Draft

Client ID ☐☐☐☐☐

OPUS: Clinician Survey

Intake date

☐☐ / ☐☐ / ☐☐☐☐

Patient gender

○ Female ○ Male

Primary etiology

○ Trauma

○ Disease

○ Congenital

Date of injury/illness

(Leave blank if congenital)

☐☐ / ☐☐ / ☐☐☐☐

(Month) *(Day)* *(Year)*

Date of birth

(Required For All Patients)

☐☐ / ☐☐ / ☐☐☐☐

(Month) *(Day)* *(Year)*

Type of patient referral

○ New patient without existing device ○ New patient with existing device ○ Returning patient with existing device

If applicable, why is the patient returning to the clinic? Please mark all that apply.

○ Improvement in functional level

○ Decrease in functional level

○ Weight or limb volume change

○ New amputation

○ Surgical revision to residual limb

○ Component failure / major repairs

○ Other ________________________________

Current height

☐☐ ' ☐☐ ''

(Feet) *(Inches)*

Current weight

☐☐☐

(Lbs.)

Weight changes within the last six months?

○ Gain ○ Loss ○ No change

Amount?

☐☐☐

(Lbs.)

Admission Functional Level

○ (K0) Non-ambulatory

○ (K1) - Household ambulator (level surfaces, fixed cadence)

○ (K2) - Limited community ambulator (uneven surfaces, low barriers)

○ (K3) - Community ambulator (variable cadence, most barriers)

○ (K4) - High performance user (child/active adult)

Functional Goal

○ (K0) Non-ambulatory

○ (K1) - Household ambulator (level surfaces, fixed cadence)

○ (K2) - Limited community ambulator (uneven surfaces, low barriers)

○ (K3) - Community ambulator (variable cadence, most barriers)

○ (K4) - High performance user (child/active adult)

Amputation/Deficiency

(Mark all that apply)

Affected Limb(s)	Left	Right
Partial foot	○	○
Ankle disarticulation	○	○
Transtibial	○	○
Knee disarticulation	○	○
Transfemoral	○	○
Left ○ short ○ long Right ○ short ○ long		
Hip disarticulation	○	○
Hemi-pelvectomy	○	○
Other ______________	○	○

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Clinician Survey - Delivery Information

Please fill out the following information upon delivery of the device.

Date of delivery

__ __ / __ __ / __ __ __ __

Functional level at delivery

- ○ (K0) Non-ambulatory
- ○ (K1) - Household ambulator (level surfaces, fixed cadence)
- ○ (K2) - Limited community ambulator (uneven surfaces, low barriers)
- ○ (K3) - Community ambulator (variable cadence, most barriers)
- ○ (K4) - High performance user (child/active adult)

Please indicate your impression of overall clinical change in your patient's functional level after receiving his/her device.

- ○ Much worse
- ○ Somewhat worse
- ○ A little bit worse
- ○ No change in function
- ○ A little bit improved
- ○ Somewhat improved
- ○ Much improved