

Stanmore Limb reconstruction score

Today's Date:

Name:

Date of Birth:

Thank you for completing this questionnaire.

Filling in the form is voluntary. Your answers will help us to better understand your general health and wellbeing, as well as particular problems with your current condition and the treatment.

Please answer every question- some of them are similar to others, but they are all different.

If you are not sure how to answer a question, please give the best answer you can.

Pain

Please answer the following questions regarding pain you feel in the leg which has/is being treated.

1) For the last week, Please rate your pain at its worst

0 1 2 3 4 5 6 7 8 9 10

No pain

Unbearable pain

2) For the last week, please rate your pain at its least

0 1 2 3 4 5 6 7 8 9 10

No pain

Unbearable pain

3) How much pain are you in now?

0 1 2 3 4 5 6 7 8 9 10

No pain

Unbearable pain

4) For the last week, how much of the time have you been in pain?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Sleep

Please describe your sleep for the past week.

1) During the last week, how difficult was it to get a deep and comfortable sleep

1	2	3	4	5
I always sleep well	A little bit difficult	Difficult some of the time	Difficult most of the time	I never have a deep sleep

2) During the last week, how often did you feel rested in the morning?

1	2	3	4	5
I always feel rested	Most of the time I feel rested	Some of the time	Rarely do I feel rested	Never feel rested

Social/Relationships

This section looks at your social life and relationships. During the last week, has your leg:

1) Stopped you from having a normal social life and activities with your friends and family?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

2) Stopped you from being able to feel close to your friends and family?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Physical function

Mobility

1) Over the last week, have you had difficulty getting in and out of a car?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

2) Over the last week, have you had difficulty using public transport? (Leave blank if not applicable)

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

3) Over the last week, have you had difficulty getting around the house without help

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

4) Over the last week, have you had difficulty getting out of the house without help?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

5) Does your leg feel stiff?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Activities around the home

During the last week, has your leg interfered with you doing any of the following:

1) Household chores such as vacuuming or cleaning

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

2) Standing still for 10 minutes

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

3) Carrying items around the house (e.g. a plate of food)

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

4) Bending to pick things up off the floor

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

5) Climbing stairs

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Activities outside

During the last week, has your leg interfered you doing any of the following:

1) Walking outdoors/leaving your home?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

2) Walking 100m (about the length of a football pitch)?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

3) Walking 500m?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

4) Going shopping?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

5) Do you need a walking aid when you leave the house (like a walking stick, crutch or zimmer frame)?

1	2	3	4	5
No walking aids	Occasionally use a walking aid	Usually a stick or one crutch	Usually two crutches or a frame	Usually a wheelchair

Hygiene

1) Are you able to wash without help from anyone else?

1	2	3	4	5
No difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do

2) Are you able to dress yourself without help from anyone else?

1	2	3	4	5
No difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do

Leisure

Over the past week, has the situation with your leg stopped you from doing:

1) As much physical exercise/sport as you would like?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

2) As many leisure activities or hobbies as you would like? E.g. gardening, reading

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Work/Employment

Over the past week, has the situation with your leg:

1) Caused difficulty with your ability to work (or complete household duties at home if not in employment)

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

2) Caused you to make changes to your normal work/duties?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Planning

1) How often do you think the situation with your leg interferes with your ability to make plans for your future?

1	2	3	4	5
Does not interfere	A little of the time	Some of the time	Most of the time	Unable to make an plans

Feelings and emotions

1) How often do you feel frustrated or angry about your situation?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

2) How often do you feel less capable or confident?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

3) How often do you feel you have to protect your limb?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

4) Do you feel that you lose your temper more easily?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

5) How often do you feel depressed or low in mood?

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Cosmetic

1) How happy are you with the appearance of your leg?

1	2	3	4	5
Very happy	A little happy	Neither happy nor unhappy	A little unhappy	Very unhappy

2) How normal do you think your leg appears?

1	2	3	4	5
Completely normal				Extremely abnormal

Thank you for completing this questionnaire

Please now hand it back to your nurse or physio.