

Name: _____

Date: _____

Instructions: Please respond to all questions as if you were wearing the prosthetic leg(s) you use most days. If you would normally use a cane, crutch, or walker to perform the task, please answer the questions as if you were using that device.

Please choose "unable to do" if you:

- Would need help from another person to complete the task,
- Would need a wheelchair or scooter to complete the task, or
- Feel the task may be unsafe for you

Please mark one box per row.

| Question | Without any difficulty | With a little difficulty | With some difficulty | With much difficulty | Unable to do |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 1. Are you able to walk a short distance in your home? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 2. Are you able to step up and down curbs? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 3. Are you able to walk across a parking lot? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 4. Are you able to walk over gravel surfaces? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 5. Are you able to move a chair from one room to another? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 6. Are you able to walk while carrying a shopping basket in one hand? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 7. Are you able to keep walking when people bump into you? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 8. Are you able to walk on an unlit street or sidewalk? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 9. Are you able to keep up with others when walking? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 10. Are you able to walk across a slippery floor? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 11. Are you able to walk down a steep gravel driveway? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |
| 12. Are you able to hike about 2 miles on uneven surfaces, including hills? | <input type="checkbox"/> (5) | <input type="checkbox"/> (4) | <input type="checkbox"/> (3) | <input type="checkbox"/> (2) | <input type="checkbox"/> (1) |