

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)

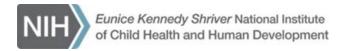
Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)

World Health Organization (WHO)

Wound, Ischemia, and foot Infection) Classification System (WIFI Classification System)

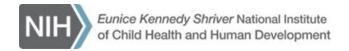
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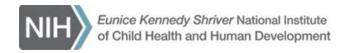


Socio demographics

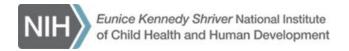
Variable	Definition	Variable Options (if specified)	Core/	Data Source
			Supplemental	
Date of birth	Date a person was born Recorded to the level of granularity known.	Fill in	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Gender	Socially constructed identity of sex. Gender 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



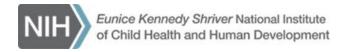
Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
		i. Professional school degree (e.g., MD, DDS, DVM, JD) j. Doctoral degree (e.g., PhD, EdD) k. Unknown	Зарриненци	
Education Level of Primary Caregiver	Highest grade or level of school the person's primary caregiver has completed or the highest degree they have received.	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 marriedb. Marriedc. Domestic partnershipd. Separatede. Divorcedf. 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)



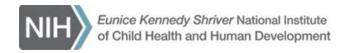
Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
Current job or work situation	A person's work situation/business in the past 12 months.	a. Employee of a private company for wages b. A federal government employee c. A state government employee d. A local government employee e. Self-employed in own business, professional practice or farm f. Working without pay in a family-owned business or farm g. Refused h. Don't know	Supplemental	National Health Interview Survey (NHIS)
Employment status last week	Status of a person's paid work in the last 7 days.	a. Working for pay at a job or business b. With a job or business but not at work c. Looking for work d. Working, but not for pay, at a family-owned job or business e. Not working at a job or business and not looking for work f. Refused g. Don't know	Supplemental	National Health Interview Survey (NHIS)
Occupation - main reason you did not have a job or business last week	Category of why a person did not have employment in the last 7 days.	a. Taking care of house or family b. Going to school c. Retired d. On a planned vacation from work e. On family or maternity leave f. Temporarily unable to work for health reasons g. Have job or contract and off-season h. On layoff i. Disabled j. Other k. Refused l. Don't know	Supplemental	National Health Interview Survey (NHIS)
Job Classification Category	Category that classifies work performed by participant/subject	 a. Not applicable b. Official/Manager c. Professional d. Technicians and associate professionals (typically requiring a Bachelor degree or equivalent) e. Service or sales worker 	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs



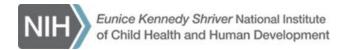
Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
		f. Clerk g. Craft and related trades workers (e.g. motor mechanic, printer, tool and die makers, electrician) h. Armed forces occupation (officers, service personnel) i. Laborer/Helper j. Unknown		
Physical exertion in employment	Amount of energy used in a person's job.	How often does your job involve repeated lifting, pushing, pulling, or bending? Would you say a. Never b. Seldom c. Sometimes d. Often e. Always f. Refused g. Don't know	Supplemental	National Health Interview Survey (NHIS)
Uniformed Services Branch	Uniformed service branch if a person's occupation is armed forces.	a. Air Force b. Army c. Coast Guard d. Marine Corps e. Navy f. NOAA Commission Core g. Public Health Commission h. Never Served i. Other (Fill in)	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Uniformed Services Branch Rank Category	Uniformed service branch category if a person's occupation is armed forces.	 a. Field grade officer or above b. Company grade officer c. Warrant officer d. Non-commissioned officer e. Other enlisted rank (Fill in) 	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Uniformed Services Branch Service Status	Status of uniformed services branch.	a. Active b. Guard c. Reserve	Supplemental	Not Applicable (N/A)
Health insurance	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.	a. Insurance through a current or former employer or union (of this person or another family member)	Core	American Community Survey (ACS)



Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
		b. Insurance purchased directly from an	Supplemental	
		insurance company (by this person or another		
		family member) c. Medicare, for people 65 and older, or people		
		with certain disabilities		
		d. Medicaid, Medical Assistance, or any kind of		
		government-assistance plan for those with low		
		incomes or a disability		
		e. TRICARE or other military health care		
		f. VA (enrolled for VA health care)		
		g. Indian Health Service		
		h. Any other type of health insurance or health		
		coverage plan (Specify)	-	
Living with persons count	Count of other people with whom a person	Fill in	Core	National Institute of Neurological
	currently lives, cohabits, or stays.			Disorders and Stroke (NINDS) CDEs
Living with person	Type(s) of relationship(s) between a person	a. Husband or wife	Core	National Institute of Neurological
relationship type	and all people with whom they currently	b. Biological son or daughter		Disorders and Stroke (NINDS) CDEs
	live, cohabit, or stay.	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		
		I. 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		
		w. Unknown		



Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
Total number of people in the family	Number of people within a person's family.	Fill in	Core	American Community Survey (ACS)
Number of children 5 years or younger in 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)
	Special Co	nsiderations 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

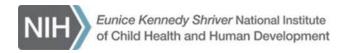
Variable	Definition	Variable Options	Core/ Supplemental	Data Source
Etiology	The cause, set of causes, or manner of causation of lower limb loss.	a. Vascular b. Diabetes mellitus c. Traumatic d. Congenital e. Cancer f. Other (Fill in)	Core	Not Applicable (N/A)
Current level of amputation in right lower extremity	Current level of amputation in right lower extremity.	a. None b. Foot, including toes or partial foot c. At the ankle (ankle disarticulation) d. Below the knee (transtibial) e. Through the knee (knee disarticulation) f. Above the knee (transfemoral) g. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
Current level of amputation in left lower extremity	Current level of amputation in left lower extremity.	a. None b. Foot, including toes or partial foot c. At the ankle (ankle disarticulation) d. Below the knee (transtibial) e. Through the knee (knee disarticulation) f. Above the knee (transfemoral) g. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
Previous limb salvage	Information about previous limb salvage, the surgical procedure that replaces a diseased area and reconstructs a functional limb.	Fill in (for each limb and side)	Supplemental	Not Applicable (N/A)
Length of residual limb	Length of the part of the body that is left after amputation.	Length in cm	Core	Not Applicable (N/A)
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	Core	Not Applicable (N/A)



Variable	Definition	Variable Options	Core/ Supplemental	Data Source
Peripheral sensory symptoms	Loss of sensation in the extremities from peripheral neuropathy.	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 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 a. Yes, currently and before amputation. b. Yes, currently and not before amputation	Core	Not Applicable (N/A)
Visual impairment	Decreased ability to see to a degree that causes problems not fixable by usual	c. No loss of peripheral sensation d. Don't know a. Yes b. No	Core	Not Applicable (N/A)
Hearing impairment	means, such as glasses. Partial or total inability to hear that may occur in one or both ears.	c. Don't know 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 b. No	Supplemental	National Health and Nutrition Examination Survey (NHANES)



Variable	Definition	Variable Options	Core/	Data Source
			Supplemental	
		c. Refused d. Don't know		
Visual function	Degree to which a person can see. Please see question for specifics.	Was the (cataract) operation in right eye, left eye, or both eyes? a. Right eye b. Left eye c. Both d. Refused e. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
Visual condition (general)	Assessment of a person's eyesight. Please see question for specifics.	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	Supplemental	National Health and Nutrition Examination Survey (NHANES)
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	Supplemental	National Health and Nutrition Examination Survey (NHANES)



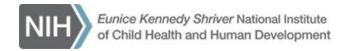
Variable	Definition	Variable Options	Core/ Supplemental	Data Source
		g. Refused h. Don't know		
Visual limitations	Description of a person's vision.	How limited are you in how long you can work or do other daily activities such as housework, childcare, school, or community activities because of your vision? Would you say you are limited a. None of the time b. A little of the time c. Some of the time d. Most of the time e. All of the time? f. Refused g. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
Audiometry	Description of a person's hearing skills.	Which statement best describes your hearing (without a hearing aid or other listening devices)? a. Excellent b. Good c. A little trouble d. Moderate hearing trouble e. A lot of trouble f. Deaf g. Refused h. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
Audiometry	Description of a person's hearing skills.	Have you ever worn a hearing aid or cochlear implant? a. Yes b. No c. Refused d. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
Audiometry	Description of a person's hearing skills.	Hearing aid or Cochlear implant? a. Hearing aid b. Cochlear implant c. Both hearing aid and cochlear implant d. Refused e. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)



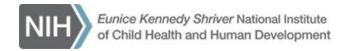
Variable	Definition	Variable Options	Core/ Supplemental	Data Source
Built environment	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure).	To what extent does your workplace or educational institution make it easy or 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



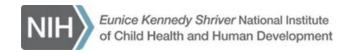
Variable	Definition	Variable Options	Core/ Supplemental	Data Source
Built environment/assistance	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure) and a person's ability to thrive in their built environment.	Do you have someone to assist you with your day to day activities at home or outside? a. Yes b. No	Supplemental	World Health Organization (WHO) Model Disability Survey
Built environment/assistive products	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.	Do you use any assistive products, such as glasses or a cane? c. Yes d. No	Supplemental	World Health Organization (WHO) Model Disability Survey
Alcohol Use	Quantification of a person's consumption of alcoholic beverages.	How often did you have a drink containing alcohol in the past year? a. Monthly or less b. 2-4 times a month c. 2-3 times per week d. 4 or more times a week	Supplemental	World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
Alcohol Use	Quantification of a person's consumption of alcoholic beverages.	How many drinks did you have on a typical day when you were drinking in the past year? 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	Quantification of a person's consumption of alcoholic beverages.	How often did you have 6 or more drinks on one occasion in the past year? a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily	Supplemental	World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
Tobacco history	Use of tobacco.	Tobacco history: a. Never smoked b. Former smoker c. Current smoker d. Unknown	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Tobacco history	Use of tobacco.	If a former smoker, which year did you quit smoking? (Fill in)	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs



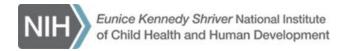
Variable	Definition	Variable Options	Core/ Supplemental	Data Source
Tobacco history	Use of tobacco.	If a former or current smoker, for how many years did you smoke? (Fill in)	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Tobacco history	Use of tobacco.	For former or current cigarette smokers only, the number of pack years of smoking [avg # of cigarettes smoked daily/20] x [number of years smoked]	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
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	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)



Variable	Definition	Variable Options	Core/ Supplemental	Data Source
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)

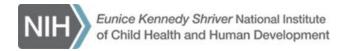


Variable	Definition	Variable Options	Core/	Data Source
			Supplemental	
		d. Quite a bit e. Very much		
Sleep disturbance –	Description of a person's sleeping habits –	In the past 7 days:	Core	Patient-Reported
difficulty falling asleep	difficulty falling asleep.	I had difficulty falling asleep;	Core	Outcomes Measurement
		a. Not at all		Information System
		b. A little bit		(PROMIS)
		c. Somewhat		
		d. Quite a bit		
		e. Very much		



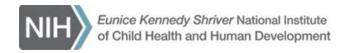
Amputation

Variable	Definition	Variable Options	Core/Supplemental	Data Source
Number and location of limb amputation (choose and indicate # of each)	Number and location of limb amputation.	Right/Upper Right/Lower Left/Upper Left/Lower	Core	Not Applicable (N/A)
Level of amputation (Right)	Location where the amputation occurred (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)
Level of amputation (Left)	Location where the amputation occurred (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)
Date of first amputation surgery	Date of first amputation surgery.	Fill in	Core	Not Applicable (N/A)
Additional amputation surgeries (types)	Type of additional amputation surgeries.	Fill in	Core	Not Applicable (N/A)
Dates of additional or last amputation surgeries	Date of additional or last amputation surgery.	Fill in	Core	Not Applicable (N/A)
Time since last amputation surgery (if date not available)	Time since last amputation surgery, if date is not available. Unit of measure can be determined by researcher.	Fill in	Supplemental	Not Applicable (N/A)
Length of residual limb (Left)	Length of residual limb (left side). Unit of measure can be determined by researcher.	Fill in (from nearest joint)	Supplemental	Not Applicable (N/A)
Length of residual limb (Right)	Length of residual limb (right side). Unit of measure can be determined by researcher.	Fill in (from nearest joint	Supplemental	Not Applicable (N/A)
Foot amputation	Type of amputation of the foot.	a. Ankle disarticulation b. Midfoot amputation c. Hindfoot amputation d. Trans-metatarsal amputation e. Toe amputation	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)

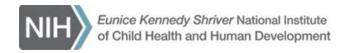


Surgical Technique

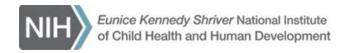
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Staged amputation (includes debriding)		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Cryo-amputation		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Below the knee amputation (left)		a. Posterior flap technique b. Skew flap technique c. Sagittal flap technique d. Medial flap technique e. Fish mouth flap technique	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Below the knee amputation (right)		a. Posterior flap technique b. Skew flap technique c. Sagittal flap technique d. Medial flap technique e. Fish mouth flap technique	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Foot amputations - midfoot amputations		a. Lisfranc amputation b. Other c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Foot amputations – hindfoot amputations		a. Chopart amputation b. Boyd amputation c. Pirogoff amputation d. Other e. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Foot amputation – ankle amputation		a. Syme amputation b. Other c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)



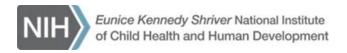
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Toe amputation		a. Simple toe amputation b. Ray toe amputation c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Guillotine amputation		a. Yes b. No c. Don't know	Core	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)



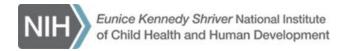
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Osteomyoplastic amputation/Ertl (below the knee amputation)		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs); Evidence-based clinical resource system (UpToDate.com) (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



Variable	Definition	Variable Options	Core/Supplemental	Data Source
Nerve management		a. Cauterizing the nerve ends using chemicals or heat b. Burying the nerve in bone c. Encasing the nerve in impervious material d. Ligating the nerve or injecting the nerve with a variety of chemicals. e. Sewing the sectioned nerves to other nerves or sewing them back onto themselves f. Dividing the nerve and allowing it to retract g. Other	Core	Atlas of Amputation and Limb Deficiencies
Nutritional status			Core	Atlas of Amputation and Limb Deficiencies
Infection		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Stump hematoma		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Hip flexion contracture		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Knee flexion contracture		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Plantar flexion contracture		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
Chronic stump pain		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
Edema		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
Vascular inflow		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
Antibiotics needed		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
Skin complication		a. Contact dermatitis b. Skin irritation c. Reactive hyperemia d. Callus formation e. Verrucuous hyperplasia f. Folliculitis g. Epidermoid cysts h. Hidradenitis i. Fungal infections j. Other	Core	Atlas of Amputation and Limb Deficiencies
Deep vein thrombosis		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Postoperative care)
Length of stay		Fill in	Core	Not Applicable (NA)
History of Adverse events		SNOMED	Core	Not Applicable (NA)
Number of readmissions		Fill in	Core	Not Applicable (NA)
Dates of readmissions		Fill in	Core	Not Applicable (NA)



Prosthetic Intervention

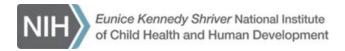
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Shape of residual limb	Shape of the part of the body that remains after an amputation has been performed.	a. Conical b. Cylindrical c. Bulbous d. Atypical e. Add description (Fill in)	Core	Not Applicable (N/A)
Problems with skin integrity 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)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
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)



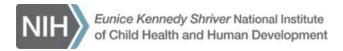
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Knees	Type of knee and mechanism used in the prosthesis.	a. Endoskeletal or Exoskeletal b. Single Axis c. Polycentric d. Stance phase control e. Swing phase control f. Swing and Stance control g. Stance phase-manual lock h. Stance phase-weight activated braking/locking i. Friction regulation j. Hydraulic regulation k. Pneumatic regulation l. Hydra-pneumatic regulation m. Rheologic regulation n. Powered Actuator o. Microprocessor controlled Swing phase p. Microprocessor controlled Swing and Stance phase r. Non-conforming (Other)	Core	Not Applicable (N/A)
Feet	Type/group of foot used for the prosthesis.	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	Core	Not Applicable (N/A)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
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 prosthetic.	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 prosthetic.	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 prosthetic.	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)

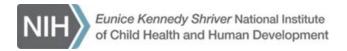


Variable	Definition	Variable Options	Core/Supplemental	Data Source
Number of full-length synthetic socks typically worn	Number of full-length synthetic socks typically worn on the prosthesis.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
Number of full-length silver socks typically worn	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)

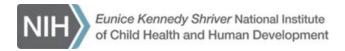


Pre-Operative

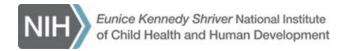
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Proximate cause of amputation	Direct cause of amputation.	a. Critical limb ischemia b. Infection c. Chronic wound d. Other (Fill in)	Core	Not Applicable (N/A)
Etiology	The cause, set of causes, or manner of causation of lower limb loss.	a. Vascular b. Diabetes mellitus c. Traumatic d. Congenital e. Cancer f. Other (Fill in)	Core	Not Applicable (N/A) 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 mellitusb. Peripheral vascular diseasec. Bothd. Don't knowe. 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)



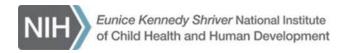
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Functional Computation	A tool to prodict concret booth status and	stairs or uneven surfaces. Typical of the limited community ambulator d. Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community 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"	Cumplemental	Not Applicable (N/A)
Functional Comorbidities Index	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.	Refer to the <u>Health Status Outcome</u> <u>Measures</u>	Supplemental	Not Applicable (N/A)
End-stage renal disease	Disease of the kidneys.	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
Current dialysis status	The process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally.	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
Independent living status	The ability of a person to live by themselves.	View the "Living with Persons Count" and "Living with Persons Relationship Type" variables in the Sociodemographics Domain & the "Built Environment/Assistance" variables in the Patient Characteristics Domain	Supplemental	Not Applicable (N/A)
Type of diabetes	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.	a. Type 1 b. Type 2 c. Unknown d. Other	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs



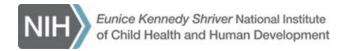
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Using insulin to control diabetes?	If a patient is using insulin, a hormone produced by the pancreas.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Foot ulcer	An open sore on the foot.	a. Grade 0 - ABI >= 0.80, ankle systolic pressure >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- Preoperative 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)



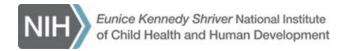
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Chem-20	A blood test that tests for 20 types of cells in a person's blood. Albumin, Alkaline Phosphatase, Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST), Bilirubin (total and direct), Blood Glucose, Blood Urea Nitrogen, 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	a. Yes (Fill in) b. No c. Don't know	Supplemental	Not Applicable (N/A)
A1C test	A test that measures a person's blood glucose levels.	Fill in	Supplemental	Not Applicable (NA)
Medications at time of surgery	Medication a patient was taking at the time of amputation surgery.	Fill in	Core	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
Thromboprophylaxis	A mechanical or pharmacological method to promote venous outflow from the legs and reduce the incidence of venous thrombosis.	a. Yes (Fill in) b. No c. Don't know	Supplemental	Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Preoperative evaluation and preparation)
Physical therapy	The treatment by physical methods such as strength training, gait training, therapeutic exercise	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Physical therapy setting	The setting of treatment by physical methods such as massage, heat treatment, and exercise.	a. Home b. Out-patient c. inpatient/facility based	Core	Not Applicable (N/A)
Occupational therapy	Therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Occupational therapy setting	The setting of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.	a. Home b. Out-patient c. Inpatient/facility based	Core	Not Applicable (N/A)



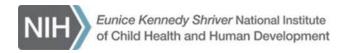
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Therapy rehabilitation session duration	Time of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.	a. 15 minutes b. 30 minutes c. 45 minutes d. 60 minutes 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	a. Minor: no treatment needed b. Moderate: requires only outpatient treatment	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs



Variable	Definition	Variable Options	Core/Supplemental	Data Source
Injury Scale (AIS) (Body region score)	with the injury rather than the comprehensive assessment of the severity of the injury.	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		
Congenital etiology: Type of condition	Medical ailment associated with congenital etiology, or inherited condition.	Fill in	Core	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
Congenital etiology: Name of potential medication	Substance used for treatment of the congenital, or inherited, condition.	Fill in	Supplemental	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
Congenital etiology: Anatomical classification - General	Type of limb loss based on how much of the original limb is lost.	a. Complete absence of limbb. Partial absence of limbc. Don't know	Core	Not Applicable (N/A)
Congenital etiology: Anatomical classification - General	Type of limb loss based on location of the limb loss.	a. Transverse deficiency b. Longitudinal deficiency c. Multiple limb deficiencies d. Other e. Don't know	Core	Not Applicable (N/A)
Congenital etiology: Anatomical classification - Partial absence	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.	a. Intercalary defect b. Terminal transverse defect c. Longitudinal defect d. Don't know	Supplemental	Not Applicable (N/A)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
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. Humoral 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)

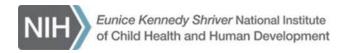


Variable	Definition	Variable Options	Core/Supplemental	Data Source
	the cancer tumor and the more it has spread into nearby tissues.			
Cancer etiology: Radiation Therapy	Treatment of disease using X-rays or similar forms of radiation.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Cancer etiology: 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. Orthopedistb. Vascular surgeonc. General surgeond. Podiatriste. 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

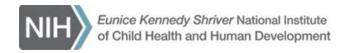
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Post-surgical discharge environment	Location a person goes after surgery.	a. Assisted living residence b. Correctional institution c. Deceased d. Group living situation e. Homeless f. Hospital g. Hotel or motel h. Nursing home i. Other 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)



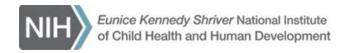
Variable	Definition	Variable Options	Core/Supplemental	Data Source
		h. Equipment i. Driver's training j. Home evaluation k. Home exercise program l. Community integration m. Wheelchair training n. None o. Don't know		
Anesthesiology pain services	If a person received anesthesiology services (controlled, temporary loss of sensation or awareness that is induced for medical purposes) for pain.	a. Yes (Fill in) b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Postoperative care)
Behavioral Health Approaches	Mental health services and activities a person participated in.	a. Face to face/individual/group b. Virtual Reality c. Telehealth d. None e. Don't know	Supplemental	Not Applicable (N/A)
Rehab start date	Start date of rehabilitation, if known.	a. Date (Fill in) b. Unknown	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Rehab end date	End date of rehabilitation, if known.	a. Date (Fill in) b. Unknown	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Rehospitalization within 30 days of initial surgery	If a person was admitted to the hospital again, within 30 days after surgery.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Reason for rehospitalization	Reason a person was re-admitted to the hospital.	Fill in	Core	Not Applicable (N/A)
Reason for rehospitalization (related to amputation)	If a person's re-admission to the hospital was related to their amputation.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Duration of rehospitalization	Length of time a person was in the hospital during their re-admittance to the hospital.	Fill in	Core	Not Applicable (N/A)
Mental and emotional discharge disposition	A person's mental and emotional status at hospital discharge.	Fill in	Supplemental	Not Applicable (N/A)
Unplanned readmission within 30 days of discharge from initial admission	If a person was re-admitted to the hospital within 30 days of their initial discharge.	a. Yes b. No c. Don't know	Supplemental	Centers for Medicare & Medicaid Services (CMS) Website (Hospital



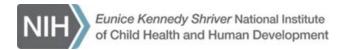
Variable	Definition	Variable Options	Core/Supplemental	Data Source
				Readmissions Reduction Program)
Emergency Department/Urgent care visit within 30 days of discharge from initial admission	If a person was taken to the emergency department or urgent care within 30 days of their initial discharge.	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	



Variable	Definition	Variable Options	Core/Supplemental	Data Source
		cc. Other dd. None		
Physical therapy start date	Start date of physical therapy related to a person's amputation surgery.	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
Physical therapy end date	End date of physical therapy related to a person's amputation surgery	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
Patient education	If a person received education relating to their amputation surgery.	a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
Equipment recommendation type	If a person received recommendations about type of equipment they should use relating to their amputation surgery.	Fill in	Core	Not Applicable (N/A)
Equipment ordering type	Type of equipment a person was ordered relating to their amputation surgery.	Fill in	Core	Not Applicable (N/A)
Equipment used after surgery	Type of equipment a person used after amputation surgery.	Fill in	Core	Not Applicable (N/A)
Equipment type	Type of equipment a person used after amputation surgery.	Fill in	Core	Not Applicable (N/A)
Occupational therapy	If a person completed occupational therapy after their amputation surgery.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Occupational therapy start date	Start date of occupational therapy related to a person's amputation surgery.	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
Occupational therapy end date	End date of occupational therapy related to a person's amputation surgery.	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
Occupational therapy intervention type	Specific type of occupational therapy received related to a person's amputation.	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	Supplemental	Not Applicable (N/A)
Duration of time since surgery initial device was received	Amount of time since surgery until initial device was received.	Fill in	Core	Not Applicable (N/A)

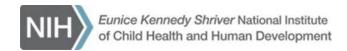


Variable	Definition	Variable Options	Core/Supplemental	Data Source
Prosthetics device type	Type of initial device received.	a. Transtibial b. Transfemoral c. Unknown	Supplemental	Not Applicable (N/A)
Did the person receive an orthotic device?	Did the person receive an orthotics device?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
What type of orthotic device was received?	If an orthotic device was received, what type.	Fill in	Supplemental	Not Applicable (N/A)
Cancer etiology: Radiation Therapy	If amputation caused by cancer, did the person receive radiation?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
Cancer etiology: Chemotherapy	If amputation caused by cancer, did the person receive chemotherapy?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
Cancer etiology: Immunotherapy	If amputation caused by cancer, did the person receive immunotherapy?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
Cancer etiology: Targeted therapy	If amputation caused by cancer, did the person receive targeted therapy?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)

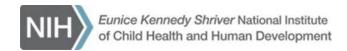


Community-Based Care/Outpatient-Based Care

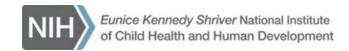
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Etiology	The cause, set of causes, or manner of causation of lower limb loss.	a. Vascular b. Diabetes mellitus c. Traumatic d. Congenital e. Cancer f. Other (Fill in)	Core	Not Applicable (N/A) Cross reference to the Patient Characteristics domain
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 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.	Was the (cataract) operation in right eye, left eye, or both eyes? a. Right eye b. Left eye c. Both	Supplemental	National Health and Nutrition Examination Survey (NHANES)



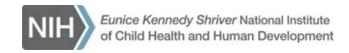
Variable	Definition	Variable Options	Core/Supplemental	Data Source
		d. Refused e. Don't know		
Visual condition (General)	Assessment of a person's eyesight. Please see question for specifics.	Your eyesight, with glasses or contact lenses if you wear them is a. Excellent b. Good c. Fair d. Poor e. Very poor? f. Refused g. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
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)
Visual limitations	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	Supplemental	National Health and Nutrition Examination Survey (NHANES)



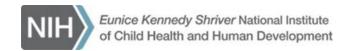
Variable	Definition	Variable Options	Core/Supplemental	Data Source
		vision? Would you say you limited a. None of the time b. A little of the time c. Some of the time d. Most of the time e. All of the time f. Refused g. Don't know		
Audiometry	Description of a person's hearing skills.	Which statement best describes your hearing (without a hearing aid or other listening devices)? a. Excellent b. Good c. A little trouble d. Moderate hearing trouble e. A lot of trouble f. Deaf g. Refused h. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
Audiometry	Description of a person's hearing skills.	Have you ever worn a hearing aid or cochlear implant? a. Yes b. No c. Refused d. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
Audiometry	Description of a person's hearing skills.	Hearing aid or Cochlear implant? a. Hearing aid b. Cochlear implant c. Both hearing aid and cochlear implant d. Refused e. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
Are you interested in an artificial limb?	Are you interested in receiving an artificial limb?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Have you been evaluated or assessed for an artificial limb?	Has a professional evaluated you for an artificial limb?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Were you prescribed an artificial limb?	Did a physician write a prescription for you to receive an artificial limb?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
Did you receive the artificial limb?	Did you receive an artificial limb that was prescribed?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Are you using the limb?	Are you using the artificial limb that was prescribed?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
Date of amputation	*Note – cross reference to the Amputation domain	Fill in	Core	Not Applicable (N/A)
Prosthetic use per day	What is your daily use of your prosthetic device?	a. Have a prosthesis but don't use b. Don't have a prosthesis c. Less than 4 hours per day d. 4 to 8 hours per day e. More than 8 hours per day f. Other g. N/A	Supplemental	Not Applicable (N/A)
Skin irritation, skin breakdown, or rashes	Does your amputation site include skin irritation, skin breakdown, or rashes?	a. Yes b. No c. N/A	Supplemental	Not Applicable (N/A)
Residual limb pain	Do you have leftover limb pain?	a. Yes b. No c. N/A	Supplemental	Not Applicable (N/A)
Phantom limb pain	Do you have ongoing painful sensations that seem to be coming from the part of your limb that is no longer there?	a. Yes b. No c. N/A	Supplemental	Not Applicable (N/A)
Current ambulation status	In what types of environments do you walk?	a. Householdb. Limited communityc. Full community	Core	Not Applicable (N/A)
Use of assistive mobility devices	What types of devices do you use to help you get around?	a. Noneb. Canec. Crutchesd. Walker/Rollatore. Wheelchairf. Other	Core	Not Applicable (N/A)
Current ADL functional status	Current status of ease of activities of daily living	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	Core	Not Applicable (N/A)



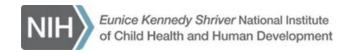
Variable	Definition	Variable Options	Core/Supplemental	Data Source
		b. Easy c. Moderate		
		d. Hard		
		e. Very hard		
		f. Don't know		
Current ADL functional status –	Current status of activities of daily living –	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with personal	do you have difficulty with personal	b. No		
hygiene/grooming	hygiene or grooming?	c. Don't know		
Current ADL functional status –	Current status of activities of daily living –	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with dressing	do you have difficulty with dressing?	b. No		
Comment ADI for all and at the	Company states of activities of delicities	c. Don't know	Considerated	Nich Accellaging (NI/A)
Current ADL functional status –	Current status of activities of daily living – do you have difficulty using the	a. Yes b. No	Supplemental	Not Applicable (N/A)
difficulty with toileting	bathroom?	c. Don't know		
Current ADL functional status –	Current status of activities of daily living –	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with transferring or	do you have difficulty moving between	b. No	Supplemental	Not Applicable (N/A)
ambulating	surfaces or walking?	c. Don't know		
Current ADL functional status –	Current status of activities of daily living –	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with eating	do you have difficulty eating?	b. No	''	., , ,
	, ,	c. Don't know		
Current IADL functional status –	Current status of instrumental activities	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with companionship and	of daily living – do you have difficulty with	b. No		
mental support	companionship or mental support?	c. Don't know		
Current IADL functional status –	Current status of instrumental activities	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with transportation and	of daily living – do you have difficulty with	b. No		
shopping	transportation or shopping?	c. Don't know	6 1 1	
Current IADL functional status –	Current status of instrumental activities	a. Yes b. No	Supplemental	Not Applicable (N/A)
difficulty with preparing meals	of daily living – do you have difficulty preparing food to eat?	c. Don't know		
Current IADL functional status –	Current status of instrumental activities	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with managing a	of daily living – do you have difficulty	b. No	Supplemental	140t Applicable (14/A)
household	managing a household?	c. Don't know		
Current IADL functional status –	Current status of instrumental activities	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with managing	of daily living – do you have difficulty	b. No		,, , , , ,
medications	managing your medications?	c. Don't know		
Current IADL functional status –	Current status of instrumental activities	a. Yes	Supplemental	Not Applicable (N/A)
difficulty with communicating	of daily living – do you have difficulty	b. No		
with others	getting your message across to others?	c. Don't know		



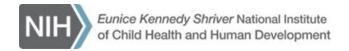
Variable	Definition	Variable Options	Core/Supplemental	Data Source
Current IADL functional status – difficulty with managing finances	Current status of instrumental activities of daily living – do you have difficulty managing money?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
Current 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 <u>Sociodemographics</u> domain	Fill in	Core	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED- CT)
Surgery or procedures	Cross reference to the <u>Amputation</u> and <u>Surgical Technique</u> domain			
Living with never a count	Count of other people with whom a	Social Fill in	Core	National Institute of
Living with persons count	person currently lives, cohabits, or stays.	FIII III	Core	Neurological Disorders and Stroke (NINDS) CDEs
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



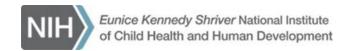
Variable	Definition	Variable Options	Core/Supplemental	Data Source
		w. Unknown		
Total number of people in family	Number of people within a person's family. Note: The ACS measures people 16 years and older in the United States	Fill in	Core	American Community Survey (ACS)
Number of children 5 years or 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



Variable	Definition	Variable Options	Core/Supplemental	Data Source
		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		
Tobacco cigarettes smoked daily average number	Average number of tobacco cigarettes smoked daily.	a. Never smoked b. Former smoker c. Current smoker d. Unknown	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
Tobacco history	Use of tobacco.	Fill in	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)
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



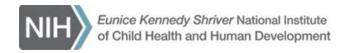
Variable	Definition	Variable Options	Core/Supplemental	Data Source
		b. Tranquilizers or anti-anxiety drugs (e.g., Valium, Librium, muscle relaxants, or Zanax) c. Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol) d. Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed) 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)		
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		
Non Amoutated lawer limb		a. Right	Supplemental	Not Applicable (N/A)
Non-Amputated lower limb – specify side	Side of body on which the lower limb is not amputated.	b. Left	Supplemental	Not Applicable (N/A)
Non-Amputated lower limb – foot deformities	Foot deformities, if any, on the non- amputated lower limb.	a. Yes b. No c. N/A d. If yes, fill in	Core	Not Applicable (N/A)
Non-Amputated lower limb – skin issues	Skin issues, if any, on the non-amputated lower limb.	a. Yes b. No c. N/A d. If yes, fill in	Core	Not Applicable (N/A)
Non-Amputated lower limb - edema	Swelling, if any, on the non-amputated lower limb.	a. Yes b. No c. N/A	Core	Not Applicable (N/A)



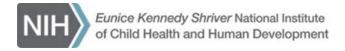
Variable	Definition	Variable Options	Core/Supplemental	Data Source					
		d. If yes, fill in							
Amputated Residual Limb									
Amputated Residual Limb – level of amputation on the right side	Level of amputation on the right side of the body.	a. Foot, including toes or partial foot b. At the ankle (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	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)					



Variable	Definition	Variable Options	Core/Supplemental	Data Source						
		c. N/A								
	Prosthetic Donning and Doffing									
Prosthetic type	Description of prosthetic type.	Fill in	Core	Not Applicable (N/A)						
Number of changes to prosthesis	Number of changes made to the prosthesis. Fill in.	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.	Fill in	Core	Not Applicable (N/A)						
Temporary prosthetic provided	Was a prosthesis provided to a person for	a. Yes	Core	Not Applicable (N/A)						
post-surgery	a limited time prior to a more permanent	b. No								
	prosthesis was fitted.	c. Don't know								
Prosthetic Fit	View the <u>Prosthetic Fit</u> Outcome Measures									
Prosthetic component function	View the <u>Prosthetic Intervention</u> domain									
Gait	View the <u>Gait</u> domain									
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)						



Variable	Definition	Variable Options	Core/Supplemental	Data Source
		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		
Quality of life	View the Quality of Life Outcome Measures			
Community Integration	View the <u>Community Integration & Re-</u> <u>Integration</u> Outcome Measures			



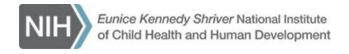
Pain

Adult Acute Pain

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

Adult Chronic Pain

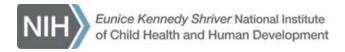
	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
Measure		joyment of Life Activity (PEG)	Patient-Reported Outcomes Measurement Information System (PROMIS)Physical Functioning Short Form 6b	Patient- Reported Outcomes Measurement Information System (PROMIS)Sleep Disturbance 6a + Sleep	Pain Catastrophizing Scale – Short Form 6	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)	Patient Global Impression of Change (PGIC)	The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) 1 Tool



	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
				Duration Question					
Core/Supplemental	Core		Core	Core	Core	Core	Core	Core	Core
Copyright (Y/N)	N		N	N	Υ	N	N	N	N

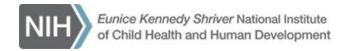
Pediatric Acute Pain

	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
				Child	t				
Measure	Brief Pain Inventory (BPI) Pain Severity	Brief Pain Inventory (BPI) Pain Interference	Pediatric Quality of Life Inventory (PedsQL)	Adolescent Sleep Wake Scale (AWS)-10 + Sleep duration Items	Pain Catastrophizing Scale for Children	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)	Patient Global Impression of Change (PGIC)	National Institute on Drug Abuse (NIDA) Modified Assist Tool - 2
Core/Supplemental	Core	Core	Core	Core	Core	Core	Core	Core	Core
Copyright (Y/N)	Υ	Υ	Υ	N	N	N	N	N	N
				Parer	nt				
Measure					Pain Catastrophizing	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)		
Core/Supplemental					Core	Core	Core		
Copyright (Y/N)					N	N	N		



Pediatric Chronic Pain

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



Foundational Gait Measures

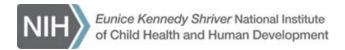
Parameter	Core/Supplemental
Spatial/Temporal Parameters	
Stance time	<u>Core</u>
Cadence	Core
Step time	<u>Core</u>
Swing time	Core
Stride velocity	<u>Core</u>
Gait speed	Core
Stride length	<u>Core</u>
Step length	<u>Core</u>
Step Width	Core
Step Angle	Core
Joint Kinematics/Kinetics	
Ground Reaction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

Metabolic/Energy Expenditure Measures

Parameter	Description	Core/Supplemental
Direct Measures		
Heart Rate (bpm)	Heart rate measured during resting or steady state activity	Core
Oxygen Consumption (mL/kg*min)	Volume of oxygen intake per minute, measured during rest or steady state activity	Core
Oxygen cost (mL/kg*m)	Volume of oxygen intake per meter traveled, measured during steady state activity	Core



Parameter	Description	Core/Supplemental
Maximum Oxygen Consumption (mL/kg*min)	(VO2 Peak) Measure of exercise capacity. Difficult to measure in those with lower extremity trauma and/or amputation.	Supplemental
Carbon Dioxide Production (mL/kg*min)	Volume of carbon dioxide expelled per minute, measured during rest or steady state activity	Supplemental
Speed (m/s)		Core
Derived Measures		
Respiratory Exchange Ratio (RER)	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)	Supplemental
Metabolic Power (W/kg)	Energy cost multiplied with the velocity; measures energy expenditure during intermittent speeds. Sometime referred to as PMET.	Supplemental
Energy Cost (kCal/min)	The energy needed to perform an activity	Supplemental
Energy Expenditure (kJ)	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	Supplemental
Metabolic Equivalent (MET)	Procedure for expressing the energy cost of physical activities as a multiple of the resting metabolic rate	Supplemental
Physiological Cost Index (beats/m)	An estimation of energy cost derived from heart rate (resting and active) and speed.	Supplemental



Outcome Measures

Balance

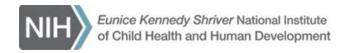
Measure Name	Core/Supplemental	Copyright (Y/N)
Activities-Specific Balance Confidence Scale (ABC)	Core	Υ
Berg Balance Scale (BBS)	Core	N
Dynamic Gait Index	Supplemental	N
Tinnetti Balance and Gait Assessment	Supplemental	N
Narrow Beam-Walking Test	Supplemental	Unknown

Cognition

Measure Name	Core/Supplemental	Copyright (Y/N)
Animal Fluency Test	Supplemental	Unknown
Automated Neuropsychological Assessment Metrics (ANAM)	Supplemental	N
Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI)	Supplemental	Υ
Behavior Rating of Executive Function- Adult Version (BRIEF-A)	Supplemental	Υ
Boston Naming Test	Supplemental	Unknown
Brief Test of Adult Cognition by Telephone (BTACT)	Supplemental	N
Brief Visuospatial Memory Test - Revised (BVMT-R)	Supplemental	Υ
California Verbal Learning Test - Second Edition (CVLT-II)	Supplemental	Υ
California Verbal Learning Test Children's Version (CVLT-C)	Supplemental	N
Child Behavior Checklist (CBCL)	Supplemental	N
Conners' Continuous Performance Test 3rd Edition (CPT 3)	Supplemental	Υ
Consortium to Establish a Registry for Alzheimer's Disease Word List subtest (CERAD-WL)	Supplemental	Unknown



Measure Name	Core/Supplemental	Copyright (Y/N)
Delis-Kaplan Executive Function System (D-KEFS) Trail Making Test (TMT)	Supplemental	N
Digit Symbol Substitution Test (DSST)	Supplemental	Unknown
Frontal Systems Behavior Scale (FrSBe)	Supplemental	Υ
Grip Strength Test	Supplemental	N
Grooved Pegboard Test (GPT)	Supplemental	Υ
Hopkins Verbal Learning Test-Revised (HVLT-R)	Supplemental	Υ
Medical Symptom Validity Test (MSVT)	Supplemental	Υ
Mini-Mental State Examination (MMSE)	Supplemental	Υ
Montreal Cognitive Assessment (MoCA)	Supplemental	Υ
National Adult Reading Test (NART)	Supplemental	N
Neuropsychological Test Battery from the Uniform Data Set (UDS) of the Alzheimer's Disease Centers (ADC) program	Supplemental	Unknown
NIH Toolbox Cognition Battery	Supplemental	N
Rey Auditory Verbal Learning Test (RAVLT)	Supplemental	Υ
Short Portable Mental Status Questionnaire (SPMSQ)	Supplemental	N
Stroop Color and Word Test (SCW)	Supplemental	Υ
Symbol Digit Modalities Test (SDMT)	Supplemental	N
Test of Everyday Attention for Children (TEA-Ch)	Supplemental	Υ
Test of Premorbid Functioning (TOPF)	Supplemental	N
Token Test	Supplemental	Unknown
Victoria Symptom Validity Test (VSVT)	Supplemental	Υ
Wechsler Abbreviated Scale of Intelligence Second Edition (WASI-II)	Supplemental	Υ
Wechsler Adult Intelligence Scale, Third Edition (WAIS-III)	Supplemental	Υ
Wechsler Memory Scale Fourth Edition (WMS-IV)	Supplemental	Υ
Wechsler Test of Adult Reading (WTAR)	Supplemental	Υ
Woodcock Johnson-III Tests of Cognitive Abilities (WJ-III-COG)	Supplemental	Υ



Measure Name	Core/Supplemental	Copyright (Y/N)
Word Memory Test (WMT)	Supplemental	Υ
Written Verbal Fluency Test (WVFT)	Supplemental	Υ

Function

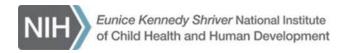
Measure Name	Core/Supplemental	Copyright (Y/N)
6 Minute Walk Test (6MWT)	Supplemental	N
Activity Measure for Post-Acute Care (AM-PAC)	Supplemental	N
Assessment of Daily Activity Performance in Transfemoral Amputees (ADAPT)	Core	Unknown
Barthel Index	Supplemental	N
Functional Independence Measure (FIM)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

Health Status

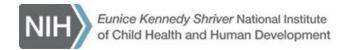
Measure Name	Core/Supplemental	Copyright (Y/N)
Short Form Health Survey (SF-12)	Supplemental	N
Short Form Health Survey (SF-36)	Supplemental	N
Short Form Health Survey - Veterans (SF-36V)	Supplemental	Unknown
Functional Comorbidities Index	Supplemental	Υ

Mobility

Measure Name	Core/Supplemental	Copyright (Y/N)
10 Meter Walk Test	Supplemental	N



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



Pain

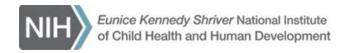
Measure Name	Core/Supplemental	Copyright (Y/N)
Short Form McGill Pain Questionnaire (SF-MPQ)	Supplemental	N
Short Form McGill Pain Questionnaire 2 (SF-MPQ-2)	Supplemental	N
Visual Analog Scale	Supplemental	N

Prosthetic Fit

Measure Name	Core/Supplemental	Copyright (Y/N)
Prosthesis Evaluation Questionnaire (PEQ)	Core	Υ
Prosthesis Evaluation Questionnaire, Modified (PEQ-modified)	Core	Υ
Prosthesis Evaluation Questionnaire Mobility Subscale (PEQ-MS) 13/11	Core	Υ
Prosthesis Evaluation Questionnaire Mobility Subscale (PEQ-MS) 12/5	Core	Υ
Socket Comfort Score (SCS)	Core	Unknown
Trans-Femoral Fitting Predictor (TFP)	Core	Unknown

Psychological

Measure Name	Core/Supplemental	Copyright (Y/N)
Beck Depression Inventory-II (BDI-II)	Supplemental	N
Center for Epidemiology Studies - Depression Scale (CES-D)	Core	N
Center for Epidemiology Studies - Depression Scale for Children (CES-DC)	Core	N
Children's Depression Inventory 2 (CDI 2)	Supplemental	Υ
Social Support Questionnaire – Short Form (SSQ6)	Supplemental	Υ
Zung Self Rating Depression Scale	Supplemental	Υ
Patient Health Questionnaire	Core	N
Geriatric Depression Scale	Supplemental	N
Sickness Impact Profile (SIP)	Core	N



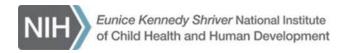
Measure Name	Core/Supplemental	Copyright (Y/N)
Sickness Impact Profile 68 (SIP 68)	Supplemental	N

Quality of Life

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

Community Integration & Re-Integration

Measure Name	Core/Supplemental	Copyright (Y/N)
Craig Hospital Inventory of Environmental Factors (CHIEF)	Supplemental	N
Community Integration Questionnaire (CIQ)	Supplemental	N
Community Reintegration of Injured Service Members (CRIS)	Supplemental	Unknown
Disability Rating Scale (DRS)	Supplemental	N



Measure Name	Core/Supplemental	Copyright (Y/N)
Participation Measure for Post-Acute Care (PMPC)	Supplemental	N
PROMIS Short Form - Ability to Participate in Social Roles and Activities	Core	N
PROMIS Short Form - Satisfaction with Participation in Social Roles	Core	N