APPENDIX 1

Prosthetists Questionnaire

Q1: When making a prosthesis for a patient, do you ask the patient for their input or preference on the following: (components, cosmetic features, other)?

Q2: Do you typically offer cosmetically customized prostheses for a patient? (Yes/No)

Q3: You have chosen yes in Q2. Why do you typically offer cosmetically customized prostheses for a patient? (Fill-in)

Q4: You have chosen no in Q2. Why do you not typically offer cosmetically customized prostheses for a patient? (Fill-In)

Q5: What cosmetic options do you normally offer to a patient? (color, graphic/artistic design, shell/cover, other)

Q6: Which of the cosmetic options cost extra? (color, graphic/artistic design, shell/cover, other)

Q7: Of all your patients, estimate the percentage of people who choose to have a cosmetically custom-designed prosthesis. (Sliding Scale between 0-100%)

Q8: Are there certain populations that you are more likely to offer a cosmetically customized design or a higher level of design option to? (Yes/No)

Q9: You have chosen yes in Q8, who is the population that you are more likely to offer a cosmetically customized design or a higher level of design option to? (age, sex, other demographics)

Q10: Are there certain populations that are more likely to request a cosmetically customized design or a higher level of design option to? (Yes/No)

Q11: You have chosen yes in Q10, who are the certain populations that are more likely to request a cosmetically customized design or a higher level of design option to? (age, sex, other demographics)

Q12: Between patients who have and do not have a prosthesis with cosmetically customized designs, do you notice any differences in: (attitude, motivation, function, compliance, other)?
APPENDIX 2

Prostheses Users Questionnaire

Q1: How long ago did you receive your current prosthesis? (Entering years)

Q2: On average, how many days per week do you wear your prosthesis? (Sliding scale of 0-7 days)

Q3: On average, how many hours per day do you wear your prosthesis? (Sliding scale of 0-24 hours)

Q4: On average, how many hours can you comfortably wear your prosthesis every day? (Sliding scale of 0-24 hours)

Q5: On a scale of 0-100, how much do you look forward to wear your prosthesis every day? (Sliding scale of 0-100 from “not at all” to “always”)

Q6: On a scale of 0-100, do you feel your prosthesis empowers you to do things you like to do? (Sliding scale of 0-100 from “not at all” to “always”)

Q8: On a scale of 0-100, how satisfied are you with the way your prosthesis works? (Sliding scale of 0-100 from “not at all” to “completely satisfied”)

Q9: On a scale of 0-100, how satisfied are you with the way your prosthesis looks? (Sliding scale of 0-100 from “not at all” to “completely satisfied”)

Q10: On a scale of 0-100, how involved were you in the process of making your prosthesis? (Sliding scale of 0-100 from “not at all” to “completely involved”)

Q11: Were you given an option to customize the look of your prosthesis? (Yes/No)

Q12: You have chosen yes in Q11, why did you choose to customize the look of your prosthesis? (Fill-in)

Q13: What aspects of your prosthesis did you give input to? (functional features: foot, joints, socket, suspension, and other; cosmetic features: color, graphic/artistic designs, shell/cover, and other)

Q14: If you were given a choice but decided not to customize the look of your prosthesis, why? (Fill-in)

Q17: Would you choose to customize the look of your prosthesis if given the option? (Yes/No)
Q18: You have chosen yes in Q17, how would you want your prosthesis customized? (functional features: foot, joints, socket, suspension, and other; cosmetic features: color, graphic/artistic designs, shell/cover, and other)

Q19: From a scale from 0-100, how important is the look of your prosthesis? (Sliding scale of 0-100 from “not at all” to “very much so”)

Q20: From a scale of 0-100, how much do you feel that the cosmetic aspect of your prosthesis determines whether you use it? (Sliding scale 0-100 from “not at all” to “very much so”)