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Psychosocial adaptation to lower limb amputation during the year following rehabilitation: a longitudinal and qualitative analysis

Volume II
PSYCHOSOCIAL ADAPTATION TO LOWER-LIMB AMPUTATION
DURING THE YEAR FOLLOWING REHABILITATION:
A LONGITUDINAL AND QUALITATIVE ANALYSIS

Volume II

By

Olga Horgan

A thesis presented to the University of Dublin for the degree of Doctor of Philosophy

Trinity College Dublin
2003
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Acceptance

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Seeing benefits

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APPENDIX 1:

TRINITY AMPUTATION AND PROSTHESIS EXPERIENCE SCALES
Trinity Amputation and Dr. Pamela Gallagher
Dr. Malcolm MacLachlan
e-mail: Malcolm.MacLachlan@tcd.ie

Prosthesis Experience Scales
The Trinity Amputation and Prosthesis Experience Scales (TAPES) was produced in 2000 at the Department of Psychology, Trinity College, Dublin. It may be freely copied for clinical, teaching, and/or research purposes.

This is a questionnaire designed to investigate different aspects of having an amputation and/or an artificial limb. Please answer every item as honestly as you can. There are no right or wrong answers. Your responses will remain confidential.

1. Are you male.... [ ]
female.. [ ]

2. What age are you?

___________years

3. (a) How long ago did you have your amputation: _____ years _____months
(b) Do you have an artificial limb? _________
If yes, how long do you have this artificial limb: _____ years _____months

4. What type of artificial limb do you have? (Please tick the appropriate box)
   Below-Knee [ ]
   Through-Knee [ ]
   Above-Knee [ ]
   Other (please specify) _________

5. What was your amputation a result of? (Please tick the appropriate box).
   Peripheral Vascular Disorder [ ]
   Diabetes [ ]
   Cancer [ ]
   Accident [ ]
   Other (please specify) ____________________________
Below are written a series of statements concerning the wearing of an artificial limb. Please read through each statement carefully. Then **tick the box** beside each statement, which shows how strongly you agree or disagree with it.

1. I have adjusted to having an artificial limb

2. As time goes by, I accept my artificial limb more

3. I feel that I have dealt successfully with this trauma in my life

4. Although I have an artificial limb, my life is full

5. I have gotten used to wearing my artificial limb

6. I don't care if somebody looks at my artificial limb

7. I find it easy to talk about my artificial limb

8. I don't mind people asking about my artificial limb

9. I have difficulty talking about my limb loss in conversation

10. I don't care if anybody notices that I am limping

11. An artificial limb interferes with the ability to do my work

12. Having an artificial limb makes me more dependent on others

13. Having an artificial limb limits the kind of work that I can do

14. Being an amputee means that I can't do what I want to do

15. Having an artificial limb limits the amount of work that I can do
The following questions are about activities you might do during a typical day. Does having an artificial limb limit you in these activities? If so, how much? Please tick the appropriate box.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Vigorous activities, such as running,</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>lifting heavy objects, participating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in strenuous sports</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>(b) climbing several flights of stairs</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(c) running for a bus</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(d) sport and recreation</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(e) climbing one flight of stairs</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(f) walking more than a mile</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(g) walking half a mile</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(h) walking 100 yards</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(i) maintaining friendships</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(j) visiting friends</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(k) working on hobbies</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(l) going to work</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Please **tick the box** that represents the extent to which you are satisfied or dissatisfied with **each** of the different aspects of your artificial limb mentioned below:

<table>
<thead>
<tr>
<th>Aspects</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither Dissatisfied nor Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Colour</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(ii) Shape</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(iii) Noise</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(iv) Appearance</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(v) Weight</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(vi) Usefulness</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(vii) Reliability</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(viii) Fit</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(ix) Comfort</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>(x) Overall Satisfaction</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>
Part II

(For the following questions, please tick the appropriate boxes)

1. On average, how many hours a day do you wear your prosthesis? ________ hours

2. In general, would you say your health is:
   - Very Poor [1]
   - Poor [2]
   - Fair [3]
   - Good [4]
   - Very Good [5]

3. In general, would you say your physical capabilities are:
   - Very Poor [1]
   - Poor [2]
   - Fair [3]
   - Good [4]
   - Very Good [5]

4(a) Do you experience residual limb (stump) pain (pain in the remaining part of your amputated limb)?
   - No [0] .... (If no, go to question 5)
   - Yes [1] .... (If yes, answer part (b), (c), (d) and (e))

   (b) During the last week, how many times have you experienced stump pain? ________

   (c) How long, on average, did each episode of pain last? ________

   (d) Please indicate, the average level of stump pain experienced during the last week on the scale below by ticking the appropriate box:

   - Excruciating [5]
   - Horrible [4]
   - Distressing [3]
   - Discomforting [2]
   - Mild [1]

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

   - A Lot [5]
   - Quite a Bit [4]
   - Moderately [3]
   - A Little Bit [2]
   - Not at All [1]
5. (a) Do you experience **phantom limb pain** (pain in the part of the limb which was amputated)?

   No [ ] .... (if no, go to question 6)
   Yes [ ] .... (If yes, answer part (b), (c), (d), and (e))

(b) **During the last week**, how many times have you experienced phantom limb pain? ________

c) How long, on average, did each episode of pain last? ________

d) Please indicate the average level of phantom limb pain experienced **during the last week** on the scale below by ticking the appropriate box:

   Excruciating Horrible Distressing Discomforting Mild

e) How much did phantom limb pain interfere with your normal lifestyle (eg. work, social and family activities) **during the last week**?

   A Lot    Quite a Bit    Moderately    A Little Bit    Not at All
6. (a) Do you experience any other medical problems apart from stump pain or phantom limb pain? No [ 0 ]
   Yes [ 1 ] (If yes, answer part (b), (c), (d), (e), (f) and (g))

(b) Please specify what problems you experience

(c) During the last week, how many times have you suffered from these medical problems?

(d) How long, on average, did each problem last?

(e) Please indicate the level of pain experienced as a result of these problems during the last week on the scale below by ticking the appropriate box:

Excruciating  Horrible  Distressing  Discomforting  Mild

(f) How much did these medical 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

(g) Do you experience any other pain that you have not previously mentioned?

   No [ 0 ]
   Yes [ 1 ]
   If yes, please specify

Please check that you have answered all the questions.
Thank you for all your help.
APPENDIX 2:
TRINITY AMPUTATION AND PROSTHESES EXPERIENCE SCALES – REVISED
Part l

Below are written a series of statements concerning an amputation. Please read through each statement carefully. The tick the box underneath the description that best indicates your level of agreement/disagreement with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I will never get over losing a limb.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I often think that there is always somebody out there who is worse off than myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I feel that I am the same person I was before I lost my limb.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I see my amputation as a challenge in life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Since having an amputation, I feel deprived from leading a normal life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Because I have lost a limb, I feel that life will never be as good again.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I always think about how I look to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I dislike the appearance of my amputated limb.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Since my amputation, I have become more concerned about my physical appearance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I don’t care if anybody notices my amputated limb.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I find it easy to talk about my amputation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I don’t mind people asking about my amputation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I have difficulty talking about my limb loss in conversation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Since my amputation, I am more reluctant to interact with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Some of the words below describe your present pain. Please indicate the degree to which you are currently feeling the type of pain described below.

<table>
<thead>
<tr>
<th>Word</th>
<th>Very</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throbbing</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Shooting</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Stabbing</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Sharp</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Trimming</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Crawling</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Hot-burning</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Aching</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Heavy</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tender</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Splitting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tingling</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Throbbing</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Powerful</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Finishing</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

(Appendix 3: Short Form of the McGill Pain Questionnaire)

People note that the following words may not relate to the type of pain they describe. You are free to use any word describing your pain, if you wish.

<table>
<thead>
<tr>
<th>No pain</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Unbearable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Some of the words below describe your *present* pain. Please indicate the degree to which you are currently feeling the type of pain described below.

<table>
<thead>
<tr>
<th>Description</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throbbing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shooting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Stabbing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sharp</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Cramping</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gnawing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Hot-burning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Aching</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Heavy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tender</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Splitting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tiring-exhausting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sickening</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fearful</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Punishing-cruel</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Please place a mark on the line below at a point that corresponds to the level of pain intensity you are currently feeling.

| No Pain | | | | | Worst Possible Pain |

**Present Pain Intensity (PPI)**

People agree that the following words represent pain of increasing intensity. Which word describes your pain right now?

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No pain</td>
</tr>
<tr>
<td>1</td>
<td>Mild</td>
</tr>
<tr>
<td>2</td>
<td>Discomforting</td>
</tr>
<tr>
<td>3</td>
<td>Distressing</td>
</tr>
<tr>
<td>4</td>
<td>Horrible</td>
</tr>
<tr>
<td>5</td>
<td>Excruciating</td>
</tr>
</tbody>
</table>
APPENDIX 4:
AMPUTATION BODY IMAGE SCALE
This questionnaire is designed to measure how you see and feel about your body image. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and as accurately as you can by circling the appropriate answer to each question.

1. Because I am an amputee, I feel more anxious about my physical appearance in social situations than when I am alone.

   None of the time  Rarely  Some of the time  Most of the time  All of the time

2. I avoid wearing shorts in public because my prosthesis would be seen.

   None of the time  Rarely  Some of the time  Most of the time  All of the time

3. I like my overall physical appearance when wearing my prosthesis.

   None of the time  Rarely  Some of the time  Most of the time  All of the time

4. It concerns me that the loss of my limb impairs my body’s functional capabilities in various activities of daily living.

   None of the time  Rarely  Some of the time  Most of the time  All of the time

5. I avoid looking into a full-length mirror in order not to see my prosthesis.

   None of the time  Rarely  Some of the time  Most of the time  All of the time

6. Because I am an amputee, I feel anxious about my physical appearance on a daily basis.

   None of the time  Rarely  Some of the time  Most of the time  All of the time

7. I experience a phantom limb.

   None of the time  Rarely  Some of the time  Most of the time  All of the time

8. Since losing my limb, it bothers me that I no longer conform to society's idea of normal appearance.

   None of the time  Rarely  Some of the time  Most of the time  All of the time
9. It concerns me that the loss of my limb impairs my ability to protect myself from harm.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

10. When I am *not* wearing my prosthesis, I avoid situations where my physical appearance can be evaluated by others (e.g. I avoid social situations, and/or swimming pool or beach activities etc.)

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

11. The loss of my limb makes me think of myself as *disabled*.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

12. I like my physical appearance when *not* wearing my prosthesis

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

13. When I am walking, people notice my limp.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

14. When I am wearing my prosthesis, I avoid situations where my physical appearance can be evaluated by others (e.g. I avoid any social situations, and/or I avoid swimming pool or beach activities etc.).

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

15. People treat me as disabled.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

16. I like the appearance of my stump anatomy

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>
17. I wear baggy clothing in an attempt to hide my prosthesis

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

18. I feel I must have four normal limbs to be physically attractive

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

19. It is important that my prosthesis and remaining anatomy of my affected limb are the same size as the other limb.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>

20. I avoid looking into a full-length mirror in order not to see my stump anatomy.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
</table>
APPENDIX 5:

HOSPITAL ANXIETY AND DEPRESSION SCALE
This questionnaire is designed to help me know how you feel. Please read each item and underline the reply which comes closest to how you have been feeling in the past week. You can ignore the numbers printed on the left of each reply. Try not to take too long over your replies - your immediate reaction to each item will probably be more accurate than a long thought-out response.

**I feel tense or “wound up”**

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Most of the time</td>
<td>A lot of the time</td>
<td>From time to time, occasionally</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

**I still enjoy the things I used to enjoy**

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Definitely as much</td>
<td>Not quite so much</td>
<td>Only a little</td>
<td>Hardly at all</td>
</tr>
</tbody>
</table>

**I get a frightened feeling as if something awful is about to happen**

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Very definitely and quite badly</td>
<td>Yes, but not too badly</td>
<td>A little, but it doesn’t worry me</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

**I can laugh and see the funny side of things**

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>As much as I always could</td>
<td>Not quite so much now</td>
<td>Definitely not so much now</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

**Worrying thoughts go through my mind**

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>A great deal of the time</td>
<td>A lot of the time</td>
<td>From time to time but not too often</td>
<td>Only occasionally</td>
</tr>
</tbody>
</table>

**I feel cheerful**

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Not at all</td>
<td>Not often</td>
<td>Sometimes</td>
<td>Most of the time</td>
</tr>
</tbody>
</table>

**I can sit at ease and feel relaxed**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Definitely</td>
<td>Usually</td>
<td>Not often</td>
<td>Not at all</td>
</tr>
</tbody>
</table>
I feel as if I am slowed down

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Nearly all the time</td>
</tr>
<tr>
<td>2</td>
<td>Very often</td>
</tr>
<tr>
<td>1</td>
<td>Sometimes</td>
</tr>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

I get a sort of frightened feeling like "butterflies" in the stomach

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Very often</td>
</tr>
<tr>
<td>2</td>
<td>Quite often</td>
</tr>
<tr>
<td>1</td>
<td>Occasionally</td>
</tr>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

I have lost interest in my appearance

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Definitely</td>
</tr>
<tr>
<td>2</td>
<td>I don't take as much care as I should</td>
</tr>
<tr>
<td>1</td>
<td>I may not take quite as much care</td>
</tr>
<tr>
<td>0</td>
<td>I take just as much care as ever</td>
</tr>
</tbody>
</table>

I feel restless as if I have to be on the move

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Very much indeed</td>
</tr>
<tr>
<td>2</td>
<td>Quite a lot</td>
</tr>
<tr>
<td>1</td>
<td>Not very much</td>
</tr>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

I look forward with enjoyment to things

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>As much as I ever did</td>
</tr>
<tr>
<td>2</td>
<td>Rather less than I used to</td>
</tr>
<tr>
<td>1</td>
<td>Definitely less than I used to</td>
</tr>
<tr>
<td>0</td>
<td>Hardly at all</td>
</tr>
</tbody>
</table>

I get sudden feelings of panic

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Very often indeed</td>
</tr>
<tr>
<td>2</td>
<td>Quite often</td>
</tr>
<tr>
<td>1</td>
<td>Not very often</td>
</tr>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

I can enjoy a good book or radio or TV programme

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Very seldom</td>
</tr>
<tr>
<td>2</td>
<td>Not often</td>
</tr>
<tr>
<td>1</td>
<td>Sometimes</td>
</tr>
<tr>
<td>0</td>
<td>Often</td>
</tr>
</tbody>
</table>
APPENDIX 6:
LETTER INVITING PARTICIPANTS TO A SECOND INTERVIEW

23rd August 2001

Dear ..., 

I hope this letter finds you well and that you have enjoyed your stay at the National Orthopaedic Rehabilitation Hospital. You may remember the conversation we had about the 14th of May 2001, during which I explained the purpose of my research and the need to interview you at your home. I believe that this would be a more comfortable setting for you.

I would be very grateful if you could agree to a second interview at your home, and I would like to know about your current situation and how you are managing with your new condition. I will schedule this interview as soon as possible, and I will telephone your house in a few days, to arrange a date and time that would suit you. At that time, I would be very happy to come to your home at your earliest convenience.

Thank you for your time in discussing this with me. I am looking forward to your response.

Yours sincerely,

Olga Horgan.
Tel: 0863012113
E-mail: oborge91@tcd.ie
23rd August 2001

Dear ..., 

I hope this letter finds you well and recovering from your time in Dún Laoghaire National Rehabilitation Hospital. You may remember me interviewing you in the hospital on the 26th of May 2001. This interview, and the questionnaires you completed, were very helpful to me in my research on people undergoing an operation for an amputation.

I would be very grateful to you if you would agree to a second interview with me to let me know about your current situation and about how you are coping with your amputation. I will telephone your house in a few days, and if you are willing to take part in another interview, I can come to your home at any time convenient to you.

Thank you for your time in reading this letter. I hope to see you soon,

yours sincerely,

__________________________
Olga Horgan
Tel: 608 3911.
E-mail: olhorgan@tcd.ie
APPENDIX 7:
LETTER INVITING PARTICIPANTS TO A THIRD INTERVIEW

Dear ...

I hope this letter finds you well and in good health. The project on which you gave me a grant has made steady progress. The study has been completed, and the results are very promising. An additional interview is now being scheduled for spring of next year.

I was wondering if you would agree to participate in this additional interview. It would be helpful to know about how you are doing and how the committee is doing in general. If you are willing, I am prepared to arrange the interview for the next month.

Thank you for your time in reading this letter. I look forward to hearing from you.

Yours sincerely,

[Signature]

Date: [Date]

[Address]
Dear ...

I hope this letter finds you well and in good health. I really appreciated the interview you gave me in your home last February. As before, your interview, and the questionnaires you completed, were very informative and very helpful in my research on the needs and experiences of people with amputations.

I was wondering if you would agree to taking part in a third interview with me, to let me know about how you are doing and how you are getting on with your prosthesis. I will telephone you in a couple of days from now to see if you would be available for an interview. Again, if you are willing, I can come to your home at a time that is convenient for you.

Thank you for your time in reading this letter. I hope to see you again soon.

Yours sincerely,

Olga Horgan
Tel: 608 3911
E-mail: olhorgan@tcd.ie
APPENDIX 8:
LETTER INVITING PARTICIPANTS TO A FOURTH INTERVIEW

Dear ...,

I hope this letter finds you well and in good health. I am writing to confirm the
interview you gave me in February this year. I have written to you because your
response was very informative and helpful to me in my research. I have also included a
number of people with similar problems.

I was wondering if you take part in a third interview. It is now possible to see
how you are doing and to review how you have coped with the procedures and
restrictions you have been working under. We have a telephone in a separate room that
will be used to contact you. If you agree, I can write to your home or to the address
you have given.

I hope to see you again soon.

Yours sincerely,

[Signature]

Olga Kengis
Tel: (012) 657 5711
Email: olga@kengis.com

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Dear ...,  

I hope this letter finds you well and in good health. Once again, I really appreciated the interview you gave me in September this year. As before, your responses to my questions were very informative and helpful to me in my research on the needs and experiences of people with amputations.

I was wondering if you take part in a final interview with me, to let me know about how you are doing and to review how you have got on with your prosthesis over the last year. I will telephone you in a couple of days from now to see if you would be available for an interview, and if you are willing, I can come to your home at a convenient time.

I hope to see you again soon.

Yours sincerely,

Olga Horgan
Tel: (01) 608 3911
E-mail: olhorgan@tcd.ie
APPENDIX 9:
LETTER THANKING PARTICIPANTS FOR TAKING PART IN THE STUDY

10th November 2001

Dear,

I hope this letter finds you well and in good health. You may remember that we were due to pay a visit to the National Rehabilitation Hospital in Dublin recently. As you will appreciate, these interviews were extremely helpful to us in our research on people who are operated on for aneurysms.

Although I had indicated to you that we would be able to follow up your progress as part of any research project on the work we carry out here, we thought it would be better to keep records of our conversations with you in case there were any untoward events that might arise in the future. In fact, this is not the last time that we will be contacting you to take part in any further interviews or surveys.

I should like to thank you very much for taking part in the study. We hope that we have not caused you any unnecessary inconvenience. If you have any comments or suggestions that you wish to make, please don't hesitate to contact me at the above address or telephone number. I wish you the very best and hope to see you again in the future.

Yours faithfully,

Colin Harper
Tel: (01) 8712913
E-mail: colinharper@iol.ie
10th November 2001

Dear .....,

I hope this letter finds you well and in good health. You may remember me interviewing you in the National Rehabilitation Hospital in Dun Laoghaire in .... And again in your home .... These interviews were extremely helpful to me in my research on people undergoing an operation for an amputation.

Although I had indicated to you that we would undertake further interviews as part of this research, a review of the work to date has meant that I scale down the size of the project. As part of this scaling down, I decided to conduct follow-up interviews with a random group of seven people only. As your name did not come up in this random selection process, I will not be contacting you to take part in any further interviews with me.

I would like to thank you very much for taking part in my research. The time you took to answer my questions was very much appreciated. If you have any questions to ask me about the research, please don't hesitate to contact me or Dr. ___ at the National Rehabilitation Hospital. I wish you the very best and hope you continue to have good health in the future.

Yours sincerely,

Olga Horgan
Tel: (01) 6083911
E-mail: olhorgan@tcd.ie
The above table provides descriptive statistics of the participants in the present study. The mean score for TAPES-R General Adjustment was 22 out of a possible range of 6 - 30, with higher scores indicating a better outcome. The mean score for TAPES-R Body Image was 11.37 out of a possible range of 3 - 15, with higher scores indicating a better outcome. The mean score for TAPES-R Social Discomfort was 19.87 out of a possible range of 4 - 20, with higher scores indicating a better outcome. As these questions were specifically designed for use for this study, responses cannot be compared with any other group.

The mean score for the SF-MPQ Sensory subscale was 4.82 out of a possible range of 0 - 33, with lower scores indicating less pain. The mean score for the SF-MPQ Affective subscale was 1.25 out of a possible range of 0 – 12, with lower scores indicating less pain. These findings indicate that participants’ experience of phantom pain was of a substantially lower intensity than that of other people with phantom limb pain (Elizaga et al., 1994) and of other people with angina pain (Kimble et al., 2003), back pain, headache, and rheumatoid arthritis (Morley and Pallin, 1995). However, according to their scores on the SF-MPQ Sensory subscale, the intensity of their phantom pain was somewhat higher than that of people who were receiving treatment for labour pain and musculoskeletal pain (Melzack, 1987).
The median HADS-A score was 3, and the mean HADS-A score was 2.16 out of a possible range of 0 – 21, with lower scores indicating fewer symptoms. The median HADS-D score was 2, and the mean HADS-D score was 1.62 out of a possible range of 0-21, with lower scores indicating fewer depressive symptoms. These findings indicate that participants' had lower levels of anxiety or depressive symptoms than other people with amputations (Fisher and Hanspal, 1998a,b) and younger people from the general population (Caci et al., 2003). In their study of 107 men and women with lower-limb amputations, for example, Fisher and Hanspal (1998b) reported that the median HADS-A and HADS-D scores were 4 and 4, respectively. In another study of 93 comparatively older people with lower limb amputations, they found that the mean HADS-A and HADS-D scores were 3.9 and 2.9, respectively, (Fisher and Hanspal, 1998a).
The above table provides descriptive statistics of participants’ scores on the TAPES-R and TAPES. On the TAPES-R General Adjustment subscale, they scored a mean of 21.78 out of a possible range of 6-30, with high scores indicating a more favourable outcome. On the TAPES-R Body Image subscale, they scored a mean of 11.83 out of a possible range of 3-15, with high scores indicating a more favourable outcome. On the TAPES-R Social Discomfort subscale, they scored a mean of 18.00 out of a possible range of 4-20, with high scores indicating a more favourable outcome.

On the TAPES General Adjustment subscale, they scored a mean of 18.66, out of a possible range of 5-20, with high scores indicating a more favourable outcome. This is comparable to what was observed by Gallagher and MacLachlan (2000) in a sample of Irish adults aged 45.3 years on average. On the TAPES Social Adjustment subscale, they scored a mean of 19.94,
out of a possible range of 5-25, with high scores indicating a more favourable outcome. Again, this is comparable to what was observed by Gallagher and MacLachlan (2000) in their sample of Irish adults with lower limb amputations. On the TAPES Adjustment to Limitations, participants scored a mean of 13.44, out of a possible range of 5-20, with high scores indicating a more favourable outcome. Again, this is similar to what was observed in Gallagher and MacLachlan’s (2000) sample.

On the Prosthesis Satisfaction subscales, participants scored a mean of 17.72 out of a possible range of 5 to 20 on the Aesthetic Satisfaction subscale, with higher scores indicating greater satisfaction. This compares favourably to Gallagher and MacLachlan’s (2000) sample and to Murray and Fox’s (2002) sample of British adults aged an average of 42 years. They scored a mean of 3.83 out of a possible range of 1-5 on the Weight Satisfaction subscale, which is similar to that observed by Gallagher and MacLachlan (2000) and more favourable than that reported by Murray and Fox (2002). Finally, they scored a mean of 19.88 out of a possible range of 5-25 on the Functional Satisfaction subscale, with higher scores indicating greater satisfaction. This compares favourably to Gallagher and MacLachlan’s (2000) and Murray and Fox’s (2002) sample.

On the Activity Restriction subscales, participants scored a mean of 7.00 out of a possible range of 0 to 8 on the Athletic Restriction subscale, with higher scores indicating greater restriction. This compares unfavourably to what was observed in Gallagher and MacLachlan’s (2002) sample. On the Functional Restriction subscale, participants scored a mean of 3.94 out of a possible range of 0 to 8, with higher scores indicating greater restriction. This is similar to what was observed in Gallagher and MacLachlan’s (2000) sample. On the Social Restriction subscale, they scored a mean of 1.94 out of a possible range of 0-8, with higher scores indicating greater restriction. Again, this is somewhat similar to what was observed in Gallagher and MacLachlan’s (2000) sample.
Descriptive statistics of participants’ scores on the SF-MPQ Sensory and Affective Subscales, the ABIS, and the HADS (n = 18)

<table>
<thead>
<tr>
<th>Questionnaires (n = 18)</th>
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<th>Min</th>
<th>Max</th>
</tr>
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<tbody>
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<td>SF-MPQ Sensory</td>
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<td>2.50</td>
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<td>8</td>
</tr>
<tr>
<td>SF-MPQ Affective</td>
<td>0.00</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ABIS</td>
<td>21.00</td>
<td>14.54</td>
<td>4</td>
<td>57</td>
</tr>
<tr>
<td>HADS-A</td>
<td>2.66</td>
<td>3.30</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>HADS-D</td>
<td>2.00</td>
<td>2.05</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

* = Median scores

The above table provides descriptive statistics of participants’ scores on the SF-MPQ Sensory and Affective subscales, the ABIS, HADS-A, and HADS-D. They scored a mean of 2.58 and 0 on the SF-MPQ Sensory and Affective subscales, respectively. These findings indicate that their experience of phantom pain was of a substantially lower sensory and affective intensity than that of other people with phantom limb pain (Elizaga et al., 1994), musculoskeletal pain (Melzack, 1987), labour pain (Melzack, 1987), angina pain (Kimble et al., 2003), back pain, headache, and rheumatoid arthritis (Morley and Pallin, 1995).

Participants’ median HADS-A score was 4, and their mean HADS-A score was 2.66 out of a possible range of 0, with lower scores indicating fewer symptoms. The median HADS-D score was 2, and the mean HADS-D score was also 2.00 out of a possible range of 0-21, with lower scores indicating fewer depressive symptoms. These findings indicate that they had lower levels of anxiety or depressive symptoms than other people with amputations (Fisher and Hanspal, 1998a,b) and younger people from the general population (Caci et al., 2003). In their study of 107 men and women with lower-limb amputations, for example, Fisher and Hanspal (1998b) reported that the median HADS-A and HADS-D scores were 4 and 4, respectively. In another study of 93 comparatively older people with lower limb amputations, they found that the mean HADS-A and HADS-D scores were 3.9 and 2.9, respectively, (Fisher and Hanspal, 1998a).
Participants' median score on the ABIS was 24, and their mean score on this instrument was 22.00 out of a possible range of 0–80, with higher scores indicating increased levels of body image anxiety. This finding compares favourably to that observed by Breakey (1997), who reported a mean ABIS score of 33.5 in his sample of U.S. males aged 45 years on average.

<table>
<thead>
<tr>
<th>Questionnaire (a = 15)</th>
<th>Mean</th>
<th>Std. Err</th>
<th>N</th>
<th>Std. Dev</th>
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<tr>
<td>TAPES-R General Adjustment</td>
<td>20.84</td>
<td>4.66</td>
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<td>26</td>
</tr>
<tr>
<td>TAPES-R Body Image</td>
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<td>3.33</td>
<td>21</td>
<td>14</td>
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<tr>
<td>TAPES-R Social Discomfort</td>
<td>17.96</td>
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<td>15.91</td>
<td>3.72</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>TAPES Social Adjustment</td>
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<tr>
<td>TAPES Adjustment to Claustrophobia</td>
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<td>TAPES Prostheses Aesthetic Satisf.</td>
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<tr>
<td>TAPES Prostheses Functional Satisf.</td>
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<td>26</td>
</tr>
<tr>
<td>TAPES Athletic Activity Restriction</td>
<td>2.00</td>
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<td>5</td>
<td>4</td>
</tr>
<tr>
<td>TAPES Functional Activity Restriction</td>
<td>3.58</td>
<td>1.55</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>TAPES Social Activity Restriction</td>
<td>1.57</td>
<td>1.72</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

The above table provides descriptive statistics of participants' scores on the TAPES and TAPES-R. On the TAPES-R General Adjustment subscale, they scored a mean of 20.84 out of a possible range of 6–30, with high scores indicating a more favourable adjustment. On the TAPES-R Body Image subscale, very low scores indicate a high level of body image anxiety, with high scores indicating a more favourable outcome. On the TAPES-R Social Discomfort subscale, they scored a mean of 17.96 out of a possible range of 6–30, with high scores indicating increased levels of body image anxiety. On the TAPES General Adjustment subscale, they scored a mean of 15.91 out of a possible range of 5–20, with high scores indicating a more favourable outcome. TAPES social activity.
APPENDIX 12: THIRD INTERVIEW QUESTIONNAIRE SCORES (n = 13)

Descriptive statistics of participants’ scores on subscales (n = 13)

<table>
<thead>
<tr>
<th>Questionnaire (n = 13)</th>
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<th>SD</th>
<th>Min</th>
<th>Max</th>
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</thead>
<tbody>
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<td>TAPES-R General Adjustment</td>
<td>20.84</td>
<td>4.66</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>TAPES-R Body Image</td>
<td>10.15</td>
<td>3.33</td>
<td>3</td>
<td>14</td>
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<tr>
<td>TAPES-R Social Discomfort</td>
<td>17.76</td>
<td>3.05</td>
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<tr>
<td>TAPES General Adjustment</td>
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<td>3.72</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>TAPES Social Adjustment</td>
<td>21.25</td>
<td>2.56</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>TAPES Adjustment to Limitations</td>
<td>12.08</td>
<td>5.05</td>
<td>5</td>
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<tr>
<td>TAPES Prosthesis Aesthetic Satisf.</td>
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<td>4.46</td>
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<td>TAPES Prosthesis Weight Satisf.</td>
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<td>1.49</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>TAPES Prosthesis Functional Satisf.</td>
<td>19.50</td>
<td>5.64</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>TAPES Athletic Activity Restriction</td>
<td>7.00</td>
<td>1.04</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>TAPES Functional Activity Restriction</td>
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<td>2.55</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>TAPES Social Activity Restriction</td>
<td>1.58</td>
<td>1.72</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

The above table provides descriptive statistics of participants’ scores on the TAPES-R and TAPES. On the TAPES-R General Adjustment subscale, they scored a mean of 20.84 out of a possible range of 6-30, with high scores indicating a more favourable outcome. On the TAPES-R Body Image subscale, they scored a mean of 10.15 out of a possible range of 3-15, with high scores indicating a more favourable outcome. On the TAPES-R Social Discomfort subscale, they scored a mean of 17.76 out of a possible range of 4-20, with high scores indicating a more favourable outcome.

On the TAPES General Adjustment subscale, they scored a mean of 18.91, out of a possible range of 5-20, with high scores indicating a more favourable outcome. This is comparable to
what was observed by Gallagher and MacLachlan (2000) in a sample of Irish adults aged 45.3 years on average. On the TAPES Social Adjustment subscale, they scored a mean of 21.25, out of a possible range of 5-25, with high scores indicating a more favourable outcome. This is higher than that observed by Gallagher and MacLachlan (2000) in their sample of Irish adults with lower limb amputations. On the TAPES Adjustment to Limitations, participants scored a mean of 12.08, out of a possible range of 5-20, with high scores indicating a more favourable outcome. This is slightly lower than that observed in Gallagher and MacLachlan’s (2000) sample.

On the Prosthesis Satisfaction subscales, participants scored a mean of 17.50 out of a possible range of 5 to 20 on the Aesthetic Satisfaction subscale, with higher scores indicating greater satisfaction. This compares favourably to Gallagher and MacLachlan’s (2000) sample and to Murray and Fox’s (2002) sample of British adults aged an average of 42 years. They scored a mean of 3.33 out of a possible range of 1-5 on the Weight Satisfaction subscale, which is similar to that observed by Gallagher and MacLachlan (2000) and more favourable than that reported by Murray and Fox (2002). Finally, they scored a mean of 19.50 out of a possible range of 5-25 on the Functional Satisfaction subscale, which compares favourably to that observed by Gallagher and MacLachlan (2000) and Murray and Fox (2002).

On the Activity Restriction subscales, participants scored a mean of 7.00 out of a possible range of 0 to 8 on the Athletic Restriction subscale, with higher scores indicating greater restriction. This compares unfavourably to what was observed in Gallagher and MacLachlan’s (2002) sample. On the Functional Restriction subscale, participants scored a mean of 3.58 out of a possible range of 0 to 8, with higher scores indicating greater restriction. This is similar to what was observed in Gallagher and MacLachlan’s (2000) sample. On the Social Restriction subscale, they scored a mean of 1.94 out of a possible range of 0-8, with higher scores indicating greater restriction. Again, this is somewhat similar to what was observed in Gallagher and MacLachlan’s (2000) sample.
The above table provides descriptive statistics of participants’ scores on the SF-MPQ Sensory and Affective subscales, the ABIS, HADS-A, and HADS-D. They scored a mean of 4.81 and 0.73 on the SF-MPQ Sensory and Affective subscales, respectively. These findings indicate that their experience of phantom pain was of a substantially lower sensory and affective intensity than that of other people with phantom limb pain (Elizaga et al., 1994), angina pain (Kimble et al., 2003), back pain, headache, and rheumatoid arthritis (Morley and Pallin, 1995). However, their phantom pain intensity was now higher than the pain intensity experienced by people who have received treatment for post-surgical pain, labour pain, and musculoskeletal pain (Melzack, 1987).

Participants’ median HADS-A score was 4, and their mean HADS-A score was 3.46 out of a possible range of 0–21, with lower scores indicating fewer symptoms. The median and mean HADS-D scores were 3.00 and 3.00, respectively, out of a possible range of 0-21, with lower scores indicating fewer depressive symptoms. These findings indicate that they had lower levels of anxiety or depressive symptoms than other people with amputations (Fisher and Hanspal, 1998a,b) and younger people from the general population (Caci et al., 2003). In their study of 107 men and women with lower-limb amputations, for example, Fisher and Hanspal (1998b) reported that the median HADS-A and HADS-D scores were 4 and 4,
respectively. In another study of 93 comparatively older people with lower limb amputations, they found that the mean HADS-A and HADS-D scores were 3.9 and 2.9, respectively (Fisher and Hanspal, 1998a).

Participants' median score on the ABIS was 26, and their mean score on this instrument was 24.00 out of a possible range of 0 - 80, with higher scores indicating increased levels of body image anxiety. This finding compares favourably to that observed by Breakey (1997), who reported a mean ABIS score of 33.5 in his sample of U.S. males aged 45 years on average.
### Descriptive statistics of participants’ scores on subscales (n = 12)

<table>
<thead>
<tr>
<th>Questionnaire (n = 12)</th>
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<th>SD</th>
<th>Min</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>TAPES-R Body Image</td>
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<td>6</td>
<td>15</td>
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<td>TAPES-R Social Discomfort</td>
<td>17.33</td>
<td>3.05</td>
<td>12</td>
<td>23</td>
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<tr>
<td>TAPES General Adjustment</td>
<td>20.83</td>
<td>3.43</td>
<td>14</td>
<td>25</td>
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<td>TAPES Social Adjustment</td>
<td>20.66</td>
<td>2.46</td>
<td>17</td>
<td>25</td>
</tr>
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<td>TAPES Adjustment to Limitations</td>
<td>14.08</td>
<td>3.72</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>TAPES Prosthesis Aesthetic Satisf.</td>
<td>17.95</td>
<td>4.73</td>
<td>6</td>
<td>20</td>
</tr>
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<td>1</td>
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<tr>
<td>TAPES Functional Activity Restriction</td>
<td>3.72</td>
<td>2.08</td>
<td>0</td>
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<td>TAPES Social Activity Restriction</td>
<td>1.16</td>
<td>1.11</td>
<td>0</td>
<td>3</td>
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The above table provides descriptive statistics of participants’ scores on the TAPES-R and TAPES. On the TAPES-R General Adjustment subscale, they scored a mean of 22.16 out of a possible range of 6-30, with high scores indicating a more favourable outcome. On the TAPES-R Body Image subscale, they scored a mean of 10.83 out of a possible range of 3-15, with high scores indicating a more favourable outcome. On the TAPES-R Social Discomfort subscale, they scored a mean of 17.33 out of a possible range of 4-20, with high scores indicating a more favourable outcome.

On the TAPES General Adjustment subscale, they scored a mean of 20.83, out of a possible range of 5-20, with high scores indicating a more favourable outcome. This compares favourably to that observed by Gallagher and MacLachlan (2000) in a sample of Irish adults aged 45.3 years on average. On the TAPES Social Adjustment subscale, they scored a mean
of 20.66, out of a possible range of 5-25, with high scores indicating a more favourable outcome. Again, this compares favourably to that reported by Gallagher and MacLachlan (2000) on the TAPES Adjustment to Limitations, participants scored a mean of 14.08, out of a possible range of 5-20, with high scores indicating a more favourable outcome. Again, this compares favourably to that reported by Gallagher and MacLachlan (2000).

On the Prosthesis Satisfaction subscales, participants scored a mean of 16.41 out of a possible range of 5 to 20 on the Aesthetic Satisfaction subscale, with higher scores indicating greater satisfaction. This compares favourably to Gallagher and MacLachlan’s (2000) sample and to Murray and Fox’s (2002) sample of British adults aged an average of 42 years. Participants scored a mean of 3.41 out of a possible range of 1-5 on the Weight Satisfaction subscale, which is similar to that observed by Gallagher and MacLachlan (2000) and more favourable than that reported by Murray and Fox (2002). Finally, they scored a mean of 20.41 out of a possible range of 5-25 on the Functional Satisfaction subscale, which compares favourably to that observed by Gallagher and MacLachlan (2000) and Murray and Fox (2002).

On the Activity Restriction subscales, participants scored a mean of 6.36 out of a possible range of 0 to 8 on the Athletic Restriction subscale, with higher scores indicating greater restriction. This compares unfavourably to Gallagher and MacLachlan’s (2000) participants. On the Functional Restriction subscale, participants scored a mean of 3.18 out of a possible range of 0 to 8, with higher scores indicating greater restriction. This is similar to what was observed in Gallagher and MacLachlan’s (2000) sample. On the Social Restriction subscale, they scored a mean of 1.16 out of a possible range of 0-8, with higher scores indicating greater restriction. Again, this is somewhat similar to what was observed in Gallagher and MacLachlan’s (2000) sample.
Descriptive statistics of participants’ scores on the SF-MPQ Sensory and Affective Subscales, the ABIS, and the HADS (n = 12)

<table>
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<tr>
<th>Questionnaires (n = 12)</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
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<td>3.38</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>SF-MPQ Affective</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ABIS</td>
<td>19.83</td>
<td>16.65</td>
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<td>54</td>
</tr>
<tr>
<td>HADS-A</td>
<td>2.50</td>
<td>2.93</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>HADS-D</td>
<td>2.33</td>
<td>2.30</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

* = Median score

The above table provides descriptive statistics of participants’ scores on the SF-MPQ Sensory and Affective subscales, the ABIS, HADS-A, and HADS-D. They scored a mean of 3.77 and 0 on the SF-MPQ Sensory and Affective subscales, respectively. These findings indicate that their experience of phantom pain was of a substantially lower sensory and affective intensity than that of other people with phantom limb pain (Elizaga et al., 1994), angina pain (Kimble et al., 2003), back pain, headache, rheumatoid arthritis, (Morley and Pallin, 1995) and untreated labour and musculoskeletal pain (Melzack, 1987).

Participants’ median HADS-A score was 3, and the mean HADS-A score was 2.50 out of a possible range of 0 – 21, with lower scores indicating fewer symptoms. The median HADS-D score was 3, and the mean score was 2.33 out of a possible range of 0-21, with lower scores indicating fewer depressive symptoms. These findings indicate that they had lower levels of anxiety or depressive symptoms than other people with amputations (Fisher and Hanspal, 1998a,b) and younger people from the general population (Caci et al., 2003). In their study of 107 men and women with lower-limb amputations, for example, Fisher and Hanspal (1998b) reported that the median HADS-A and HADS-D scores were 4 and 4, respectively. In another study of 93 comparatively older people with lower limb amputations, they found that the mean HADS-A and HADS-D scores were 3.9 and 2.9, respectively (Fisher and Hanspal, 1998a).
Participants’ median score on the ABIS was 21, and the mean score on this instrument was 19.83 out of a possible range of 0 - 80, with higher scores indicating increased levels of body image anxiety. This finding compares favourably to that observed by Breakey (1997), who reported a mean ABIS score of 33.5 in his sample of U.S. males aged 45 years on average.