

Patient ID: _____

Date: _____

Are you currently wearing a lower limb prosthesis? YES NO

Are you currently wearing an orthosis on you lower limb? YES NO

2. Physical Function:

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
Are you able to do chores such as vacuuming or yard work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go up and down stairs at a normal pace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go for a walk of at least 15 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to run errands and shop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Anxiety & Depression:

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it hard to focus on anything other than my anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My worries overwhelmed me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt uneasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Fatigue

	Not at all	A little bit	Somewhat	Quite a bit	Very much
During the past 7 days I feel fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 7 days I have trouble starting things because I am tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 7 days, how run-down did you feel on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 7 days, how fatigued were you on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. In the past 7 days, my sleep quality was

- Very poor** **Poor** **Fair** **Good** **Very good**

6. In the past 7 days, my sleep was refreshing

- Not at all** **A little bit** **Somewhat** **Quite a bit** **Very much**

7. In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I had a problem with my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with how much work I can do (include work at home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my ability to work (include work at home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my ability to do regular personal and household responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not at all A little bit Somewhat Quite a bit Very much

I am satisfied with my ability to perform my daily routines

How much did pain interfere with your day to day activities?

How much did pain interfere with work around the home?

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

How much did pain interfere with your household chores?

8. In the past 7 days, how would you rate your pain on average?

0 1 2 3 4 5 6 7 8 9 10