

About you prior to your sessions with the Limbs 4 Life Amputee Peer Support Program

We thank-you very much for participating. Completing the questionnaire should take you approximately 20-30 minutes. Please answer all questions to the best of your knowledge and ability.

**ONCE COMPLETED COULD YOU PLEASE POST DIRECTLY TO
Limbs 4 Life
PO BOX 282
Doncaster Heights
VIC 3109.**

The completion of the Introductory questions provides baseline data for Limbs 4 Life. The collection of this data is considered *standard practice* for entry into the Amputee Peer Support Program. Completing these questions enables Limbs 4 Life to ensure ongoing quality improvement activities. In addition to Limbs 4 Life quality improvement activities Limbs 4 Life would like to make your responses available to the Limbs 4 Life researchers for the purpose of evaluating the Amputee Peer Support Program. You would remain anonymous throughout and no identifiable data would be provided to the researchers. Your participation would be optional and your decision to approve or decline consent to the research team would not impact your experience or services provided by the Amputee Peer Support Program.

The explanatory statement is available for viewing on the Limbs 4 Life website.

* 1. Do you consent to your anonymous questionnaire responses being made available to the Limbs 4 Life researchers ?

Yes

No

2. What is your age ?

3. What is your gender ?

Male

Female

Other

4. What is your marital status

Married

Partner

Widowed

Single

Seperated / Divorced

5. Who do you live with ?

Husband / Wife / Partner

Parents

Children

Other (please specify)

6. Which State or territory within Australia do you reside in ?

7. Please indicate where you reside within your chosen state or territory ?

Metropolitan

Rural / Regional

8. How were you referred into the program ?

Self referred / family referred

Health Practitioner referred

9. What is your current accommodation status ?

Acute care (ie - hospital)

Rehabilitation facility

Community / Home

The impact of the amputation or planned amputation on your *quality of life*.

The following section of the survey makes reference to two quality of life measures. These measures contain a set of standardized questions that when analysed provide a quality of life score. We are unable to alter the format or wording of the questions. We do apologise if any of the questions are not relevant to your situation or you feel do not adequately represent your circumstances. If you could answer as accurately and reliably as possible that would be appreciated.

Quality of Life Measure 1 of 2.

The following 6 categories refer to your current *quality of life*. When answering each category below please select *ONE* statement that best describes your own health state *TODAY*.

* 10. Mobility

Please note : If the word walking does not apply to you, as you either use a wheelchair full time or you use a combination of a wheelchair and walking, please answer this with your usual method of mobility in mind (walking and / or wheelchair)?

I have no problems in walking around

I am confined to bed

I have some problems in walking around

* 11. Personal Care

I have no problems with personal care

I am unable to wash or dress myself

I have some problems washing or dressing myself

* 12. Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I am unable to perform my usual activities

I have some problems with performing my usual activities

* 13. Pain / Discomfort

I have no pain or discomfort

I have extreme pain or discomfort

I have moderate pain or discomfort

* 14. Anxiety / Depression

I am not anxious or depressed

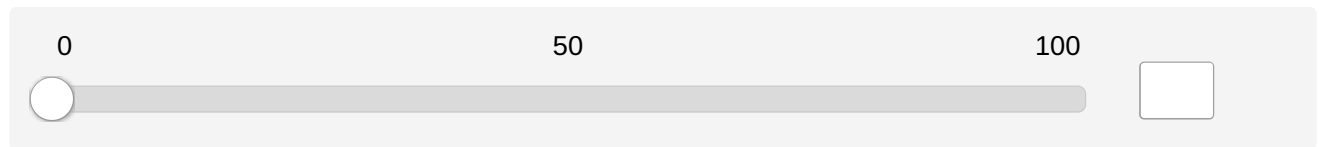
I am extremely anxious or depressed

I am moderately anxious or depressed

15. To help people say how good or bad a health state is, we have drawn a scale below on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on the this scale how good or bad your own health is today, in your opinion. Please do this by dragging the slider to the preferred position, **ANYWHERE** between 0 and 100, or enter a numerical rating in the textbox.

0 = worst 100 = best.



The impact of the amputation or planned amputation on your **quality of life**.

The following section of the survey makes reference to two quality of life measures. These measures contain a set of standardized questions that when analysed provide a quality of life score. We are unable to alter the format or wording of the questions. We do apologise if any of the questions are not relevant to your situation or you feel do not adequately represent your circumstances. If you could answer as accurately and reliably as possible that would be appreciated.

Quality of Life Measure 2 of 2.

The following questions ask how you feel about your quality of life, health or other areas of your life. **PLEASE READ AND CHOOSE THE ANSWER THAT APPEARS MOST APPROPRIATE.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **IN THE LAST FOUR WEEKS**.

16. How would you rate your quality of life ?

Very poor	Poor	Neither poor nor good	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How satisfied are you with your health ?

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The impact of the amputation or planned amputation on your *quality of life*.

Quality of Life Measure 2 of 2 continued.

The following questions ask how you feel about your quality of life, health or other areas of your life. **PLEASE READ AND CHOOSE THE ANSWER THAT APPEARS MOST APPROPRIATE.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

18. The following questions ask about **HOW MUCH** you have experienced certain things **IN THE LAST FOUR WEEKS**.

	Not at all	A little	A moderate amount	Very much	An extreme amount
To what extent do you feel that physical pain prevents you from doing what you need to do ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you need any medical treatment to function in your daily life ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. The following questions ask about **HOW MUCH** you have experienced certain things **IN THE LAST FOUR WEEKS**.

	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do you enjoy your life ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you feel your life to be meaningful ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. The following questions ask about **HOW MUCH** you have experienced certain things **IN THE LAST FOUR WEEKS**.

	Not at all	A little	A moderate amount	Very much	Extremely
How well are you able to concentrate ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How safe do you feel in your daily life ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How healthy is your physical environment ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. The following questions ask about **HOW COMPLETELY** you experience or were able to do certain things **IN THE LAST FOUR WEEKS**.

	Not at all	A little	Moderately	Mostly	Completely
Do you have enough energy for everyday life ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to accept your bodily appearance ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you enough money to meet your needs ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How available to you is the information that you need in your day to day life ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you have the opportunity for leisure activities ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How well are you able to get around ?

Very poor	Poor	Neither poor nor good	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The impact of the amputation or planned amputation on your **quality of life.**

Quality of Life Measure 2 of 2 continued.

The following questions ask how you feel about your quality of life, health or other areas of your life. **PLEASE READ AND CHOOSE THE ANSWER THAT APPEARS MOST APPROPRIATE.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

23. The following questions ask about **HOW COMPLETELY** you experience or were able to do certain things **IN THE LAST FOUR WEEKS.**

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
How satisfied are you with your sleep ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your ability to perform your daily living activities ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your capacity for work ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with yourself ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your sex life ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with the support you get from your friends ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with conditions of your living place ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your access to health services ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your transport ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. The following question refers to **HOW OFTEN** you have felt or experienced certain things **IN THE LAST FOUR WEEKS**.

How **OFTEN** do you have negative feelings such as blue mood, despair, anxiety or depression ?

Never	Seldom	Quite often	Very often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>