



[www.aofeclinics.nl](http://www.aofeclinics.nl)

# Questionnaire

Click prosthesis QTFA/AQLP

First name

Gender

Surname

Date of birth

# Questionnaire

## Click prosthesis (QTFA/AQLP)

### Prosthetic use score

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On average, how many days a week do you wear the prosthesis?

How many hours a day do you wear the prosthesis on average?

### Prosthetic mobility score

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What gait support do you usually use when walking at home while wearing the prosthesis?

What gait support do you usually use when you walk outside while wearing the prosthesis?

**Can you perform the following actions while wearing the prosthesis, possibly with the support of your walking support? If you don't know, you can try it now.**

**Yes**

**No**

**Did not try**

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Walking up and down stairs without a banister

Running up a hill

Walking down a hill

Walking on uneven terrain, forest paths or fields

Fast walking over a distance of 50 meters

Walking while carrying a bag of groceries or a small suitcase

Standing for 10-15 minutes without support and without pain

Walking around the room carrying something in both hands

Sit comfortably in a low chair or in the back seat of a car

While you sit, bend over and tie your shoelaces

Easily sit on the floor and get up again

Cycling

# Questionnaire

## Click prosthesis (QTFA/AQLP)

During the past three months, how often did you use your prosthesis to run the distances listed below without interruption?  
(one answer for each distance)

	Daily	Multiple times a week	Once a week	Less than once a week	Never
50 meters					
200 meters					
500 meters					
2 kilometers					
5 kilometers or more					

### Problem score

Have you been bothered by one or more of the following problems in the past four weeks?

Can you indicate how much trouble you had and how much this affected your quality of life? For each problem in the box, please give a point between 0 and 4 for the amount of problems you had and a number between 0-4 for the amount that this problem has negatively affected your quality of life

Enter the following values in the input boxes:

**0 = No 1 = Light 2 = Mild/moderate 3 = A lot 4 = Seriously**

	Problem	Influence on quality of life
Have you had phantom pain?		
Have you had any pain in the stump without using a prosthesis?		
Have you had back pain?		
Have you had shoulder pain?		
Did you have pain in your other leg?		
Have you been bothered by the appearance of your stump?		
Have you had problems getting to other people without a prosthesis?		
Have you had any difficulties using public transport?		
Have you had any difficulties visiting public places such as cinema or museum?		

# Questionnaire

## Click prosthesis (QTFA/AQLP)

Enter the following values in the input boxes:

**0 = No 1 = Light 2 = Mild/moderate 3 = A lot 4 = Seriously**

**Problem**      **Influence  
on quality  
of life**

Have you had any problems with having your hands occupied while walking with a walking aid?

Have you had pain in your stump while standing and walking?

Did you have any difficulties putting on and taking off the prosthesis?

Have you ever been unable to rely on the correct fit of the prosthesis?

Have you been bothered by the sounds of the prosthesis socket/click prosthesis?

Has the prosthesis made it uncomfortable to sit?

Did the prosthesis make it difficult to sit on the toilet?

Did the prosthesis cause blisters, chafing and skin irritation?

Did you have trouble keeping your stump hygienically clean?

Has your prosthesis caused wear on your clothes?

Did you have difficulty steering and checking your prosthesis?

Has it ever been a problem to walk fast?

Has it ever been a problem to walk in the woods or on a field?

Do you have problems with the way you walk (limping, wobbling)?

Did you have any problems sensing what kind of surface you were standing on?

Does your stump get tired when you walk with the prosthesis?

# Questionnaire

## Click prosthesis (QTFA/AQLP)

Enter the following values in the input boxes:

**0 = No 1 = Light 2 = Mild/moderate 3 = A lot 4 = Seriously**

**Problem**      **Influence  
on quality  
of life**

Have you been bothered by the fact that your prosthesis feels heavy?

Were you forced not to use the prosthesis at all?

Have you had any problems with the appearance of your prosthesis (colour, shape, fabric)?

Did you suffer from a too hot and sweaty stump during the summer while wearing the prosthesis?

Did you suffer from a cold stump during the winter while wearing the prosthesis?

### Global Score

How would you describe your level of functioning with your current prosthesis?

How would you describe the problems you are experiencing with your current prosthesis?

How would you describe your global condition as an amputee?

### AQLP (Additional questions to QTFA questionnaire)

What is the longest continuous distance you have walked with your prosthesis in one go in the past Month, without a break?

# Questionnaire

## Click prosthesis (QTFA/AQLP)

Please answer each question by indicating to what extent this problem affects your quality of life on average.

**No reduction  
at all**      **Little  
reduction**      **Moderate  
reduction**      **A lot  
reduction**      **Extremely much  
reduction**

Pain in my stump due to prosthesis while standing or walking

Problems with putting on and taking off my prosthesis

Unexpected release of the prosthesis, for example while walking/sitting

Reduced sitting comfort with prosthesis

Stump skin problems due to prosthesis

Problems with general functioning with my prosthesis

Problems with prosthesis use due to hot weather

Falling due to my prosthesis

Problems with walking up and down stairs with a prosthesis

Problems with walking up and down a slope with a prosthesis