Trinity Amputation and Prosthesis Experience Scales - Revised

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


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 [  ]  
   Through-Knee [  ]  
   Above-Knee [  ]  
   Below-elbow [  ]  
   Through-elbow [  ]  
   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.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Colour</th>
<th>Shape</th>
<th>Appearance</th>
<th>Weight</th>
<th>Usefulness</th>
<th>Reliability</th>
<th>Fit</th>
<th>Comfort</th>
</tr>
</thead>
</table>

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  
Satisfied  
Very 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:

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

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:


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

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 [5]
   - Horrible [4]
   - Distressing [3]
   - Discomforting [2]
   - Mild [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 [5]
   - Quite a Bit [4]
   - Moderately [3]
   - A Little Bit [2]
   - Not at All [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 [5]
   - Horrible [4]
   - Distressing [3]
   - Discomforting [2]
   - Mild [1]
(f) How much did these medical problems interfere with your normal lifestyle (e.g. work, social and family activities) during the last week?

<table>
<thead>
<tr>
<th>Interference Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Lot</td>
<td>5</td>
</tr>
<tr>
<td>Quite a Bit</td>
<td>4</td>
</tr>
<tr>
<td>Moderately</td>
<td>3</td>
</tr>
<tr>
<td>A Little Bit</td>
<td>2</td>
</tr>
<tr>
<td>Not at All</td>
<td>1</td>
</tr>
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</table>

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

No [ ]
Yes [ ]
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.