

Appendix 3 – Participant Amputation Questionnaire (English Version)  
Evaluation of the Imperial College Prosthetic Suspension Systems

**Questionnaire**

Subject Identification Number: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Height (cm): \_\_\_\_\_

Weight (kg): \_\_\_\_\_

Reason for amputation: \_\_\_\_\_

(for example, military blast injury, road traffic accident etc)

Amputation Level Right (or N/A): \_\_\_\_\_

(below-knee, above-knee)

Amputation Level Left or (N/A): \_\_\_\_\_

(below-knee, above-knee)

Date of amputation: \_\_\_\_\_

Other associated injuries (for example, sustained pelvic fracture, amputated upper limb, ruptured disc or other muscular or skeletal problems):