

Otto Bock®

QUALITY FOR LIFE



Amputee Questionnaire

To assess satisfaction with the
C-Leg®/C-Leg® compact test prosthesis
in comparison with present prosthesis

Initials	Date of birth

Home and Job Environment

Please describe the landscape around your home and place of work:

- flat
- hilly
- mountainous

Your apartment is

- on the first floor
- on a higher floor floor # _____ elevator available yes no

What physical activities do you do regularly?

- cleaning
- shopping
- gardening
- excursions/leisure-time activities
- child care
- caring for people in need of care
- taking a walk
 - on even ground
 - on uneven ground (park, forest)
 - alone and/or
 - with children with the partner/adults with your dog

other activities/hobbies: _____

Do you have a job?

- no
- yes job description _____
- your work place is on the first floor
- on a higher floor floor # _____ elevator available yes no

Please describe the physical demands of your job

- mainly sitting
- mainly standing
- often/longer walking
- easy work
- medium-hard work
- hard work
- one-sided strain on the body
- lifting/carrying of loads
- uneven ground

other demands: _____

Initials

Date of birth

How many hours a day do you wear your prosthesis?

about _____ hours

How many total stairsteps do you have to take each day?

(for each floor about 10 to 15 steps)

- 0 to 50 steps 50 to 100 steps 100 to 150 steps >150 steps

What is your total walking distance each day?

(e.g. at home, to the car, during shopping, during the job...)

_____ m

How often do you walk at different speeds?

- each day seldom never

How often do you walk on inclines? (descending or ascending paths)

- each day several times a week several times a month seldom/never

How often do you walk on uneven ground?

(e. g. paths with damaged pavement, unpaved paths, park paths, forest ground)

- each day several times a week several times a month seldom/never

How often do you lift or carry objects when you walk with your prosthesis?

(e. g. a tray, dishes)

- each day several times a week several times a month seldom/never

How often do you move in rooms with little space? (e. g. narrow rooms, closely positioned furniture, gatherings of people in elevators or public means of transportation)

- each day several times a week several times a month seldom/never

How often do you fall with your prosthesis while walking on an average?

- never
 _____ times a day a week a month a year

Other

Do you have any other diseases or disabilities?

Diabetes mellitus

Sensation disorders of the legs (neuropathy)

Impaired vision

Cardiovascular diseases

e. g. high blood pressure,

cardiac insufficiency,

coronary vessel diseases,

other: _____

Circulatory disturbances of the legs

Artificial hip joint: Where? amputated leg

sound leg

both legs

Back pain

Hip problems: Where? amputated leg

sound leg

both legs

Paralyses (if yes, what kind? [e. g. hemiplegia after a stroke]):

Other amputations (if yes, what kind?)

Other diseases or disabilities (if yes, what kind?)

Initials	Date of birth

Now please judge how satisfied you are with the C-Leg®/C-Leg® compact test prosthesis in comparison with your present prosthesis.

How safe do you feel on a scale from 1 (absolutely unsafe) to 10 (absolutely safe) with your present prosthesis?

1 2 3 4 5 6 7 8 9 10

 unsafe safe

with the test prosthesis?

1 2 3 4 5 6 7 8 9 10

 unsafe safe

How safe do you feel with the test prosthesis in comparison with your present prosthesis when you are standing?

1 2 3 4 5

 considerably safer safer unchanged less safe considerably less safe

don't know

How do you judge walking on even ground with the test prosthesis in comparison with your present prosthesis?

1 2 3 4 5

 considerably better better unchanged worse considerably worse

don't know

How do you judge walking down stairs with the test prosthesis in comparison with your present prosthesis?

1 2 3 4 5

 considerably better better unchanged worse considerably worse

don't know

Are you able to walk down stairs step over step with the test prosthesis (alternating with the prosthetic leg and with the sound leg)?

yes no

How do you judge walking on an incline with the test prosthesis in comparison with your present prosthesis?

1 2 3 4 5

 considerably better better unchanged worse considerably worse

don't know no possibility for testing

How do you judge walking on uneven ground with the test prosthesis in comparison with your present prosthesis?

1 2 3 4 5

 considerably better better unchanged worse considerably worse

don't know no possibility for testing

How does the test prosthesis adapt to different walking speeds in comparison with your present prosthesis?

1 2 3 4 5

 considerably better better unchanged worse considerably worse

don't know

Initials	Date of birth

How do you judge your fear of falling while walking with the test prosthesis in comparison with your present prosthesis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably increased	increased	unchanged	reduced	considerably reduced	don't know

How do you judge sitting down in a chair with the test prosthesis in comparison with your present prosthesis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably better	better	unchanged	worse	considerably worse	don't know

How much do you have to concentrate on walking with the test prosthesis in comparison with your present prosthesis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably less	less	unchanged	more	considerably more	don't know

How do you judge your ability to carry objects (e. g. a filled glass) while walking with the test prosthesis in comparison with your present prosthesis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably better	better	unchanged	worse	considerably worse	don't know

Is there a difference in the energy required for walking with the test prosthesis in comparison with your present prosthesis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably less	less	unchanged	more	considerably more	don't know

How do you judge your ability to walk over long distances with the test prosthesis in comparison with your present prosthesis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably better	better	unchanged	worse	considerably worse	don't know

How do you weight the test prosthesis in comparison with your present prosthesis during walking? I weight the test prosthesis

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably more	more	approximately equally	less	considerably less	don't know

How do you weight the test prosthesis in comparison with your present prosthesis when you sit down?

I weight the test prosthesis

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>
considerably more	more	approximately equally	less	considerably less	don't know

Initials	Date of birth

If you had walked with your present prosthesis as much as with the test prosthesis, how exhausted would you have been in comparison?

- 1
 considerably more exhausted
- 2
 more exhausted
- 3
 approximately equally exhausted
- 4
 less exhausted
- 5
 considerably less exhausted
- don't know

If you have back and/or hip problems:

If you had walked with your present prosthesis as much as with the test prosthesis, how intense would your pain have been in comparison?

- 1
 considerably more
- 2
 more
- 3
 approximately equally
- 4
 less
- 5
 considerably less
- don't know

What other walking aids do you need along with your present prosthesis?

- none
 a walking cane
 a forearm crutch
 anterior walker
 wheelchair
- two walking canes
 two forearm crutches

What other walking aids did you need along with the test prosthesis?

- none
 a walking cane
 a forearm crutch
 anterior walker
 wheelchair
- two walking canes
 two forearm crutches

Are there activities you are able to do with the test prosthesis, but which you are unable to do with your present prosthesis? (e. g. shopping, taking a walk...)

Are there activities you are able to do with your present prosthesis, but which you have not (yet) been able to do with the test prosthesis? (e. g. shopping, taking a walk...)

Place, date

Signature of the patient