

# **T**rinity **A**mputation and **P**rosthesis **E**xperience **S**cales - **R**evised

## **What is this survey about?**

This questionnaire looks at different aspects of having a prosthesis. The information gathered will be used to improve our understanding of aspects of prosthesis use and to assist in the development of better services for prosthesis users.

## **Who should complete the questionnaire?**

The questionnaire should be completed by the person with a prosthesis. However, if the person needs help to complete the questionnaire, the answers should be given from his/her point of view - not the point of view of the person who is helping.

## **How to complete the questionnaire?**

Please answer every item as honestly as you can. For each question, please tick clearly inside one box using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

There are no right or wrong answers.

## **Your answers will be treated in strictest confidence**

The TAPES-R can be freely copied and downloaded for teaching, clinical and/or research purposes ([www.psychoprothetics.ie](http://www.psychoprothetics.ie)). Salient psychometric data are published in Gallagher, P. & MacLachlan, M. (2000) Development and psychometric evaluation of the Trinity Amputation and Prosthesis Experience Scales (TAPES). *Rehabilitation Psychology*, 45, 130-154. Data relating to the revised TAPES (TAPES-R) can be located in Gallagher P, Franchignoni F, Giordano A, MacLachlan M. (2010) Trinity Amputation and Prosthesis Experience Scales: A Psychometric Assessment Using Classical Test Theory and Rasch Analysis (TAPES). *American Journal of Physical Medicine and Rehabilitation*. 89 (6): 487-496.

Preliminary information on using the TAPES with people with acquired upper limb amputation is available in 'A guide to the TAPES' (p7) and in: Desmond, D. M., & MacLachlan, M. (2005). Factor structure of the trinity amputation and prosthesis experience scales (TAPES) with individuals with acquired upper limb amputations. *American Journal of Physical Medicine & Rehabilitation*, 84(7), 506-513.

This is a questionnaire designed to investigate different aspects of having a prosthesis.  
Please answer every item as honestly as you can. There are no right or wrong answers.  
Your responses will remain confidential.

1. Client Name: \_\_\_\_\_

2. Client date of birth: \_\_\_\_\_

3. Are you male.... [  ]  
female..[  ]

4. How long ago did you have your amputation?  
\_\_\_\_\_ years \_\_\_\_\_ months (If you have had more than one amputation surgery  
please refer to your first amputation surgery).

5. How long have you had a prosthesis?  
\_\_\_\_\_ years \_\_\_\_\_ months

6. How long have you had the prosthesis that you wear at the moment?  
\_\_\_\_\_ years \_\_\_\_\_ months

7. What type of prosthesis do you have? *(Please tick the appropriate box)*

Below-Knee [  ]                      Below-elbow [  ]

Through-Knee [  ]                      Through-elbow [  ]

Above-Knee [  ]                      Above-elbow [  ]

Other (please specify) \_\_\_\_\_

8. What was your amputation a result of? *(Please tick the appropriate box)*

Peripheral Vascular Disorder [  ]

Diabetes [  ]

Cancer [  ]

Accident [  ]

Other (please specify) \_\_\_\_\_

## Part I

Below are written a series of statements concerning the wearing of a prosthesis. Please read through each statement carefully. Then **tick the box** beside each statement, which shows how strongly you agree or disagree with it.

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
1. I have adjusted to having a prosthesis.....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
2. As time goes by, I accept my prosthesis more.....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
I feel that I have dealt successfully with this trauma					
3. in my life .....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
4. Although I have a prosthesis, my life is full .....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
5. I have gotten used to wearing a prosthesis.....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
6. I don't care if somebody looks at my prosthesis .....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
7. I find it easy to talk about my prosthesis .....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
8. I don't mind people asking about my prosthesis .....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
I find it easy to talk about my limb loss in					
9. conversation .....	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
10. I don't care if somebody notices that I am limping ..	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ ]
A prosthesis interferes with the <u>ability</u> to do my					
11. work.....	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]	[ ]
Having a prosthesis makes me more dependent on					
12. others than I would like to be .....	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]	[ ]
Having a prosthesis limits the <u>kind</u> of work that I					
13. can do .....	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]	[ ]
Being an amputee means that I can't do what I					
14. want to do .....	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]	[ ]
Having a prosthesis limits the <u>amount</u> of work that					
15. I can do.....	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]	[ ]

The following questions are about activities you might do during a typical day. Does having a prosthesis limit you in these activities? If so, how much? *Please tick the appropriate box.*

	<b>Yes, limited a lot</b>	<b>Limited a little</b>	<b>No, not limited at all</b>	
<b>(a)</b> Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.....	[ 2]	[ 1]	[ 0]	
<b>(b)</b> climbing several flights of stairs .....	[ 2]	[ 1]	[ 0]	
<b>(c)</b> running for a bus .....	[ 2]	[ 1]	[ 0]	
<b>(d)</b> sport and recreation .....	[ 2]	[ 1]	[ 0]	
<b>(e)</b> climbing one flight of stairs .....	[ 2]	[ 1]	[ 0]	
<b>(f)</b> walking more than a mile.....	[ 2]	[ 1]	[ 0]	
<b>(g)</b> walking half a mile.....	[ 2]	[ 1]	[ 0]	
<b>(h)</b> walking 100 metres .....	[ 2]	[ 1]	[ 0]	
<b>(i)</b> working on hobbies .....	[ 2]	[ 1]	[ 0]	
<b>(j)</b> going to work.....	[ 2]	[ 1]	[ 0]	[ Not applicable]

Please tick the box that represents the extent to which you are satisfied or dissatisfied with each of the different aspects of your prosthesis mentioned below:

		<b>Not satisfied</b>	<b>Satisfied</b>	<b>Very Satisfied</b>
(i)	Colour . . . . .	[ 1 ]	[ 2 ]	[ 3 ]
(ii)	Shape . . . . .	[ 1 ]	[ 2 ]	[ 3 ]
(iii)	Appearance . . . . .	[ 1 ]	[ 2 ]	[ 3 ]
(iv)	Weight . . . . .	[ 1 ]	[ 2 ]	[ 3 ]
(v)	Usefulness . . . . .	[ 1 ]	[ 2 ]	[ 3 ]
(vi)	Reliability . . . . .	[ 1 ]	[ 2 ]	[ 3 ]
(vii)	Fit . . . . .	[ 1 ]	[ 2 ]	[ 3 ]
(viii)	Comfort . . . . .	[ 1 ]	[ 2 ]	[ 3 ]

Please circle the number (0-10) that best describes how satisfied you are with your prosthesis?

0      1      2      3      4      5      6      7      8      9      10

Not at all Very Satisfied

Satisfied

## Part II

(For the following questions, please tick the appropriate boxes)

1. On average, how many hours a day do you wear your prosthesis? \_\_\_\_\_ **hours**

2. In general, would you say your health is:

Very Poor [ 1]      Poor [ 2]      Fair [ 3]      Good [ 4]      Very Good [ 5]

3. In general, would you say your physical capabilities are:

Very Poor [ 1]      Poor [ 2]      Fair [ 3]      Good [ 4]      Very Good [ 5]

4(a) Do you experience **residual limb (stump) pain** (pain in the remaining part of your amputated limb)?      No [ 0] .... (If no, go to question 5)

Yes [ 1] .... (If yes, answer part (b), (c), (d) and (e))

(b) During the last week, how many times have you experienced stump pain? \_\_\_\_\_

(c) How long, on average, did each episode of pain last? \_\_\_\_\_

(d) Please indicate, the average level of stump pain experienced during the last week on the scale below by ticking the appropriate box:

Excruciating	Horrible	Distressing	Discomforting	Mild
[ 5]	[ 4]	[ 3]	[ 2]	[ 1]

(e) How much did stump pain interfere with your normal lifestyle (eg. work, social and family activities) during the last week?

A Lot	Quite a Bit	Moderately	A Little Bit	Not at All
[ 5]	[ 4]	[ 3]	[ 2]	[ 1]

**5. (a)** Do you experience **phantom limb pain** (pain in the part of the limb which was amputated)?

No [ 0 ] .... (if no, go to question 6)

Yes [ 1 ] .... (If yes, answer part (b), (c), (d), and (e))

**(b)** During the last week, how many times have you experienced phantom limb pain? \_\_\_\_\_

**(c)** How long, on average, did each episode of pain last? \_\_\_\_\_

**(d)** Please indicate the average level of phantom limb pain experienced during the last week on the scale below by ticking the appropriate box:

Excruciating	Horrible	Distressing	Discomforting	Mild
[ 5 ]	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]

**(e)** How much did phantom limb pain interfere with your normal lifestyle (e.g. work, social and family activities) during the last week?

A Lot	Quite a Bit	Moderately	A Little Bit	Not at All
[ 5 ]	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]

**6. (a)** Do you experience any **other medical problems** apart from stump pain or phantom limb pain? No [ 0 ]

Yes [ 1 ] (If yes, answer part (b), (c), (d), (e),(f) and (g))

**(b)** Please specify what problems you experience \_\_\_\_\_

**(c)** During the last week, how many times have you suffered from these medical problems? \_\_\_\_\_

**(d)** How long, on average, did each problem last? \_\_\_\_\_

**(e)** Please indicate the level of pain experienced as a result of these problems during the last week on the scale below by ticking the appropriate box:

Excruciating	Horrible	Distressing	Discomforting	Mild
[ 5 ]	[ 4 ]	[ 3 ]	[ 2 ]	[ 1 ]

**(f)** How much did these medical problems interfere with your normal lifestyle (e.g. work, social and family activities) during the last week?

A Lot	Quite a Bit	Moderately	A Little Bit	Not at All
[ 5]	[ 4]	[ 3]	[ 2]	[ 1]

**(g)** Do you experience **any other pain** that you have not previously mentioned?

No [ 0]

Yes [ 1]

If yes, please specify \_\_\_\_\_

**7.** Did you complete this questionnaire: (please tick the appropriate box)

on your own? [ ]

with assistance? [ ]

**8.** Date of Completion: \_\_\_\_\_

**Please check that you have answered all the questions.  
Thank you for all your help.**