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Seattle, WA, USA
Instructions

As you read each question, remember there is no wrong or right answer. Think only about YOUR OWN OPINION on the topic and make a mark THROUGH the line, at any point along it, between the two extremities, to show us your opinion.

If you use different prostheses for different activities, please choose THE ONE YOU USE MOST frequently and answer all the questions regarding that particular prosthesis.

Instructions

As you read each question, remember there is no right or wrong answer. Just think of YOUR OWN OPINION on the topic and make a mark THROUGH the line anywhere along the line from one end to the other to show us your opinion.

If you use different prostheses for different activities, please choose the ONE you use more often and answer all the questions as though you were using that prosthesis.

Instructions

When reading each question, remember that there does not exist a right or a wrong answer. Think only about YOUR OWN OPINION on the topic and make a mark by scoring through the line, at any point along the same, between the two ends, to show your opinion.

If using different prosthetics for different activities, please, choose THE ONE THAT YOU USE THE MOST frequently and answer all the questions considering only this prosthetic.

Instruções

Enquanto lê cada pergunta, lembre-se que não existe resposta certa ou errada. Pense apenas na SUA PRÓPRIA OPINIÃO sobre o tópico e faça uma marca ATRAVÉS da linha, em qualquer ponto ao longo da mesma, entre as duas extremidades, para nos mostrar a sua opinião.

Se utiliza próteses diferentes para diferentes actividades, por favor, escolha A QUE USA MAIS frequentemente e responda a todas as perguntas considerando apenas essa prótese.

Example

Exemplo

How important is it for you to drink coffee in the morning
How important is it to you to have coffee in the morning?
How important is your morning coffee to you?
Quão importante é para si tomar café de manhã?

NOT IMPORTANT
NOT IMPORTANT
NOT IMPORTANT
NADA IMPORTANTE

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT IMPORTANT</td>
<td>EXTREMELY IMPORTANT</td>
<td></td>
</tr>
<tr>
<td>NOT IMPORTANT</td>
<td>EXTREMELY IMPORTANT</td>
<td></td>
</tr>
<tr>
<td>NOT IMPORTANT</td>
<td>EXTREMELY IMPORTANT</td>
<td></td>
</tr>
<tr>
<td>NADA IMPORTANTE</td>
<td>EXTREMAMENTE IMPORTANTE</td>
<td></td>
</tr>
</tbody>
</table>
Rate the quality of your morning coffee for the last four weeks.
Over the past four weeks, rate your morning coffee.
Acess your morning coffee over the last 4 weeks.
Avalie o seu café matinal ao longo das últimas quatro semanas.

AWFUL
TERRIBLE
TERRIBLE
TERRÍVEL

EXCELLENT
EXCELLENT
EXCELLENT
EXCELENTE

OR indicate __I didn't have coffee in the morning during the last four weeks.
OR check __I haven't drunk coffee in the morning in the past four weeks.
Or mark – I did not drink morning coffee over the last 4 weeks
OU assinale __ Não bebi café de manhã ao longo das últimas quatro semanas.

This example shows that the person who has answered these questions considers it important to have coffee in the morning. This person also considers that the coffee they have had lately hasn't been very good.
If they hadn't had coffee in the last four weeks, they would have left a cross next to that affirmation, instead of indicating on the line between AWFUL and EXCELLENT.

This example shows that the person who answered these questions feels that having coffee in the morning is important to him. He also thinks the coffee he has had lately has not been very good.
If he hadn't drunk any coffee in the last four weeks, he would have put a check by that statement instead of putting a mark on the line between TERRIBLE and EXCELLENT.

This example shows that the person that answered these questions considered the importance in having their morning coffee. This person also considered the coffee which they drank recently was very good.
If you did not drink coffee during the last 4 weeks, then tick next to the statement, instead of scoring through the line between TERRIBLE and EXCELLENT.

Este exemplo mostra que a pessoa que respondeu a estas questões considera importante tomar café de manhã. Esta pessoa também considera que o café que tem tomado ultimamente não tem sido muito bom.

Se não tivesse bebido café nas últimas quatro semanas, colocaria uma marca junto a essa afirmação, em vez de fazer uma marca na linha entre TERRÍVEL e EXCELENTE.

As in the example, please cross the line as shown below, instead of using an X or O.
Como no exemplo, faça uma marca através da linha, em vez de usar um X ou um O.
Please answer all the questions.
Por favor, responda a todas as perguntas.

Support for development of PEQ-PT provided by the U.S. Department of Veteran Affairs
Apoio para o desenvolvimento do PEQ –PT fornecido pelo Departamento de Assuntos de Veteranos dos E.U.A.
These first questions are about YOUR PROSTHESIS.

A. Rate how happy you have been about your prosthesis during the last four weeks.
   Over the past four weeks, rate how happy you have been with your current prosthesis.
   Over the last 4 weeks, assess how happy you feel with your current prosthesis.
   Ao longo das últimas quatro semanas, avalie quão feliz se sente com a sua prótese actual.

   - EXTREMELY UNHAPPY
   - EXTREMELY UNHAPPY
   - EXTREMELY UNHAPPY
   - EXTREMELY UNHAPPY
   - EXTREMAMENTE INFELIZ

   - EXTREMELY HAPPY
   - EXTREMELY HAPPY
   - EXTREMELY HAPPY
   - EXTREMELY HAPPY
   - EXTREMAMENTE FELIZ

B. Rate the fit of your prosthesis during the last four weeks.
   Over the past four weeks, rate the fit of your prosthesis.
   Over the last 4 weeks, assess the fitting of your prosthesis.
   Ao longo das últimas quatro semanas, avalie o ajuste da sua prótese.

   - POOR
   - TERRIBLE
   - TERRIBLE
   - TERRÍVEL

   - EXCELLENT
   - EXCELLENT
   - EXCELLENT
   - EXCELENTE

C. Rate the weight of your prosthesis during the last four weeks.
   Over the past four weeks, rate the weight of your prosthesis.
   Over the last 4 weeks, assess the weight of your prosthesis.
   Ao longo das últimas quatro semanas, avalie o peso da sua prótese.
D. Rate your comfort when using your prosthesis during the last four weeks whilst standing.

*Over the past four weeks, rate your comfort while standing when using your prosthesis.*

*Over the last 4 weeks, assess the comfort of your prosthesis whilst standing.*

*Ao longo das últimas quatro semanas, avalie o conforto quando em pé e utilizando a sua prótese.*

E. Rate your comfort when using your prosthesis during the last four weeks whilst sitting.

*Over the past four weeks, rate your comfort while sitting when using your prosthesis.*

*Over the last 4 weeks, assess the comfort of your prosthesis whilst standing.*

*Ao longo das últimas quatro semanas, avalie o conforto quando sentado e utilizando a sua prótese.*

F. Rate with how much frequency you lost balance whilst using your prosthesis during the past four weeks.

*Over the past four weeks, rate how often you felt off balance while using your prosthesis.*

*Over the last 4 weeks, assess how many times you lost your balance whilst using your prosthesis.*

*Ao longo das últimas quatro semanas, avalie com que frequência perdeu o equilíbrio utilizando a sua prótese.*
G. Rate the effort required to use your prosthesis during the last four weeks.

Over the past four weeks, rate how much energy it took to use your prosthesis for as long as you needed it.

Over the last 4 weeks, assess the necessary force needed to use your prosthesis during the time when needed.

Ao longo das últimas quatro semanas, avalie o esforço necessário para utilizar a sua prótese durante o tempo que precisa.

H. Rate the sensations felt in your residual limb whilst inside the prosthesis (e.g. temperature and texture) of the prosthesis (sock, liner, socket) on your stump during the past four weeks.

Over the past four weeks, rate the feel (such as the temperature and texture) of the prosthesis (sock, liner, socket) on your residual limb (stump).

Over the last 4 weeks, assess the sensation transmitted by your residual limb whilst wearing the prosthesis (i.e. temperature and texture) of the prosthesis (sock, liner, joint) to your residual limb.

Ao longo das últimas quatro semanas, avalie a sensação transmitida do seu coto dentro da prótese (ex: temperatura e a textura) da prótese (meia, liner, encaixe) no seu coto.
I. Rate the ease of putting on your prosthesis during the past four weeks.

*Over the past four weeks, rate the ease of putting on (donning) your prosthesis.*

*Over the last 4 weeks, assess the ease it was to place your prosthesis.*

*Ao longo das últimas quatro semanas, avalie a facilidade de colocação da sua prótese.*

<table>
<thead>
<tr>
<th>POOR</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERRIBLE</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td>TERRIBLE</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td>TERRÍVEL</td>
<td>EXCELENTE</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

J. Rate how your prosthesis has looked during the last four weeks.

*Over the past four weeks, rate how your prosthesis has looked.*

*Over the last 4 weeks, assess the aspect of your prosthesis.*

*Ao longo das últimas quatro semanas, avalie o aspecto da sua prótese.*

<table>
<thead>
<tr>
<th>AWFUL</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERRIBLE</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td>TERRIBLE</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td>TERRÍVEL</td>
<td>EXCELENTE</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

K. Rate the frequency your prosthesis has squeaked, clicked or popped during the last four weeks.

*Over the past four weeks, rate how often your prosthesis made squeaking, clicking, or belching sounds.*

*Over the last 4 weeks, how often your prosthesis creaked, snapped or made flatulent noises* 

*Ao longo das últimas quatro semanas, avalie com que frequência a sua prótese rangeu, estalou ou fez sons de flatulência.*

<table>
<thead>
<tr>
<th>ALWAYS</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALWAYS</td>
<td>NEVER</td>
</tr>
<tr>
<td>SEMPRE</td>
<td>NUNCA</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.
L. If your prosthesis made any sound in the last four weeks, rate how irritating these sounds were.
If your prosthesis made any noise during the last 4 weeks, assess how bothered you were by these noises
Se a sua prótese fez algum som nas últimas quatro semanas, avalie quão incomodativos foram esses sons para si.

<table>
<thead>
<tr>
<th>EXTREMELY IRRITATING</th>
<th>NOT AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREMELY BOTHERSOME</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>EXTREMELY BOTHERED</td>
<td>NOT BOTHERED</td>
</tr>
<tr>
<td>EXTREMAMENTE INCOMODATIVOS</td>
<td>NADA INCOMODATIVOS</td>
</tr>
</tbody>
</table>

OR indicate ___ No sounds were made.
OR check ___ It made no sounds
Or sign – No noises were made
OU assinale ___ Não fez sons nenhuns.

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS,
TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

M. Rate the damage caused to clothing by your prosthesis during the last four weeks.
Over the past four weeks, rate the damage done to your clothing by your prosthesis.
Over the last 4 weeks, assess the damage caused to your clothing by your prosthesis.
Ao longo das últimas quatro semanas, avalie os danos causados pela sua prótese ao seu vestuário.

<table>
<thead>
<tr>
<th>EXTENSIVE DAMAGE</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTENSIVE DAMAGE</td>
<td>NONE</td>
</tr>
<tr>
<td>EXTENSIVE DAMAGE</td>
<td>NO DAMAGE</td>
</tr>
<tr>
<td>DANOS EXTENSOS</td>
<td>NENHUNS</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

N. Rate the damage done to the prosthesis’ cosmetic covering during the last four weeks.
Over the past four weeks, rate the damage done to your prosthesis cover.
Over the last 4 weeks, assess the damage caused to the cosmetic coating of your prosthesis.
Ao longo das últimas quatro semanas, avalie os danos causados ao revestimento cosmético da sua prótese.

<table>
<thead>
<tr>
<th>EXTENSIVE DAMAGE</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTENSIVE DAMAGE</td>
<td>NONE</td>
</tr>
<tr>
<td>EXTENSIVE DAMAGE</td>
<td>NO DAMAGE</td>
</tr>
<tr>
<td>DANOS EXTENSOS</td>
<td>NENHUNS</td>
</tr>
</tbody>
</table>
OR indicate ___ My prosthesis doesn’t have a cosmetic covering.
OR check ___ There is no cover on my prosthesis.
Or sign ___ My prosthesis does not have cosmetic coating.
OU assinale ___ A minha prótese não tem revestimento cosmético.

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

O. Rate your ability to use your preferred footwear (different heights and styles) during the last four weeks.

Over the past four weeks, rate your ability to wear the shoes (different heights, styles) you prefer.
Over the last 4 weeks, assess your ability to use shoes of your own choice (heels and different styles)
Ao longo das últimas quatro semanas, avalie a sua capacidade para usar sapatos da sua preferência (alturas e estilos diferentes).

<table>
<thead>
<tr>
<th>UNABLE</th>
<th>NO PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANNOT</td>
<td>NO PROBLEM</td>
</tr>
<tr>
<td>I CANNOT USE</td>
<td>NO LIMITATIONS</td>
</tr>
<tr>
<td>NÃO CONSIGO</td>
<td>SEM QUALQUER PROBLEMA</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS,
TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

P. Rate the limitations imposed by your prosthesis to the choice of clothes you could wear during the last four weeks.

Over the past four weeks, rate how limited your choice of clothing was because of your prosthesis.
Over the last 4 weeks, assess the limitations imposed by your prosthesis when choosing clothes
Ao longo das últimas quatro semanas, avalie as limitações de escolha de vestuário impostas pela sua prótese.

<table>
<thead>
<tr>
<th>WORST POSSIBLE</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORST POSSIBLE</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>THE WORST POSSIBLE</td>
<td>NO LIMITATIONS</td>
</tr>
<tr>
<td>AS PIORES POSSÍVEIS</td>
<td>NENHUMAS</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.
Q. Rate how much perspiration has been caused by your prosthesis (in the sock, liner or socket) during the last four weeks.

Over the past four weeks, rate how much you sweat inside your prosthesis (in the sock, liner, socket)
Over the last 4 weeks, assess how much you perspire inside your prosthesis (socks, liner or joint)
Ao longo das últimas quatro semanas, avalie o quão transpira dentro da sua prótese (na meia, liner, encaixe).

<table>
<thead>
<tr>
<th>ABUNDANT</th>
<th>EXTREME AMOUNT</th>
<th>A LOT</th>
<th>BASTANTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>NOT AT ALL</td>
<td>NEVER</td>
<td>NADA</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

R. At its worst, rate the odour caused by your prosthesis during the last four weeks.

Over the past four weeks, rate how smelly your prosthesis was at its worst.
Over the last 4 weeks, assess the bad odor of your prosthesis at its worst.
Ao longo das últimas quatro semanas, avalie o mau cheiro da sua prótese no seu pior.

<table>
<thead>
<tr>
<th>EXTREMELY BAD ODOUR</th>
<th>NO ODOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREMELY SMELLY</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>VERY SMELLY</td>
<td>NOTHING</td>
</tr>
<tr>
<td>BASTANTE MALCHEIROSO</td>
<td>NENHUM</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

S. Rate how many times your residual limb was swollen to the point of changing the fit of your prosthesis during the last four weeks.

Over the past four weeks, rate how much of the time your residual limb was swollen to the point of changing the fit of your prosthesis.
Over the last 4 weeks, assess how much time your residual limb was swollen to the point of having of change the fitting of you prosthesis
Ao longo das últimas quatro semanas, avalie quanto tempo o seu coto esteve inchado ao ponto de mudar o ajuste da sua prótese.

<table>
<thead>
<tr>
<th>ALWAYS</th>
<th>NEVER</th>
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</thead>
<tbody>
<tr>
<td>ALL THE TIME</td>
<td>NEVER</td>
</tr>
<tr>
<td>ALWAYS</td>
<td>NEVER</td>
</tr>
<tr>
<td>SEMPRE</td>
<td>NUNCA</td>
</tr>
</tbody>
</table>
T. Rate any inflammation on your residual limb during the last four weeks.

Over the past four weeks, rate any rash(es) that you got on your residual limb.
Over the last 4 weeks, assess any irritation with your residual limb.
Ao longo das últimas quatro semanas, avalie qualquer irritação no seu coto.

EXTREMELY UNBEARABLE BEARABLE
EXTREMELY BOTHERSOME NOT AT ALL
EXTREMELY BOTHERING NOT BOTHERED
EXTREMAMENTE INCOMODATIVA NADA INCOMODATIVA

OR indicate __ I didn’t notice any inflammation during the last month.
OR check __ I had no rashes on my residual limb in the last month
OR sign __ I did not experience any skin irritations to my residual limb during the past month
OU assinale___ Não verifiquei quaisquer erupções cutâneas no meu coto durante o último mês.

U. Rate any ingrown hairs on your residual limb during the last four weeks.

Over the past four weeks, rate any ingrown hairs (pimples) that were on your residual limb.
Over the last 4 weeks, assess how any ingrown hairs (spikes) had your residual limb.
Ao longo das últimas quatro semanas, avalie quaisquer pêlos encravados (espinhas) existentes no seu coto.

EXTREMELY UNBEARABLE BEARABLE
EXTREMELY BOTHERSOME NOT AT ALL
EXTREMELY PAINFUL HAVE NOT BEEN BOTHERED
EXTREMAMENTE INCOMODATIVO NADA INCOMODATIVO

OR indicate __ I didn’t have any ingrown hairs on my residual limb during the last month.
OR check __ I had no ingrown hairs on my residual limb in the last month.
Or sign – I did not have any ingrown hairs on my residual limb during the last month
OU assinale___ Não tive quaisquer pêlos encravados no meu coto durante o último mês.
V. Rate any existing blisters or wounds on your residual limb during the last four weeks.

*Over the past four weeks, rate any blisters or sores that you got on your residual limb.*

*Over the last 4 weeks, assess how any boils and wounds you had on your residual limb.*

Ao longo das últimas quatro semanas, avalie quaisquer bolhas ou feridas existentes no seu coto.

<table>
<thead>
<tr>
<th>EXTREMELY UNBEARABLE</th>
<th>BEARABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREMELY BOTHERSOME</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>EXTREMELY PAINFUL</td>
<td>HAVE NOT BEEN BOTHERED</td>
</tr>
<tr>
<td>EXTREMAMENTE INCOMODATIVO</td>
<td>NADA INCOMODATIVO</td>
</tr>
</tbody>
</table>

Or indicate ___ I didn’t have any blisters or wounds on my residual limb during the last month.

OR check ___ I had no blisters or sores on my residual limb in the last month.

Or sign – I did not have any boils or wounds on my residual limb during the last month.

OU assinale___ Não tive quaisquer bolhas ou feridas no meu coto durante o último mês.

✓ TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÔNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

Group 2

The next section addresses SPECIFIC BODILY SENSATIONS.

Here are our definitions:

1. **SENSATIONS**, like "pressure", "itching", or a position or localization sensation, such as the toes curling over. Amputees can describe the sensations in their missing (phantom) limb as that of "feeling as if my (missing) foot was wrapped in cotton wool".
2. **PAIN** is a more extreme sensation, described in terms such as "shooting", "burning", "stabbing", "sharp" or "ache".
3. **PHANTOM LIMB** refers to the part that is missing. People have reported sensations and/or pain in the part of the limb that was amputated, their phantom limb.
4. **The RESIDUAL LIMB (STUMP) refers to the part of the amputated limb that is still physically present.**

The next section covers very SPECIFIC BODILY SENSATIONS.

Here are our definitions:

1. **SENSATIONS** are feelings like "pressure", "tickle" or a sense of position or location, such as the toes being curled. Amputees have described sensations in their missing (phantom) limb such as "the feeling that my (missing) foot is wrapped in cotton."
2. **PAIN** is a more extreme sensation described by terms such as "shooting", "searing", "stabbing", "sharp", or "ache".
3. **PHANTOM LIMB** refers to the part that is missing. People have reported feeling sensations and/or pain in the part of the limb that has been amputated — that is, in their phantom limb.

4. **RESIDUAL LIMB (STUMP)** refers to the portion of your amputated limb that is still physically present.

The next section addresses **QUITE SPECIFIC BODY SENSATIONS**.

**Here are our definitions:**

1. **SENSATIONS**, like "pressure", "tickling" or a position or local sensations, such as, the toes curling up. The amputees describe sensations in the missing limb (phantom) like an "I can feel my foot" (missing) wrapped in cotton wool.

2. **THE PAIN** is a more extreme sensation described in terms like "a shot", "burning", "stabbing", "severe", or "pain".

3. **THE PHANTOM LIMB** refers to the missing part. People have revealed sensations and/or pain in the amputated limb that is still physically present.

4. **THE RESIDUAL LIMB (STUMP)** refers to the portion of the amputated limb that is still physically present.

A próxima seção aborda SENSAÇÕES CORPORIAIS BASTANTE ESPECÍFICAS.

Aqui estão as nossas definições:

1. **SENSAÇÕES**, como “pressão”, “cócegas” ou uma sensação de posição ou localização, como os dedos dos pés a enrolver. Os amputados descrevem sensações no seu membro em falta (fantasma) como a de “sentir o meu pé (ausente) embrulhado em algodão”.

2. **A DOR** é uma sensação mais extrema, descrita com termos como “tiro”, “queimar”, “facada”, “aguda” ou “dor”.

3. **O MEMBRO FANTASMA** refere-se à parte que está em falta. As pessoas têm relatado sensações e/ou dor na parte do membro que foi amputada, ou seja, no seu membro fantasma.

4. **O MEMBRO RESIDUAL (COTO)** refere-se à porção do membro amputado que está ainda fisicamente presente.

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

**EVALUATING THE SENSATIONS ON YOUR PHANTOM LIMB**

**REGARDING SENSATIONS IN YOUR PHANTOM LIMB**

**CONSIDERING THE SENSATIONS OF YOUR PHANTOM LIMB**

**CONSIDERANDO AS SENSAÇÕES NO SEU MEMBRO FANTASMA**

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

**A. Rate how many times you have had non-painful sensations in your phantom limb during the last four weeks.**

*Over the past four weeks, rate how often you have been aware of non-painful sensations in your phantom limb.*

*Over the last 4 weeks, assess how many times you had painless sensations in your phantom limb.*

Ao longo das últimas quatro semanas, avalie quantas vezes teve sensações não dolorosas no seu membro fantasma.

a. ___never _____never ___never _____nunca
b. ___only once or twice ___only once or twice ___only once or twice apenas uma ou duas vezes

c. ___ several times (at least once a week) ___ a few times (about once/week) ___sometimes (about once a week) ___ algumas vezes (cerca de 1 vez por semana)


d. ___ frequently (2 or 3 times a week) ___ fairly often (2-3 times/week) ___ frequently (2-3 times a week) ___ frequentemente (2,3 vezes por semana)

e. ___ very often (4-6 times) ___ very frequently (4-6 times a week) ___ muito frequentemente (4-6 vezes por semana)

f. ___ several times a day ___numerous times a week ___ várias vezes por dia

g. ___ always or nearly all the time ___ all the time or almost all the time _____Always or near always ___ sempre ou quase sempre

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

B. If you have experienced non-painful sensations in your phantom limb during the last month, please rate their intensity on average.
   If you had non-painful sensations in your phantom limb during the past month, rate how intense they were on average.
   If you had painless sensations in your phantom limb during the last month, assess the medium intensity.
   Se teve sensações não dolorosas no seu membro fantasma durante o último mês, avalie a sua intensidade média.

   EXTREMELY INTENSE   EXTREMELY SLIGHT
   EXTREMELY INTENSE   EXTREMELY MILD
   EXTREMELY INTENSE   EXTREMELY MILD
   EXTREMAMENTE INTENSO   EXTREMAMENTE SUAVE

OR indicate ___ I haven't experienced non-painful sensations in my phantom limb.
OR check ___ I did not have non-painful sensations in my phantom limb.
OR sign ___ I did not have any painless sensations in my phantom limb.
OU assinale ___ Não tive sensações não dolorosas no meu membro fantasma.

✓ TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

C. During the last month, how intrusive were those sensations in your phantom limb?
   Over the past month, how bothersome were these sensations in your phantom limb?
   Over the last month, how bothering were these sensations in your phantom limb?
Ao longo do último mês, quão incomodativas foram estas sensações no seu membro fantasma?

   EXTREMELY INTRUSIVE   NEVER
   ALL THE TIME   NEVER
   VERY   LITTLE
D. How often did you feel pain in your phantom limb during the last four weeks?
Over the past four weeks, rate how often you had pain in your phantom limb?
Over the last 4 weeks, assess how many times you felt pain your phantom limb?

Ao longo das últimas quatro semanas, avalie com que frequência sentiu dor no seu membro fantasma?

a. ___ never ___ never ___ never ___ nunca
b. ___ only once or twice ___ only once or twice ___ apenas uma ou duas vezes
c. ___ several times (about once a week) ___ a few times (about once/week) ___ sometimes (about once a week) ___ algumas vezes (cerca de 1 vez por semana)
d. ___ frequently (2 or 3 times a week) ___ fairly often (2-3 times/week) ___ frequently (2-3 times a week) ___ frequentemente (2,3 vezes por semana)
e. ___ very often (4-6 times a week) ___ very frequently (4-6 times a week) ___ muito frequentemente (4-6 vezes por semana)
f. ___ several times a day ___ numerous times a week ___ várias vezes por dia
g. ___ always or nearly all the time ___ all the time or almost all the time ___ sempre ou quase sempre

E. Normally, how long does the pain last in your phantom limb?
How long does your phantom limb pain usually last?
Normalmente, quanto tempo dura a dor no seu membro fantasma?

a) ___ I have no pain ___ I do not feel any pain ___ não sinto dor
b) ___ a few seconds ___ a few seconds ___ alguns segundos
c) ___ a few minutes ___ a few seconds ___ alguns minutos
d) ___ between a few minutes to an hour ___ several minutes to an hour ___ between a few minutes to an hour ___ entre alguns minutos e uma hora

e) ___ several hours ___ several hours ___ numerous hours ___ várias horas

f) ___ a day or two ___ a day or two ___ a day or two ___ um dia ou dois

g) ___ more than two days ___ more than two days ___ more than two days ___ mais do que dois dias

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

F. If you felt any pain in your phantom limb, please rate the average of its intensity.

If you felt any pain in your phantom limb this past month, rate how intense it was on average.

If you felt any pain in your phantom limb, assess its medium intensity.

Se sentiu alguma dor no seu membro fantasma, avalie a sua intensidade média.

EXTREMELY INTENSE
EXTREMELY INTENSE
EXTREMELY INTENSE
EXTREMAMENTE INTENSA

EXTREMELY MILD
EXTREMELY MILD
EXTREMELY MILD
EXTREMAMENTE SUAVE

OR indicate ___ I have no pain in my phantom limb.

OR check ___ I did not have any pain in my phantom limb.

Or sign – I did not feel any pain in my phantom limb.

OU assinale ___ Não senti dor no meu membro fantasma.

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

G. In the last four weeks, how uncomfortable was the pain in your phantom limb?

In the past four weeks how bothersome was the pain in your phantom limb?

Over the last 4 weeks, assess how bothering was the pain in your phantom limb

Nas últimas quatro semanas, quão incomodativa foi a dor no seu membro fantasma?

EXTREMELY UNCOMFORTABLE
EXTREMELY BOTHERSOME
EXTREMELY BOTHERING
EXTREMAMENTE INCOMODATIVA

EXTREMELY MILD
EXTREMELY MILD
EXTREMELY MILD
EXTREMAMENTE SUAVE

OR indicate ___ I didn’t feel any pain in my phantom limb.

OR check _____ I did not have any pain in my phantom limb.

Or sign ____ I did not feel any pain in my phantom limb

OU assinale ___ Não senti dor no meu membro fantasma.
EVALUATING THE PAIN IN YOUR RESIDUAL LIMB (STUMP)
REGARDING PAIN IN YOUR RESIDUAL LIMB (STUMP)
CONSIDERING THE PAIN IN YOUR RESIDUAL LIMB (STUMP)

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEitos E CONTEÚDOS.

H. During the last four weeks, how often did you feel pain in your residual limb?
   Over the past four weeks, rate how often you had pain in your residual limb.
   Over the last 4 weeks, assess how many times you felt a pain in your residual limb?

   Ao longo das últimas quatro semanas, avalie com que frequência sentiu dor no seu coto.

   a. ___never___never____never___nunca
   b. ___only once or twice ___only once or twice ___only once or twice ___apenas uma ou duas vezes
   c. ___ several times (about once a week) ___ a few times (about once/week)___sometimes (about once a week) ___ algumas vezes (cerca de 1 vez por semana)
   d. ___ frequently (2 or 3 times a week) ___ fairly often (2-3 times/week)___frequently (2-3 times a week) ___ frequentemente (2,3 vezes por semana)
   e. ___ very frequently (4-6 times a week) ___ very often (4-6 times/week)___very frequently (4-6 times a week) ___ muito frequentemente (4-6 vezes por semana)
   f. ___ several times a day ___ several times a day ____numerous times a day ___ várias vezes por dia
   g. ___ always or nearly all the time ___ all the time or almost all the time___always or nearly always___sempre ou quase sempre

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEitos E CONTEÚDOS.

I. If you felt any pain in your residual limb during the last month, please rate the average of its intensity.
   If you had any pain in your residual limb over the past four weeks, rate how intense it was on average.
   If you felt any pain in your residual limb during the last month, assess its medium intensity.

   Se sentiu alguma dor no seu coto durante o último mês, avalie a sua intensidade média.

   OR indicate ___ I felt no pain in my residual limb.
   OR check ___ I did not have any pain in my residual limb.
   Or sign ____I did not have any pains in my residual limb.
During the last four weeks, how bearable was the pain in your residual limb?

Over the past four weeks how bothersome was the pain in your residual limb?

Over the last 4 weeks, how bothering was the pain in your residual limb?

Nas últimas quatro semanas, quão incomodativa foi a dor no seu coto?

EVALUATING THE PAIN IN YOUR OTHER NON-AMPUTATED LIMP - LEG OR FOOT

REGARDING PAIN IN YOUR OTHER (NON-AMPUTATED) LEG OR FOOT

CONSIDERING THE PAIN IN YOUR OTHER LIMB, NOT AMPUTED, LEG OR FOOT

CONSIDERANDO A DOR NO SEU OUTRO MEMBRO, NÃO AMPUTADO, PERNA OU PÉ

Rate the frequency you felt pain in your other leg or foot during the last four weeks.

Over the past four weeks, rate how often you had pain in your other leg or foot

Over the last 4 weeks, assess how many times you felt a pain in your other leg or foot?

Ao longo das últimas quatro semanas, avalie com que frequência sentiu dor na sua outra perna ou pé

a. ___never ___never ___never ___never nunca

b. ___only once or twice ___only once or twice ___only once or twice apenas uma ou duas vezes

c. ___ several times (about once a week) ___ several times (about once a week) algumas vezes (cerca de 1 vez por semana)

d. ___ frequently (2 or 3 times a week) ___ frequently (2-3 times a week) frequentemente (2,3 vezes por semana)

e. ___ very often (4-6 times a week) ___ very often (4-6 times a week) very frequently (4-6 times
If you felt any pain in your other leg or foot during the last month, please rate its intensity on average.

If you felt any pain in your other leg or foot during the last month, assess how bad the pain was.

Se sentiu alguma dor na sua outra perna ou pé durante o último mês, avalie a sua intensidade média.

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.
N. Rate how often you had back pain during the last four weeks?
   Over the past four weeks, rate how often you experienced back pain?
   Over the last weeks, assess how many times you had pains in your back?
   Ao longo das últimas quatro semanas, avalie com que frequência teve dores de costas?

   a. ___never___never___never ___nunca
   b. ___only once or twice___only once or twice ______only once or twice___apenas uma ou duas vezes
   c. ___ several times (about once a week) a few times (about once/week)_____sometimes (about once a week) ___algumas vezes (cerca de 1 vez por semana)
   d. ___ frequently (2 or 3 times a week) fairly often (2-3 times/week)_____frequently (2-3 times a week) ___muito frequentemente (2,3 vezes por semana)
   e. ___ very often (4-6 times a week) ___ very often (4-6 times a week) _____very frequently (4-6 times a week) ___muito frequentemente (4-6 vezes por semana)
   f. ___ several times a day___several times a day___several times a day___várias vezes por dia
   g. ___ always or nearly all the timeall the time or almost all the time_______always or nearly always___sempre ou quase sempre

O. If you felt any back pain during the last month, please rate the average of its intensity.
   If you had any back pain over the past four weeks, rate how intense it was on average.
   If you felt any back pain during the last month, assess its medium intensity.
   Se sentiu alguma dor de costas durante o último mês, avalie a sua intensidade média.

   EXTREMELY INTENSE          EXTREMELY MILD
   EXTREMELY INTENSE          EXTREMELY MILD
   EXTREMELY INTENSE          EXTREMELY MILD
   EXTREMAMENTE INTENSA       EXTREMAMENTE SUAVE

OR indicate ___ I felt no back pain
OR check ___ I had no back pain.
In the last four weeks, how unbearable was the back pain?

Over the past four weeks, how bothersome was the back pain?

Over the past 4 weeks, how bad was the back pain?

Nas últimas quatro semanas, quão incomodativa foi a dor de costas?

EXTREMELY UNBEARABLE
EXTREMELY BOTHERSOME
EXTREMELY PAINFUL
EXTREMELY BAD

EXTREMELY INCOMODATIVA
NADA INCOMODATIVA

A. Rate how often the need to avoid strangers' reactions to your prosthesis stopped you doing something which, otherwise, you would have done during the last four weeks.

Over the past four weeks, rate how often the desire to avoid strangers' reactions to your prosthesis made you avoid doing something you otherwise would have done.

Over the last 4 weeks assess how often the urge to avoid strangers' reactions to your Prosthesis stopped you from doing something that normally you would do.

Ao longo das últimas quatro semanas, avalie com que frequência a vontade de evitar reacções de estranhos à sua prótese o impediu de fazer algo que, de outra forma, faria.
B. Over the past four weeks, rate how frequently you were frustrated with your prosthesis.

Rate how often you felt frustrated by your prosthesis during the last four weeks.

Over the last 4 weeks assess how often you felt frustrated with our prosthesis.

Ao longo das últimas quatro semanas, avalie com que frequência se sentiu frustrado com a sua prótese.

<table>
<thead>
<tr>
<th>ALWAYS</th>
<th>NEVER</th>
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<tr>
<td>ALL THE TIME</td>
<td>NEVER</td>
</tr>
<tr>
<td>ALWAYS</td>
<td>NEVER</td>
</tr>
<tr>
<td>SEMPRE</td>
<td>NUNCA</td>
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</table>

✓ TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÔNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

C. If you felt frustrated by your prosthesis during the last month, think of the most frustrating event and rate how you felt at that time.

If you were frustrated with your prosthesis at any time over the past month, think of the most frustrating event and rate how you felt at that time.

If you felt frustrated with your prosthesis during the last month, think of the most frustrating experience and assess how you felt at that time.

Se se sentiu frustrado com a sua prótese durante o último mês, pense no acontecimento mais frustrante e avalie como se sentiu na altura.

<table>
<thead>
<tr>
<th>EXTREMELY FRUSTRATED</th>
<th>SLIGHTLY FRUSTRATED</th>
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<tbody>
<tr>
<td>EXTREMELY FRUSTRATED</td>
<td>NOT AT ALL</td>
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<tr>
<td>EXTREMELY FRUSTRATED</td>
<td>NEVER FRUSTATED</td>
</tr>
<tr>
<td>EXTREMAMENTE FRUSTRADO</td>
<td>NADA FRUSTRADO</td>
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</table>

OR indicate ___ I didn’t feel frustrated by my prosthesis.

OR check ___ I have not been frustrated with my prosthesis.

Or sign ___ I did not feel frustrated with my prosthesis.

OU assinale ___ Não me senti frustrado com a minha prótese.
We understand that at times you will have positive experiences as well as negative ones with the people closest to you. Please, try to answer these questions considering all the reactions you have had.

We understand that sometimes you will have both positive and negative experiences with those close to you. Please try to answer these questions considering all the reactions you have had.

Entendemos que por vezes terá tantas experiências positivas como negativas com as pessoas mais próximas de si. Por favor, tente responder a estas questões considerando todas as reacções que teve.

D. Rate how your partner has reacted to you your prosthesis during the last month.

Over the past four weeks, rate how your partner has responded to your prosthesis.

Over the last 4 weeks assess how your partner reacted to your prosthesis.

Ao longo das últimas quatro semanas, avalie como o seu companheiro reagiu à sua prótese.

<table>
<thead>
<tr>
<th>VERY BADLY</th>
<th>VERY WELL</th>
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<tr>
<td>VERY POORLY</td>
<td>VERY WELL</td>
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<tr>
<td>VERY BADLY</td>
<td>VERY WELL</td>
</tr>
<tr>
<td>MUITO MAL</td>
<td>MUITO BEM</td>
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</tbody>
</table>

OR indicate ___ I don’t have a partner.

OR check ___ I don’t have a partner.

Or sign ___ I do not have a partner.

OU assinale ___ Não tenho um companheiro.

E. Rate how this reaction has affected your relationship during the last four weeks.

Over the past four weeks, rate how this response has affected your relationship.

Over the past 4 weeks assess how this reaction has affected your relationship.

Ao longo das últimas quatro semanas, avalie como esta reacção afectou a vossa relação.

<table>
<thead>
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<th>VERY BADLY</th>
<th>VERY WELL</th>
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<tbody>
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<td>VERY BADLY</td>
<td>VERY WELL</td>
</tr>
<tr>
<td>VERY BADLY</td>
<td>VERY WELL</td>
</tr>
</tbody>
</table>
MUITO MAL

MUITO BEM

OR indicate __ I don’t have a partner.
OR check ___ I don’t have a partner.
OR indicate __ I don’t have a partner
OU assinale __ Não tenho um companheiro.

✓ TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

F. Think of two close family members (other than your partner) and indicate their relationship, such as mother or son.
Think of two close family members (other than your partner) and write down their relationship to you, like mother or son.
Think of two close families (besides your partner) and indicate what is your relationship, i.e. like mother or son.
Pense em dois familiares próximos (para além do seu companheiro) e indique o seu grau de parentesco, tal como mãe ou filho.

#1 _______________  #2 ________________

OR indicate ___ I have no close family members.
OR check ___ I don’t have any close family members.
Or sign ___ I do not have any close family
OU assinale ___ Não tenho familiares próximos.

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

G. Rate how family member #1 has reacted to your prosthesis during the last four weeks.
Over the past four weeks, rate how Family Member #1 has responded to your prosthesis
Over the past four weeks assess how family No.1 reacted to your prosthesis.
Ao longo das últimas quatro semanas, avalie como o familiar nº1 reagiu à sua prótese.

<table>
<thead>
<tr>
<th>VERY BADLY</th>
<th>VERY WELL</th>
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</thead>
<tbody>
<tr>
<td>VERY POORLY</td>
<td>VERY WELL</td>
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<tr>
<td>VERY BADLY</td>
<td>VERY WELL</td>
</tr>
<tr>
<td>MUITO MAL</td>
<td>MUITO BEM</td>
</tr>
</tbody>
</table>

OR indicate ___ I have no close family members.
OR check ___ I don’t have any close family members.
Or sign ___ I do not have any close family.
H. Rate how family member #2 reacted to your prosthesis during the last four weeks.

Over the past four weeks, rate how Family Member #2 has responded to your prosthesis.
Over the last 4 weeks, assess how family No. 2 reacted to your prosthesis.
Ao longo das últimas quatro semanas, avalie como o familiar nº2 reagiu à sua prótese.

VERY BADLY  VERY WELL
VERY POORLY  VERY WELL
VERY BADLY  VERY WELL
MUITO MAL  MUITO BEM

OR indicate ___ I have no close family members.
OR check ___ I don't have a second close family member.
Or sign ___ I do not have any close family.
OU assinale ___ Não tenho familiares próximos.

I. Rate how much a burden your prosthesis has been for your partner or your family during the last four weeks.

Over the past four weeks, rate how much a burden your prosthesis has been on your partner or family members.
Over the last 4 weeks, assess how your prosthesis has been a burden for your partner or our families.
Ao longo das últimas quatro semanas, avalie quanto a sua prótese tem sido um fardo para o seu companheiro ou os seus familiares.

RATHER BURDENSOME  NOT BURDONSOME
EXTREMELY BURDENSOME  NOT AT ALL
QUITE PAINFUL  NOT PAINFUL
BASTANTE PENOSO  NADA PENOSO

OR indicate ___ I have no partner or close family.
OR check ___ I don't have a partner or family members.
Or sign ___ I do not have a partner or close family
OU assinale ___ Não tenho um companheiro ou familiares próximos.
A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

J. Rate how much your prosthesis left you feeling socially impaired during the last four weeks.
Over the past four weeks, rate how much having your prosthesis has hindered you socially.
Over the last 4 weeks, assess how your prosthesis has impaired you socially.
Ao longo das últimas quatro semanas, avalie quanto o prejudicou socialmente ter uma prótese.

<table>
<thead>
<tr>
<th>A LOT</th>
<th>NEVER</th>
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</thead>
<tbody>
<tr>
<td>A GREAT DEAL</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>CONSIDERABLY</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>BASTANTE</td>
<td>NADA</td>
</tr>
</tbody>
</table>

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

K. Rate your capabilities to take care of another person (e.g. your partner, a child, or a friend) during the last four weeks.
Over the past four weeks, rate your ability to take care of someone else, (e.g. your partner, a child, or a friend).
Over the last 4 weeks, assess your ability to care for another person (for example, your partner, a child, or a friend).
Ao longo das últimas quatro semanas, avalie a sua capacidade de cuidar de outra pessoa (p. ex. o seu companheiro, uma criança, ou um amigo).

<table>
<thead>
<tr>
<th>INCAPABLE</th>
<th>CAPABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANNOT</td>
<td>NO PROBLEM</td>
</tr>
<tr>
<td>INCAPABLE</td>
<td>CAPABLE</td>
</tr>
<tr>
<td>NÃO CONSIGO</td>
<td>SEM QUALQUER PROBLEMA</td>
</tr>
</tbody>
</table>

OR indicate ___ I don't take care of anyone else.
OR check ___ I don't take care of someone else.
OR indicate ___ I don't take care of anyone else.
OU assinale ___ Não cuido de outra pessoa.

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.
This section relates to your ABILITY TO MOVE.

This section is about YOUR ABILITY TO MOVE AROUND.

This section relates to your ABILITY TO MOVE.

Esta secção é relativa à sua CAPACIDADE DE DESLOCAMENTO.

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

A. Rate your ability to walk using your prosthesis during the last four weeks.

Over the past four weeks, rate your ability to walk when using your prosthesis.

Over the last 4 weeks, assess your ability to walk using your prosthesis.

Ao longo das últimas quatro semanas, avalie a sua capacidade de andar utilizando a sua prótese.

<table>
<thead>
<tr>
<th>I CAN’T/WITHOUT ANY PROBLEM</th>
<th>ANY PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANNOT</td>
<td>NO PROBLEM</td>
</tr>
<tr>
<td>UNABLE</td>
<td>ABLE</td>
</tr>
<tr>
<td>NÃO CONSIGO</td>
<td>SEM QUALQUER PROBLEMA</td>
</tr>
</tbody>
</table>

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

B. Evaluate your ability to walk in tight spaces using your prosthesis.

Over the past four weeks, rate your ability to walk in close spaces when using your prosthesis.

Over the last 4 weeks, assess your ability to walk in tight spaces when using your prosthesis.

Ao longo das últimas quatro semanas, avalie a sua capacidade de andar em espaços apertados utilizando a sua prótese.

<table>
<thead>
<tr>
<th>I CAN’T W/O ANY PROBLEM</th>
<th>WITHOUT ANY PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANNOT</td>
<td>NO PROBLEM</td>
</tr>
<tr>
<td>UNABLE</td>
<td>ABLE</td>
</tr>
<tr>
<td>NÃO CONSIGO</td>
<td>SEM QUALQUER PROBLEMA</td>
</tr>
</tbody>
</table>

✓ TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÔNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

C. Rate your ability to climb stairs using your prosthesis during the last four weeks.

Over the past four weeks, rate your ability to walk up stairs when using your prosthesis.

Over the last 4 weeks, assess your ability to climb up stairs using your prosthesis.
Over the past four weeks, rate how you have felt about being able to walk down stairs when using your prosthesis.

Over the last 4 weeks, assess how you feel in relation to being able to come down stairs using your prosthesis.

Over the past four weeks, rate how you have felt about being able to walk up a steep hill when using your prosthesis.

Over the last 4 weeks, assess your ability to climb up a steep terrain using your prosthesis.
F. Evaluate your ability to walk down a steep slope using your prosthesis during the last four weeks.
Over the past four weeks, rate your ability to walk down a steep hill when using your prosthesis.
Over the last 4 weeks, assess your ability to come down a steep terrain using your prosthesis.
Ao longo das últimas quatro semanas, avalie a sua capacidade de descer um terreno íngreme utilizando a sua prótese.

<table>
<thead>
<tr>
<th>UNABLE WITHOUT ANY PROBLEM</th>
<th>CANNOT NO PROBLEM</th>
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<tbody>
<tr>
<td>UNABLE</td>
<td>NO PROBLEM</td>
</tr>
<tr>
<td>NÃO CONSIGO</td>
<td>ABLE</td>
</tr>
<tr>
<td>SEM QUALQUER PROBLEMA</td>
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</table>

G. Rate your ability to walk on pavements and streets using your prosthesis during the last four weeks.
Over the past four weeks, rate your ability to walk on sidewalks and streets when using your prosthesis.
Over the last 4 weeks, assess your ability to walk on pavements and roads using your prosthesis.
Ao longo das últimas quatro semanas, avalie a sua capacidade de andar em passeios e ruas utilizando a sua prótese.

<table>
<thead>
<tr>
<th>I CAN’T WITHOUT ANY PROBLEM</th>
<th>CANNOT NO PROBLEM</th>
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<tbody>
<tr>
<td>I CAN’T</td>
<td>NO PROBLEM</td>
</tr>
<tr>
<td>UNABLE</td>
<td>ABLE</td>
</tr>
<tr>
<td>NÃO CONSIGO</td>
<td>SEM QUALQUER PROBLEMA</td>
</tr>
</tbody>
</table>

H. Rate your ability to walk on slippery surfaces (e.g. wet tiles, snow, wet road, or on a boat’s deck) using your prosthesis during the last four weeks.
Over the past four weeks, rate your ability to walk on slippery surfaces (e.g. wet tile, snow, a rainy street, or a boat deck) when using your prosthesis.
Over the last few weeks, assess your ability to walk on slippery surfaces (i.e. wet tiles, snow, wet roads or on a boats desk) using your prosthesis.
Ao longo das últimas semanas, avalie a sua capacidade de andar em pisos escorregadios (p. ex. azulejo molhado, neve, uma rua chuvosa ou o convés de um barco) utilizando a sua prótese.
I. Rate your ability to get in and out of a car using your prosthesis during the last four weeks.

Over the past four weeks, rate your ability to get in and out of a car when using your prosthesis.

Over the last 4 weeks, assess your ability to enter and exit a car using your prosthesis.

Ao longo das últimas quatro semanas, avalie a sua capacidade para entrar e sair de um carro utilizando a sua prótese.

J. Rate your ability to sit down on or rise from a chair with a high seat (e.g. dining chair, kitchen chair, office chair) using your prosthesis during the last four weeks.

Over the past four weeks, rate your ability to sit down and get up from a chair with a high seat (e.g., a dining chair, a kitchen chair, an office chair).

Over the last 4 weeks, assess your ability to sit or get up from a high chair (i.e. a dining chair, a kitchen chair, an office chair).

Ao longo das últimas quatro semanas, avalie a sua capacidade para se sentar ou levantar de uma cadeira alta (p. ex. uma cadeira de jantar, uma cadeira de cozinha, uma cadeira de escritório).

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.
K. Rate your ability to sit down on or rise from a low or soft chair (e.g. an armchair or deep sofa) during the last four weeks.

Over the past four weeks, rate your ability to sit down and get up from a low or soft chair (e.g. an easy chair or deep sofa).

Over the last 4 weeks, assess your ability to sit or get up from a low or soft chair (i.e. an armchair or a low sofa).

Ao longo das últimas quatro semanas, avalie a sua capacidade para se sentar ou levantar de uma cadeira baixa ou mole (p. ex. uma poltrona ou um sofá fundo).

I CAN’T WITHOUT ANY PROBLEM
CANNOT NO PROBLEM
UNABLE ABLE
NÃO CONSIGO SEM QUALQUER PROBLEMA

L. Rate your ability to sit down or rise from the toilet during the last four weeks.

Over the past four weeks, rate your ability to sit down and get up from the toilet.

Over the last 4 weeks, assess your ability to sit or get up from the toilet.

Ao longo das últimas quatro semanas, avalie a sua capacidade para se sentar ou levantar da sanita.

I CAN’T WITHOUT ANY PROBLEM
CANNOT NO PROBLEM
UNABLE ABLE
NÃO CONSIGO SEM QUALQUER PROBLEMA

M. Rate your ability to take a shower or have a bath safely during the last four weeks.

Over the past four weeks, rate your ability to shower or bathe safely

Over the last 4 weeks, assess your ability to take a shower or bath in safety.

Ao longo das últimas quatro semanas, avalie a sua capacidade para tomar duche ou tomar banho em segurança.

I CAN’T WITHOUT ANY PROBLEM
CANNOT NO PROBLEM
UNABLE ABLE
NÃO CONSIGO SEM QUALQUER PROBLEMA
The following section is about your SATISFACTION WITH CERTAIN SITUATIONS, given that you have an amputation. The following section asks about YOUR SATISFACTION WITH PARTICULAR SITUATIONS given that you have had an amputation. A secção seguinte pergunta sobre sua SATISFAÇÃO COM SITUAÇÕES PARTICULARES, dado que tem uma amputação.

A. Rate how satisfied you have been with your prosthesis during the last four weeks.

Over the past four weeks, rate how satisfied you have been with your prosthesis.

Over the last 4 weeks, assess how satisfied you are with your prosthesis.

Ao longo das últimas quatro semanas, avalie quão satisfeito está com a sua prótese.

B. Rate how satisfied you are with the way you have been walking during the last four weeks.

Over the past four weeks, rate how satisfied you have been with how you are walking.

Over the last 4 weeks, assess how satisfied you are with the way you walk.

Ao longo das últimas quatro semanas, avalie quão satisfeito está com a forma como caminha.
C. Rate how satisfied you are with the way everything has gone since your amputation.
Over the past four weeks, rate how satisfied you have been with how things have worked out since your amputation.
Over the last 4 weeks, assess how satisfied you are with the way everything has gone since our amputation.
Ao longo das últimas quatro semanas, avalie quanto satisfeito está com a forma como tudo decorreu desde a sua amputação.

D. How would you classify your quality of life during the last four weeks?
Over the past four weeks, how would you rate your quality of life?
Over the past four weeks, how would you assess your quality of life?
Ao longo das últimas quatro semanas, como classificaria a sua qualidade de vida?

E. How satisfied are you with the person who fit your current prosthesis?
How satisfied are you with the person who fit your current prosthesis?
How satisfied are you with the person who fitted your current prosthesis?
Quão satisfeito está com a pessoa que ajustou a sua prótese actual?
How satisfied are you with the training you received regarding how to use your current prosthesis?
How satisfied are you with the training you have received on using your current prosthesis?
How satisfied are you with the training you received regarding the use of your current prosthesis?

Quão satisfeito está com a formação que recebeu relativamente à utilização da sua prótese actual?

EXTREMELY DISSATISFIED
EXTREMELY DISSATISFIED
EXTREMELY UNSATISFIED
EXTREMAMENTE INSATISFEITO

EXTREMELY SATISFIED
EXTREMELY SATISFIED
EXTREMELY SATISFIED
EXTREMAMENTE SATISFEITO

OR indicate __ I have had no training regarding my current prosthesis.
OR check ___ I have not had any training with my current prosthesis
OR sign ___ I did not receive any training relating to my current prosthesis.

OU assinale __ Não tive qualquer formação relativamente à minha prótese actual.

In general, how satisfied are you with the way you walk and the prosthetic training you have received since your amputation.
Overall, how satisfied are you with the gait and prosthetic training you have received since your amputation.
In general, how satisfied are you with your walking and the prosthesis training you received since your amputation.

No geral, quão satisfeito está com o seu andar e a formação protésica que recebeu desde a sua amputação.

EXTREMELY DISSATISFIED
EXTREMELY DISSATISFIED
EXTREMELY UNSATISFIED
EXTREMAMENTE INSATISFEITO

EXTREMELY SATISFIED
EXTREMELY SATISFIED
EXTREMELY SATISFIED
EXTREMAMENTE SATISFEITO

OR indicate __ I have not received any since my amputation.
OR check ___ I have not had any training since my amputation
A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

Group 6

This next section asks you to rate your ability TO DO YOUR DAILY ACTIVITIES when you are having problems with your prosthesis.

A. When the fit of my prosthesis is inadequate, I can...
   When the fit of my prosthesis is poor, I will get...
   When if fit of my prosthesis the adjustment is inadequate, I can...
   Quando o ajuste da minha prótese é inadequado, eu consigo...

   DO NOTHING
   DO EVERYTHING
   NOTHING DONE
   EVERYTHING DONE
   DO NOTHING
   DO EVERYTHING
   FAZER NADA
   FAZER TUDO

B. When my prosthesis feels uncomfortable, I can...
   When the comfort of my prosthesis is poor, I will get...
   When my prosthesis is uncomfortable, I can...
   Quando a minha prótese é desconfortável, eu consigo...

   DO NOTHING
   DO EVERYTHING
   NOTHING DONE
   EVERYTHING DONE
This last section asks you to rate the IMPORTANCE of the different aspects (or qualities) of your experience with your prosthesis. This final section asks you to assess the IMPORTANCE of different aspects (or qualities) of experience with your prosthesis.

A. How important is it to you that the weight of your prosthesis feels right?

Quão importante é para si que o peso da prótese pareça certo?
B. How important is the ease of putting on your prosthesis to you?

How important is the ease of putting on (donning) your prosthesis?
How important is it for you the ease that the prosthesis can be put in place?
Quão importante é para si a facilidade de colocação da sua prótese?

NOT IMPORTANT  | EXTREMELY IMPORTANT
NOT AT ALL      | EXTREMELY IMPORTANT
NOT IMPORTANT  | EXTREMELY IMPORTANT
NADA IMPORTANT | EXTREMAMENTE IMPORTANTE

C. How important is the appearance (how it looks) of your prosthesis to you?

How important is the appearance of your prosthesis (how it looks)?
How important is it for you the appearance (aspect) of your prosthesis?
Quão importante é para si a aparência da sua prótese (o aspecto)?

NOT IMPORTANT  | EXTREMELY IMPORTANT
NOT AT ALL      | EXTREMELY IMPORTANT
NOT IMPORTANT  | EXTREMELY IMPORTANT
NADA IMPORTANT | EXTREMAMENTE IMPORTANTE

D. How important is it to you to be able to wear different types of footwear (height and style)?

How important is it to you to be able to wear different kinds of shoes (heights or styles)?
How important is it for you to be able to use a different type of shoes (heels and styles)?
Quão importante é para si poder usar diferente tipo de calçado (altura e estilos)?

NOT IMPORTANT  | EXTREMELY IMPORTANT
NOT AT ALL      | EXTREMELY IMPORTANT
NOT IMPORTANT  | EXTREMELY IMPORTANT
NADA IMPORTANT | EXTREMAMENTE IMPORTANTE
E. How important is the durability of your prosthesis' cosmetic covering (can't be torn, crushed, scratched easily or discolour) to you?

How important is it that your prosthesis' covering is durable (cannot be torn, dented, easily scratched, or discolored)?

How important is it for you that the cosmetic coating of your prosthesis is durable (does not tear, dent, scratched easily or move)?

Quão importante é para si que o revestimento cosmético da sua prótese seja durável (não se rasgar, amolgar, riscar-se facilmente, ou descolorar)?

<table>
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<tr>
<th>NOT IMPORTANT</th>
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<tbody>
<tr>
<td>NOT AT ALL</td>
<td>EXTREMELY IMPORTANT</td>
</tr>
<tr>
<td>NADA IMPORTANTE</td>
<td>EXTREMAMENTE IMPORTANTE</td>
</tr>
</tbody>
</table>

OR indicate __ My prosthesis has no cosmetic covering.
OR check __ There is no covering on my prosthesis.
OR indicate __ My prosthesis has no cosmetic covering.
OU assinale __ A minha prótese não tem revestimento cosmético.

F. How bothersome is it to you when you perspire inside your prosthesis (in the sock, liner or socket)?

How bothersome is it when you sweat a lot inside your prosthesis (in the sock, liner, socket)?

How uncomfortable is it for you if you sweat inside your prosthesis (socks, liner, fixture)

Quão incomodativo é para si quando suar muito dentro da sua prótese (na meia, liner, encaixe)?

<table>
<thead>
<tr>
<th>NOT BOTHERSOME</th>
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<tbody>
<tr>
<td>EXTREMELY BOTHERSOME</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>EXTREMELY UNCOMFORTABLE</td>
<td>DOES NOT BOTHER ME</td>
</tr>
<tr>
<td>EXTREMAMENTE INCOMODATIVO</td>
<td>NADA INCOMODATIVO</td>
</tr>
</tbody>
</table>

G. How bothersome is it to you when your residual lump swells?

How bothersome to you is swelling in your residual limb (stump)?
How uncomfortable is it for you when your residual limb swells?
Quão incomodativo é para si quando o seu coto incha?

- NOT BOTHERSOME
- EXTREMELY BOTHERSOME
- EXTREMELY UNCOMFORTABLE
- EXTREMAMENTE INCOMODATIVO

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

H. How important is it to you to avoid having ingrown hairs on your residual lump?
   How important is it to avoid having any ingrown hairs (pimples) on your residual limb (stump)?
   How important is it to avoid having ingrown hairs (spikes) on your residual limb?
Quão importante é para si evitar ter pêlos encravados (espinhas) no seu coto?

- NOT IMPORTANT
- EXTREMELY IMPORTANT
- NOT AT ALL
- EXTREMAMENTE IMPORTANTE

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

I. How disconcerting is it to you to see people looking at you and at your prosthesis?
   How bothersome is it to see people looking at you and your prosthesis?
   How uncomfortable is it for you to see people looking at you and your prosthesis?
Quão incomodativo é para si ver pessoas a olhar para si e para a sua prótese?

- EXTREMELY DISCONCERTING
- EXTREMELY BOTHERSOME
- EXTREMELY UNCOMFORTABLE
- EXTREMAMENTE INCOMODATIVO

TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

J. How important is it to you to be able to climb a steep slope?
   How important is being able to walk up a steep hill?
How important is it for you to succeed in climbing a steep terrain?
Quão importante é para si conseguir subir um terreno íngreme?

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<th>NOT IMPORTANT</th>
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<tr>
<td>NOT AT ALL</td>
<td>EXTREMELY IMPORTANT</td>
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<td>NOT IMPORTANT</td>
<td>EXTREMELY IMPORTANT</td>
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<td>NADA IMPORTANTE</td>
<td>EXTREMAMENTE IMPORTANTE</td>
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✓ TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

Final Notes

A. If any of the following options have occurred during the last four weeks, please indicate below which and give a brief description:
If any of the following have happened in the past four weeks, please check off and give a brief description:
If any of the following options have occurred during the last 4 weeks, please, tick and make a brief description:
Se alguma das opções seguintes ocorreu nas últimas quatro semanas, por favor, assinale e faça uma breve descrição:

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

___ a serious health problem (yours)___ a serious medical problem (yours)___ a serious health problem (you) ___ um grave problema de saúde (seu)

✓ A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

___ a marked change in any pain ___ a noticeable change in pain ___ a notable change of pain ___ uma notável mudança na dor

✓ TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

___ a serious personal problem (yours)___ a serious personal problem (yours)___ a serious personal problem (you) ___ um grave problema pessoal (seu)
A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

___ a serious family problem___ a serious problem in the family___ a serious family problem___ um grave problema de família

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

___ any other huge change which has occurred in your life___ some other big change has occurred in your life___ other big change that occurred in your life___ outra grande mudança que ocorreu na sua vida

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

If you have checked off any of the five items above, please give a brief description.
If you checked any of the five previous items, please give a brief description.
If you marked any of the previous five items, please, make a brief description
Se assinalou algum dos cinco itens anteriores, por favor, faça uma breve descrição.

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS, TENDO USADO SINÓNIMOS QUE NÃO MODIFICAM O SENTIDO DA QUESTÃO E RESPOSTA.

Please share something more about yourself or your prosthesis with us which you think would be helpful for us to know (continue on the back of this page if you need more space).
Please share with us anything else about you or your prosthesis that you think would be helpful for us to know (continue on the back of this page if you need more space).
Please share with us anything else about you or your prosthesis, that you may think might be useful to us (continue on the reserve side of this page if you need more space).
Por favor, partilhe connosco algo mais sobre si ou a sua prótese, que julga ser útil sabermos (continue no verso desta página se precisar de mais espaço).

A TRADUÇÃO E RETRO TRADUÇÃO DEMONSTRAM CONSENSO NA INTERPRETAÇÃO DOS CONCEITOS E CONTEÚDOS.

THANK YOU VERY MUCH!
MUITO OBRIGADO!


4-J, 4-K and 4-L.