OPUS: Clinician Survey

<table>
<thead>
<tr>
<th>Intake date</th>
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</thead>
</table>

**Primary etiology**
- Trauma
- Disease
- Congenital

**Date of injury/illness**
(Leave blank if congenital)

**Date of birth**
(Required For All Patients)

<table>
<thead>
<tr>
<th>Type of patient referral</th>
</tr>
</thead>
</table>
- 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)

<table>
<thead>
<tr>
<th>Affected Limb(s)</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle disarticulation</td>
<td></td>
<td></td>
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<tr>
<td>Transtibial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee disarticulation</td>
<td></td>
<td></td>
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<tr>
<td>Transfemoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left short</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right short</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left long</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right long</td>
<td></td>
<td></td>
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<tr>
<td>Hip disarticulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemi-pelvectomy</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
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