Draft Common Data Elements (CDEs) for Lower Limb Loss Research
Supplemental Information from the Request for Information (RFI) to Solicit Input on Common Data Elements for Lower Limb Loss Research

Notice Number:

The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) is seeking input on common data elements (CDEs) related to lower limb loss. To support this effort, NICHD has been engaged with other NIH Institutes and Centers, as well as federal agencies, including the Administration for Community Living (ACL) - National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Centers for Medicare and Medicaid Services (CMS), Department of Defense (DoD), Food and Drug Administration (FDA), and Veterans Affairs (VA).

The CDEs and outcome measures outlined are intended to provide researchers and clinicians with a menu of options to reference and utilize. Two sets of CDEs are available: measures highly suggested for researchers and clinicians to include in research and practice (referred to as Core variables), and measures that provide additional specificity or variation if a researcher or clinician chooses to use depending on study focus or population (referred to as Supplemental variables). The two sets of measures are intended to promote the collection of comparable data across research studies. All measures have been defined and curated by reviewing existing CDEs and with significant input from the federal interagency workgroup. For variables from existing CDEs, the data sources are noted and the exact item wording and response options are used to foster consistency. Data elements are cross-referenced and repeated across various domains where appropriate. Measures suggested, to the extent possible, are available for public use.

The information on the following pages document the suggested variables within each category, along with variable definitions, variable options, suggestion on Core/Supplemental status, and data source where applicable.

NICHD invites the public to comment on the draft Common Data Elements for Lower Limb Loss Research. When developing your comments, we encourage you to read the information provided below and provide any comment you may have by emailing Rehabilitation1@mail.nih.gov.

Below are the categories included for review.

Abbreviations:
American Community Survey (ACS)
Behavioral Risk Factor Surveillance System (BRFSS)
Centers for Medicare & Medicaid Services (CMS)
Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
National Cancer Institute (NCI)
NCI Common Terminology Criteria for Adverse Events (CTCAE)
National Health and Nutrition Examination Survey (NHANES)
National Health Interview Survey (NHIS)
National Institute of Neurological Disorders and Stroke (NINDS)
Patient-Reported Outcomes Measurement Information System (PROMIS)
Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)
World Health Organization (WHO)
# Table of Contents

**Sociodemographics** ....................................................................................................................................... 3

**Patient Characteristics** .................................................................................................................................. 9

**Amputation** ................................................................................................................................................. 18

**Surgical Technique** ...................................................................................................................................... 19

**Prosthetic Intervention** ............................................................................................................................... 24

**Pre-Operative** ............................................................................................................................................. 29

**Post-Operative – Acute Care** ....................................................................................................................... 37

**Community-Based Care/Outpatient-Based Care** ........................................................................................ 42

**Pain** ............................................................................................................................................................. 54

  - **Adult Acute Pain**...................................................................................................................................... 54
  - **Adult Chronic Pain**.................................................................................................................................. 54
  - **Pediatric Acute Pain**............................................................................................................................. 55
  - **Pediatric Chronic Pain**.......................................................................................................................... 56

**Foundational Gait Measures** ....................................................................................................................... 57

**Metabolic/Energy Expenditure Measures** .................................................................................................... 57

**Outcome Measures** ...................................................................................................................................... 59

  - **Balance**................................................................................................................................................ 59
  - **Cognition**............................................................................................................................................. 59
  - **Function**.............................................................................................................................................. 61
  - **Health Status**....................................................................................................................................... 61
  - **Mobility**.............................................................................................................................................. 61
  - **Pain**.................................................................................................................................................... 62
  - **Prosthetic Fit**....................................................................................................................................... 63
  - **Psychological**..................................................................................................................................... 63
  - **Quality of Life**................................................................................................................................. 64
  - **Community Integration & Re-Integration**............................................................................................. 64
## Sociodemographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options (if specified)</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Date a person was born Recorded to the level of granularity known.</td>
<td>Fill in</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
</tbody>
</table>
| Gender            | Socially constructed identity of sex. Gender is equated with phenotypic sex. Gender may differ from the sex of an individual determined genetically. | a. Male  
b. Female  
c. Other  
d. Prefer not to answer                                                                                                                                                                    | Core              | N/A                                                                         |
| Ethnicity         | Category of ethnicity a person most closely identifies with.               | a. Hispanic or Latino  
b. Not Hispanic or Latino  
c. Unknown  
d. Not Reported                                                                                                                                                  | Core              | National Institute of Neurological Disorders and Stroke (NINDS) CDEs       |
| Race              | A person’s self-declared racial origination, independent of ethnic origination, using OMB approved categories. | a. American Indian or Alaska Native  
b. Asian  
c. Black or African American  
d. Native Hawaiian or Other Pacific Islander  
e. White  
f. Unknown  
g. Not Reported                                                                                                                                 | Core              | National Institute of Neurological Disorders and Stroke (NINDS) CDEs       |
| Place of Birth    | Place of birth (State in the United States or country/territory outside the United States). | Where was this person born?  
a. In the United States (Print name of state)  
b. Outside the United States (Print name of foreign country, or Puerto Rico, Guam, etc.)                                                                 | Supplemental      | American Community Survey (ACS)                                            |
| Education Level   | Highest grade or level of school a person has completed, or the highest degree received. | a. Never attended/Kindergarten only/ 1st grade/ 2nd grade/ 3rd grade/ 4th grade/ 5th grade/ 6th grade/ 7th grade/ 8th grade/ 9th grade/ 10th grade/ 11th grade/ 12th grade, no diploma  
b. High school graduation  
c. GED or equivalent  
d. Some college, no degree  
e. Associate degree: occupational/technical/vocational program  
f. Associate degree: academic program  
g. Bachelor’s degree (e.g., BA, AB, BS, BBA)  
h. Master’s degree (e.g., MA, MS, MEng, Med, MBA) | Core              | National Institute of Neurological Disorders and Stroke (NINDS) CDEs       |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options (if specified)</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Education Level of Primary Caregiver | Highest grade or level of school the person's primary caregiver has completed or the highest degree they have received. | i. Professional school degree (e.g., MD, DDS, DVM, JD)  
 j. Doctoral degree (e.g., PhD, EdD)  
 k. Unknown  
 a. Never attended/Kindergarten only;1st Grade;2nd Grade;3rd Grade;4th Grade;5th Grade;6th Grade;7th Grade;8th Grade;9th Grade;10th Grade;11th Grade;12th Grade, no diploma  
 b. High school graduate  
 c. GED or equivalent  
 d. Some college, no degree  
 e. Associate degree: occupational, technical, or vocational program  
 f. Associate degree: academic program  
 g. Bachelor's degree (e.g., BA, AB, BS, BBA)  
 h. Master’s degree (e.g., MA, MS, MEng, MEd, MBA)  
 i. Professional school degree (e.g., MD, DDS, DVM, JD)  
 j. Doctoral degree (e.g., PhD, EdD)  
 k. Unknown | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Medical history                | Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) medical history code. | Fill in                                                                                     | Core             | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Medical history text           | Medical history of a person.                                               | Fill in                                                                                     | Core             | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Marital/Partner status         | Status of a person's current domestic relationship, whether marital or partnered. | a. Never married  
 b. Married  
 c. Domestic partnership  
 d. Separated  
 e. Divorced  
 f. Widowed | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Occupation                     | The status of a person's current primary occupational status.               | a. Employed, working 40 hours per week  
 b. Employed, working 1-39 hours per week  
 c. Not employed, looking for work  
 d. Not employed, not looking for work  
 e. Retired  
 f. Disabled, not able to work | Core | National Health Interview Survey (NHIS) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options (if specified)</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current job or work situation</td>
<td>A person’s work situation/business in the past 12 months.</td>
<td>a. Employee of a private company for wages</td>
<td>Supplemental</td>
<td>National Health Interview Survey (NHIS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. A federal government employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. A state government employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. A local government employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Self-employed in own business, professional practice or farm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Working without pay in a family-owned business or farm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>h. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment status last week</td>
<td>Status of a person’s paid work in the last 7 days.</td>
<td>a. Working for pay at a job or business</td>
<td>Supplemental</td>
<td>National Health Interview Survey (NHIS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. With a job or business but not at work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Looking for work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Working, but not for pay, at a family-owned job or business</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Not working at a job or business and not looking for work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation - main reason you did not have job</td>
<td>Category of why a person did not have employment in the last 7 days.</td>
<td>a. Taking care of house or family</td>
<td>Supplemental</td>
<td>National Health Interview Survey (NHIS)</td>
</tr>
<tr>
<td>or business last week</td>
<td></td>
<td>b. Going to school</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Retired</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. On a planned vacation from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. On family or maternity leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Temporarily unable to work for health reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. Have job or contract and off-season</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>h. On layoff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>i. Disabled</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>j. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>k. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>l. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Classification Category</td>
<td>Category that classifies work performed by participant/subject</td>
<td>a. Not applicable</td>
<td>Supplemental</td>
<td>National Institute of Neurological Disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Official/Manager</td>
<td></td>
<td>and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Technicians and associate professionals (typically requiring a Bachelor degree or equivalent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Service or sales worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options (if specified)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>---------------------------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Physical exertion in employment</td>
<td>Amount of energy used in a person's job.</td>
<td>How often does your job involve repeated lifting, pushing, pulling, or bending? Would you say...&lt;br&gt;a. Never&lt;br&gt;b. Seldom&lt;br&gt;c. Sometimes&lt;br&gt;d. Often&lt;br&gt;e. Always&lt;br&gt;f. Refused&lt;br&gt;g. Don't know</td>
<td>Supplemental</td>
<td>National Health Interview Survey (NHIS)</td>
</tr>
<tr>
<td>Uniformed Services Branch</td>
<td>Uniformed service branch if a person's occupation is armed forces.</td>
<td>a. Air Force&lt;br&gt;b. Army&lt;br&gt;c. Coast Guard&lt;br&gt;d. Marine Corps&lt;br&gt;e. Navy&lt;br&gt;f. NOAA Commission Core&lt;br&gt;g. Public Health Commission&lt;br&gt;h. Never Served&lt;br&gt;i. Other (Fill in)</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Uniformed Services Branch Rank Category</td>
<td>Uniformed service branch category if a person's occupation is armed forces.</td>
<td>a. Field grade officer or above&lt;br&gt;b. Company grade officer&lt;br&gt;c. Warrant officer&lt;br&gt;d. Non-commissioned officer&lt;br&gt;e. Other enlisted rank (Fill in)</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Uniformed Services Branch Service Status</td>
<td>Status of uniformed services branch.</td>
<td>a. Active&lt;br&gt;b. Guard&lt;br&gt;c. Reserve</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Health insurance</td>
<td>Status of a person's insurance coverage for illnesses, injuries, or conditions. Note: The ACS measures people 16 years and older in the United States.</td>
<td>a. Insurance through a current or former employer or union (of this person or another family member)</td>
<td>Core</td>
<td>American Community Survey (ACS)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options (if specified)</td>
<td>Core/ Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>b. Insurance purchased directly from an insurance company (by this person or another family member)</td>
<td>c. Medicare, for people 65 and older, or people with certain disabilities</td>
<td>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. TRICARE or other military health care</td>
<td>f. VA (enrolled for VA health care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Indian Health Service</td>
<td>h. Any other type of health insurance or health coverage plan (Specify____)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with persons count</td>
<td>Count of other people with whom a person currently lives, cohabits, or stays.</td>
<td>Fill in</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Living with person relationship type</td>
<td>Type(s) of relationship(s) between a person and all people with whom they currently live, cohabit, or stay.</td>
<td>a. Husband or wife</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td></td>
<td>b. Biological son or daughter</td>
<td>c. Adopted son or daughter</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Stepson or stepdaughter</td>
<td>e. Brother or sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Father or mother</td>
<td>g. Stepfather or stepmother</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>h. Grandchild</td>
<td>i. Grandparent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j. Parent-in-law</td>
<td>k. Son-in-law or daughter-in-law</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>l. Other relative</td>
<td>m. Roomer or boarder</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n. Housemate or roommate</td>
<td>o. Unmarried partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p. Foster child</td>
<td>q. Other nonrelative</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>r. Military unit member</td>
<td>s. N/A - Homeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>t. N/A - Alone</td>
<td>u. Personal care attendant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>v. Other patient/resident in care facility</td>
<td>w. Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options (if specified)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Total number of people in the family</td>
<td>Number of people within a person's family.</td>
<td>Fill in</td>
<td>Core</td>
<td>American Community Survey (ACS)</td>
</tr>
<tr>
<td>Number of children 5 years or younger in household</td>
<td>Number of children 5 years or younger residing within a person's house or place of residence.</td>
<td>Fill in</td>
<td>Supplemental</td>
<td>American Community Survey (ACS)</td>
</tr>
</tbody>
</table>

**Special Considerations for Pediatric Populations**

| Maternal Ethnicity                       | Ethnicity a person's mother most closely identifies with. | a. Hispanic or Latino  
b. Not Hispanic or Latino  
c. Unknown  
d. Not Reported | Core              | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
|------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|-------------------|-------------------------------------------------|
| Maternal Race                            | Race(s) a person's mother most closely identifies with.   | a. Black or African-American  
b. White  
c. Asian  
d. Native Hawaiian or Other Pacific Islander  
e. American Indian or Alaska Native  
f. Unknown  
g. Not Reported | Core              | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Paternal Ethnicity                       | Ethnicity a person's father most closely identifies with. | a. Hispanic or Latino  
b. Not Hispanic or Latino  
c. Unknown  
d. Not Reported | Core              | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Paternal Race                            | Definition: Race(s) a person's father most closely identifies with. | a. Black or African-American  
b. White  
c. Asian  
d. Native Hawaiian or Other Pacific Islander  
e. American Indian or Alaska Native  
f. Unknown  
g. Not Reported | Core              | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
### Patient Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etiology</td>
<td>The cause, set of causes, or manner of causation of lower limb loss.</td>
<td>a. Vascular&lt;br&gt;b. Diabetes mellitus&lt;br&gt;c. Traumatic&lt;br&gt;d. Congenital&lt;br&gt;e. Cancer&lt;br&gt;f. Other (Fill in)</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Current level of amputation in right lower extremity</td>
<td>Current level of amputation in right lower extremity.</td>
<td>a. None&lt;br&gt;b. Foot, including toes or partial foot&lt;br&gt;c. At the ankle (ankle disarticulation)&lt;br&gt;d. Below the knee (transtibial)&lt;br&gt;e. Through the knee (knee disarticulation)&lt;br&gt;f. Above the knee (transfemoral)&lt;br&gt;g. At the hip (hip disarticulation)</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Current level of amputation in left lower extremity</td>
<td>Current level of amputation in left lower extremity.</td>
<td>a. None&lt;br&gt;b. Foot, including toes or partial foot&lt;br&gt;c. At the ankle (ankle disarticulation)&lt;br&gt;d. Below the knee (transtibial)&lt;br&gt;e. Through the knee (knee disarticulation)&lt;br&gt;f. Above the knee (transfemoral)&lt;br&gt;g. At the hip (hip disarticulation)</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Previous limb salvage</td>
<td>Information about previous limb salvage, the surgical procedure that replaces a diseased area and reconstructs a functional limb.</td>
<td>Fill in (for each limb and side)</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Length of residual limb</td>
<td>Length of the part of the body that is left after amputation.</td>
<td>Length in cm</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>K level or equivalent</td>
<td>Rating system used by Medicare to indicate a person's rehabilitation potential.</td>
<td>a. Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility&lt;br&gt;b. Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator&lt;br&gt;c. Level 2: Has the ability or potential for ambulation with the ability to traverse low</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/ Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------------------------------------</td>
</tr>
</tbody>
</table>
| Peripheral sensory symptoms  | Loss of sensation in the extremities from peripheral neuropathy.          | a. Yes, currently and before amputation.  
                            | b. Yes, currently and not before amputation.  
                            | c. No loss of peripheral sensation.  
                            | d. Don’t know.                                                                                                                       | Core              | Not Applicable (N/A)                             |
| Visual impairment            | Decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses. | a. Yes.  
                            | b. No.  
                            | c. Don’t know.                                                                                                                   | Core              | Not Applicable (N/A)                             |
| Hearing impairment           | Partial or total inability to hear that may occur in one or both ears.    | a. Yes.  
                            | b. No.  
                            | c. Don’t know.                                                                                                                   | Core              | Not Applicable (N/A)                             |
| Visual function              | Degree to which a person can see. Please see question for specifics.       | With both eyes open can you see light?  
                            | a. Yes.  
                            | b. No.  
                            | c. Refused.  
                            | d. Don’t know.                                                                                                                   | Supplemental      | National Health and Nutrition Examination Survey (NHANES) |
| Visual function              | Degree to which a person can see. Please see question for specifics.       | Are you blind in both eyes?  
                            | a. Yes.  
                            | b. No.  
                            | c. Refused.  
                            | d. Don’t know.                                                                                                                   | Supplemental      | National Health and Nutrition Examination Survey (NHANES) |
| Visual function              | Degree to which a person can see. Please see question for specifics.       | Have you ever had a cataract operation?  
                            | a. Yes.  
<pre><code>                        | b. No.                                                                                                                         | Supplemental      | National Health and Nutrition Examination Survey (NHANES) |
</code></pre>
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/ Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visual function</strong></td>
<td>Degree to which a person can see. Please see question for specifics.</td>
<td>Was the (cataract) operation in right eye, left eye, or both eyes? a. Right eye</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Left eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Both</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visual condition (general)</strong></td>
<td>Assessment of a person's eyesight. Please see question for specifics.</td>
<td>Your eyesight, with glasses or contact lenses if you wear them is..... a. Excellent</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Fair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Poor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Very poor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visual difficulties</strong></td>
<td>Difficulties a person encounters with regards to their vision.</td>
<td>If you usually wear glasses or contact lenses to do these activities, please rate</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>your ability to do them while wearing your glasses or contacts. How much difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>do you have . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reading ordinary print in newspapers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Doing work or hobbies that require you to see well up close such as cooking,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>sewing, fixing things around the house, or using hand tools?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Going down steps, stairs, or curbs in dim light or at night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Noticing objects off to the side while {you are/s/he is} walking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Finding something on a crowded shelf?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Driving during the daytime in familiar places?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. No difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. A little difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Moderate difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Extreme difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Unable to do because of eyesight</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Does not do this for other reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/ Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Visual limitations</td>
<td>Description of a person's vision.</td>
<td>How limited are you in how long you can work or do other daily activities such as housework, childcare, school, or community activities because of your vision? Would you say you are limited . . .&lt;br&gt;a. None of the time&lt;br&gt;b. A little of the time&lt;br&gt;c. Some of the time&lt;br&gt;d. Most of the time&lt;br&gt;e. All of the time?&lt;br&gt;f. Refused&lt;br&gt;g. Don't know</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Audiometry</td>
<td>Description of a person's hearing skills.</td>
<td>Which statement best describes your hearing (without a hearing aid or other listening devices)?&lt;br&gt;a. Excellent&lt;br&gt;b. Good&lt;br&gt;c. A little trouble&lt;br&gt;d. Moderate hearing trouble&lt;br&gt;e. A lot of trouble&lt;br&gt;f. Deaf&lt;br&gt;g. Refused&lt;br&gt;h. Don't know</td>
<td>Core</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Audiometry</td>
<td>Description of a person's hearing skills.</td>
<td>Have you ever worn a hearing aid or cochlear implant?&lt;br&gt;a. Yes&lt;br&gt;b. No&lt;br&gt;c. Refused&lt;br&gt;d. Don’t know</td>
<td>Core</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Audiometry</td>
<td>Description of a person's hearing skills.</td>
<td>Hearing aid or Cochlear implant?&lt;br&gt;a. Hearing aid&lt;br&gt;b. Cochlear implant&lt;br&gt;c. Both hearing aid and cochlear implant&lt;br&gt;d. Refused&lt;br&gt;e. Don’t know</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Built environment | Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure). | To what extent does your workplace or educational institution make it easy or hard for you to work or learn?  
  a. Very easy  
  b. Easy  
  c. Moderate  
  d. Hard  
  e. Very hard  
  f. Don’t know  
  g. Not applicable | Supplemental | World Health Organization (WHO) Model Disability Survey |
| Built environment | Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure). | To what extent do health facilities you need regularly make it easy or hard for you to use them?  
  a. Very easy  
  b. Easy  
  c. Moderate  
  d. Hard  
  e. Very hard  
  f. Don’t know  
  g. Not applicable | Supplemental | World Health Organization (WHO) Model Disability Survey |
| Built environment | Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure). | To what extent does your dwelling make it easy or hard for you to live there?  
  a. Very easy  
  b. Easy  
  c. Moderate  
  d. Hard  
  e. Very hard  
  f. Don’t know  
  g. Not applicable | Supplemental | World Health Organization (WHO) Model Disability Survey |
| Built environment | Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure). | To what extent do places where you socialize and engage in community activities make it easy or hard for you to do this?  
  a. Very easy  
  b. Easy  
  c. Moderate  
  d. Hard  
  e. Very hard  
  f. Don’t know  
  g. Not applicable | Supplemental | World Health Organization (WHO) Model Disability Survey |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Built environment/assistance</strong></td>
<td>Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure) and a person's ability to thrive in their built environment.</td>
<td>Do you have someone to assist you with your day to day activities at home or outside?&lt;br&gt;  a. Yes&lt;br&gt;  b. No</td>
<td>Supplemental</td>
<td>World Health Organization (WHO) Model Disability Survey</td>
</tr>
<tr>
<td><strong>Built environment/assistive products</strong></td>
<td>Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure) and a person's ability to thrive in their built environment.</td>
<td>Do you use any assistive products, such as glasses or a cane?&lt;br&gt;  c. Yes&lt;br&gt;  d. No</td>
<td>Supplemental</td>
<td>World Health Organization (WHO) Model Disability Survey</td>
</tr>
<tr>
<td><strong>Alcohol Use</strong></td>
<td>Quantification of a person’s consumption of alcoholic beverages.</td>
<td>How often did you have a drink containing alcohol in the past year?&lt;br&gt;  a. Monthly or less&lt;br&gt;  b. 2-4 times a month&lt;br&gt;  c. 2-3 times per week&lt;br&gt;  d. 4 or more times a week</td>
<td>Supplemental</td>
<td>World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)</td>
</tr>
<tr>
<td><strong>Alcohol Use</strong></td>
<td>Quantification of a person’s consumption of alcoholic beverages.</td>
<td>How many drinks did you have on a typical day when you were drinking in the past year?&lt;br&gt;  a. 1 or 2&lt;br&gt;  b. 3 or 4&lt;br&gt;  c. 5 or 6&lt;br&gt;  d. 7-9&lt;br&gt;  e. 10 or more</td>
<td>Supplemental</td>
<td>World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)</td>
</tr>
<tr>
<td><strong>Alcohol Use</strong></td>
<td>Quantification of a person’s consumption of alcoholic beverages.</td>
<td>How often did you have 6 or more drinks on one occasion in the past year?&lt;br&gt;  a. Never&lt;br&gt;  b. Less than monthly&lt;br&gt;  c. Monthly&lt;br&gt;  d. Weekly&lt;br&gt;  e. Daily or almost daily</td>
<td>Supplemental</td>
<td>World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)</td>
</tr>
<tr>
<td><strong>Tobacco history</strong></td>
<td>Use of tobacco.</td>
<td>Tobacco history:&lt;br&gt;  a. Never smoked&lt;br&gt;  b. Former smoker&lt;br&gt;  c. Current smoker&lt;br&gt;  d. Unknown</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td><strong>Tobacco history</strong></td>
<td>Use of tobacco.</td>
<td>If a former smoker, which year did you quit smoking? (Fill in)</td>
<td>Supplemental</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Tobacco history</td>
<td>Use of tobacco.</td>
<td>If a former or current smoker, for how many years did you smoke? (Fill in)</td>
<td>Supplemental</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Tobacco history</td>
<td>Use of tobacco.</td>
<td>For former or current cigarette smokers only, the number of pack years of smoking [avg # of cigarettes smoked daily/20] x [number of years smoked]</td>
<td>Supplemental</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
</tbody>
</table>
| Tobacco product used type            | Type of tobacco product used.             | a. Filtered cigarettes  
b. Non-filtered cigarettes  
c. Low tar cigarettes  
d. Cigars  
e. Pipes  
f. Chewing tobacco  
g. Other, specify | Supplemental      | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Tobacco cigarettes smoked daily      | Average number of tobacco cigarettes smoked daily. | a. Less than one cigarette per day  
b. 1 cigarette per day  
c. 2 to 5 cigarettes per day  
d. 6 to 15 cigarettes per day (about 1/2 pack)  
e. 16 to 25 cigarettes per day (about 1 pack)  
f. 26 to 35 cigarettes per day (about 1 1/2 packs)  
g. More than 35 cigarettes per day (about 2 packs or more)  
h. Unknown | Supplemental      | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| E-cigarette Use                      | Use of e-cigarettes or other "vaping" devices. | Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?  
a. Yes  
b. No  
c. Don’t know/Not Sure  
d. Refused | Supplemental      | Behavioral Risk Factor Surveillance System (BRFSS) |
| Current E-cigarette Use              | Use of e-cigarettes or other "vaping" devices. | Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?  
a. Every day  
b. Some days  
c. Not at all  
d. Don’t know/Not sure  
e. Refused | Supplemental      | Behavioral Risk Factor Surveillance System (BRFSS) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Drug or substance current illicit use indicator | Use of drug or illicit substances.                                         | a. Yes  
    b. No  
    c. Unknown                                                                 | Supplemental       | National Institute of Neurological Disorders and Stroke (NINDS) CDEs          |
| Subscribed drug or substance illicitly used category | Category of drugs or illicit substance use.                               | a. Sedatives (e.g., sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate)  
    b. Tranquilizers or anti-anxiety drugs (e.g., Valium, Librium, muscle relaxants, or Zanax)  
    c. Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol)  
    d. Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed)  
    e. Marijuana, hash, THC, or grass  
    f. Cocaine or crack  
    g. Hallucinogens (e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote)  
    h. Inhalants or Solvents (e.g., amyl nitrate, nitrous oxide, glue, toluene, or gasoline  
    i. Heroin  
    g. Other, specify (e.g., Methadone, Elavil, steroids, Thorazine, or Haldol) | Supplemental       | National Institute of Neurological Disorders and Stroke (NINDS) CDEs          |
| Sleep disturbance – sleep quality            | Description of a person's sleeping habits.                                | In the past 7 days my sleep quality was:  
    a. Very poor  
    b. Poor  
    c. Fair  
    d. Good  
    e. Very good                                                                 | Core              | Patient-Reported Outcomes Measurement Information System (PROMIS)          |
| Sleep disturbance – refreshing sleep         | Description of a person's sleeping habits – refreshing sleep.             | In the past 7 days:  
    My sleep was refreshing;  
    a. Not at all  
    b. A little bit  
    c. Somewhat  
    d. Quite a bit  
    e. Very much                                                                 | Core              | Patient-Reported Outcomes Measurement Information System (PROMIS)          |
| Sleep disturbance – problem with sleep       | Description of a person's sleeping habits – problem with sleep.           | In the past 7 days:  
    I had a problem with my sleep;  
    a. Not at all  
    b. A little bit  
    c. Somewhat                                                                 | Core              | Patient-Reported Outcomes Measurement Information System (PROMIS)          |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep disturbance – difficulty falling asleep</td>
<td>Description of a person's sleeping habits – difficulty falling asleep.</td>
<td>In the past 7 days: I had difficulty falling asleep; a. Not at all b. A little bit c. Somewhat d. Quite a bit e. Very much</td>
<td>Core</td>
<td>Patient-Reported Outcomes Measurement Information System (PROMIS)</td>
</tr>
</tbody>
</table>
### Amputation

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and location of limb amputation (choose and indicate # of each)</td>
<td>Number and location of limb amputation.</td>
<td>Right/Upper Right/Upper Left/Upper Left/Lower</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Level of amputation (Right)</td>
<td>Location where the amputation occurred (right side of the body).</td>
<td>a. Foot, including toes or partial foot b. At the ankle (ankle disarticulation) c. Below the knee (transtibial) d. Through the knee (knee disarticulation) e. Above the knee (transfemoral) f. At the hip (hip disarticulation)</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Level of amputation (Left)</td>
<td>Location where the amputation occurred (left side of the body).</td>
<td>a. Foot, including toes or partial foot b. At the ankle (ankle disarticulation) c. Below the knee (transtibial) d. Through the knee (knee disarticulation) e. Above the knee (transfemoral) f. At the hip (hip disarticulation)</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Date of first amputation surgery</td>
<td>Date of first amputation surgery.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Additional amputation surgeries (types)</td>
<td>Type of additional amputation surgeries.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Dates of additional or last amputation surgeries</td>
<td>Date of additional or last amputation surgery.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Time since last amputation surgery (if date not available)</td>
<td>Time since last amputation surgery, if date is not available. Unit of measure can be determined by researcher.</td>
<td>Fill in</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Length of residual limb (Left)</td>
<td>Length of residual limb (left side). Unit of measure can be determined by researcher.</td>
<td>Fill in (from nearest joint)</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Length of residual limb (Right)</td>
<td>Length of residual limb (right side). Unit of measure can be determined by researcher.</td>
<td>Fill in (from nearest joint)</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Foot amputation</td>
<td>Type of amputation of the foot.</td>
<td>a. Ankle disarticulation b. Midfoot amputation c. Hindfoot amputation d. Trans-metatarsal amputation e. Toe amputation</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Staged amputation (includes debriding)</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryo-amputation</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below the knee amputation (left)</td>
<td></td>
<td>a. Posterior flap technique</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Skew flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Sagittal flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Medial flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Fish mouth flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below the knee amputation (right)</td>
<td></td>
<td>a. Posterior flap technique</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Skew flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Sagittal flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Medial flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Fish mouth flap technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot amputations - midfoot amputations</td>
<td></td>
<td>a. Lisfranc amputation</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot amputations – hindfoot amputations</td>
<td></td>
<td>a. Chopart amputation</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Boyd amputation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Pirogoff amputation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot amputation – ankle amputation</td>
<td></td>
<td>a. Syme amputation</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Toe amputation      |                                          | a. Simple toe amputation  
b. Ray toe amputation  
c. Don’t know                           | Core              | Evidence-based clinical resource system (UpToDate.com)  
(Techniques for Lower Extremity Amputation)                                  |
| Guillotine amputation|                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Not Applicable (N/A)                                                       |
| Open amputation     |                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Not Applicable (N/A)                                                       |
| Closed amputation   |                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Not Applicable (N/A)                                                       |
| Osseointegration   |                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs) |
| Bone bridging       |                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs) |
| Targeted muscle re-intervention | | a. Yes  
b. No  
c. Don’t know                           | Core              | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs) |
| Myodesis            |                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs) |
| Burgess             |                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs) |
| Disarticulation     |                                          | a. Yes  
b. No  
c. Don’t know                           | Core              | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Osteomyoplastic amputation/Ertl (below the knee amputation) |                                                                            | a. Yes  
                        b. No  
                        c. Don’t know               | Core             | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs); Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation) |
| Hemipelvectomy                                 |                                                                            | a. Yes  
                        b. No  
                        c. Don’t know               | Core             | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)              |
| Lower extremity surgery                      |                                                                            | a. Yes  
                        b. No  
                        c. Don’t know               | Core             | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)              |
| Diaphyseal amputation                         |                                                                            | a. Yes  
                        b. No  
                        c. Don’t know               | Core             | Atlas of Amputation and Limb Deficiencies                                                        |
| Fasciocutaneous flaps                         |                                                                            | a. Yes  
                        b. No  
                        c. Don’t know               | Core             | Atlas of Amputation and Limb Deficiencies                                                        |
| Free flap techniques                          |                                                                            | a. Yes  
                        b. No  
                        c. Don’t know               | Core             | Atlas of Amputation and Limb Deficiencies                                                        |
| Skin Grafts                                   |                                                                            | a. Yes  
                        b. No  
                        c. Don’t know               | Core             | Atlas of Amputation and Limb Deficiencies                                                        |
| Distal muscle stabilization                   |                                                                            | a. Simple myofascial closure  
                        b. Myoplasty  
                        c. Myodesis  
                        d. Tenodesis  
                        e. Other               | Core             | Atlas of Amputation and Limb Deficiencies                                                        |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerve management</td>
<td>a. Cauterizing the nerve ends using chemicals or heat</td>
<td>a. Cauterizing the nerve ends using chemicals or heat</td>
<td>Core</td>
<td>Atlas of Amputation and Limb Deficiencies</td>
</tr>
<tr>
<td></td>
<td>b. Burying the nerve in bone</td>
<td>b. Burying the nerve in bone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Encasing the nerve in impervious material</td>
<td>c. Encasing the nerve in impervious material</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Ligating the nerve or injecting the nerve with a variety of chemicals.</td>
<td>d. Ligating the nerve or injecting the nerve with a variety of chemicals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Sewing the sectioned nerves to other nerves or sewing them back onto</td>
<td>e. Sewing the sectioned nerves to other nerves or sewing them back onto themselves</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>themselves</td>
<td>f. Dividing the nerve and allowing it to retract</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Other</td>
<td>g. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional status</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td>(UpToDate.com)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td>(Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td>Infection</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td>(UpToDate.com)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td>(Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td>Stump hematoma</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td>(UpToDate.com)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td>(Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td>Hip flexion contracture</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td>(UpToDate.com)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td>(Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td>Knee flexion contracture</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td>(UpToDate.com)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td>(Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td>Plantar flexion contracture</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td>(UpToDate.com)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td>(Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chronic stump pain</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edema</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Atlas of Amputation and Limb Deficiencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular inflow</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Atlas of Amputation and Limb Deficiencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics needed</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Atlas of Amputation and Limb Deficiencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin complication</td>
<td></td>
<td>a. Contact dermatitis</td>
<td>Core</td>
<td>Atlas of Amputation and Limb Deficiencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Skin irritation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Reactive hyperemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Callus formation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Verrucous hyperplasia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Folliculitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. Epidermoid cysts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>h. Hidradenitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>i. Fungal infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>j. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep vein thrombosis</td>
<td></td>
<td>a. Yes</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Post-operative care)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of stay</td>
<td></td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (NA)</td>
</tr>
<tr>
<td>History of Adverse events</td>
<td></td>
<td>SNOMED</td>
<td>Core</td>
<td>Not Applicable (NA)</td>
</tr>
<tr>
<td>Number of readmissions</td>
<td></td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (NA)</td>
</tr>
<tr>
<td>Dates of readmissions</td>
<td></td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (NA)</td>
</tr>
</tbody>
</table>
## Prosthetic Intervention

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| **Shape of residual limb**             | Shape of the part of the body that remains after an amputation has been performed. | a. Conical  
b. Cylindrical  
c. Bulbous  
d. Atypical  
e. Add description (Fill in) | Core              | Not Applicable (N/A)          |
| **Problems with skin integrity of residual limb** | Problems with skin integrity of residual limb | a. Yes  
b. No  
c. Don’t know | Core              | Not Applicable (N/A)          |
| **Problems with vascular function of residual limb** | Problems with vascular function of residual limb | a. Yes  
b. No  
c. Don’t know | Core              | Not Applicable (N/A)          |
| **Is there neuropathy in the residual limb?** | Problems with neuropathy of residual limb | a. Yes  
b. No  
c. Don’t know | Core              | Not Applicable (N/A)          |
| **Is there neuroma in residual limb?**  | Problems with neuroma of residual limb | a. Yes  
b. No  
c. Don’t know | Core              | Not Applicable (N/A)          |
| **Is there phantom limb pain in residual limb?** | Problems with phantom limb pain in residual limb | a. Yes  
b. No  
c. Don’t know | Core              | Not Applicable (N/A)          |
| **Is the limb volume of the residual limb stable?** | Problems with stable limb volume in residual limb | a. Yes  
b. No  
c. Don’t know | Core              | Not Applicable (N/A)          |
| **Socket design**                      | Type of device that joins the residual limb (stump) to the prosthesis.      | a. Patellar Tendon Bearing (PTB)  
b. Hydrostatic (HSD)  
c. Total Surface Bearing (TSB)  
d. Ischial (Ramus) Containment (IC/IRC)  
e. End-Bearing Knee disarticulation  
f. Quadrilateral design  
g. Sub-Ischial design  
h. External socket support (i.e. thigh lacer and joints or similar)  
i. Non-conforming design (other)  
j. Osseointegration (this replaces socket, suspension and interface) | Core              | Not Applicable (N/A)          |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Interface (socket)| Description of the surface and materials on the surface of the residual limb (stump) that connects to the prosthesis. | a. Sock or similar  
b. Roll-on “gel” insert (urethane, silicone, thermoplastic elastomers, etc.)  
c. Expanded Polyethylene foam padding  
d. Distal end support (distinct from insert)  
e. Rigid structure  
f. Flexible Inner socket  
g. Non-conforming (other) | Core               | Not Applicable (N/A) |
| Suspension        | System used to hold the prosthesis to the residual limb and to provide additional comfort and protection for the residual limb. | a. Supramalleolar (Symes level)  
b. Removeable Wall (Symes, Knee disarticulation level)  
c. Waist belt with Fork Strap  
d. Knee joints and thigh lacer  
e. Cuff Strap  
f. Supracondylar  
g. Sleeve  
h. Gasket/liner seal-in  
i. Locking Mechanism (pin, lanyard, magnetic)  
j. Suction  
k. Elevated Vacuum  
l. Pelvic band and hip joint  
m. Silesian Bandage/Belt  
n. Non-conforming | Core               | Not Applicable (N/A) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feet</td>
<td>Type/group of foot used for the prosthesis.</td>
<td>a. SACH foot b. Single Axis c. Multi-Axial d. Multi-Axial with Flexible Keel e. Flexible Keel Foot (non-ESAR) f. ESAR (energy storage and release) g. ESAR plus (added components for shock absorption, torque absorption) h. Microprocessor control i. Powered Actuator j. Running/jumping/sport specific</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------------------</td>
</tr>
</tbody>
</table>
| Specialty device                 | Type of specialty device or component used for a person's prosthesis.      | a. Torque absorber  
b. Vertical shock absorber  
c. Dynamic Pylon  
d. Quick Disconnect Pylon  
e. Multi-Axial/Torque absorber  
f. Axial Rotation  
g. Adjustable Heel Height  
h. Assistive Motion Ankle (such as auto dorsiflexion)  
i. Sport Specific Foot/Component | Core              | Not Applicable (N/A)           |
| Partial foot                     | Type/group of partial foot used for the prosthesis.                       | a. Accommodative/Soft Toe filler  
b. Accommodative/Soft shoe height insert  
c. Shoe height insert with ESAR plantar component  
d. Accommodative, Encapsulating, Supramalleolar (this is the silicone foot restoration looking type, with or without cosmetic enhancements, i.e. Imler boot, Chicago Boot)  
e. Encapsulating Supramalleolar with ESAR plantar component  
f. Energy storing and return (ESAR) strut, calf height, with Foot section/insert | Core              | Not Applicable (N/A)           |
| Neuro-integration                | Type of therapy used to integrate prosthesis components.                  | a. Sensory feedback  
b. Neuro control                                        | Core              | Not Applicable (N/A)           |
| Number of full-length cotton socks owned | Number of full-length cotton socks owned for the prosthesis. | a. Fill in #  
b. None  
c. Don’t know                                      | Core              | Not Applicable (N/A)           |
| Number of full-length synthetic socks owned | Number of full-length synthetic socks owned for the prosthesis.  | a. Fill in #  
b. None  
c. Don’t know                                      | Core              | Not Applicable (N/A)           |
| Number of full-length silver socks owned | Number of full-length silver socks owned for the prosthesis.  | a. Fill in #  
b. None  
c. Don’t know                                      | Core              | Not Applicable (N/A)           |
| Number of full-length cotton socks typically worn | Number of full-length cotton socks typically worn with the prosthesis or on the residual limb? | a. Fill in #  
b. None  
c. Don’t know                                      | Core              | Not Applicable (N/A)           |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Number of full-length synthetic socks typically worn | Number of full-length synthetic socks typically worn on the prosthesis.    | a. Fill in #  
  b. None  
  c. Don’t know               | Core                                         | Not Applicable (N/A)                 |
| Number of full-length silver socks typically worn  | Number of full-length silver socks typically worn on the prosthesis.      | a. Fill in #  
  b. None  
  c. Don’t know               | Core                                         | Not Applicable (N/A)                 |
| Number of half-length socks typically owned       | Number of half-length silver socks typically owned for the prosthesis.    | a. Fill in #  
  b. None  
  c. Don’t know               | Core                                         | Not Applicable (N/A)                 |
| Number of half-length socks typically worn        | Number of half-length silver socks typically worn on the prosthesis.      | a. Fill in #  
  b. None  
  c. Don’t know               | Core                                         | Not Applicable (N/A)                 |
| Prosthetic type                                   | Description of prosthetic type.                                           | Fill in                                   | Core                                         | Not Applicable (N/A)                 |
| Number of changes to prosthetic                   | Number of changes made to the prosthesis.                                 | Fill in                                   | Core                                         | Not Applicable (N/A)                 |
| Time from surgery to current prosthetic system    | Time between surgery to current prosthetic system on the person. Researcher can determine the unit. | Fill in                                   | Core                                         | Not Applicable (N/A)                 |
| Prosthetic training                               | Description of any training the person had regarding their prosthesis, if any. | Fill in                                   | Core                                         | Not Applicable (N/A)                 |
| Temporary prosthetic provided post-surgery        | Was a prosthesis provided to a person for a limited time prior to a more permanent prosthesis was fitted. | a. Yes  
  b. No  
  c. Don’t know               | Core                                         | Not Applicable (N/A)                 |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Proximate cause of amputation  | Direct cause of amputation.                                                 | a. Critical limb ischemia  
b. Infection  
c. Chronic wound  
d. Other (Fill in) | Core              | Not Applicable (N/A)                                                       |
| Etiology                       | The cause, set of causes, or manner of causation of lower limb loss.        | a. Vascular  
b. Diabetes mellitus  
c. Traumatic  
d. Congenital  
e. Cancer  
f. Other (Fill in) | Core              | Cross-reference to the Patient Characteristics domain                      |
| Vascular History               | A patient’s history regarding their blood vessels and abnormalities related to blood vessels. | a. Diabetes mellitus  
b. Peripheral vascular disease  
c. Both  
d. Don’t know  
e. None | Supplemental       | American Academy of Orthopaedic Surgeons (AAOS) Atlas of Prosthetics       |
| Limb Artery-Ankle Brachial Index (ABI) | Test that compares the blood pressure in the upper and lower limbs. If this ratio is less than 0.9, it may mean that a person has peripheral artery disease (PAD) in the blood vessels in his or her legs. | Fill in | Supplemental | Not Applicable (N/A)                                                       |
| Carotid-femoral Pulse Wave Velocity (PWV) | Measure of arterial stiffness, or the rate at which pressure waves move down the vessel. | Fill in | Supplemental | Not Applicable (N/A)                                                       |
| K level                        | Rating system used by Medicare to indicate a person’s rehabilitation potential. | a. Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility  
b. Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator  
c. Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, | Core              | Not Applicable (N/A)                                                       |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Operative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable Definition Variable Options</td>
<td></td>
<td>Linear regression coefficient (beta) for associations with functional outcomes in the outcomes studies of chronic conditions. It has been tested as a predictor of general health status in a few different cohorts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core/Supplemental Data Source</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stairs or uneven surfaces. Typical of the limited community ambulator d. Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion e. Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Comorbidities Index</td>
<td>A tool to predict general health status and adjust for comorbidity confounding in outcomes studies of chronic conditions, but it has been tested as a predictor of general health status in a few different cohorts.</td>
<td>Refer to the Health Status Outcome Measures</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>End-stage renal disease</td>
<td>Disease of the kidneys.</td>
<td>a. Yes  b. No  c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Current dialysis status</td>
<td>The process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally.</td>
<td>a. Yes  b. No  c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Independent living status</td>
<td>The ability of a person to live by themselves.</td>
<td>View the “Living with Persons Count” and “Living with Persons Relationship Type” variables in the Sociodemographics Domain &amp; the “Built Environment/Assistance” variables in the Patient Characteristics Domain</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Type of diabetes</td>
<td>Type of diabetes, or the disease in which the body’s ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine.</td>
<td>a. Type 1  b. Type 2  c. Unknown  d. Other</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Using insulin to control diabetes?           | If a patient is using insulin, a hormone produced by the pancreas.        | a. Yes  
  b. No  
  c. Don’t know                                                                 | Core               | Not Applicable (N/A)                                                                                                                    |
| Foot ulcer                                   | An open sore on the foot.                                                 | a. Grade 0 - ABI >= 0.80, ankle systolic pressure >100 mmHg, toe pressure >=60 mmHg  
  b. Grade 1 - ABI 0.60-0.79, ankle systolic pressure 70-100 mmHg, toe pressure 40-59 mmHg  
  c. Grade 2 - ABI 0.40-0.59, ankle systolic pressure 50-70 mmHg, toe pressure 30-39 mmHg  
  d. Grade 3 - ABI <= 0.39, ankle systolic pressure <50 mmHg, toe pressure <30 mmHg | Core               | WIFI Classification System (Wound, Ischemia, and foot Infection) Classification System |
| Nutrition                                    | Food necessary for a person’s health and growth.                        | Fill in                                                                         | Supplemental       | Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)                                                                   |
| Psychological consultation                  | A meeting with a professional about a person's mental health state.       | a. Yes (Fill in)  
  b. No  
  c. Don’t know                                                                 | Supplemental       | Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Pre-operative evaluation and preparation) |
| Antibiotics                                  | Medication used to treat bacterial infections.                           | a. Yes (Fill in)  
  b. No  
  c. Don’t know                                                                 | Core               | Not Applicable (N/A)                                                                                                                    |
| Name of antibiotic                           | Name of antibiotic, medication used to treat bacterial infections.        | Fill in                                                                         | Supplemental       | Not Applicable (N/A)                                                                                                                    |
| Type of antibiotic                           | How a person receives an antibiotic, a medication used to treat bacterial infections. | a. Oral  
  b. Intravenous  
  c. Combination                                                                 | Core               | Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)                                                                   |
| Serum albumin determination                  | A type of protein found in a person's blood serum.                       | a. Yes (Fill in)  
  b. No  
  c. Don’t know                                                                 | Supplemental       | American Academy of Orthopaedic Surgeons (AAOS) Atlas of Prosthetics                                                                    |
| CBC (Complete blood count)                  | A blood panel, or a test that gives information about cells in a person's blood. | a. Yes (Fill in)  
  b. No  
  c. Don’t know                                                                 | Supplemental       | Not Applicable (N/A)                                                                                                                    |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chem-20</td>
<td>A blood test that tests for 20 types of cells in a person's blood. Albumin, Alkaline Phosphatase, Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST), Bilirubin (total and direct), Blood Glucose, Blood Urea Nitrogen, Calcium (Ca) in Blood, Carbon Dioxide (Bicarbonate), Chloride (Cl), Cholesterol and Triglycerides Tests, Creatinine and Creatinine Clearance, Gamma-Glutamyl Transferase (GGT), Lactate Dehydrogenase, Phosphate in Blood, Potassium (K) in Blood, Sodium (Na) in Blood, Total Serum Protein, Uric Acid in Blood</td>
<td>a. Yes (Fill in) b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>A1C test</td>
<td>A test that measures a person’s blood glucose levels.</td>
<td>Fill in</td>
<td>Supplemental</td>
<td>Not Applicable (NA)</td>
</tr>
<tr>
<td>Medications at time of surgery</td>
<td>Medication a patient was taking at the time of amputation surgery.</td>
<td>Fill in</td>
<td>Core</td>
<td>Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)</td>
</tr>
<tr>
<td>Thromboprophylaxis</td>
<td>A mechanical or pharmacological method to promote venous outflow from the legs and reduce the incidence of venous thrombosis.</td>
<td>a. Yes (Fill in) b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Pre-operative evaluation and preparation)</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>The treatment by physical methods such as strength training, gait training, therapeutic exercise.</td>
<td>a. Yes           b. No c. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Physical therapy setting</td>
<td>The setting of treatment by physical methods such as massage, heat treatment, and exercise.</td>
<td>a. Home          b. Out-patient c. inpatient/facility based</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.</td>
<td>a. Yes           b. No c. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Occupational therapy setting</td>
<td>The setting of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.</td>
<td>a. Home          b. Out-patient c. Inpatient/facility based</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>------------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| **Therapy rehabilitation session duration** | Time of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life. | a. 15 minutes  
b. 30 minutes  
c. 45 minutes  
d. 60 minutes  
e. Other, specify | Supplemental | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| **Therapy rehabilitation frequency (days/week)** | Frequency of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life. Frequency can be determined by researcher. | a. 0  
b. 1  
c. 2  
d. 3  
e. 4  
f. 5  
g. 6  
h. 7 | Supplemental | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| **Infection etiology: Grade of current infection** | Grade of current infection | a. Grade 1  
b. Grade 2  
c. Grade 3  
d. Grade 4  
e. Grade 5  
f. N/A | Core | NCI Common Terminology Criteria for Adverse Events (CTCAE), version 5.0 |
| **Additional trauma etiology: Abbreviated Injury Scale (AIS) (Grade value)** | An anatomical-based coding system to classify and describe the severity of injuries that represents the threat to life associated with the injury rather than the comprehensive assessment of the severity of the injury. | a. AIS 1 – Minor  
b. AIS 2 – Moderate  
c. AIS 3 – Serious  
d. AIS 4 – Severe  
e. AIS 5 – Critical  
f. AIS 6 – Maximal (currently untreatable) | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| **Additional trauma etiology: Abbreviated Injury Scale (AIS) (Body region category)** | An anatomical-based coding system to classify and describe the severity of injuries that represents the threat to life associated with the injury rather than the comprehensive assessment of the severity of the injury. | a. Head and neck  
b. Face  
c. Thorax/chest  
d. Abdomen and pelvic contents  
e. Extremities and pelvic girdle  
f. Brain Injury  
g. Cervical spine  
h. Thoracic spine  
i. Lumbar spine  
j. Upper extremities  
k. Lower extremities  
l. Pelvic Girdle  
m. Externa (skin) | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| **Additional trauma etiology: Abbreviated** | An anatomical-based coding system to classify and describe the severity of injuries that represents the threat to life associated with the injury rather than the comprehensive assessment of the severity of the injury. | a. Minor: no treatment needed  
b. Moderate: requires only outpatient treatment | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
### Variable: Injury Scale (AIS) (Body region score)
- Definition: with the injury rather than the comprehensive assessment of the severity of the injury.
- Variable Options:
  - c. Serious: requires non-ICU hospital admission
  - d. Severe: requires ICU observation and/or basic treatment
  - e. Critical: requires intubation, mechanical ventilation or vasopressors for blood pressure support
  - f. Maximal: not survivable
  - g. Unknown
- Core/Supplemental: Core
- Data Source: Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)

### Congenital etiology: Type of condition
- Definition: Medical ailment associated with congenital etiology, or inherited condition.
- Variable Options: Fill in
- Core/Supplemental: Core
- Data Source: Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)

### Congenital etiology: Name of potential medication
- Definition: Substance used for treatment of the congenital, or inherited, condition.
- Variable Options: Fill in
- Core/Supplemental: Supplemental
- Data Source: Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)

### Congenital etiology: Anatomical classification - General
- Definition: Type of limb loss based on how much of the original limb is lost.
- Variable Options:
  - a. Complete absence of limb
  - b. Partial absence of limb
  - c. Don't know
- Core/Supplemental: Core
- Data Source: Not Applicable (N/A)

### Congenital etiology: Anatomical classification - General
- Definition: Type of limb loss based on location of the limb loss.
- Variable Options:
  - a. Transverse deficiency
  - b. Longitudinal deficiency
  - c. Multiple limb deficiencies
  - d. Other
  - e. Don't know
- Core/Supplemental: Core
- Data Source: Not Applicable (N/A)

### Congenital etiology: Anatomical classification - Partial absence
- Definition: More specific type of partial limb loss.
  - Intercalary defect: Absence or hypoplasia of a middle section of a long bone such as the femur or radius, with normal distal structures such as the hand, foot, or digits.
  - Definition: Terminal transverse defect: Absence of all distal structures beyond a specific point perpendicular to the limb, such as absence of the lower half of the forearm and hand.
  - Definition: Longitudinal defect: Absence or hypoplasia of a bone parallel to the long axis of the limb and included preaxial, central, postaxial, and mixed pre- and postaxial longitudinal defects.
- Variable Options:
  - a. Intercalary defect
  - b. Terminal transverse defect
  - c. Longitudinal defect
  - d. Don't know
- Core/Supplemental: Supplemental
- Data Source: Not Applicable (N/A)
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| **Congenital etiology: Anatomical classification - Longitudinal defect** | More specific type of partial limb loss, relating to longitudinal loss. | a. Preaxial  
b. Central  
c. Postaxial  
d. Pre- and postaxial  
e. Don't know | Supplemental | Not Applicable (N/A) |
| **Congenital etiology: Anatomical classification - Longitudinal deficiency** | More specific type of partial limb loss, relating to longitudinal loss. | a. Radial deficiency  
b. Ulnar deficiency  
c. Humeral deficiency  
d. Tibial deficiency  
e. Fibular deficiency  
f. Femoral deficiency  
g. Split-hand/split foot malformations  
h. Other  
i. Don't know | Supplemental | Not Applicable (N/A) |
| **Congenital etiology: Etiological and Pathological classification** | Classification of limb loss based on the cause, set of causes, or manner of causation of a disease or condition. | a. Chromosomal abnormalities  
b. Dominant or recessive genes  
c. Familial inheritance in the absence of a Mendelian syndrome  
d. Known syndromes, sequences, associations, and related anomalies  
e. Teratogenic exposures  
f. Presumed vascular disruption defects  
g. Unknown causes | Supplemental | Not Applicable (N/A) |
| **Cancer etiology: Cancer diagnosis type** | Body region in which there was a diagnosis of cancer. | a. Bone  
b. Brain  
c. Breast  
d. Colorectal  
e. Endometrial  
f. Esophagus  
g. Prostate  
h. Renal  
i. Skin  
j. Lung  
k. Soft Tissues  
l. Other specify | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs with additions for most common causes of amputation cited in Evidence-based clinical resource system (UpToDate.com) Lower extremity amputation |
| **Cancer etiology: Cancer stage** | Stage 0 Abnormal cells are present but have not spread to nearby tissue. Also called carcinoma in situ, or CIS. CIS is not cancer, but it may become cancer. Stage I, Stage II, and Stage III Cancer is present. The higher the number, the larger | a. Stage 0  
b. Stage I  
c. Stage II  
d. Stage III  
e. Stage IV  
f. Unknown | Core | National Cancer Institute (NCI) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Cancer etiology: Radiation Therapy | Treatment of disease using X-rays or similar forms of radiation. | a. Yes  
b. No  
c. Don’t know | Core | Not Applicable (N/A) |
| Cancer etiology: Chemotherapy | Treatment of disease by the use of chemical substances, especially the treatment of cancer by cytotoxic and other drugs. | a. Yes  
b. No  
c. Don’t know | Core | Not Applicable (N/A) |
| Cancer etiology: Immunotherapy | Treatment of disease with substances that stimulate the immune response. | a. Yes  
b. No  
c. Don’t know | Core | Not Applicable (N/A) |
| Cancer etiology: Targeted therapy | Treatment of disease that targets a cancer’s specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. | a. Yes  
b. No  
c. Don’t know | Core | Not Applicable (N/A) |
| Diabetes etiology: Type of diabetic foot infections | If diabetic etiology, type of diabetic foot infections. | a. Superficial diabetic foot infections  
b. Ulcers  
c. Wounds with extensive local inflammation, necrosis, etc. | Supplemental | Evidence-based clinical resource system (UpToDate.com) (Clinical Manifestations, Diagnosis, and Management of Diabetic Infections of the Lower Extremities) |
| Type of surgeon | Type of surgeon that performed amputation surgery. | a. Orthopedist  
b. Vascular surgeon  
c. General surgeon  
d. Podiatrist  
e. Other | Core | Not Applicable (N/A) |
| Pre-operative vascular status | Vascular status of person before surgery. | a. Angiography  
b. Pulse  
c. Toe pressure  
d. Oxygen measure | Supplemental | Not Applicable (N/A) |
### Post-Operative – Acute Care

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Post-surgical discharge environment | Location a person goes after surgery. | a. Assisted living residence  
b. Correctional institution  
c. Deceased  
d. Group living situation  
e. Homeless  
f. Hospital  
g. Hotel or motel  
h. Nursing home  
i. Other unclassified  
j. Private residence  
k. Rehabilitation hospital  
l. Unknown | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Post-surgical discharge facility - Hospitals and Inpatient | Location a person goes after surgery – if at a hospital or inpatient facility. | a. Acute Care facility  
b. Critical Access Hospital (CAH)  
c. Inpatient Rehabilitation Facility (IRF)  
d. Long-term care facility  
e. Skilled Nursing Facility (SNF)  
f. Other  
g. Don’t know | Core | Centers for Medicare & Medicaid Services (CMS) Website |
| Post-surgical discharge facility - Outpatient | Location a person goes after surgery – if at an outpatient facility. | a. Ambulatory Surgical Center (ASC)  
b. Comprehensive Outpatient Rehabilitation Facility (CORF)  
c. Federally Qualified Health Center (FQHC)  
d. Rural Health Clinic (RHC)  
e. Home Health Agency (HHA)  
f. Hospice  
g. Other  
h. Don’t know | Core | Not Applicable (N/A) |
| Training | Type of training a person received after surgery. | a. Residual limb management (donning and doffing of prosthesis, gel liners or socks as appropriate)  
b. Range of motion (ROM)  
c. Strengthening  
d. Cardiovascular fitness and endurance  
e. Balance  
f. Mobility  
g. Functional activities and ADL | Core | Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td></td>
<td>h. Equipment&lt;br&gt;i. Driver’s training&lt;br&gt;j. Home evaluation&lt;br&gt;k. Home exercise program&lt;br&gt;l. Community integration&lt;br&gt;m. Wheelchair training&lt;br&gt;n. None&lt;br&gt;o. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver’s training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home exercise program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community integration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiology pain services</td>
<td>If a person received anesthesiology services (controlled, temporary loss of sensation or awareness that is induced for medical purposes) for pain.</td>
<td>a. Yes (Fill in)&lt;br&gt;b. No&lt;br&gt;c. Don’t know</td>
<td>Core</td>
<td>Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Post-operative care)</td>
</tr>
<tr>
<td>Behavioral Health Approaches</td>
<td>Mental health services and activities a person participated in.</td>
<td>a. Face to face/individual/group&lt;br&gt;b. Virtual Reality&lt;br&gt;c. Telehealth&lt;br&gt;d. None&lt;br&gt;e. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Rehab start date</td>
<td>Start date of rehabilitation, if known.</td>
<td>a. Date (Fill in)&lt;br&gt;b. Unknown</td>
<td>Supplemental</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Rehab end date</td>
<td>End date of rehabilitation, if known.</td>
<td>a. Date (Fill in)&lt;br&gt;b. Unknown</td>
<td>Supplemental</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
<tr>
<td>Rehospitalization within 30 days of initial surgery</td>
<td>If a person was admitted to the hospital again, within 30 days after surgery.</td>
<td>a. Yes&lt;br&gt;b. No&lt;br&gt;c. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Reason for rehospitalization</td>
<td>Reason a person was re-admitted to the hospital.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Reason for rehospitalization (related to amputation)</td>
<td>If a person’s re-admission to the hospital was related to their amputation.</td>
<td>a. Yes&lt;br&gt;b. No&lt;br&gt;c. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Duration of rehospitalization</td>
<td>Length of time a person was in the hospital during their re-admittance to the hospital.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Mental and emotional discharge disposition</td>
<td>A person’s mental and emotional status at hospital discharge.</td>
<td>Fill in</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Unplanned readmission within 30 days of discharge from initial admission</td>
<td>If a person was re-admitted to the hospital within 30 days of their initial discharge.</td>
<td>a. Yes&lt;br&gt;b. No&lt;br&gt;c. Don’t know</td>
<td>Supplemental</td>
<td>Centers for Medicare &amp; Medicaid Services (CMS) Website (Hospital)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Emergency Department/Urgent care visit within 30 days of discharge from initial admission | If a person was taken to the emergency department or urgent care within 30 days of their initial discharge. | a. Yes  
b. No  
c. Don’t know | Supplemental     | Centers for Medicare & Medicaid Services (CMS) Website (Hospital Readmissions Reduction Program) |
| Unplanned Visit to Physician's Office | If a person had an unplanned visit to a physician.                                                   | a. Yes  
b. No  
c. Don’t know | Supplemental     | Not Applicable (N/A)                                                        |
| Physical therapy                 | If a person completed physical therapy after their amputation surgery.                               | a. Yes  
b. No  
c. Don’t know | Core             | Not Applicable (N/A)                                                        |
| Physical therapy intervention type | Specific type of physical therapy received related to a person’s amputation.                        | a. Assessment/evaluation  
b. Deep thermal  
c. Balance  
d. Education/training  
e. Postural control  
f. Coordination  
g. Motor control  
h. Facilitation/Handling  
i. Repetitive task practice  
j. Oral-Motor Facilitation  
k. Manual therapy  
l. Joint mobilization/manipulation  
m. Massage  
n. Strengthening functional  
o. Strengthening (PRE)  
p. Stretching  
q. Breathing  
r. Aerobic conditioning  
s. Postural drainage  
t. Electrical stimulation NMES  
u. Electrical stimulation Tens  
v. Hot/cold  
w. Biofeedback  
x. Telehealth  
y. Pressure relief  
z. Position changes  
aa. Skin check  
bb. Energy conservation | Supplemental                                                                                         |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical therapy start date</strong></td>
<td>Start date of physical therapy related to a person’s amputation surgery.</td>
<td>a. Date (Fill in)</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Physical therapy end date</strong></td>
<td>End date of physical therapy related to a person’s amputation surgery</td>
<td>a. Date (Fill in)</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Patient education</strong></td>
<td>If a person received education relating to their amputation surgery.</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Core</td>
<td>Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)</td>
</tr>
<tr>
<td><strong>Equipment recommendation type</strong></td>
<td>If a person received recommendations about type of equipment they should use relating to their amputation surgery.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Equipment ordering type</strong></td>
<td>Type of equipment a person was ordered relating to their amputation surgery.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Equipment used after surgery</strong></td>
<td>Type of equipment a person used after amputation surgery.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Equipment type</strong></td>
<td>Type of equipment a person used after amputation surgery.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Occupational therapy</strong></td>
<td>If a person completed occupational therapy after their amputation surgery.</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Occupational therapy start date</strong></td>
<td>Start date of occupational therapy related to a person’s amputation surgery.</td>
<td>a. Date (Fill in)</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Occupational therapy end date</strong></td>
<td>End date of occupational therapy related to a person’s amputation surgery.</td>
<td>a. Date (Fill in)</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Occupational therapy intervention type</strong></td>
<td>Specific type of occupational therapy received related to a person’s amputation.</td>
<td>a. Pre-Functional/Preparatory (Suggest including e.g. therapeutic exercise, manual therapy, residual limb care, etc.). b. Activities of Daily Living c. Transfers d. Functional Mobility e. Vestibular Training f. Care of Personal Devices g. Instrumental Activities of Daily Living h. Community and Social Participation</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Duration of time since surgery initial device was received</strong></td>
<td>Amount of time since surgery until initial device was received.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>-------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Prosthetics device type</td>
<td>Type of initial device received.</td>
<td>a. Transtibial</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td>b. Transfemoral</td>
<td>b. Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Unknown</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Don’t know</td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the person receive an orthotic device?</td>
<td>Did the person receive an orthotics device?</td>
<td>a. Yes</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Don’t know</td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of orthotic device was received?</td>
<td>If an orthotic device was received, what type.</td>
<td>Fill in</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Cancer etiology: Radiation Therapy</td>
<td>If amputation caused by cancer, did the person receive radiation?</td>
<td>a. Yes</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Don’t know</td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer etiology: Chemotherapy</td>
<td>If amputation caused by cancer, did the person receive chemotherapy?</td>
<td>a. Yes</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Don’t know</td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer etiology: Immunotherapy</td>
<td>If amputation caused by cancer, did the person receive immunotherapy?</td>
<td>a. Yes</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Don’t know</td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer etiology: Targeted therapy</td>
<td>If amputation caused by cancer, did the person receive targeted therapy?</td>
<td>a. Yes</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td>b. No</td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Don’t know</td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Etiology</td>
<td>The cause, set of causes, or manner of causation of lower limb loss.</td>
<td>a. Vascular&lt;br&gt;b. Diabetes mellitus&lt;br&gt;c. Traumatic&lt;br&gt;d. Congenital&lt;br&gt;e. Cancer&lt;br&gt;f. Other (Fill in)</td>
<td>Core</td>
<td>Not Applicable (N/A)&lt;br&gt;Cross reference to the Patient Characteristics domain</td>
</tr>
<tr>
<td>Peripheral sensory symptoms</td>
<td>Loss of sensation in the extremities from peripheral neuropathy.</td>
<td>a. Yes, currently and before amputation.&lt;br&gt;b. Yes, currently and not before amputation&lt;br&gt;c. No loss of peripheral sensation&lt;br&gt;d. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>Decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses.</td>
<td>a. Yes&lt;br&gt;b. No&lt;br&gt;c. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>Partial or total inability to hear that may occur in one or both ears.</td>
<td>a. Yes&lt;br&gt;b. No&lt;br&gt;c. Don’t know</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Visual function</td>
<td>Degree to which a person can see. Please see question for specifics.</td>
<td>With both eyes open can you see light?&lt;br&gt;a. Yes&lt;br&gt;b. No&lt;br&gt;c. Refused&lt;br&gt;d. Don’t know</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Visual function</td>
<td>Degree to which a person can see. Please see question for specifics.</td>
<td>Are you blind in both eyes?&lt;br&gt;a. Yes&lt;br&gt;b. No&lt;br&gt;c. Refused&lt;br&gt;d. Don’t know</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Visual function</td>
<td>Degree to which a person can see. Please see question for specifics.</td>
<td>Have you ever had a cataract operation?&lt;br&gt;a. Yes&lt;br&gt;b. No&lt;br&gt;c. Refused&lt;br&gt;d. Don’t know</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Visual function</td>
<td>Degree to which a person can see. Please see question for specifics.</td>
<td>Was the (cataract) operation in right eye, left eye, or both eyes?&lt;br&gt;a. Right eye&lt;br&gt;b. Left eye&lt;br&gt;c. Both</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Visual condition (General)</strong></td>
<td>Assessment of a person's eyesight. Please see question for specifics.</td>
<td>Your eyesight, with glasses or contact lenses if you wear them is... a. Excellent b. Good c. Fair d. Poor e. Very poor? f. Refused g. Don't know</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
</tbody>
</table>
| **Visual difficulties**  | Difficulties a person encounters with regards to their vision.            | If you usually wear glasses or contact lenses to do these activities, please rate your ability to do them while wearing your glasses or contacts. How much difficulty do you have . . .  
- Reading ordinary print in newspapers? 
- Doing work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools? 
- Going down steps, stairs, or curbs in dim light or at night? 
- Noticing objects off to the side while (you are/s/he is) walking? 
- Finding something on a crowded shelf? 
- Driving during the daytime in familiar places?  
  a. No difficulty  
  b. A little difficulty  
  c. Moderate difficulty  
  d. Extreme difficulty  
  e. Unable to do because of eyesight  
  f. Does not do this for other reasons  
  g. Refused  
  h. Don't know | Supplemental                                                                 | National Health and Nutrition Examination Survey (NHANES)                                                                                                                                                    |
<p>| <strong>Visual limitations</strong>   | Description of a person's vision.                                         | How limited are you in how long you can work or do other daily activities such as housework, childcare, school, or community activities because of your vision                                                                 | Supplemental      | National Health and Nutrition Examination Survey (NHANES)                                     |</p>
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vision? Would you say you limited . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. None of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. A little of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Some of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. All of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiometry</td>
<td>Description of a person’s hearing skills.</td>
<td>Which statement best describes your hearing (without a hearing aid or other</td>
<td>Core</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>listening devices)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Excellent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. A little trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Moderate hearing trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. A lot of trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Deaf</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>h. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiometry</td>
<td>Description of a person’s hearing skills.</td>
<td>Have you ever worn a hearing aid or cochlear implant?</td>
<td>Core</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiometry</td>
<td>Description of a person’s hearing skills.</td>
<td>Hearing aid or Cochlear implant?</td>
<td>Supplemental</td>
<td>National Health and Nutrition Examination Survey (NHANES)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Hearing aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Cochlear implant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Both hearing aid and cochlear implant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you interested in an artificial limb?</td>
<td>Are you interested in receiving an artificial limb?</td>
<td>a. Yes</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been evaluated or assessed for an artificial limb?</td>
<td>Has a professional evaluated you for an artificial limb?</td>
<td>a. Yes</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you prescribed an artificial limb?</td>
<td>Did a physician write a prescription for you to receive an artificial limb?</td>
<td>a. Yes</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Did you receive the artificial limb?</td>
<td>Did you receive an artificial limb that was prescribed?</td>
<td>a. Yes</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you using the limb?</td>
<td>Are you using the artificial limb that was prescribed?</td>
<td>a. Yes</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of amputation</td>
<td>*Note – cross reference to the Amputation domain</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Prosthetic use per day</td>
<td>What is your daily use of your prosthetic device?</td>
<td>a. Have a prosthesis but don’t use</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Don’t have a prosthesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Less than 4 hours per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. 4 to 8 hours per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. More than 8 hours per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>g. N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin irritation, skin breakdown, or rashes</td>
<td>Does your amputation site include skin irritation, skin breakdown, or rashes?</td>
<td>a. Yes</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residual limb pain</td>
<td>Do you have leftover limb pain?</td>
<td>a. Yes</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phantom limb pain</td>
<td>Do you have ongoing painful sensations that seem to be coming from the part of your limb that is no longer there?</td>
<td>a. Yes</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current ambulation status</td>
<td>In what types of environments do you walk?</td>
<td>a. Household</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Limited community</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Full community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of assistive mobility devices</td>
<td>What types of devices do you use to help you get around?</td>
<td>a. None</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Cane</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Crutches</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>d. Walker/Rollator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current ADL functional status</td>
<td>Current status of ease of activities of daily living</td>
<td>To what extent do places where you socialize and engage in community activities make it easy or hard for you to do this?</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>-----------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Current ADL functional status – difficulty with personal hygiene/grooming</strong></td>
<td>Current status of activities of daily living – do you have difficulty with personal hygiene or grooming?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current ADL functional status – difficulty with dressing</strong></td>
<td>Current status of activities of daily living – do you have difficulty with dressing?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current ADL functional status – difficulty with toileting</strong></td>
<td>Current status of activities of daily living – do you have difficulty using the bathroom?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current ADL functional status – difficulty with transferring or ambulating</strong></td>
<td>Current status of activities of daily living – do you have difficulty moving between surfaces or walking?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current ADL functional status – difficulty with eating</strong></td>
<td>Current status of activities of daily living – do you have difficulty eating?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current IADL functional status – difficulty with companionship and mental support</strong></td>
<td>Current status of instrumental activities of daily living – do you have difficulty with companionship or mental support?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current IADL functional status – difficulty with transportation and shopping</strong></td>
<td>Current status of instrumental activities of daily living – do you have difficulty with transportation or shopping?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current IADL functional status – difficulty with preparing meals</strong></td>
<td>Current status of instrumental activities of daily living – do you have difficulty preparing food to eat?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current IADL functional status – difficulty with managing a household</strong></td>
<td>Current status of instrumental activities of daily living – do you have difficulty managing a household?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current IADL functional status – difficulty with managing medications</strong></td>
<td>Current status of instrumental activities of daily living – do you have difficulty managing your medications?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td><strong>Current IADL functional status – difficulty with communicating with others</strong></td>
<td>Current status of instrumental activities of daily living – do you have difficulty getting your message across to others?</td>
<td>a. Yes b. No c. Don’t know</td>
<td>Supplemental</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Variable</td>
<td>Definition</td>
<td>Variable Options</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>------------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| **Current IADL functional status – difficulty with managing finances** | Current status of instrumental activities of daily living – do you have difficulty managing money? | a. Yes  
b. No  
c. Don’t know | Supplemental | Not Applicable (N/A) |
| **Current therapies** | What, if any, therapies have you participated in relating to your amputation? | a. Physical therapy  
b. Occupational therapy  
c. None  
d. Other | Supplemental | Not Applicable (N/A) |
| **Medical Conditions** | Cross reference to the [Sociodemographics domain](#) | Fill in | Core | Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT) |
| **Surgery or procedures** | Cross reference to the [Amputation and Surgical Technique domain](#) | | | |

**Social**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living with persons count</strong></td>
<td>Count of other people with whom a person currently lives, cohabits, or stays.</td>
<td>Fill in</td>
<td>Core</td>
<td>National Institute of Neurological Disorders and Stroke (NINDS) CDEs</td>
</tr>
</tbody>
</table>
| **Living with person relationship type** | Type(s) of relationship(s) between a person and all people with whom they currently live, cohabit, or stay. | a. Husband or wife  
b. Biological son or daughter  
c. Adopted son or daughter  
d. Stepson or stepdaughter  
e. Brother or sister  
f. Father or mother  
g. Stepfather or stepmother  
h. Grandchild  
i. Grandparent  
j. Parent-in-law  
k. Son-in-law or daughter-in-law  
l. Other relative  
m. Roomer or boarder  
n. Housemate or roommate  
o. Unmarried partner  
p. Foster child  
q. Other nonrelative  
r. Military unit member  
s. N/A - Homeless  
t. N/A - Alone  
u. Personal care attendant  
v. Other patient/resident in care facility | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Total number of people in family              | Number of people within a person’s family.  
Note: The ACS measures people 16 years and older in the United States                                                                                                                                   | Fill in                                                                         | Core              | American Community Survey (ACS)                                            |
| Number of children 5 years or younger in the household | Number of children 5 years or younger residing within a person’s house or place of residence.                                                                                                           | Fill in                                                                         | Supplemental      | American Community Survey (ACS)                                            |
| Built environment/assistance – Do you have someone to assist you with your day to day activities? | Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure) and a person’s ability to thrive in their built environment. | a. Yes  
b. No                                                              | Supplemental      | World Health Organization (WHO) Model Disability Survey  
For other questions about Build Environment, please refer to the questions in the Patient Characteristics domain |
| Alcohol use – how often did you have a drink containing alcohol in the past year? | Quantification of a person’s consumption of alcoholic beverages.                                                                                                                                          | a. 1 or 2  
b. 3 or 4  
c. 5 or 6  
d. 7-9  
e. 10 or more                                                   | Supplemental      | World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption) |
| Alcohol use – how many drinks did you have on a typical day when you were drinking in the past year? | Quantification of a person’s consumption of alcoholic beverages.                                                                                                                                               | a. Never  
b. Less than monthly  
c. Monthly  
d. Weekly  
e. Daily or almost daily | Supplemental      | WHO AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption) |
| Alcohol use – how often did you have 6 or more drinks on one occasion in the past year? | Quantification of a person’s consumption of alcoholic beverages.                                                                                                                                               | a. Filtered cigarettes (Answer Q6)  
b. Non-filtered cigarettes (Answer Q6)  
c. Low tar cigarettes (Answer Q6)  
d. Cigars  
e. Pipes  
f. Chewing tobacco  
g. Other, specify                                                                  | Supplemental      | WHO AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption) |
| Tobacco produce used type                    | Type of tobacco product used.                                                                                                                                                                                | a. Less than one cigarette per day  
b. 1 cigarette per day  
c. 2 to 5 cigarettes per day  
d. 6 to 15 cigarettes per day (about 1/2 pack) | Supplemental      | National Institute of Neurological Disorders and Stroke (NINDS) CDEs      |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| Tobacco cigarettes smoked daily average number | Average number of tobacco cigarettes smoked daily. | e. 16 to 25 cigarettes per day (about 1 pack)  
f. 26 to 35 cigarettes per day (about 1 1/2 packs)  
g. More than 35 cigarettes per day (about 2 packs or more)  
h. Unknown | Supplemental | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Tobacco history | Use of tobacco. | a. Never smoked  
b. Former smoker  
c. Current smoker  
d. Unknown | Core | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Tobacco history – if former smoker, which year did you quit smoking? | Use of tobacco. | Fill in | Supplemental | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Tobacco history – if former or current smoker, for how many years did you smoke? | Use of tobacco. | Fill in | Supplemental | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| Tobacco history – For former or current cigarette smokers only, the number of pack years of smoking [avg # of cigarettes smoked daily/20] x [number of years smoked] | Use of tobacco. | a. Yes  
b. No  
c. Don’t know/Not Sure  
d. Refused | Supplemental | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |
| E-cigarette use - Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life | Use of e-cigarettes or other "vaping" devices. | a. Every day  
b. Some days  
c. Not at all  
d. Don’t know/Not sure  
e. Refused | Supplemental | Behavioral Risk Factor Surveillance System (BRFSS) |
| Current e-cigarette use - Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? | Use of e-cigarettes or other "vaping" devices. | a. Yes  
b. No  
c. Unknown | Supplemental | Behavioral Risk Factor Surveillance System (BRFSS) |
<p>| Subscribed drug or substance illicitly used category | Category of drugs or illicit substance use. | a. Sedatives (e.g., sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate) | Supplemental | National Institute of Neurological Disorders and Stroke (NINDS) CDEs |</p>
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tranquilizers or anti-anxiety drugs (e.g., Valium, Librium, muscle relaxants, or Zanax)</td>
<td>b. Tranquilizers or anti-anxiety drugs (e.g., Valium, Librium, muscle relaxants, or Zanax)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol)</td>
<td>c. Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed)</td>
<td>d. Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Marijuana, hash, THC, or grass</td>
<td>e. Marijuana, hash, THC, or grass</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Cocaine or crack</td>
<td>f. Cocaine or crack</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens (e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote)</td>
<td>g. Hallucinogens (e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Inhalants or Solvents (e.g., amyl nitrate, nitrous oxide, glue, toluene, or gasoline)</td>
<td>h. Inhalants or Solvents (e.g., amyl nitrate, nitrous oxide, glue, toluene, or gasoline)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>i. Heroin</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>Other, specify (e.g., Methadone, Elavil, steroids, Thorazine, or Haldol)</td>
<td>g. Other, specify (e.g., Methadone, Elavil, steroids, Thorazine, or Haldol)</td>
<td>Core/Supplemental</td>
<td>Data Source</td>
<td></td>
</tr>
</tbody>
</table>

| Physical Exam – Height | How tall a person is. | Fill in (need units) | Supplemental | Not Applicable (N/A) |
| Physical Exam – Weight | How much a person weighs. | Fill in (need units) | Supplemental | Not Applicable (N/A) |
| Physical Exam – BMI | A person’s body mass index. | Fill in | Core | Not Applicable (N/A) |
| PROMIS – General Life Satisfaction | A survey to understand a person’s happiness with life. | Fill in survey | Core | Patient-Reported Outcomes Measurement Information System (PROMIS) |

**Non-Amputated lower limb**

<p>| Non-Amputated lower limb – specify side | Side of body on which the lower limb is not amputated. | a. Right | a. Right | Supplemental | Not Applicable (N/A) |
| Non-Amputated lower limb – foot deformities | Foot deformities, if any, on the non-amputated lower limb. | a. Yes | a. Yes | Core | Not Applicable (N/A) |
| Non-Amputated lower limb – skin issues | Skin issues, if any, on the non-amputated lower limb. | a. Yes | a. Yes | Core | Not Applicable (N/A) |
| Non-Amputated lower limb - edema | Swelling, if any, on the non-amputated lower limb. | a. Yes | a. Yes | Core | Not Applicable (N/A) |</p>
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| **Amputated Residual Limb** | Level of amputation on the right side of the body. | a. Foot, including toes or partial foot  
b. At the ankle (ankle disarticulation)  
c. Below the knee (transtibial)  
d. Through the knee (knee disarticulation)  
e. Above the knee (transfemoral)  
f. At the hip (hip disarticulation) | Core | Not Applicable (N/A) |
| **Amputated Residual Limb** | Level of amputation on the left side of the body. | a. Foot, including toes or partial foot  
b. At the ankle (ankle disarticulation)  
c. Below the knee (transtibial)  
d. Through the knee (knee disarticulation)  
e. Above the knee (transfemoral)  
f. At the hip (hip disarticulation) | Core | Not Applicable (N/A) |
| **Amputated Residual Limb – range of motion** | Range of motion of the amputated residual limb. | a. Full ROM without joint contracture or pain  
b. Knee flexion contracture  
   i. Degrees (Fill in)  
c. Hip flexion contracture  
   i. Degrees (Fill in) | Core | Not Applicable (N/A) |
| **Amputated Residual Limb – foot deformities** | Foot deformities, if any, on the amputated residual limb. | a. Yes  
b. No  
c. N/A  
d. If yes, fill in | Core | Not Applicable (N/A) |
| **Amputated Residual Limb – skin issues** | Skin issues, if any, on the amputated residual limb. | a. Yes  
b. No  
c. N/A  
d. If yes, fill in | Core | Not Applicable (N/A) |
| **Amputated Residual Limb – edema** | Swelling, if any, on the amputated residual limb. | a. Yes  
b. No  
c. N/A  
d. If yes, fill in | Core | Not Applicable (N/A) |
| **Amputated Residual Limb – surgical incision health** | Health at the site of surgery on the amputated residual limb. | a. Keloid  
b. Other skin malformation  
c. Skin irritation | Core | Not Applicable (N/A) |
| **Amputated Residual Limb – skin irritation/breakdown** | Skin irritation/breakdown at surgical incision at the amputated residual limb. | a. Yes  
b. No | Core | Not Applicable (N/A) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthetic type</td>
<td>Description of prosthetic type.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Number of changes to prosthesis</td>
<td>Number of changes made to the prosthesis. Fill in.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Time from surgery to current prosthetic system</td>
<td>Time between surgery to current prosthetic system on the person. Researcher can determine the unit.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Prosthetic training</td>
<td>Description of any training the person had regarding their prosthesis, if any. Fill in.</td>
<td>Fill in</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Temporary prosthetic provided post-surgery</td>
<td>Was a prosthesis provided to a person for a limited time prior to a more permanent prosthesis was fitted.</td>
<td>a. Yes</td>
<td>Core</td>
<td>Not Applicable (N/A)</td>
</tr>
<tr>
<td>Prosthetic Fit</td>
<td>View the Prosthetic Fit Outcome Measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic component function</td>
<td>View the Prosthetic Intervention domain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gait</td>
<td>View the Gait domain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| K level or equivalent                        | Rating system used by Medicare to indicate a person's rehabilitation potential. | a. Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility  
b. Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator  
c. Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator  
d. Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise | Core | Not Applicable (N/A) |
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Variable Options</th>
<th>Core/Supplemental</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life</td>
<td>View the <a href="#">Quality of Life Outcome Measures</a></td>
<td>activity that demands prosthetic utilization beyond simple locomotion e. Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Integration</td>
<td>View the <a href="#">Community Integration &amp; Re-Integration Outcome Measures</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Adult Acute Pain

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pain Intensity</th>
<th>Pain Interference</th>
<th>Physical Functioning/ QOL</th>
<th>Sleep</th>
<th>Pain Catastrophizing</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Global Satisfaction with Treatment</th>
<th>Substance Use Screener</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Pain Inventory (BPI) pain severity</td>
<td>Brief Pain Inventory (BPI) Pain Interference</td>
<td>Patient-Reported Outcomes Measurement Information System (PROMIS) Physical Functioning Short Form 6b</td>
<td>Patient-Reported Outcomes Measurement Information System (PROMIS) Sleep Disturbance 6a + Sleep Duration Question</td>
<td>Pain Catastrophizing Scale – Short Form 6</td>
<td>Patient Health Questionnaire (PHQ)-2</td>
<td>General Anxiety Disorder (GAD-2)</td>
<td>Patient Global Impression of Change (PGIC)</td>
<td>The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) 1 Tool</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core/Supplemental</th>
<th>Core</th>
<th>Core</th>
<th>Core</th>
<th>Core</th>
<th>Core</th>
<th>Core</th>
<th>Core</th>
<th>Core</th>
<th>Core</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copyright (Y/N)</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Measure</td>
<td>Core/Supplemental</td>
<td>Copyright (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>------------------</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pain Intensity</strong></td>
<td>Core</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pain Interference</strong></td>
<td>Core</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Functioning/ QOL</strong></td>
<td>Core</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sleep</strong></td>
<td>Core</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pain Catastrophizing</strong></td>
<td>Core</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>Core</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td>Core</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Global Satisfaction with Treatment</strong></td>
<td>Core</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substance Use Screener</strong></td>
<td>Core</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pediatric Acute Pain**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pain Intensity</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Pain Interference</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Physical Functioning/ QOL</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Sleep</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Pain Catastrophizing</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Global Satisfaction with Treatment</strong></td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td><strong>Substance Use Screener</strong></td>
<td>Core</td>
<td>N</td>
</tr>
</tbody>
</table>
### Pediatric Chronic Pain

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pain Intensity</th>
<th>Pain Interference</th>
<th>Physical Functioning/QOL</th>
<th>Sleep</th>
<th>Pain Catastrophizing</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Global Satisfaction with Treatment</th>
<th>Substance Use Screener</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measure</strong></td>
<td>Pain visual analog scale (VAS)</td>
<td>Brief Pain Inventory (BPI) Pain Interference</td>
<td>Pediatric Quality of Life Inventory (PedsQL)</td>
<td>AWS-10 + Sleep duration Items</td>
<td>Pain Catastrophizing Scale for Children</td>
<td>Patient Health Questionnaire (PHQ)-2</td>
<td>General Anxiety Disorder (GAD-2)</td>
<td>Patient Global Impression of Change (PGIC)</td>
<td>National Institute on Drug Abuse (NIDA) Modified Assist Tool - 2</td>
</tr>
<tr>
<td>Core/Supplemental</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
</tr>
<tr>
<td>Copyright (Y/N)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

### Parent

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pain Intensity</th>
<th>Pain Interference</th>
<th>Physical Functioning/QOL</th>
<th>Sleep</th>
<th>Pain Catastrophizing</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Global Satisfaction with Treatment</th>
<th>Substance Use Screener</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measure</strong></td>
<td>Pain visual analog scale (VAS)</td>
<td>Brief Pain Inventory (BPI) Pain Interference</td>
<td>Pediatric Quality of Life Inventory (PedsQL)</td>
<td>AWS-10 + Sleep duration Items</td>
<td>Pain Catastrophizing Scale for Children</td>
<td>Patient Health Questionnaire (PHQ)-2</td>
<td>General Anxiety Disorder (GAD-2)</td>
<td>Patient Global Impression of Change (PGIC)</td>
<td>National Institute on Drug Abuse (NIDA) Modified Assist Tool - 2</td>
</tr>
<tr>
<td>Core/Supplemental</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
<td>Core</td>
</tr>
<tr>
<td>Copyright (Y/N)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
## Foundational Gait Measures

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Core/Supplemental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spatial/Temporal Parameters</strong></td>
<td></td>
</tr>
<tr>
<td>Stance time</td>
<td>Core</td>
</tr>
<tr>
<td>Cadence</td>
<td>Core</td>
</tr>
<tr>
<td>Step time</td>
<td>Core</td>
</tr>
<tr>
<td>Swing time</td>
<td>Core</td>
</tr>
<tr>
<td>Stride velocity</td>
<td>Core</td>
</tr>
<tr>
<td>Gait speed</td>
<td>Core</td>
</tr>
<tr>
<td>Stride length</td>
<td>Core</td>
</tr>
<tr>
<td>Step length</td>
<td>Core</td>
</tr>
<tr>
<td>Step Width</td>
<td>Core</td>
</tr>
<tr>
<td>Step Angle</td>
<td>Core</td>
</tr>
<tr>
<td><strong>Joint Kinematics/Kinetics</strong></td>
<td></td>
</tr>
<tr>
<td>Ground Reaction Forces</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Joint angles</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Joint reaction force/moment</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Muscle force</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Muscle activation</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Center of pressure</td>
<td>Supplemental</td>
</tr>
<tr>
<td><strong>Body Symmetry and Orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Body posture (inclination, symmetry)</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>

## Metabolic/Energy Expenditure Measures

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Description</th>
<th>Core/Supplemental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate (bpm)</td>
<td>Heart rate measured during resting or steady state activity</td>
<td>Core</td>
</tr>
<tr>
<td>Oxygen Consumption (mL/kg*min)</td>
<td>Volume of oxygen intake per minute, measured during rest or steady state activity</td>
<td>Core</td>
</tr>
<tr>
<td>Oxygen cost (mL/kg*m)</td>
<td>Volume of oxygen intake per meter traveled, measured during steady state activity</td>
<td>Core</td>
</tr>
<tr>
<td>Parameter</td>
<td>Description</td>
<td>Core/Supplemental</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Maximum Oxygen Consumption (mL/kg*min)</td>
<td>(VO2 Peak) Measure of exercise capacity. Difficult to measure in those with lower extremity trauma and/or amputation.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Carbon Dioxide Production (mL/kg*min)</td>
<td>Volume of carbon dioxide expelled per minute, measured during rest or steady state activity</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Speed (m/s)</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td><strong>Derived Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Exchange Ratio (RER)</td>
<td>Ratio between the amount of carbon dioxide (CO2) produced in metabolism and oxygen (O2) used. Measurement of anabolic threshold and can be observed during exercise to assess when exercise transitions between aerobic and anaerobic. RER can indicate which type of fuel is being used for energy (fat, carbohydrate, mixed)</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Metabolic Power (W/kg)</td>
<td>Energy cost multiplied with the velocity; measures energy expenditure during intermittent speeds. Sometime referred to as PMET.</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Energy Cost (kCal/min)</td>
<td>The energy needed to perform an activity</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Energy Expenditure (kJ)</td>
<td>Energy expenditure can be determined by converting the VO2 to kilojoules by assuming 1 mL of oxygen consumed produces 20.1 J of energy Basal Metabolic Rate - rate of energy expenditure per unit time by endothermic animals at rest [10] Resting Energy Expenditure - the amount of energy expended by a person at rest Physical Activity Energy Expenditure – energy expended during physical activity</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Metabolic Equivalent (MET)</td>
<td>Procedure for expressing the energy cost of physical activities as a multiple of the resting metabolic rate</td>
<td>Supplemental</td>
</tr>
<tr>
<td>Physiological Cost Index (beats/m)</td>
<td>An estimation of energy cost derived from heart rate (resting and active) and speed.</td>
<td>Supplemental</td>
</tr>
</tbody>
</table>
# Outcome Measures

## Balance

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities-Specific Balance Confidence Scale (ABC)</td>
<td>Core</td>
<td>Y</td>
</tr>
<tr>
<td>Berg Balance Scale (BBS)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Dynamic Gait Index</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Tinnetti Balance and Gait Assessment</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Narrow Beam-Walking Test</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

## Cognition

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Fluency Test</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Automated Neuropsychological Assessment Metrics (ANAM)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Behavior Rating of Executive Function- Adult Version (BRIEF-A)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Boston Naming Test</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Brief Test of Adult Cognition by Telephone (BTACT)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Brief Visuospatial Memory Test - Revised (BVMT-R)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>California Verbal Learning Test - Second Edition (CVLT-II)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>California Verbal Learning Test Children’s Version (CVLT-C)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Child Behavior Checklist (CBCL)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Conners’ Continuous Performance Test 3rd Edition (CPT 3)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Consortium to Establish a Registry for Alzheimer’s Disease Word List subtest (CERAD-WL)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Measure Name</td>
<td>Core/Supplemental</td>
<td>Copyright (Y/N)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Delis-Kaplan Executive Function System (D-KEFS) Trail Making Test (TMT)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Digit Symbol Substitution Test (DSST)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Frontal Systems Behavior Scale (FrSBe)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Grip Strength Test</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Grooved Pegboard Test (GPT)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Hopkins Verbal Learning Test-Revised (HVLTR)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Medical Symptom Validity Test (MSVT)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Mini-Mental State Examination (MMSE)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Montreal Cognitive Assessment (MoCA)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>National Adult Reading Test (NART)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Neuropsychological Test Battery from the Uniform Data Set (UDS) of the Alzheimer’s Disease Centers (ADC) program</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>NIH Toolbox Cognition Battery</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Rey Auditory Verbal Learning Test (RAVLT)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Short Portable Mental Status Questionnaire (SPMSQ)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Stroop Color and Word Test (SCW)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Symbol Digit Modalities Test (SDMT)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Test of Everyday Attention for Children (TEA-Ch)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Test of Premorbid Functioning (TOPF)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Token Test</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Victoria Symptom Validity Test (VSVT)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Wechsler Abbreviated Scale of Intelligence Second Edition (WASI-II)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Wechsler Adult Intelligence Scale, Third Edition (WAIS-III)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Wechsler Memory Scale Fourth Edition (WMS-IV)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Wechsler Test of Adult Reading (WTAR)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Woodcock Johnson-III Tests of Cognitive Abilities (WJ-III-COG)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
</tbody>
</table>
## Outcome Measures

### Word Memory Test (WMT)
- Core/Supplemental: Supplemental
- Copyright (Y/N): Y

### Written Verbal Fluency Test (WVFT)
- Core/Supplemental: Supplemental
- Copyright (Y/N): Y

### Function

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Minute Walk Test (6MWT)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Activity Measure for Post-Acute Care (AM-PAC)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Assessment of Daily Activity Performance in Transfemoral Amputees (ADAPT)</td>
<td>Core</td>
<td>Unknown</td>
</tr>
<tr>
<td>Barthel Index</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Functional Independence Measure (FIM)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Functional Reach Test (FRT)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Houghton Scale</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>International Physical Activity Questionnaire (IPAQ)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Orthotics and Prosthetics Users’ Survey (OPUS)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Patient-Specific Functional Scale (PSFS)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)</td>
<td>Core</td>
<td>N</td>
</tr>
</tbody>
</table>

### Health Status

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Form Health Survey (SF-12)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Short Form Health Survey (SF-36)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Short Form Health Survey - Veterans (SF-36V)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Functional Comorbidities Index</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Mobility

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Meter Walk Test</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Measure Name</td>
<td>Core/Supplemental</td>
<td>Copyright (Y/N)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>180 Degree Turn Test</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>2 Minute Walk Test (2MWT)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Amputee Mobility Predictor (AMP)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Amputee Single Item Mobility Measure (AMPSIMM)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Climbing Stairs Questionnaire</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Comprehensive High-Level Activity Mobility (CHAMP)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Craig Handicap Assessment and Reporting Technique (CHART)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Four Step Square Test (FSST)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Hill Assessment Index</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>L-Test of Functional Mobility</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Locomotor Capabilities Index-5 (LCI-5)</td>
<td>Core</td>
<td>Unknown</td>
</tr>
<tr>
<td>Locomotor Capabilities Index-4 (LCI-4)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Prosthetic Limb Users Survey of Mobility (PLUS-M)</td>
<td>Core</td>
<td>Y</td>
</tr>
<tr>
<td>Prosthetist’s Perception of Client’s Ambulatory Abilities (PROS)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Special Interest Group in Amputee Medicine (SIGAM) Mobility Grade</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Stair Assessment Index (SAI)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Step Activity Monitor (SAM)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>The Rising and Sitting Down Questionnaire (QR&amp;S)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>The Rivermead Mobility Index (RMI)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>The Walking Questionnaire</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Timed Up and Go (TUG)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Timed Walking Test (TWT)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>T-Test</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
## Outcome Measures

### Pain

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Form McGill Pain Questionnaire (SF-MPQ)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Short Form McGill Pain Questionnaire 2 (SF-MPQ-2)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Visual Analog Scale</td>
<td>Supplemental</td>
<td>N</td>
</tr>
</tbody>
</table>

### Prosthetic Fit

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthesis Evaluation Questionnaire (PEQ)</td>
<td>Core</td>
<td>Y</td>
</tr>
<tr>
<td>Prosthesis Evaluation Questionnaire, Modified (PEQ-modified)</td>
<td>Core</td>
<td>Y</td>
</tr>
<tr>
<td>Prosthesis Evaluation Questionnaire Mobility Subscale (PEQ-MS) 13/11</td>
<td>Core</td>
<td>Y</td>
</tr>
<tr>
<td>Prosthesis Evaluation Questionnaire Mobility Subscale (PEQ-MS) 12/5</td>
<td>Core</td>
<td>Y</td>
</tr>
<tr>
<td>Socket Comfort Score (SCS)</td>
<td>Core</td>
<td>Unknown</td>
</tr>
<tr>
<td>Trans-Femoral Fitting Predictor (TFP)</td>
<td>Core</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Psychological

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beck Depression Inventory-II (BDI-II)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Center for Epidemiology Studies - Depression Scale (CES-D)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Center for Epidemiology Studies - Depression Scale for Children (CES-DC)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Children’s Depression Inventory 2 (CDI 2)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Social Support Questionnaire – Short Form (SSQ6)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Zung Self Rating Depression Scale</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Patient Health Questionnaire</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Geriatric Depression Scale</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Sickness Impact Profile (SIP)</td>
<td>Core</td>
<td>N</td>
</tr>
</tbody>
</table>
## Outcome Measures

### Measure Name | Core/Supplemental | Copyright (Y/N)
--- | --- | ---
Sickness Impact Profile 68 (SIP 68) | Supplemental | N

### Quality of Life

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Orthopaedic Surgeons Lower Limb Module</td>
<td>Core</td>
<td>Unknown</td>
</tr>
<tr>
<td>Amputee Body Image Scale - Revised (ABIS-R)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Assessment of Quality of Life (AQoL)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Brief Pain Inventory (BPI)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>EORTC QLQ-C30 core v3</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>EQ-SD-5L</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Orthotics and Prosthetics National Outcomes Tool (OPOT)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Quality of Life in Neurological Disorders Applied Cognition General Concerns Short Form (NQ-ACGC)</td>
<td>Supplemental</td>
<td>Y</td>
</tr>
<tr>
<td>Questionnaire for Persons with Transfemoral Amputations (Q-TFA)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Rand Measure of Health-Related Quality of Life (RAND-36)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Trinity Amputation and Prosthesis Experience Scales (TAPES)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>Trinity Amputation and Prosthesis Experience Scales - Revised (TAPES-R)</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>WHO Quality of Life BREF (WHOQOL-Bref)</td>
<td>Core</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Community Integration & Re-Integration

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Core/Supplemental</th>
<th>Copyright (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig Hospital Inventory of Environmental Factors (CHIEF)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Community Integration Questionnaire (CIQ)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Community Reintegration of Injured Service Members (CRIS)</td>
<td>Supplemental</td>
<td>Unknown</td>
</tr>
<tr>
<td>Disability Rating Scale (DRS)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>Measure Name</td>
<td>Core/Supplemental</td>
<td>Copyright (Y/N)</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Participation Measure for Post-Acute Care (PMPC)</td>
<td>Supplemental</td>
<td>N</td>
</tr>
<tr>
<td>PROMIS Short Form - Ability to Participate in Social Roles and Activities</td>
<td>Core</td>
<td>N</td>
</tr>
<tr>
<td>PROMIS Short Form - Satisfaction with Participation in Social Roles</td>
<td>Core</td>
<td>N</td>
</tr>
</tbody>
</table>