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Date: \_\_\_\_\_

Please select the walking aids and other mobility devices that you have:

How much do you use this walking aid in a normal day?

<input type="checkbox"/> No walking aids	-	_____
<input type="checkbox"/> Single point stick	-	_____
<input type="checkbox"/> Quad base walking stick	-	_____
<input type="checkbox"/> Single crutch	-	_____
<input type="checkbox"/> Pair of crutches	-	_____
<input type="checkbox"/> Walking frame / Walker	-	_____
<input type="checkbox"/> Wheeled walker	-	_____
<input type="checkbox"/> Manual wheelchair	-	_____
<input type="checkbox"/> Powered wheelchair or mobility scooter	-	_____

Relative to your own expectations how do you currently rate your problems participating in the community?

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Relative to someone without limb loss, in similar circumstances but without lower limb absence how do you currently rate your problems participating in your community?

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Relative to your own expectations how do you currently rate your problems participating in the formal or informal labour market if given the opportunity?

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Relative to someone without limb loss in similar circumstances but without limb absence, how do you currently rate your problems participating in the formal or informal labour market if given the opportunity?

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How many hours do you spend standing in a normal day?

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How many hours do you spend walking in a normal day?

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Do you on occasion fall? \_\_\_\_\_

If yes, fall frequency: \_\_\_\_\_

If yes, has fall resulted in an injury? \_\_\_\_\_

Do you have access to family and social support and assistance at home? \_\_\_\_\_

If yes, do you utilize assistance of family and social support? \_\_\_\_\_

Do you have access to organized community services? \_\_\_\_\_

If yes, where do you utilize services from? \_\_\_\_\_

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