

ADJUSTABLE SOCKET
Outcome Measures Program

Patient

OUTCOME MEASURES INCLUDED

- PLUS-M Short Forms
- Socket Fit Comfort Test



Name: _____

Date: _____

Instructions: We want to know how well you can move around using your prosthetic leg. Please respond to all questions as if you were wearing the prosthesis you would normally use to perform the task.

If you choose not to do an activity because it is not safe for you to do, please choose “unable to do.” If you normally use a device that helps you walk or balance (e.g., a cane, crutch, or walker) while performing the task, please answer the questions as though you were using that device. Do not answer questions as if you are sitting in a wheelchair or receiving support from another person.

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)

Socket Fit Comfort Test (SFCS)

Test : Socket Fit Comfort Score
 Measure of : Socket Comfort
 Administered : Self-report
 Equipment : Instrument and pencil
 Time : < 1 Minute
 Scoring : most uncomfortable 0-10 most comfortable VAS
 Author: Hanspal R S 2003
 Metrics :
 Additional data:

“If 0 represents the most uncomfortable socket fit you can imagine and 10 represents the most comfortable socket fit, how would you score the comfort of the socket fit of your artificial limb at the moment?”

Socket Fit Comfort Score

Most Uncomfortable

Most Comfortable

0 1 2 3 4 5 6 7 8 9 10

Four characteristics concerning your prosthesis are listed below. Please indicate your degree of satisfaction for each one of these characteristics

« Check one box for each characteristic »

	Not At All Satisfied	Slightly Satisfied	Moderately Satisfied	Quite Well Satisfied	Completely Satisfied
a. Comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Appearance (the look of your prosthesis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The way you walk with the prosthesis (appearance of your gait)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

An excerpt from the Prosthetic Profile of the Amputee Gauthier-Gagnon C, Grisé MC. Predisposing factors related to prosthetic use by people with a transtibial and J. Prosthet Orthot 1998; 10:99109.