OPUS – Satisfaction with Device and Services

The Orthotics and Prosthetics User's Survey (OPUS) is a subjective questionnaire that consists of five sections and is used to assess multiple facets of your life as a prosthesis and/or orthosis user. The Satisfaction with Device and Services portion will assess your satisfaction with the device and services rendered by the prosthetist/orthotist and the clinic.

Please select the response that most closely reflects your opinion.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know/Not Applicable
		5	4	3	2	1	0
1.	My prosthesis / orthosis fits well						
2.	The weight of my prosthesis / orthosis is manageable						
3.	My prosthesis / orthosis is comfortable throughout the day						
4.	It is easy to put on my prosthesis / orthosis						
5.	My prosthesis / orthosis looks good						

6.	My prosthesis / orthosis is durable			
7.	My clothes are free of wear and tear from my prosthesis / orthosis			
8.	My skin is free of abrasions and irritations			
9.	My prosthesis / orthosis is pain free to wear			
10.	I can afford the out-of-pocket expenses to purchase and maintain my prosthesis / orthosis			
11.	I can afford to repair or replace my prosthesis / orthosis as soon as needed			
12.	I received an appointment with a prosthetist / orthotist within a reasonable amount of time			

13.	I was shown the proper			
	level of courtesy and respect by the staff			
14.	I waited a reasonable amount of time to be seen			
15.	Clinic staff fully informed me about equipment choices			
16.	The prosthetist / orthotist gave me the opportunity to express my concerns regarding my equipment			
17.	The prosthetist / orthotist was responsive to my concerns and questions			
18.	I am satisfied with the training I received in the use and maintenance of my prosthesis / orthosis			

19.	The prosthetist / orthotist discussed problems I might encounter with my equipment									
20.	The staff coordinated their services with my therapists and doctors									
21.	I was a partner in decision-making with clinic staff regarding my care and equipment									
Satisfaction with Device Score:										
	Satisfaction with Service Score:									
Interpretation										
The score is represented on a 0-100 scale where 100 represents the most satisfaction with the device and service and 0 represents the least satisfaction with the device and service.										
Minimal Detectable Change (MDC)										

Upper and Lower Extremity Prosthesis, Lower Extremity Orthosis, Orthopedic Shoes: MDC = 15.0.

Unilateral Lower Limb Amputation: MDC = 15.7.

These are published values for specific populations and provide guidance if the patient does not have the listed condition.

Selected References

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