

Western Australian Limb Service for Amputees

QUESTIONNAIRE

Dear Client,

The purpose of this questionnaire is to find out how well this service is working. By filling it out, you provide information that tells us what how well the service is working, and how it can be improved.

Your replies are confidential, and your help appreciated.

Your full name

Your age

Your Limb type: below knee () above knee () other

Do you use your limb? Yes () No ()

If Yes, how many hours per day? (Please circle) 1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9 , 10.

If No, can you help us by telling us why?

.....
.....

Does your limb suit your needs? Yes () No () If No, how could it be improved?

.....
.....
.....

How can the Western Australian Limb Service for Amputees improve its service?

.....
.....
.....

Please use the reverse side of this sheet for any additional comments.

Thank you for your time, Ian Burns, Manager (08) 93475264