leg was amputated? Select all that apply
- Car or motorcycle accident
- Blast injury
- Explosive device
- Gunshot
- Infection
- Diabetes
- Vascular disease

Version date 06.12.2019
Cancer
☐ Since birth
☐ Other, please specify ______________________
☐ Prefer not to answer

38_right leg. How many years have you had your current level of amputation on your right leg?
☐ <1 year
☐ 1 year to < 2 years
☐ 2 years to < 5 years
☐ 5 years to < 10 years
☐ 10 or more years
☐ Prefer not to answer

39_right leg. Do you wear a prosthesis on your right leg including for transfers and standing?
☐ Yes
☐ No
☐ Prefer not to answer

This Question is Conditionally Shown if: (39_right leg = Yes)

40_right leg. How many days per week do you wear your prosthesis on your right leg?
☐ 1-2 days
☐ 3-4 days
☐ 5 or more days
☐ Prefer not to answer

This Question is Conditionally Shown if: (39_right leg = Yes)

41_right leg. On the days you wear your prosthesis, how many hours per day do you wear your prosthesis on your right leg?
☐ Less than 1 hour

Version date 06.12.2019
☑ 1-4 hours
☑ 5-8 hours
☑ More than 8 hours
☑ Prefer not to answer

This Question is Conditionally Shown if: (39_right_leg = No)
42_right_leg. If you don’t use a prosthesis on your right leg, please provide the top two reasons why. If you prefer not to answer, please write "prefer not to answer" in each box.

   Reason 1 _______________________
   Reason 2 _______________________

This Page is Conditionally Shown if: (39_left_arm = Yes)

About Your Left Arm Prosthesis

Now, we are going to ask you to answer a series of questions from standardized surveys. Some questions may appear to be repetitive but are important to help determine the optimal outcomes for individuals living with amputation.

This Page is Conditionally Shown if: (39_left_arm = Yes)
Approslook_LA.
Over the past four weeks, rate how your prosthesis has looked.

Version date 06.12.2019
Apdamagclo_LA.
Over the past four weeks, rate the damage done to your clothing by your prosthesis.

1- EXTENSIVE DAMAGE 2 3 4 5 6 7- NONE Prefer not to answer

Apdamagcov_LA.
Over the past four weeks, rate the damage done to your prosthesis cover.

1- EXTENSIVE DAMAGE 2 3 4 5 6 7- NONE There is no cover on my prosthesis Prefer not to answer

Apclothchoi_LA.
Over the past four weeks, rate how limited your choice of clothing was because of your prosthesis.

1- WORST POSSIBLE 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Rlsweat_LA.
Over the past four weeks, rate how much you sweat inside your prosthesis (in the sock, liner, socket).

Version date 06.12.2019
Rlsmell_LA.
Over the past four weeks, rate how smelly your prosthesis was at its worst.

1- EXTREME AMOUNT 2 3 4 5 6 7- NOT AT ALL
○ ○ ○ ○ ○ ○ ○

Rlrash_LA.
Over the past four weeks, rate any rash(es) that you got on your residual limb.

1- EXTREMELY SMELLY 2 3 4 5 6 7- NOT AT ALL
○ ○ ○ ○ ○ ○ ○

Rlhair_LA.
Over the past four weeks, rate any ingrown hairs (pimples) that were on your residual limb.

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL
○ ○ ○ ○ ○ ○ ○

Rlsore_LA.
Over the past four weeks, rate any blisters or sores that you got on your residual limb.

Version date 06.12.2019
I had no blisters or sores on my residual limb in the last month.

This Page is Conditionally Shown if: (39_left arm = Yes)

**This section asks you to rate HOW IMPORTANT different aspects (or qualities) of your prosthesis are to you.**

**Imimpwt_LA.**
How important is it that the weight of your prosthesis feel right?

<table>
<thead>
<tr>
<th>1 - NOT AT ALL</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 - EXTREMELY IMPORTANT</th>
<th>Prefer not to answer</th>
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</table>

**Imimpdon_LA.**
How important is the ease of putting on (donning) your prosthesis?

<table>
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<tr>
<th>1 - NOT AT ALL</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</table>

**Imimppear_LA.**
How important is the appearance of your prosthesis (how it looks)?

<table>
<thead>
<tr>
<th>1 - NOT AT ALL</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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Version date 06.12.2019
Imimpcover_LA.
How important is it that your prosthesis’ covering is durable (cannot be torn, dented, easily scratched, or discolored)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT
There is no covering on my prosthesis
Prefer not to answer

Imsweatbot_LA.
How bothersome is it when you sweat a lot inside your prosthesis (in the sock, liner, socket)?

1- EXTREMELY BOTHERSOME  2  3  4  5  6  7- NOT AT ALL
Prefer not to answer

Imswellbot_LA.
How bothersome to you is swelling in your residual limb (stump)?

1- EXTREMELY BOTHERSOME  2  3  4  5  6  7- NOT AT ALL
Prefer not to answer

Imnohair_LA.
How important is it to avoid having any ingrown hairs (pimples) on your residual limb (stump)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT
Prefer not to answer

Version date 06.12.2019
Imlookubot_LA.
How bothersome is it to see people looking at you and your prosthesis?

1- EXTREMELY BOTHERSOME  2  3  4  5  6  7- NOT AT ALL  Prefer not to answer

This Page is Conditionally Shown if: (39_right arm = Yes)

About Your *Right Arm* Prosthesis

Now, we are going to ask you to answer a series of questions from standardized surveys. Some questions may appear to be repetitive but are important to help determine the optimal outcomes for individuals living with amputation.

This Page is Conditionally Shown if: (39_right arm = Yes)

Approslook_RA.
Over the past four weeks, rate how your prosthesis has looked.

1- TERRIBLE  2  3  4  5  6  7- EXCELLENT  Prefer not to answer

Version date 06.12.2019
Apdamagclo_RA.
Over the past four weeks, rate the damage done to your clothing by your prosthesis.

1- EXTENSIVE DAMAGE 2 3 4 5 6 7- NONE Prefer not to answer

Apdamagcov_RA.
Over the past four weeks, rate the damage done to your prosthesis cover.

1- EXTENSIVE DAMAGE 2 3 4 5 6 7- NONE There is no cover on my prosthesis Prefer not to answer

Apclothchoi_RA. Over the past four weeks, rate how limited your choice of clothing was because of your prosthesis.

1- WORST POSSIBLE 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Rlsweat_RA.
Over the past four weeks, rate how much you sweat inside your prosthesis (in the sock, liner, socket).

1- EXTREME AMOUNT 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Version date 06.12.2019
**Rlsmell_RA.**
Over the past four weeks, rate how smelly your prosthesis was at its worst.

<table>
<thead>
<tr>
<th>1- EXTREMELY SMELLY</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7- NOT AT ALL</th>
<th>Prefer not to answer</th>
</tr>
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**Rlrash_RA.**
Over the past four weeks, rate any rash(es) that you got on your residual limb.

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<thead>
<tr>
<th>1- EXTREMELY BOTHERSOME</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7- NOT AT ALL</th>
<th>Prefer not to answer</th>
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</tbody>
</table>

I had no rashes on my residual limb in the last month.

**Rlhair_RA.**
Over the past four weeks, rate any ingrown hairs (pimples) that were on your residual limb.

<table>
<thead>
<tr>
<th>1- EXTREMELY BOTHERSOME</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7- NOT AT ALL</th>
<th>Prefer not to answer</th>
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</table>

I had no ingrown hairs on my residual limb in the last month.

**Rlsore_RA.**
Over the past four weeks, rate any blisters or sores that you got on your residual limb.

<table>
<thead>
<tr>
<th>1- EXTREMELY BOTHERSOME</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7- NOT AT ALL</th>
<th>Prefer not to answer</th>
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</tbody>
</table>

I had no blisters or sores on my residual limb in the last month.

Version date 06.12.2019
This section asks you to rate HOW IMPORTANT different aspects (or qualities) of your prosthesis are to you.

Imimpwt_RA.
How important is it that the weight of your prosthesis feel right?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT  Prefer not to answer

Imimpdon_RA.
How important is the ease of putting on (donning) your prosthesis?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT  Prefer not to answer

Imimpapear_RA.
How important is the appearance of your prosthesis (how it looks)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT  Prefer not to answer

Imimpcover_RA.
How important is it that your prosthesis’ covering is durable (cannot be torn, dented, easily scratched, or discolored)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT  There is no covering on my prosthesis  Prefer not to answer

Version date 06.12.2019
Imsweatbot_RA.
How bothersome is it when you sweat a lot inside your prosthesis (in the sock, liner, socket)?

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Imswellbot_RA.
How bothersome to you is swelling in your residual limb (stump)?

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Imnohair_RA.
How important is it to avoid having any ingrown hairs (pimples) on your residual limb (stump)?

1- NOT AT ALL 2 3 4 5 6 7- EXTREMELY IMPORTANT Prefer not to answer

Imlookubot_RA.
How bothersome is it to see people looking at you and your prosthesis?

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL Prefer not to answer
About Your *Left Leg* Prosthesis

Now, we are going to ask you to answer a series of questions from standardized surveys. Some questions may appear to be repetitive but are important to help determine the optimal outcomes for individuals living with amputation.

This Page is Conditionally Shown if: (39_left leg = Yes)

**Approslook_LL.**
Over the past four weeks, rate how your prosthesis has looked.

1- TERRIBLE  2  3  4  5  6  7- EXCELLENT  Prefer not to answer

**Apdamagclo_LL.**
Over the past four weeks, rate the damage done to your clothing by your prosthesis.

1- EXTENSIVE DAMAGE  2  3  4  5  6  7- NONE  Prefer not to answer

**Apdamagcov_LL.**
Over the past four weeks, rate the damage done to your prosthesis cover.

Version date 06.12.2019
1- EXTENSIVE DAMAGE  2  3  4  5  6  7- NONE  There is no cover on my prosthesis

O  O  O  O  O  O  O

O

Apshoechoi_LL.
Over the past four weeks, rate your ability to wear the shoes (different heights, styles) you prefer.

1- CANNOT  2  3  4  5  6  7- NO PROBLEM

O  O  O  O  O  O  O

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Apclothchoi_LL.
Over the past four weeks, rate how limited your choice of clothing was because of your prosthesis.

1- WORST POSSIBLE  2  3  4  5  6  7- NOT AT ALL

O  O  O  O  O  O  O

O

Rlsweat_LL.
Over the past four weeks, rate how much you sweat inside your prosthesis (in the sock, liner, socket).

1- EXTREME AMOUNT  2  3  4  5  6  7- NOT AT ALL

O  O  O  O  O  O  O

O

Rlsmeell_LL.
Over the past four weeks, rate how smelly your prosthesis was at its worst.

1- EXTREMELY SMELLY  2  3  4  5  6  7- NOT AT ALL

O  O  O  O  O  O  O

O

Version date 06.12.2019
Rlrash_LL.
Over the past four weeks, rate any rash(es) that you got on your residual limb.

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL I had no rashes on my residual limb in the last month. Prefer not to answer

Rlhair_LL.
Over the past four weeks, rate any ingrown hairs (pimples) that were on your residual limb.

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL I had no ingrown hairs on my residual limb in the last month. Prefer not to answer

Rlsore_LL.
Over the past four weeks, rate any blisters or sores that you got on your residual limb.

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL I had no blisters or sores on my residual limb in the last month. Prefer not to answer

This Page is Conditionally Shown if: (39_left leg = Yes)

Version date 06.12.2019
This section asks you to rate HOW IMPORTANT different aspects (or qualities) of your prosthesis are to you.

Imimpwt_LL.
How important is it that the weight of your prosthesis feel right?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT

Imimpdon_LL.
How important is the ease of putting on (donning) your prosthesis?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT

Imimpapear_LL.
How important is the appearance of your prosthesis (how it looks)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT

Imimpshoe_LL.
How important is it to you to be able to wear different kinds of shoes (heights or styles)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT

Version date 06.12.2019
Imimpcover_LL.
How important is it that your prosthesis’ covering is durable (cannot be torn, dented, easily scratched, or discolored)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT
There is no covering on my prosthesis
Prefer not to answer

Imsweatbot_LL.
How bothersome is it when you sweat a lot inside your prosthesis (in the sock, liner, socket)?

1- EXTREMELY BOTHERSOME  2  3  4  5  6  7- NOT AT ALL
Prefer not to answer

Imswellbot_LL.
How bothersome to you is swelling in your residual limb (stump)?

1- EXTREMELY BOTHERSOME  2  3  4  5  6  7- NOT AT ALL
Prefer not to answer

Imnohair_LL.
How important is it to avoid having any ingrown hairs (pimples) on your residual limb (stump)?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT
Prefer not to answer

Version date 06.12.2019
Imlookubot_LL.
How bothersome is it to see people looking at you and your prosthesis?

1- EXTREMELY BOTHERSOME  2  3  4  5  6  7- NOT AT ALL  Prefer not to answer

Imimpuphil_LL.
How important is being able to walk up a steep hill?

1- NOT AT ALL  2  3  4  5  6  7- EXTREMELY IMPORTANT  Prefer not to answer

This Page is Conditionally Shown if: (39_right leg = Yes)

About Your *Right Leg* Prosthesis

Now, we are going to ask you to answer a series of questions from standardized surveys. Some questions may appear to be repetitive but are important to help determine the optimal outcomes for individuals living with amputation.

This Page is Conditionally Shown if: (39_right leg = Yes)

Version date 06.12.2019
Approsl ook_RL.
Over the past four weeks, rate how your prosthesis has looked.

<table>
<thead>
<tr>
<th>1 - TERRIBLE</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 - EXCELLENT</th>
<th>Prefer not to answer</th>
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</table>

Apdamagclo_RL.
Over the past four weeks, rate the damage done to your clothing by your prosthesis.

<table>
<thead>
<tr>
<th>1 - EXTENSIVE DAMAGE</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 - NONE</th>
<th>Prefer not to answer</th>
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</table>

Apdamagcov_RL.
Over the past four weeks, rate the damage done to your prosthesis cover.

<table>
<thead>
<tr>
<th>1 - EXTENSIVE DAMAGE</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 - NONE</th>
<th>There is no cover on my prosthesis</th>
<th>Prefer not to answer</th>
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</table>

Apshoechoi_RL.
Over the past four weeks, rate your ability to wear the shoes (different heights, styles) you prefer.

<table>
<thead>
<tr>
<th>1 - CANNOT</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 - NO PROBLEM</th>
<th>Prefer not to answer</th>
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</table>

Version date 06.12.2019
Apclothchoi_RL.
Over the past four weeks, rate how limited your choice of clothing was because of your prosthesis.

1- WORST POSSIBLE        2 3 4 5 6 7- NOT AT ALL        Prefer not to answer
                        ○ ○ ○ ○ ○ ○ ○

Rlsweat_RL.
Over the past four weeks, rate how much you sweat inside your prosthesis (in the sock, liner, socket).

1- EXTREME AMOUNT        2 3 4 5 6 7- NOT AT ALL        Prefer not to answer
                        ○ ○ ○ ○ ○ ○ ○

Rlsmell_RL.
Over the past four weeks, rate how smelly your prosthesis was at its worst.

1- EXTREMELY SMELLY        2 3 4 5 6 7- NOT AT ALL        Prefer not to answer
                        ○ ○ ○ ○ ○ ○ ○

Rlrash_RL.
Over the past four weeks, rate any rash(es) that you got on your residual limb.

1- EXTREMELY BOTHERSOME    2 3 4 5 6 7- NOT AT ALL        Prefer not to answer
                        ○ ○ ○ ○ ○ ○ ○

I had no rashes on my residual limb in the last month.

Version date 06.12.2019
Over the past four weeks, rate any ingrown hairs (pimples) that were on your residual limb.

1- EXTREMELY BOTHERSOME

2 3 4 5 6 7- NOT AT ALL

I had no ingrown hairs on my residual limb in the last month.

Prefer not to answer

Over the past four weeks, rate any blisters or sores that you got on your residual limb.

1- EXTREMELY BOTHERSOME

2 3 4 5 6 7- NOT AT ALL

I had no blisters or sores on my residual limb in the last month.

Prefer not to answer

This section asks you to rate HOW IMPORTANT different aspects (or qualities) of your prosthesis are to you.

How important is it that the weight of your prosthesis feel right?

1- NOT AT ALL

2 3 4 5 6 7- EXTREMELY IMPORTANT

Prefer not to answer

Version date 06.12.2019
**Imimpdon_RL.**
How important is the ease of putting on (donning) your prosthesis?

<table>
<thead>
<tr>
<th>1- NOT AT ALL</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7- EXTREMELY IMPORTANT</th>
<th>Prefer not to answer</th>
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**Imimpapear_RL.**
How important is the appearance of your prosthesis (how it looks)?

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**Imimpshoe_RL.**
How important is it to you to be able to wear different kinds of shoes (heights or styles)?

<table>
<thead>
<tr>
<th>1- NOT AT ALL</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7- EXTREMELY IMPORTANT</th>
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</table>

**Imimpcover_RL.**
How important is it that your prosthesis’ covering is durable (cannot be torn, dented, easily scratched, or discolored)?

<table>
<thead>
<tr>
<th>1- NOT AT ALL</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7- EXTREMELY IMPORTANT</th>
<th>There is no covering on my prosthesis</th>
<th>Prefer not to answer</th>
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</table>

Version date 06.12.2019
Imsweatbot_RL.
How bothersome is it when you sweat a lot inside your prosthesis (in the sock, liner, socket)?

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Imswellbot_RL.
How bothersome to you is swelling in your residual limb (stump)?

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Imnohair_RL.
How important is it to avoid having any ingrown hairs (pimples) on your residual limb (stump)?

1- NOT AT ALL 2 3 4 5 6 7- EXTREMELY IMPORTANT Prefer not to answer

Imlookubot_RL.
How bothersome is it to see people looking at you and your prosthesis?

1- EXTREMELY BOTHERSOME 2 3 4 5 6 7- NOT AT ALL Prefer not to answer

Imimpuphil_RL.
How important is being able to walk up a steep hill?

Version date 06.12.2019
Function and Mobility

In this section, we are going to ask questions regarding your ability to move around or questions regarding your mobility.

Get in and out of a car when using your prosthesis. is Conditionally Shown if: (39_left arm = Yes OR 39_right arm = Yes OR 39_left leg = Yes OR 39_right leg = Yes)
Get in and out of a car. is Conditionally Shown if: (39_left arm = No AND 39_right arm = No AND 39_left leg = No AND 39_right leg = No)

PEQ1. Over the past four weeks, rate your ability to...

- Get in and out of a car when using your prosthesis.
- Get in and out of a car.
- Sit down and get up from a chair with a high seat (e.g., a dining chair, a kitchen chair, an office chair).
- Sit down and get up from a low or soft chair (e.g., an easy chair or deep sofa).
- Sit down and get up from the toilet.
- Shower or bathe safely.

Version date 06.12.2019
Adjustment to Prosthesis: Left Arm

In this section, we are going to ask about your general and social adjustment to your left arm prosthesis.

Below is a series of statements concerning the wearing of a prosthesis. Please read through each statement carefully. Then select your level of agreement with each statement.

I have adjusted to having a prosthesis
As time goes by, I accept my prosthesis more
I feel that I have dealt successfully with this trauma in my life
Although I have a prosthesis, my life is full
I have gotten used to wearing a prosthesis
I don’t care if somebody looks at my prosthesis
I find it easy to talk about my prosthesis
I don’t mind people asking about my prosthesis

Version date 06.12.2019
I have difficulty in talking about my limb loss in conversation
A prosthesis interferes with the ability to do my work
Having a prosthesis makes me more dependent on others than I would like to be
Having a prosthesis limits the kind of work that I can do
Being an amputee means that I can’t do what I want to do
Having a prosthesis limits the amount of work that I can do

Please select the statement that represents the extent to which you are satisfied or dissatisfied with each of the different aspects of your prosthesis mentioned below:

For your left arm prosthesis:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither Dissatisfied nor Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
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<td>Shape</td>
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<td>Noise</td>
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<tr>
<td>Appearance</td>
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<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usefulness</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
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<td></td>
</tr>
<tr>
<td>Fit</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Comfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version date 06.12.2019
This Page is Conditionally Shown if: (39_right arm = Yes)

**Adjustment to Prosthesis: Right Arm**

In this section, we are going to ask about your general and social adjustment to your *right arm* prosthesis.

This Page is Conditionally Shown if: (39_right arm = Yes)

**Below is a series of statements concerning the wearing of a prosthesis. Please read through each statement carefully. Then select your level of agreement with each statement.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have adjusted to having a prosthesis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>As time goes by, I accept my prosthesis more</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I feel that I have dealt successfully with this trauma in my life</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Although I have a prosthesis, my life is full</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have gotten used to wearing a prosthesis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I don’t care if somebody looks at my prosthesis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I find it easy to talk about my prosthesis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I don’t mind people asking about my prosthesis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have difficulty in talking about my limb loss in conversation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A prosthesis interferes with the ability to do my work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Having a prosthesis makes me more dependent on others than I would like to be
Having a prosthesis limits the kind of work that I can do
Being an amputee means that I can’t do what I want to do
Having a prosthesis limits the amount of work that I can do

Please select the statement that represents the extent to which you are satisfied or dissatisfied with each of the different aspects of your prosthesis mentioned below:
This Question is Conditionally Shown if: (39_right arm = Yes)
tapesr2_RA. For your right arm prosthesis

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither Dissatisfied nor Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Shape</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Noise</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Appearance</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Weight</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Usefulness</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Reliability</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Fit</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Comfort</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Adjustment to Prosthesis: Left leg

In this section, we are going to ask about your general and social adjustment to your left leg prosthesis.

Below is a series of statements concerning the wearing of a prosthesis. Please read through each statement carefully. Then select your level of agreement with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have adjusted to having a prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As time goes by, I accept my prosthesis more</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel that I have dealt successfully with this trauma in my life</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Although I have a prosthesis, my life is full</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have gotten used to wearing a prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I don’t care if somebody looks at my prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
I find it easy to talk about my prosthesis
I don’t mind people asking about my prosthesis
I find it easy to talk about my limb loss in conversation
I don’t care if somebody notices that I am limping
A prosthesis interferes with the ability to do my work
Having a prosthesis makes me more dependent on others than I would like to be
Having a prosthesis limits the kind of work that I can do
Being an amputee means that I can’t do what I want to do
Having a prosthesis limits the amount of work that I can do

This Text Block is Conditionally Hidden if: ()
The following questions are about activities you might do during a typical day. Does having a prosthesis limit you in these activities? If so, how much? Please select the appropriate response.
Going to work is Conditionally Hidden if: (employed = No OR employed = Prefer not to answer)

For your left leg amputation's prosthesis

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
Climbing several flights of stairs
Running for a bus

Version date 06.12.2019
Sport and recreation
Climbing one flight of stairs
Walking more than a mile
Walking half a mile
Walking 100 meters
Working on hobbies
Going to work

Please select the statement that represents the extent to which you are satisfied or dissatisfied with each of the different aspects of your prosthesis mentioned below:

For your left leg prosthesis

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Not satisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shape</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usefulness</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Comfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please select the number (0-10) that best describes how satisfied you are with your left leg prosthesis?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all satisfied</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
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<td>6</td>
<td></td>
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<td>7</td>
<td></td>
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<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Very satisfied</td>
</tr>
<tr>
<td></td>
<td>Prefer not to answer</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Adjustment to Prosthesis: Right Leg

In this section, we are going to ask about your general and social adjustment to your right leg prosthesis.

Below is a series of statements concerning the wearing of a prosthesis. Please read through each statement carefully. Then select your level of agreement with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have adjusted to having a prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As time goes by, I accept my prosthesis more</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel that I have dealt successfully with this trauma in my life</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Although I have a prosthesis, my life is full</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have gotten used to wearing a prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I don’t care if somebody looks at my prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I find it easy to talk about my prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I don’t mind people asking about my prosthesis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I find it easy to talk about my limb loss in conversation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
I don’t care if somebody notices that I am limping
A prosthesis interferes with the ability to do my work
Having a prosthesis makes me more dependent on others than I would like to be
Having a prosthesis limits the kind of work that I can do
Being an amputee means that I can’t do what I want to do
Having a prosthesis limits the amount of work that I can do

The following questions are about activities you might do during a typical day. Does having a prosthesis limit you in these activities? If so, how much? Please select the appropriate response.

Going to work is Conditionally Hidden if: (employed = No OR employed = Prefer not to answer)

tapesr3_RL. For your right leg amputation's prosthesis

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>Limited a little</th>
<th>No, not limited at all</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Climbing several flights of stairs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Running for a bus</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sport and recreation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Climbing one flight of stairs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Walking more than a mile</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Walking half a mile</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Walking 100 meters</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Working on hobbies
Going to work

Please select the statement that represents the extent to which you are satisfied or dissatisfied with each of the different aspects of your prosthesis mentioned below:

<table>
<thead>
<tr>
<th>tapesr2_RL.</th>
<th>For your right leg prosthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Not satisfied</td>
</tr>
<tr>
<td>Shape</td>
<td>Not satisfied</td>
</tr>
<tr>
<td>Appearance</td>
<td>Not satisfied</td>
</tr>
<tr>
<td>Weight</td>
<td>Not satisfied</td>
</tr>
<tr>
<td>Usefulness</td>
<td>Not satisfied</td>
</tr>
<tr>
<td>Reliability</td>
<td>Not satisfied</td>
</tr>
<tr>
<td>Fit</td>
<td>Not satisfied</td>
</tr>
<tr>
<td>Comfort</td>
<td>Not satisfied</td>
</tr>
</tbody>
</table>

Please select the number (0-10) that best describes how satisfied you are with your right leg prosthesis?

<table>
<thead>
<tr>
<th>tapesr4_RL.</th>
<th>Please select the number (0-10) that best describes how satisfied you are with your right leg prosthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>0- Not at all satisfied</td>
<td>1</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Adjustment to Limb Loss: Left arm

In this section, we are going to ask about your general and social adjustment to your limb loss.

Below is a series of statements concerning your limb loss. Please read through each statement carefully. Then select your level of agreement with each statement.

66_LA no prosthesis.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have adjusted to having a limb loss</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>As time goes by, I accept my limb loss more</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I feel that I have dealt successfully with this part of my life</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Although I have an amputation, my life is full</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have gotten used to my limb loss</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I don’t care if somebody looks at my absent limb</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I find it easy to talk about my limb loss</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I don’t mind people asking about my limb loss</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
I find it easy to talk about my limb loss in conversation
I don’t care if somebody notices that I have a limb loss
Limb loss interferes with the ability to do my work
Having a limb loss makes me more dependent on others than I would like to be
Having a limb loss limits the kind of work that I can do
Having a limb loss means that I can’t do what I want to do
Having a limb loss limits the amount of work that I can do

The following questions are about activities you might do during a typical day. Does limb loss limit you in these activities? If so, how much? Please select the appropriate response.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>Limited a little</th>
<th>No, not limited at all</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sport and recreation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Working on hobbies</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Going to work</td>
<td>○</td>
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</tbody>
</table>

This Page is Conditionally Shown if: (39_right arm = No)

**Adjustment to Limb Loss: Right Arm**

Version date 06.12.2019
In this section, we are going to ask about your general and social adjustment to your limb loss.

This Page is Conditionally Shown if: (39_right arm = No)

Below is a series of statements concerning your limb loss. Please read through each statement carefully. Then select your level of agreement with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have adjusted to having a limb loss</td>
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<td>I have gotten used to my limb loss</td>
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<tr>
<td>Limb loss interferes with the ability to do my work</td>
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<td>Having a limb loss makes me more dependent on others than I would like to be</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Having a limb loss limits the kind of work that I can do</td>
<td></td>
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</tr>
</tbody>
</table>

Version date 06.12.2019

Having a limb loss means that I can’t do what I want to do
Having a limb loss limits the amount of work that I can do

The following questions are about activities you might do during a typical day. Does limb loss limit you in these activities? If so, how much? Please select the appropriate response.

67_RA no prosthesis.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>Limited a little</th>
<th>No, not limited at all</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sport and recreation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Working on hobbies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Going to work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

This Page is Conditionally Shown if: (39_left leg = No)

**Adjustment to Limb Loss: Left Leg**

In this section, we are going to ask about your general and social adjustment to your limb loss.

Version date 06.12.2019
Below is a series of statements concerning your limb loss. Please read through each statement carefully. Then select your level of agreement with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have adjusted to having a limb loss</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>As time goes by, I accept my limb loss more</td>
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<td>☐</td>
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</tr>
<tr>
<td>I feel that I have dealt successfully with this part of my life</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Although I have an amputation, my life is full</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have gotten used to my limb loss</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I don’t care if somebody looks at my absent limb</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I find it easy to talk about my limb loss</td>
<td>☐</td>
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<td>Limb loss interferes with the ability to do my work</td>
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<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Having a limb loss makes me more dependent on others than I would like to be</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tr>
</tbody>
</table>

The following questions are about activities you might do during a typical day. Does limb loss limit you in these activities? If so, how much? Please select the appropriate response.

Version date 06.12.2019
67_LL no prosthesis.

<table>
<thead>
<tr>
<th>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</th>
<th>Yes, limited a lot</th>
<th>Limited a little</th>
<th>No, not limited at all</th>
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<tbody>
<tr>
<td>Climbing several flights of stairs</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Running for a bus</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Sport and recreation</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
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</tr>
<tr>
<td>Climbing one flight of stairs</td>
<td>☒</td>
<td>☒</td>
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<td>☒</td>
</tr>
<tr>
<td>Walking more than a mile</td>
<td>☒</td>
<td>☒</td>
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<td>☒</td>
</tr>
<tr>
<td>Walking half a mile</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
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<tr>
<td>Walking 100 meters</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
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<td>Working on hobbies</td>
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This Page is Conditionally Shown if: (39_right leg = No)

**Adjustment to Limb Loss: Right Leg**

In this section, we are going to ask about your general and social adjustment to your amputation.

This Page is Conditionally Shown if: (39_right leg = No)

Below is a series of statements concerning your limb loss. Please read through each statement carefully. Then select your level
of agreement with each statement.

66_RL no prosthesis.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
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The following questions are about activities you might do during a typical day. Does limb loss limit you in these activities? If so, how much? **Please select the appropriate response.**

67_RL no prosthesis.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>Limited a little</th>
<th>No, not limited at all</th>
<th>Prefer not to answer</th>
</tr>
</thead>
</table>

Version date 06.12.2019
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
Climbing several flights of stairs
Running for a bus
Sport and recreation
Climbing one flight of stairs
Walking more than a mile
Walking half a mile
Walking 100 meters
Working on hobbies
Going to work

# Pain Interference

In this section, we are going to ask about how pain hinders your engagement with social, cognitive, emotional, physical, and recreational activities.

Please respond to each statement by marking one box per row.

In the past 7 days...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Somewhat</th>
<th>Quite a bit</th>
<th>Very much</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did pain interfere with your day to day activities?</td>
<td></td>
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</tr>
<tr>
<td>How much did pain interfere with work around the home?</td>
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</tr>
</tbody>
</table>

Version date 06.12.2019
How much did pain interfere with your ability to participate in social activities?

How much did pain interfere with your household chores?

How much did pain interfere with the things you usually do for fun?

How much did pain interfere with your enjoyment of social activities?

How much did pain interfere with your enjoyment of life?

How much did pain interfere with your family life?

The next section covers very SPECIFIC BODILY SENSATIONS. Here are our definitions:

1. **PAIN** is a more extreme sensation described by terms such as "shooting", "searing", "stabbing", "sharp", or "ache".

2. **PHANTOM LIMB** refers to the part that is missing. People have reported feeling sensations and/or pain in the part of the limb that has been amputated — that is, in their phantom limb.

3. **RESIDUAL LIMB (STUMP)** refers to the portion of your amputated limb that is still physically present.

painloc. In the past 7 days, where did you have pain? **Select all that apply**

- I did not have pain
- Phantom limb
- Residual limb/stump
- Other non-amputated arm or hand
- Other non-amputated leg or foot
- Back
- Neck
- Other: ____________________
- Prefer not to answer

Phantom limb is Conditionally Shown if: (painloc (Phantom limb) = Selected)
Residual limb/stump is Conditionally Shown if: (painloc (Residual limb/stump) = Selected)

Version date 06.12.2019
Other (non-amputated) arm or hand is Conditionally Shown if: (painloc (Other (non-amputated) arm or hand) = Selected)
Other (non-amputated) leg or foot is Conditionally Shown if: (painloc (Other (non-amputated) leg or foot) = Selected)
Back is Conditionally Shown if: (painloc (Back) = Selected)
Neck is Conditionally Shown if: (painloc (Neck) = Selected)
Other is Conditionally Shown if: (painloc (Other, please specify) = Selected)

painaff. Please indicate the pain that most affects your daily life. Select one.
- ☐ Phantom limb
- ☐ Residual limb/stump
- ☐ Other non-amputated arm or hand
- ☐ Other non-amputated leg or foot
- ☐ Back
- ☐ Neck
- ☐ Other: ________________________
- ☐ Prefer not to answer

Healthcare

Now, we are going to ask questions about your overall experience with your healthcare providers. When answering the questions please consider your general experience with your prosthetist and healthcare providers.

Please respond to each question or statement by marking one box per row.

I was shown the proper level of courtesy and respect by the prosthetic staff

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know/Not Applicable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
The prosthetist / orthotist gave me the opportunity to express my concerns regarding my equipment.

The prosthetist / orthotist was responsive to my concerns and questions.

I am satisfied with the training I received in the use and maintenance of my prosthesis / orthosis.

I was a partner in decision-making with clinic staff regarding my care and equipment.

pcp. Is the gender of your regular primary care physician the same or different than the gender you identify with?

- Same
- Different
- I regularly see primary care physicians of both genders
- Not applicable
- Prefer not to answer

prosth. Is the gender of your regular prosthetist the same or different than the gender you identify with?

- Same
- Different
- I regularly see prosthetists of both genders
- Not applicable
- Prefer not to answer

Version date 06.12.2019
prosthcomf.
How comfortable are you discussing your questions / concerns with your prosthetist?

1- Very Uncomfortable  2  3  4  5  6  7- Very Comfortable  Not applicable  Prefer not to answer

pcpcomf.
How comfortable are you discussing your questions / concerns with your primary care physician?

1- Very Uncomfortable  2  3  4  5  6  7- Very Comfortable  Not applicable  Prefer not to answer

othercomf.
How comfortable are you discussing your questions / concerns with other members of your health care team; i.e. PT, OT, social workers, case managers, mental health providers?

1- Very Uncomfortable  2  3  4  5  6  7- Very Comfortable  Not applicable  Prefer not to answer

evalrl.
How comfortable are you with the amount of physical contact required to evaluate your residual limb?

1- Very Uncomfortable  2  3  4  5  6  7- Very Comfortable  Not applicable  Prefer not to answer

Version date 06.12.2019
How comfortable are you with the amount of physical contact required to fit a prosthesis?

1 - Very Uncomfortable  2 3 4 5 6 7 - Very Comfortable  Not applicable  Prefer not to answer

Please indicate any other comments regarding your comfort surrounding your interactions with your health care team.

Write "None" if nothing to add.

Please do not include personally identifiable information (PII) or operationally sensitive information.

Mental Health

In this section, we are asking questions regarding your mental health and body image.

This is a research study that involves questions related to sensitive topics. As researchers, we do not provide mental health services. However, we want to provide you with contact information for available resources, should you decide you need assistance at any time.

Version date 06.12.2019
National resources for Veterans and civilians are included below. In the event that you feel overwhelming emotional distress or the intent to harm yourself, please utilize these resources.

In the past 7 days...

- I felt fearful
- I found it hard to focus on anything other than my anxiety

Please respond to each statement by marking one box per row.

Version date 06.12.2019
My worries overwhelmed me
I felt uneasy
I felt nervous
I felt like I needed help for my anxiety
I felt anxious
I felt tense
depression.

Please respond to each question or statement by marking one box per row.

<table>
<thead>
<tr>
<th>In the past 7 days...</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt worthless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I felt helpless</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt depressed</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>I felt hopeless</td>
<td></td>
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<tr>
<td>I felt like a failure</td>
<td></td>
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<td></td>
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<tr>
<td>I felt unhappy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>I felt that I had nothing to look forward to</td>
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<tr>
<td>I felt that nothing could cheer me up</td>
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</tbody>
</table>

I like my overall physical appearance when wearing my prosthesis. is Conditionally Shown if: (39_left arm = Yes OR39_right arm = Yes OR39_left leg = Yes OR39_right leg = Yes)

I like my overall physical appearance of my residual limb/amputation. is Conditionally Hidden if: (39_left arm = Yes OR39_right arm = Yes OR39_left leg = Yes OR39_right leg = Yes)

I avoid looking into a full-length mirror in order not to see my prosthesis. is Conditionally Shown if: (39_left arm = Yes OR39_right arm = Yes OR39_left leg = Yes OR39_right leg = Yes)

I avoid looking into a full-length mirror in order to not see my residual limb/amputation. is Conditionally Hidden if: (39_left arm = Yes OR39_right arm = Yes OR39_left leg = Yes OR39_right leg = Yes)

Version date 06.12.2019
When I am not wearing my prosthesis, I avoid situations where my physical appearance can be evaluated by others (e.g., I avoid social situations, swimming pool or beach activities, etc.). is Conditionally Shown if: (39_left arm = Yes OR 39_right arm = Yes OR 39_left leg = Yes OR 39_right leg = Yes)

When I am walking, people notice my limp. is Conditionally Shown if: (limbslost (left leg (at or above the ankle)) = Selected OR limbslost (right leg (at or above the ankle)) = Selected)

When I am wearing my prosthesis, I avoid situations where my physical appearance can be evaluated by others (e.g., I avoid social situations, and/or I avoid swimming pool or beach activities etc.). is Conditionally Shown if: (39_left arm = Yes OR 39_right arm = Yes OR 39_left leg = Yes OR 39_right leg = Yes)

I avoid situations where my physical appearance can be evaluated by others (e.g., I avoid any social situations, and/or I avoid swimming pool or beach activities etc.). is Conditionally Hidden if: (39_left arm = Yes OR 39_right arm = Yes OR 39_left leg = Yes OR 39_right leg = Yes)

Please respond to each question or statement by marking one box per row.

<table>
<thead>
<tr>
<th>Question</th>
<th>None of the time</th>
<th>Sometimes</th>
<th>Most/All of the time</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because I am an amputee, I feel more anxious about my physical appearance in social situations than when I am alone.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I like my overall physical appearance when wearing my prosthesis.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I like my overall physical appearance of my residual limb/amputation.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It concerns me that the loss of my limb impairs my body’s functional capabilities in various activities of daily living.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I avoid looking into a full-length mirror in order not to see my prosthesis.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I avoid looking into a full length mirror in order to not see my residual limb/amputation.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Because I am an amputee, I feel anxious about my physical appearance on a daily basis.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Since losing my limb, it bothers me that I no longer conform to society’s idea of normal appearance.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
It concerns me that the loss of my limb impairs my ability to protect myself from harm.

When I am not wearing my prosthesis, I avoid situations where my physical appearance can be evaluated by others (e.g., I avoid social situations, swimming pool or beach activities, etc.).

I like my physical appearance when not wearing my prosthesis.

When I am walking, people notice my limp.

When I am wearing my prosthesis, I avoid situations where my physical appearance can be evaluated by others (e.g., I avoid any social situations, and/or I avoid swimming pool or beach activities etc.).

I avoid situations where my physical appearance can be evaluated by others (e.g., I avoid any social situations, and/or I avoid swimming pool or beach activities etc.).

People treat me as disabled.

I feel I must have four normal limbs to be physically attractive.

---

Social Support and Situations

In this section, we are going to ask you questions about your overall comfort levels in different situations.

Please respond to each question or statement by marking one box per row.

How comfortable are you in social situations with the following people:

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Extremely uncomfortable</th>
<th>Quite a bit uncomfortable</th>
<th>A little bit uncomfortable</th>
<th>Neither uncomfortable nor comfortable</th>
<th>A little bit comfortable</th>
<th>Quite a bit comfortable</th>
<th>Extremely comfortable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
</table>

Version date 06.12.2019
People you think of as your peers, like friends or co-workers

People you are sexually attracted to

Has your comfort in social situations changed because of your limb loss with the following people?

<table>
<thead>
<tr>
<th></th>
<th>Not Applicable</th>
<th>I do not remember a time before my limb loss</th>
<th>Changed a lot for the worse</th>
<th>Changed a little for the worse</th>
<th>Same as before</th>
<th>Changed a little for the better</th>
<th>Changed a lot for the better</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>People you think of as your peers, like friends or co-workers</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>People you are sexually attracted to</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

For the next questions, intimate situations refers to interacting with people who you are close to. This can be family members, friends, partners or significant others. This relationship does not need to be sexual or physical.

How comfortable are you in intimate situations with the following people in your life:

Version date 06.12.2019
Has your comfort in intimate situations changed because of your limb loss with the following people?

<table>
<thead>
<tr>
<th>People</th>
<th>Not Applicable</th>
<th>Extremely uncomfortable</th>
<th>Quite a bit uncomfortable</th>
<th>A little bit uncomfortable</th>
<th>Neither uncomfortable nor comfortable</th>
<th>A little bit comfortable</th>
<th>Quite a bit comfortable</th>
<th>Extremely comfortable</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family (e.g. parent or sibling)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (your own or within your family)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner or Significant Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver (who is not listed above)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Please respond to each question or statement by marking one box per row.

For these next questions, we are defining sexual activity as an activity that involves sexual stimulation. These activities can include but are not limited to: masturbation, heavy petting, foreplay, oral sex, non-penetrative sex and/or sexual intercourse.

<table>
<thead>
<tr>
<th>Role in your life</th>
<th>Not Applicable</th>
<th>I do not want to engage in sexual activity</th>
<th>Extremely Difficult</th>
<th>Quite a bit difficult</th>
<th>A little bit difficult</th>
<th>Neither easy nor difficult</th>
<th>A little bit easy</th>
<th>Quite a bit easy</th>
<th>Very easy</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (e.g. parent or sibling)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (your own or within your family)</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner or Significant Other</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver (who is not listed above)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self (e.g., through masturbation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Familiar partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Has your ability to engage in sexual activity changed because of your limb loss with the following people?

<table>
<thead>
<tr>
<th></th>
<th>Not Applicable</th>
<th>I do not remember a time before my limb loss</th>
<th>Changed a lot for the worse</th>
<th>Changed a little for the worse</th>
<th>Same as before</th>
<th>Changed a little for the better</th>
<th>Changed a lot for the better</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self (e.g., through masturbation)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>New partner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Familiar partner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

How comfortable are you engaging in sexual activity with the following people in your life:

<table>
<thead>
<tr>
<th></th>
<th>Not Applicable</th>
<th>Extremely Difficult</th>
<th>Quite a bit difficult</th>
<th>A little bit difficult</th>
<th>Neither easy nor difficult</th>
<th>A little bit easy</th>
<th>Quite a bit easy</th>
<th>Very easy</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self (e.g., through masturbation)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>New partner</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Version date 06.12.2019
Has your comfort engaging in sexual activity changed because of your limb loss with the following people?

<table>
<thead>
<tr>
<th></th>
<th>Not Applicable</th>
<th>I do not remember a time before my limb loss</th>
<th>Changed a lot for the worse</th>
<th>Changed a little for the worse</th>
<th>Same as before</th>
<th>Changed a little for the better</th>
<th>Changed a lot for the better</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self (e.g., through masturbation)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>New partner</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Familiar partner</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Please respond to each question or statement by marking one box per row.

I have someone who will listen to me when I need to talk
I have someone to confide in or talk to about myself or my problems
I have someone who makes me feel appreciated
I have someone to talk with when I have a bad day
I have someone who understands my problems
I have someone I trust to talk with about my feelings

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I have someone with whom to share my most private worries and fears
I have someone I trust to talk with about my problems

Final comments

In this last section, we would like to know any comments you would like to make about your experience with your amputation.

107. Are there any other topics, situations, areas of concern that you would like to highlight regarding the loss of your limb(s)?

Write "None" if nothing to add.

Please do not include personally identifiable information (PII) or operationally sensitive information.

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Version date 06.12.2019