

# Patient Self Assessment New Prosthesis

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Which extremity was amputated: \_\_\_\_\_ Date of Initial Amputation: \_\_\_\_\_

Cause of the amputation: \_\_\_\_\_

After amputation, did you (circle) gain, lose or stay the same weight? If lose/gain, how much? \_\_\_\_\_

Are you employed? (Circle one) Yes No If No, Would you like to return to work? Yes No

What is or will be your occupation? \_\_\_\_\_

My living situation is (please circle all that apply):

1) I live alone 2) I live with my family 3) I live in an assisted living facility 4) My residence has stairs

## Some activities I participated in prior to my amputation included:

- |                                                    |                                         |
|----------------------------------------------------|-----------------------------------------|
| 1) Walking                                         | 6) Jogging or Running                   |
| 2) Shopping                                        | 7) Golf                                 |
| 3) Family activities                               | 8) Boating                              |
| 4) Taking care of my children or grandchildren     | 9) Swimming                             |
| 5) Taking care of the house (cleaning/maintenance) | 10) Drive or take public transportation |

Other activities or hobbies I participated in: \_\_\_\_\_

## With a prosthetic I hope to participate in the following activities:

- |                                                    |                                         |
|----------------------------------------------------|-----------------------------------------|
| 1) Walking or hiking                               | 6) Jogging or Running                   |
| 2) Shopping                                        | 7) Golf                                 |
| 3) Family activities                               | 8) Boating                              |
| 4) Taking care of my children or grandchildren     | 9) Gym                                  |
| 5) Taking care of the house (cleaning/maintenance) | 10) Drive or take public transportation |

Other activities or hobbies I would like to do: \_\_\_\_\_

If you did not receive this prosthesis, how would your life be impacted?

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