

Supplemental Digital Content (Appendix 1)

Participation/Activity Questionnaire for people with Lower Limb Amputation

GENERAL DATA

Date of survey :

Patient's Identification Number (ID) :

Last name :

First name :

Address :

Contact information (Tel/Cell. Number) :

DEMOGRAPHIC DATA

Date of birth/age :

Gender: Female Male

Dominant hand: Right Left

ANAMNESIS

Date of last amputation (or period):

Etiology (cause of amputation):

Bilateral: Yes No

Amputation Side: Right Left

Amputation Level: Trans-Femoral Trans-Tibial Other

Single Surgery: Yes No

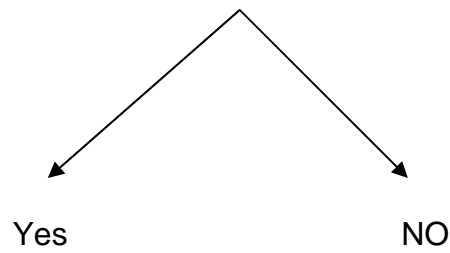
Other associated pathologies:

SOCIAL DATA

Work activity before last amputation: Yes No

Current work activity: Yes No

Do you need help to carry out your daily activities (personal hygiene, dressing, etc)?



How much assistance do you need? Maximum
 Moderate
 Consistent

Do you also need assistance out of home? Yes No

If yes, please choose one of the items. Only supervision Constant assistance

Do you walk? Yes No

Are you able to walk indoor?

Are you able to walk outdoor?

With assistance?

Without assistance?

Do you feel pain at the amp. limb? Yes No

Which kind of pain?

Phantom Limb Pain

Stump Pain