

**QUESTIONNAIRE FOR PERSONS WITH A
TRANSFEMORAL AMPUTATION**

經股骨截肢的人士

團隊評估 TEAM ASSESSMENT

姓名 Name: _____

日期 Date: _____

這調查問卷分為 A，B 和 C 三部分。

在適當的方框裡填寫 或數字答案。如您需要了解更多信息，請聯絡您的物理治療師。

如果你有任何其他的觀點或個別問題想在完成問卷後與我們分享，請在以下空位列出。

The questionnaire is divided into three parts - A, B, and C.

Answer the questions by entering a check or a figure in the appropriate box. If you require additional information, please contact your physical therapist.

If you have any other points of view or specific questions you would like to share with us after completing the questionnaire, please list them below.

SECTION **A 部分**

YOUR CURRENT PROSTHESIS USAGE

您假肢現時的使用法

1. 你每週平均有穿假肢多少天？

How many days per week, on average, do you wear the prosthesis?

Number of days:

天數： 0 1 2 3 4 5 6 7

2. 你每天平均有穿假肢多少小時？

How many hours per day, on average, do you wear the prosthesis?

0 – 3 小時 hours

4 – 6 小時 hours

7 – 9 小時 hours

10 – 12 小時 hours

13 – 15 小時 hours

超過 15 小時 more than 15 hours

3. 在家裡，你大約多少平均的時間比例是穿假肢？

Approximately what proportion of the time you are at home, on average, do you wear the prosthesis?

0%

25 %

50 %

75 %

100 %

4. 在戶外，你大約多少平均的時間比例是穿假肢？
Approximately what proportion of the time you are outdoors, on average, do you wear the prosthesis?

0% 25 % 50 % 75 % 100 %

5. 在工作或學習的地方，你大約多少平均的時間比例是穿假肢？
Approximately what proportion of the time you are at work or place of study, on average, do you wear the prosthesis?

0% 25 % 50 % 75 % 100 %

如果你不工作或上學，請此方框:
If you do not work or study, check this box

6. 在以下的活動中，你平時喜歡戴假肢嗎？
Do you normally prefer to wear the prosthesis or not during the following activities?

	戴 Wear	不戴 Do not wear
a) 烹飪或類似 Cooking or similar	<input type="checkbox"/>	<input type="checkbox"/>
b) 清潔，園藝或類似 Cleaning, gardening or similar	<input type="checkbox"/>	<input type="checkbox"/>
c) 駕駛或乘坐汽車 Driving or travelling by car	<input type="checkbox"/>	<input type="checkbox"/>
d) 在自己家裡應酬 Socialising in your own home	<input type="checkbox"/>	<input type="checkbox"/>
e) 在公共場所/別人家裡應酬 Socialising in public places/other people's homes	<input type="checkbox"/>	<input type="checkbox"/>

7. 什麼是你選擇不戴假肢的主要原因？

What is/are your primary reason/s for choosing not to wear the prosthesis?

(歡迎在多個方框裡填寫 Feel free to check more than one box)

- 戴假肢令我覺得痛
It hurts to wear the prosthesis.
- 穿戴假體很是費勁
It is strenuous wearing the prosthesis.
- 穿著假肢令我走動過於緩慢
I move about too slowly when I am wearing the prosthesis.
- 戴著假肢時我的手沒有空
My hands are not free when I am wearing the prosthesis.
- 我覺得不穿著假肢的生活比較簡單
I feel that my life is simpler without the prosthesis.
- 我不喜歡假肢
I do not like the prosthesis.
- 我曾經歷過其他的困難令我很難穿假肢
I have experienced other difficulties that make it hard to wear the prosthesis
- 其他原因 (請註明) Other reason (please specify):

如果你一直選擇穿假肢，在方框裡填寫

If you always choose to wear the prosthesis, check here

8. 在過去三個月裡，你有沒有被迫整天或多天不能穿假肢？

Over the past three months, have you been forced to refrain entirely from wearing the prosthesis for a whole day or more?

有 Yes 請回答問題 9-11 Please answer questions 9-11 as well

沒有 No 請跳到B部分第12題 Please proceed to section B, question 12

9. 請指定在過去三個月被迫不能使用假肢在工作日（或上學）或不工作日的天數？

Please specify the total number of days off and working days (or school days) on which you have been forced to refrain from using the prosthesis over the past three months?

天數 Days	1	2-3	4-6	7-15	>15
不工作日 Days off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
工作日 Working days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 這是否意味著不必上班或上學而留在家裡？

是 Yes 不是 No

11. 哪個以下的問題強迫你完全不能使用假肢？（歡迎在多個方框裡填寫 ）

Which problem/s forced you to refrain entirely from wearing the prosthesis? (Feel free to check more than one box)

- 幻肢痛 Phantom pain
 - 假肢不很合身 The prosthesis did not fit well
 - 皮膚問題 Skin problems
 - 殘肢（肢端）疼痛 Pain in the residual limb (stump)
 - 假肢/假肢組件有故障 Fault in the prosthesis/broken prosthesis components
 - 其他原因（請註明） Other reason (please specify):
-

SECTION B 部分

**YOUR CURRENT LEVEL OF FUNCTION
WITH THE PROSTHESIS**
你假肢現時功能的水平

- 12.** 你在家中佩戴假肢行走時，通常使用以下其中哪個助行器具？
Which walking aid do you normally use when walking in your home wearing the prosthesis?

行路架或類似 Walking frame or similar	2支拐杖或2支棍 2 crutches or 2 sticks	1支拐杖或1支棍 1 crutch or 1 stick	沒有 Nothing	其他 Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

如果是其他，請註明 If other, please specify:

- 13.** 你在戶外佩戴假肢行走時，通常使用以下其中哪個助行器具？
Which walking aid do you normally use when walking outdoors wearing the prosthesis?

行路架或類似 Walking frame or similar	2支拐杖或2支棍 2 crutches or 2 sticks	1支拐杖或1支棍 1 crutch or 1 stick	沒有 Nothing	其他 Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

如果是其他，請註明 If other, please specify:

- 14.** 當你穿著假肢時，坐輪椅會大約佔據你所有從一個地方到另一個地方的動作的什麼比例？
Approximately what proportion of all your movements from one place to another, when you are wearing the prosthesis, do you make sitting in a wheelchair?

0% 25% 50% 75% 100%

15. 您可以戴著假肢以及正常的助行器具做以下行動嗎？

如果你不確定你的答案，請隨時試做

Can you perform the following movements wearing the prosthesis and with the support of your normal walking aid? Please feel free to try the movement if you are unsure of your answer.

- | | 有
Yes | 沒有
No | 沒試過
Not tried |
|---------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| a) 步行上落沒有扶手的樓梯：
Walking up and down stairs without a handrail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 步行上山：
Walking up a hill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 步行落山：
Walking down a hill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 走過不平坦的地形，例如行健行路徑，海灘：
Walking over uneven terrain, e.g. on hiking trails, at the beach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) 快步150英尺的距離：
Walking quickly over a distance of 150 feet: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) 一邊行一邊購物手提食物或輕的筐：
Walking while carrying a bag of food shopping or light suitcase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. 你能穿著假肢做到下列嗎？ 如果你不確定答案，請隨意嘗試

Can you do the following when wearing the prosthesis? Please feel free to try if you are unsure of your answer.

- | | 有
Yes | 沒有
No | 沒試過
Not tried |
|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| a) 不用支撐站立10-15分鐘而無不適感：
Standing up for 10-15 minutes without support and without discomfort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 雙手托盤步行穿過房間：
Walking across the room carrying a tray with both hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 坐在舒適有扶手的低椅或者汽車的後座：
Sitting comfortably in a low armchair or in the back seat of a car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 坐著彎腰綁鞋帶：
From a seated position, bending down and tying your shoelaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | 有
Yes | 沒有
No | 沒試過
Not tried |
|----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| e) 輕鬆地坐在地板上再站起來：
Easily sitting down on the floor and standing up again | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) 騎自行車 Cycling: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. 你可以穿著假肢使用以下交通工具嗎？

Can you use the following means of transport when wearing the prosthesis?

- | | 能
Yes | 不能
No | 沒試過
Not tried |
|---------------------------|--------------------------|--------------------------|--------------------------|
| a) 公車 Bus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 飛機 Airplane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 火車/地鐵
Train /Subway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 汽車/出租車
Car / Taxi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18a. 在過去的三個月裡，你有多少次穿著假肢在戶外連續的行任何以下的距離？（每個距離都請選一個方框填寫☑）

Over the past three months, how often have you used the prosthesis to continuously walk outdoors any of the distances shown below? (Check one box for each distance)

- | | 每日
Daily | 每週數次
Several
times/week | 每週一次
Once/week | 每週少過一次
Less than
once/week | 從不
Never |
|---------------------------|--------------------------|-------------------------------|--------------------------|----------------------------------|--------------------------|
| 50 英尺 feet: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 150 英尺 feet: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 500 英尺 feet: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0.5 英里 mile: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 英里 mile: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 英里或更多:
miles or more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18b. 在過去三個月裡，你有沒有在穿著假肢時摔倒？

Over the past three months, have you ever fallen while wearing the prosthesis?

有 沒有

Yes

No

18c. 請指定因為與穿著假肢有關和無關而跌倒的總次數

Please specify the total number of falls caused by reasons related to the prosthesis and those caused by reasons not related to the prosthesis.

a) 在過去三個月因假肢的關係造成跌倒的次數：

Number of falls caused by reasons related to the prosthesis during the last three months

b) 在過去三個月由其他原因引起造成跌倒的次數：

Number of falls caused by other reasons during the last three months:

SECTION C 部分

您現有的問題

YOUR CURRENT PROBLEMS

19. 在過去的四星期中，你一直有下列的困擾嗎？

請註明你已經有了多少麻煩和這些煩惱如何影響到你的生活質量。請對煩惱和對生活質量都在框中填寫0 - 4之間的數字。

Over the past four weeks, have you been troubled by any of the following?

Please specify how much trouble you have had and how this trouble has affected your quality of life. Enter a figure between 0 - 4 in the box for trouble and a figure between 0 - 4 in the box for quality of life.

煩惱 Trouble

0 = 無煩惱 0

No trouble 0

1 = 輕微故障 1

Slight trouble 1

2 = 中等煩惱 2

Moderate trouble 2

3 = 相當大的煩惱 3

Considerable trouble 3

4 = 很大煩惱 4

Great deal of trouble 4

生活質量 Quality of life

= 生活質量沒有降低

= No reduction in quality of life

= 生活質量略有下降

= Slight reduction in quality of life

= 生活質量適量減少

= Moderate reduction in quality of life

= 生活質量顯著降低

= Considerable reduction in quality of life

= 生活質量極度減低

= Extreme reduction in quality of life

無論使用假肢與否你有的煩惱

Trouble regardless of prosthesis usage

1a 你有沒有過幻肢痛？

Have you experienced phantom pains

煩惱
Trouble

生活質量
Quality of life

1b 這是怎樣影響你的生活質量？

How has this affected your quality of life?

2a 有沒有在不戴假肢時你的殘肢（肢端）出現疼痛？

Have you had pain in your residual limb (stump) when not wearing the prosthesis?

	煩惱 Trouble	生活質量 Quality of life
2b 這是怎樣影響你的生活質量？ How has this affected your quality of life?	<input type="checkbox"/>	<input type="checkbox"/>
3a 你有沒有過腰痛？ Have you experienced back pain?	<input type="checkbox"/>	
3b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
4a 你有沒有過肩痛？ Have you experienced shoulder pain?	<input type="checkbox"/>	
4b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
5a 你的另一條腿有沒有痛？ Have you experienced pain in your other leg?	<input type="checkbox"/>	
5b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
6a 你有沒有被你的殘肢（肢端）的外觀困擾？ Have you been troubled by the appearance of your residual limb (stump)?	<input type="checkbox"/>	
6b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
7a 你有沒有在和其他人一起時雖然沒有戴假肢仍覺困擾？ Have you been troubled by being with other people without your prosthesis?	<input type="checkbox"/>	
7b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
8a 你有沒有困難使用公共交通工具？ Have you had difficulty using public transport?	<input type="checkbox"/>	
8b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
9a 你有困難參觀公共場所如電影院，博物館或運動場嗎？ Have you had difficulty visiting public places such as the cinema, theatre, museum or sports ground?	<input type="checkbox"/>	

- | | 煩惱
Trouble | 生活質量
Quality of life |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 9b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |
| 10a 你一直困擾在使用助行器的時候不能空出你的雙手嗎？
Have you been troubled by not being able to have your hands free when using a walking aid? | <input type="checkbox"/> | |
| 10b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |

針對使用假肢的煩惱

Trouble in connection with prosthesis usage

- | | 煩惱
Trouble | 生活質量
Quality of life |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 11a 在站立和行走時你的殘肢（肢端）有沒有出現疼痛？
Have you had pain in your residual limb (stump) when standing and walking? | <input type="checkbox"/> | |
| 11b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |
| 12a 你曾經有困難戴上（穿）或除開（脫）假肢？
Have you had difficulty putting on (donning) or removing (doffing) the prosthesis? | <input type="checkbox"/> | |
| 12b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |
| 13a 你有沒有曾經無法依靠假肢是被牢固？
Have you been unable to rely on the prosthesis being securely fastened? | <input type="checkbox"/> | |
| 13b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |
| 14a 你有沒有曾經被來自假肢插座的噪音困擾？
Have you been troubled by noises from the prosthesis' socket? | <input type="checkbox"/> | |
| 14b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |

	煩惱 Trouble	生活質量 Quality of life
15a 假肢有使你坐下時不舒服嗎？ Has the prosthesis made it uncomfortable to sit down?	<input type="checkbox"/>	
15b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
16a 假肢使你坐在廁所時有麻煩嗎？ Has the prosthesis made it troublesome to sit on the toilet?	<input type="checkbox"/>	
16b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
17a 假肢曾經有引起潰瘍，擦傷或皮膚紅腫嗎？ Has the prosthesis given rise to sores, chafing or skin irritation?	<input type="checkbox"/>	
17b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>

煩惱 Trouble	生活質量 Quality of life
0 = 無煩惱 0 No trouble 0	= 生活質量沒有降低 = No reduction in quality of life
1 = 輕微故障 1 Slight trouble 1	= 生活質量略有下降 = Slight reduction in quality of life
2 = 中等煩惱 2 Moderate trouble 2	= 生活質量適量減少 = Moderate reduction in quality of life
3 = 相當大的煩惱 3 Considerable trouble 3	= 生活質量顯著降低 = Considerable reduction in quality of life
4 = 很大煩惱 4 Great deal of trouble 4	= 生活質量極度減低 = Extreme reduction in quality of life

18a 你曾經有麻煩為您的殘肢（肢端）保持良好的衛生習慣嗎？
 Have you had trouble maintaining good hygiene on your residual limb (stump)?

18b 這是怎樣影響你生活質量？
 How has this affected your quality of life?

19a 假肢有沒有已經加劇磨損了你的衣服？
 Has the prosthesis caused increased wear on your clothes?

19b 這是怎樣影響你的生活質量？
 How has this affected your quality of life?

20a 你有困難指揮和控制假肢嗎？
 Have you had difficulty directing and keeping control of the prosthesis?

20b 這是怎樣影響你的生活質量？
 How has this affected your quality of life?

21a 你有沒有已經無法快走路？
 Have you been unable to walk quickly?

21b 這是怎樣影響你的生活質量？
 How has this affected your quality of life?

22a 你是否已經無法在崎嶇的地面上行走？
 Have you been unable to walk on uneven terrain?

22b 這是怎樣影響你的生活質量？
 How has this affected your quality of life?

23a 你有沒有被你走路的樣子（例如，跛行/蹣跚）困擾？
 Have you been troubled by the way you walk (e.g. limping / waddling)?

23b 這是怎樣影響你的生活質量？
 How has this affected your quality of life?

24a 你有沒有困難感應你是站立/走在什麼類型的地面？
 Have you had difficulty feeling what type of surface you are standing/walking on?

24b 這是怎樣影響你的生活質量？
 How has this affected your quality of life?

	煩惱 Trouble	生活質量 Quality of life
25a 與假肢走路時你的殘肢（肢端）會很累嗎？ Does your residual limb (stump) become tired when walking with the prosthesis?	<input type="checkbox"/>	
25b 這是怎樣影響你的生活質量？ How has this affected your quality of life		<input type="checkbox"/>
26a 你有沒有曾覺得假肢太重而受到困擾？ Have you been troubled by the prosthesis feeling heavy?	<input type="checkbox"/>	
26b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
27a 你有沒有被假肢的外觀（顏色，形狀，表面）所困擾？ Have you been troubled by the appearance of the prosthesis (colour, shape, surface)?	<input type="checkbox"/>	
27b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>
28a 你曾經有被迫完全避免使用假肢嗎？ Have you been forced to refrain entirely from using the prosthesis?	<input type="checkbox"/>	
28b 這是怎樣影響你的生活質量？ How has this affected your quality of life?		<input type="checkbox"/>

煩惱 Trouble

0 = 無煩惱 0

No trouble 0

1 = 輕微故障 1

Slight trouble 1

2 = 中等煩惱 2

Moderate trouble 2

3 = 相當大的煩惱 3

Considerable trouble 3

4 = 很大煩惱 4

Great deal of trouble 4

生活質量 Quality of life

= 生活質量沒有降低

= No reduction in quality of life

= 生活質量略有下降

= Slight reduction in quality of life

= 生活質量適量減少

= Moderate reduction in quality of life

= 生活質量顯著降低

= Considerable reduction in quality of life

= 生活質量極度減低

= Extreme reduction in quality of life

不同天氣下與使用假肢雙關的麻煩

Trouble in different weather conditions in connection with prosthesis usage

- | | 煩惱
Trouble | 生活質量
Quality of life |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 29a 在去年夏天穿上假肢時，你有被你的殘肢（肢端）感到的熱/出汗令你覺得困擾嗎？
During the last summer, have you been troubled by heat/sweating of your residual limb (stump) when wearing the prosthesis? | <input type="checkbox"/> | |
| 29b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |
| 30a 你在去年冬天穿上假肢時，你的殘肢（肢端）有被寒冷令你覺得困擾嗎？
During the last winter, have you been troubled by the cold in or on your residual limb (stump) when wearing the prosthesis? | <input type="checkbox"/> | |
| 30b 這是怎樣影響你的生活質量？
How has this affected your quality of life? | | <input type="checkbox"/> |

煩惱 Trouble

0 = 無煩惱 0

No trouble 0

1 = 輕微故障 1

Slight trouble 1

2 = 中等煩惱 2

Moderate trouble 2

3 = 相當大的煩惱 3

Considerable trouble 3

4 = 很大煩惱 4

Great deal of trouble 4

生活質量 Quality of life

= 生活質量沒有降低

= No reduction in quality of life

= 生活質量略有下降

= Slight reduction in quality of life

= 生活質量適量減少

= Moderate reduction in quality of life

= 生活質量顯著降低

= Considerable reduction in quality of life

= 生活質量極度減低

= Extreme reduction in quality of life

總結 SUMMARY

20. 你怎樣總結現在佩戴假肢時的活動程度？

How would you summarise your level of function with your current prosthesis?

極低的	低	平均	高	極高
Extremely low	Low	Average	High	Extremely high
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. 你怎樣總結現在穿假肢時遇到的問題？

How would you summarise the problems you experience with your current prosthesis?

極低的	低	平均	高	極高
Extremely low	Low	Average	High	Extremely high
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. 你怎樣總結你成為截肢者的整體情況？

How would you summarise your overall situation as an amputee?

極低的	低	平均	高	極高
Extremely low	Low	Average	High	Extremely high
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

感謝您的參與！

Thank you for your participation!