

The global prosthetic socket survey (leg)

About this survey

Survey aims: To find out about amputee opinions about their prosthetic sockets.

Who is it for? The survey is open to anyone who wears a prosthetic leg(s).

Why have I been asked to take part?

You are invited to take part in the survey by the International Confederation of Amputee Associations (IC2A) or have been sent a link by their Amputee Association members or contacts. IC2A is working with partners to understand and advocate for the best quality of socket fit.

What will I need to do?

Taking part in the survey is completely voluntary and anonymous. There are 38 questions which should take around 5 - 10 minutes of your time to answer, and a little more if you would like to leave any comments.

Participation in the survey represents no risks. However, should you have any concerns, the participant may at any time contact Mrs Sandra Sexton, IC2A Secretariat by email secretariat@ic2a.eu

You should consider that there are no right or wrong answers, and that the most important thing is to express a true opinion for each question about your situation at the time of answering the survey. Please think about your everyday prosthetic leg(s) when answering questions.

What will happen to my survey response?

Your survey response is anonymous and is not traceable to your IP address. The results of the survey will be collected by the IC2A Secretariat, combined with other survey responses and presented on an anonymous basis, with no identification of any participants.

The survey will be open from 4 September 2017 to 4 March 2018.

This survey has been designed by a project partnership between IC2A, Profit and Finland Metropolia University of Applied Sciences. The results will be published by IC2A. The results will be used as the basis for planning future projects about prosthetic sockets. A summary report will be made available on the webpage <http://ic2a.eu/socket-survey> by the end of May 2018.

What happens next? Please click to start the survey.

The global prosthetic socket survey (leg)

About you

1. Gender

2. Age

3. Country of Residence

4. What lower limb amputation(s) do you have?

	Left	Right
Partial foot	<input type="checkbox"/>	<input type="checkbox"/>
Ankle disarticulation	<input type="checkbox"/>	<input type="checkbox"/>
Trans-tibial (below knee)	<input type="checkbox"/>	<input type="checkbox"/>
Trans-femoral (above knee)	<input type="checkbox"/>	<input type="checkbox"/>
Knee disarticulation	<input type="checkbox"/>	<input type="checkbox"/>
Hip disarticulation	<input type="checkbox"/>	<input type="checkbox"/>
Trans pelvic	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

5. How many years has it been since your most recent amputation?

6. What was the cause of your amputation(s)

	Left	Right
Trauma/accident	<input type="checkbox"/>	<input type="checkbox"/>
Vascular disease (not diabetes)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Born with limb deficiency	<input type="checkbox"/>	<input type="checkbox"/>

Other (please explain)

7. Which mobility aids do you use most of the time when wearing your prosthetic leg(s)? You may select more than one response if applicable.

- None
- Cane or walking stick(s)?
- Walker or Zimmer frame?
- Crutches?
- Wheelchair or scooter?
- Someone's assistance?

Other (please specify)

8. How would you rate your current level of mobility? (pick one of the following that mostly describes you).

- I am able to walk in the community, with *no* ambulation aids, unlimited distances (e.g., shopping mall).
- I am able to walk in the community, with *no* ambulation aids, limited distances (e.g., one block or equivalent).
- I am able to walk in the community with ambulation aids (e.g., cane, crutches, walker).
- I am able to walk inside my house with ambulation aids and use a wheelchair for community ambulation.
- I am not able to walk but could get around my house and the community with a wheelchair.
- I am not able to walk but could get around my house with a wheelchair but not get out into the community.
- I am housebound and mostly bedridden and require help for all household transfers and mobility.

The global prosthetic socket survey (leg)

About your stump(s)

9. What shape is your stump?

	Left	Right
Conical	<input type="checkbox"/>	<input type="checkbox"/>
Bulbous	<input type="checkbox"/>	<input type="checkbox"/>
Cylindrical	<input type="checkbox"/>	<input type="checkbox"/>
Irregular	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

10. Is your stump sensitive when touched?

	Left	Right
Not sensitive	<input type="checkbox"/>	<input type="checkbox"/>
A little sensitive	<input type="checkbox"/>	<input type="checkbox"/>
Normally sensitive	<input type="checkbox"/>	<input type="checkbox"/>
Very sensitive	<input type="checkbox"/>	<input type="checkbox"/>

11. Is your stump numb when touched?

	Left	Right
Not numb	<input type="checkbox"/>	<input type="checkbox"/>
A little numb	<input type="checkbox"/>	<input type="checkbox"/>
Moderately numb	<input type="checkbox"/>	<input type="checkbox"/>
Completely numb	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you experience stump pain that limits your activities?

	Left	Right
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

13. If you answered yes to question 12, do you think that this stump pain is related to your socket fit?

	Left	Right
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

14. If you answered yes to question 12, please describe to what extent stump pain limits your activities

Not limiting at all	A little limiting	Moderately limiting	Severely limiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Do you experience phantom pain that limits your activities?

	Left	Right
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

16. If you answered yes to question 15, please describe how much phantom pain limits your activities

Not limiting at all	A little limiting	Moderately limiting	Severely limiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Do you experience volume changes of the size of your stump that impact the fit of your socket

Daily	Weekly	Monthly	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Comments (if you wish, please use this section to provide more information about your stump):

The global prosthetic socket survey (leg)

About your prosthetic socket(s)

19. Use the slider to show how many hours a day you wear your prosthetic leg(s).

0 12 24

20. What type of socket suspension system do you currently use? (You may select more than one box if applicable).

	Left	Right
I do not know	<input type="checkbox"/>	<input type="checkbox"/>
Liner with pin	<input type="checkbox"/>	<input type="checkbox"/>
Liner with lanyard	<input type="checkbox"/>	<input type="checkbox"/>
Liner with vacuum	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum with valve	<input type="checkbox"/>	<input type="checkbox"/>
Suspension sleeve	<input type="checkbox"/>	<input type="checkbox"/>
Supracondylar	<input type="checkbox"/>	<input type="checkbox"/>
Cuff strap	<input type="checkbox"/>	<input type="checkbox"/>
Waist belt/corset	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

21. What type of socket shape do you have?

	Left	Right
I do not know	<input type="checkbox"/>	<input type="checkbox"/>
Quadrilateral socket	<input type="checkbox"/>	<input type="checkbox"/>
ICS (Ischial Containment Shape)	<input type="checkbox"/>	<input type="checkbox"/>
PBSS (Pohlig Bionic Socket System)	<input type="checkbox"/>	<input type="checkbox"/>
MAS (Marlo Anatomical Socket)	<input type="checkbox"/>	<input type="checkbox"/>
PTB (Patellar Tendon Bearing)	<input type="checkbox"/>	<input type="checkbox"/>
PTS (Patellar Tendon Supracondylar)	<input type="checkbox"/>	<input type="checkbox"/>
KBM (Kondylen Bettung Münster)	<input type="checkbox"/>	<input type="checkbox"/>
TSB (Total Surface Bearing)	<input type="checkbox"/>	<input type="checkbox"/>
Free anatomical shape	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

22. How easy is it to put on your prosthesis?

Not easy at all	Not very easy	More or less easy	Quite easy	Very easy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How easy is it to take off your prosthesis?

Not easy at all	Not very easy	More or less easy	Quite easy	Very easy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. On a 0 – 10 scale, if 0 represents the most uncomfortable socket fit you can imagine, and 10 represents the most comfortable socket fit, how would you score the comfort of the socket fit of your artificial limb at the moment?

	Left	Right
0	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>

25. How steady, safe and secure do you feel with your prosthesis?

Not secure at all	Not very secure	More or less secure	Quite secure	Very secure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How satisfied are you with your prosthetic sockets(s) in general

Not satisfied at all

Not very satisfied

More or less satisfied

Quite satisfied

Very satisfied

27. Comments (if you wish, please use this section to provide more information about your prosthetic socket):

The global prosthetic socket survey (leg)

Prosthetic fitting services

28. Are you free to select which prosthetic service you attend for your prosthetic limb provision?

- Yes
- No
- I don't know

29. When you go to the prosthetic clinic are you attended by the same prosthetist on each occasion?

Never Infrequently Some of the time Most of the time Every time

30. When you are attending the prosthetic clinic, does the prosthetist get you involved in the process of designing or creating your socket

- Yes
- No
- I don't know

31. If you answered NO, would you like to be involved?

- Yes
- No
- I don't know

32. When you get a new socket fitted, how does the prosthetist capture the shape of your stump? You may select more than one response if applicable

- Plaster casting
- Computer scanning
- Measurement alone (no plaster cast or computer scan)
- Other (please specify)

33. How satisfied are you with how the shape of your stump is captured?

Not satisfied at all Not very satisfied More or less satisfied Quite satisfied Very satisfied

34. How satisfied are you with the number of appointments required to fit you with a new socket or limb system?

Not satisfied at all Not very satisfied More or less satisfied Quite satisfied Very satisfied

35. How satisfied are you with the length of time from assessment/review appointment to fit and delivery of a new prosthetic socket or limb system?

Not satisfied at all Not very satisfied More or less satisfied Quite satisfied Very satisfied

36. How satisfied are you with the level of follow-up care you receive after your socket or limb system has been fitted?

Not satisfied at all Not very satisfied More or less satisfied Quite satisfied Very satisfied

37. Please choose the 3 (three) most important factors for you when considering satisfaction with your prosthetic limb?

- Comfort
- Function
- Appearance
- Stability
- Weight
- Adjustability
- Durability
- Safety

Other (please specify)

38. Comments (if you wish, please use this section to provide more information about your prosthetic fitting service):



The global prosthetic socket survey (leg)

Thank you!

**Thank you for participating in the Global Prosthetic Socket Survey.
We appreciate your opinion.**