

HUNTER PROSTHETICS & ORTHOTICS SERVICE OUTCOME RATING SCALE

HPOS-ORS

RELATIVE FORM

This questionnaire is about the ways in which the prosthesis may affect your relative's life. It looks at changes that may have occurred that are due to having a prosthesis. For each question please read through all the alternatives before choosing the response which most closely describes how things are for your relative now.

Name: _____ / _____ / _____
Surname/Family Name First Name Date

Relationship to Client (please tick)

Spouse Parent Carer Daughter/Son Other

1. FIT & COMFORT:

a) How do you rate the fit and comfort level of your relative's prosthesis?

Fit and comfort of prosthesis is good and does not impact on work / leisure activities.	4
Fit and comfort of prosthesis is fairly good but experiences slight difficulty with some work / leisure activities	3
Fit and comfort of prosthesis is adequate but experiences moderate difficulties in developing and undertaking work / leisure activities	2
Fit and comfort of prosthesis is poor but able to develop and undertake work / leisure activities	1
Fit and comfort of prosthesis is poor and have difficulty developing and undertaking work / leisure activities	0

2. QUALITY & PERFORMANCE OF PROSTHESIS:

a) How do you rate the quality and performance (feel, weight, durability, appearance) of your relative's prosthesis?

Quality and performance of prosthesis is good and does not impact on quality of life	4
Quality and performance of prosthesis is good but occasionally impacts on quality of life	3
Quality and performance of prosthesis is inconsistent and impact on quality of life is variable	2
Quality and performance of prosthesis is poor and impacts on many aspects of quality of life	1
Quality and performance of prosthesis is very poor and significantly impacts on quality of life	0

3. SKIN INTEGRITY:

a) How do you rate the effect of the prosthesis on your relative's skin integrity?

Skin integrity is good and does not interfere with quality of life.	4
Skin integrity is good and only occasionally interferes with quality of life.	3
Skin integrity is inconsistent and occasionally interferes with quality of life.	2
Skin integrity is poor and frequently interferes with quality of life.	1
Skin integrity is poor and restricts quality of life (ie. Lengthy periods confined to bed)	0

4. PAIN & SENSATION:

a) How do you rate the pain and / or sensation associated with your relative using their prosthesis?

Experiences no pain or sensation	4
Experiences minor pain and / or sensation occasionally but does not impact on daily living activities	3
Experiences minor pain and / or sensation occasionally that affects some activities of daily living	2
Experiences pain and / or sensation frequently that restricts daily living activities	1
Experiences significant pain and / or sensation that restricts most activities of daily living	0

5. PHYSICAL ABILITY:

a) How do you rate your relative's mobility when using their prosthesis?

Mobility is good and independent in all physical activities	4
Mobility is fairly good but experiences slight difficulty on some physical activities	3
Mobility is restricted and experiences difficulty on some physical activities (ie sitting to standing, walking upstairs)	2
Mobility is poor and restricts physical activities	1
Mobility is very poor and significantly restricts physical activities	0

6. INDEPENDENCE IN USE OF PROSTHESIS:

b) How do you rate your relative's level of independence when using their prosthesis?

Totally independent in all aspects of use (ie donning and doffing)	4
Independent in most aspects of use but occasionally need assistance	3
Needs regular assistance in some aspects of use	2
Needs regular assistance in most aspects of use	1
Totally dependent on another for assistance to use prostheses	0

7. CARE & MAINTENANCE OF PROSTHESIS:

b) How do you rate your relative's ability to care for and maintain their prosthesis?

Completely independent in care and maintenance of prosthesis	4
Able to care for and maintain prosthesis but experiences slight difficulty on some tasks	3
Able to care for and maintain prosthesis but requires assistance with some tasks	2
Moderately dependent on other people to care for and maintain prosthesis	1
Completely dependent on other people to care for and maintain prosthesis	0

8. RELATIONSHIPS WITH FAMILY/FRIENDS:

a) How do you rate the response of family/friends to your relative's prosthesis?

Response to prosthesis is very good and does not impact on relationships	4
Response to prosthesis is fairly good with only minimal changes in some relationships	3
Response to prosthesis is occasionally poor but generally able to maintain good relationships	2
Response to prosthesis is often poor and some relationships have been effected	1
Response to prosthesis is generally poor and some relationships have been significantly effected.	0

Thankyou for completing this survey.