

Patient Name _____

When did you get your last prostheses _____
and where? _____ Prosthetist? _____

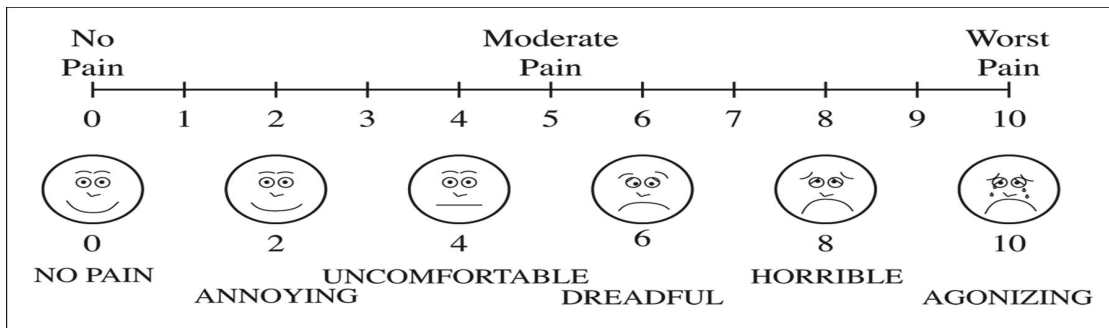
What kind of prosthesis? _____

What are the current problems with the prosthesis? _____

How much do you wear your prosthesis? _____

Socket Comfort

Please circle what best represents your pain while wearing your prosthesis. (If 0 skip next two questions.)



Please describe the pain that occurs. **(Example: Sharp, throbbing pain on my shin.)** _____

How long after putting your prosthesis on does this pain start to occur? **(please circle one)**

Immediately After 10-30minutes After 1-3 hrs After 4-6 hrs After 7-10 hrs After >10hrs

How comfortable is your socket? **(please circle one)**

