

Appendix 5 – 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):

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