



20694

Client ID

Five empty boxes for Client ID

OPUS: Satisfaction With Device and Services

Please mark the response that most closely reflects your opinion.

1. My prosthesis / orthosis fits well.....
2. The weight of my prosthesis / orthosis is manageable.....
3. My prosthesis / orthosis is comfortable throughout the day.....
4. It is easy to put on my prosthesis / orthosis.....
5. My prosthesis / orthosis looks good.....
6. My prosthesis / orthosis is durable.....
7. My clothes are free of wear and tear from my prosthesis / orthosis.....
8. My skin is free of abrasions and irritations.....
9. My prosthesis / orthosis is pain free to wear.....
10. I can afford the out-of-pocket expenses to purchase and maintain my prosthesis / orthosis.....
11. I can afford to repair or replace my prosthesis / orthosis as soon as needed.....
12. I received an appointment with a prosthetist / orthotist within a reasonable amount of time.....
13. I was shown the proper level of courtesy and respect by the staff.....
14. I waited a reasonable amount of time to be seen.....
15. Clinic staff fully informed me about equipment choices.....
16. The prosthetist / orthotist gave me the opportunity to express my concerns regarding my equipment.....
17. The prosthetist / orthotist was responsive to my concerns and questions.....
18. I am satisfied with the training I received in the use and maintenance of my prosthesis / orthosis.....
19. The prosthetist / orthotist discussed problems I might encounter with my equipment.....
20. The staff coordinated their services with my therapists and doctors.....
21. I was a partner in decision-making with clinic staff regarding my care and equipment.....

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know / Not Applicable
1. My prosthesis / orthosis fits well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The weight of my prosthesis / orthosis is manageable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My prosthesis / orthosis is comfortable throughout the day.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It is easy to put on my prosthesis / orthosis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My prosthesis / orthosis looks good.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My prosthesis / orthosis is durable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My clothes are free of wear and tear from my prosthesis / orthosis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My skin is free of abrasions and irritations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My prosthesis / orthosis is pain free to wear.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can afford the out-of-pocket expenses to purchase and maintain my prosthesis / orthosis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I can afford to repair or replace my prosthesis / orthosis as soon as needed.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I received an appointment with a prosthetist / orthotist within a reasonable amount of time.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was shown the proper level of courtesy and respect by the staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I waited a reasonable amount of time to be seen.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Clinic staff fully informed me about equipment choices.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The prosthetist / orthotist gave me the opportunity to express my concerns regarding my equipment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The prosthetist / orthotist was responsive to my concerns and questions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am satisfied with the training I received in the use and maintenance of my prosthesis / orthosis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The prosthetist / orthotist discussed problems I might encounter with my equipment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The staff coordinated their services with my therapists and doctors.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I was a partner in decision-making with clinic staff regarding my care and equipment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>