
TAPES-R

The Trinity Amputation and Prosthesis Experience Scales - Revised (TAPES-R) is a patient-reported outcome measure evaluating adjustment to using a prosthetic limb. It consists of three scored sections: the psychosocial section which consists of three subscales (general adjustment, social adjustment, and adjustment to limitation), the activity restriction section, and the satisfaction with the prosthesis section which consists of two subscales (aesthetic and functional satisfaction). A fourth, unscored section assesses pain.

Below are written a series of statements concerning the wearing of a prosthesis. Please read through each statement carefully. Then select a response, which shows how strongly you agree or disagree with it.

	Strongly disagree	Disagree	Agree	Strongly Agree	Not applicable
	1	2	3	4	
1. I have adjusted to having a prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. As time goes by, I accept my prosthesis more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel that I have dealt successfully with this trauma in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Although I have a prosthesis, my life is full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have gotten used to wearing a prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I don't care if somebody looks at my prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I find it easy to talk about my prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I don't mind people asking about my prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I find it easy to talk about my limb loss in conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I don't care if somebody notices that I am limping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
	4	3	2	1	
11. A prosthesis interferes with the <u>ability</u> to do my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Having a prosthesis makes me more dependent on others than I would like to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Having a prosthesis limits the <u>kind</u> of work that I can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Being an amputee means that I can't do what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Having a prosthesis limits the <u>amount</u> of work that I can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Psychosocial Adjustment Scale Score: <hr/>					

The following questions are about activities you might do during a typical day. Does having a prosthesis limit you in these activities? If so, how much? Please select the appropriate response.

	Yes, limited a lot	Limited a little	No, not limited at all	Not applicable
	2	1	0	
16. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Running for a bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Sport and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Walking 100 meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Working on hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Going to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity Restriction Scale Score:

Please select the response that represents the extent to which you are satisfied or dissatisfied with each of the different aspects of your prosthesis mentioned below:

	Not Satisfied	Satisfied	Very Satisfied
	1	2	3
26. Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Satisfaction with the Prosthesis Scale Score:

Please select the number (0 Not at all Satisfied - 10 Very Satisfied) that best describes how satisfied you are with your prosthesis.

For the following questions, please select the appropriate response.

On average, how many hours a day do you wear your prosthesis? _____ hours

In general, would you say your...

	Very poor	Poor	Fair	Good	Very good
health is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
physical capabilities are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you experience...

	No	Yes
residual limb (stump) pain (pain in the remaining part of your amputated limb)?	<input type="checkbox"/>	<input type="checkbox"/>
phantom limb pain (pain in the part of the limb which was amputated)?	<input type="checkbox"/>	<input type="checkbox"/>
any other medical problems apart from stump pain or phantom limb pain?	<input type="checkbox"/>	<input type="checkbox"/>

Please specify. _____

any other pain that you have not previously mentioned? ☐

Please specify. _____

	Stump pain	Phantom limb pain	Other medical problems
--	------------	-------------------	------------------------

During the last week, how many times have you experienced pain / problems?

More than 14 times

☐
☐
☐

How long, on average, did each episode of pain / problem last?

Please indicate the average level of pain experienced during the last week on the scale below by selecting the appropriate response.

	Excruciating	Horrible	Distressing	Discomforting	Mild
Stump pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phantom limb pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain resulting from other medical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much did pain / these problems interfere with your normal lifestyle (e.g., work, social and family activities) during the last week?

	A lot	Quite a bit	Moderately	A little bit	Not at all
Stump pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phantom limb pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation

Higher scores represent positive adjustment (ranging 1-4), greater activity restriction (ranging 0-2), and greater satisfaction (ranging 3-9 for aesthetic satisfaction and 5-15 for functional satisfaction) with the prosthesis.

Minimally Clinically Important Difference (MCID)

Minimal Detectable Change (MDC)

None

Selected References

1. Gallagher P, Franchignoni F, Giordano A, MacLachlan M. (2010) Trinity Amputation and Prosthesis Experience Scales: A Psychometric Assessment Using Classical Test Theory and Rasch Analysis (TAPES). American Journal of Physical Medicine and Rehabilitation. 89 (6): 487-496
 2. Gallagher, P. & MacLachlan, M. (2000) Development and psychometric evaluation of the Trinity Amputation and Prosthesis Experience Scales (TAPES). Rehabilitation Psychology, 45, 130-154
-