



[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

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

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
Walking up and down stairs without a banister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running up a hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking down a hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking on uneven terrain, forest paths or fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast walking over a distance of 50 meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking while carrying a bag of groceries or a small suitcase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing for 10-15 minutes without support and without pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking around the room carrying something in both hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit comfortably in a low chair or in the back seat of a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While you sit, bend over and tie your shoelaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily sit on the floor and get up again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Questionnaire

## Click prosthesis (QTFA/AQLP)

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

	Daily	Multiple times a week	Once a week	Less then once a week	Never
50 meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200 meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
500 meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 kilometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 kilometers or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any pain in the stump without using a prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had back pain?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had shoulder pain?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have pain in your other leg?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been bothered by the appearance of your stump?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had problems getting to other people without a prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any difficulties using public transport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any difficulties visiting public places such as cinema or museum?	<input type="checkbox"/>	<input type="checkbox"/>

# 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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had pain in your stump while standing and walking?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any difficulties putting on and taking off the prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been unable to rely on the correct fit of the prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been bothered by the sounds of the prosthesis socket/click prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Has the prosthesis made it uncomfortable to sit?	<input type="checkbox"/>	<input type="checkbox"/>
Did the prosthesis make it difficult to sit on the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Did the prosthesis cause blisters, chafing and skin irritation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have trouble keeping your stump hygienically clean?	<input type="checkbox"/>	<input type="checkbox"/>
Has your prosthesis caused wear on your clothes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have difficulty steering and checking your prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Has it ever been a problem to walk fast?	<input type="checkbox"/>	<input type="checkbox"/>
Has it ever been a problem to walk in the woods or on a field?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems with the way you walk (limping, wobbling)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any problems sensing what kind of surface you were standing on?	<input type="checkbox"/>	<input type="checkbox"/>
Does your stump get tired when you walk with the prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>

# 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?	<input type="text"/>	<input type="text"/>
Were you forced not to use the prosthesis at all?	<input type="text"/>	<input type="text"/>
Have you had any problems with the appearance of your prosthesis (colour, shape, fabric)?	<input type="text"/>	<input type="text"/>
Did you suffer from a too hot and sweaty stump during the summer while wearing the prosthesis?	<input type="text"/>	<input type="text"/>
Did you suffer from a cold stump during the winter while wearing the prosthesis?	<input type="text"/>	<input type="text"/>

### 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with putting on and taking off my prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexpected release of the prosthesis, for example while walking/sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced sitting comfort with prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stump skin problems due to prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with general functioning with my prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with prosthesis use due to hot weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling due to my prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with walking up and down stairs with a prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with walking up and down a slope with a prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>