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

Volume II

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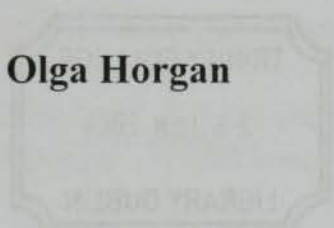
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**PSYCHOSOCIAL ADAPTATION TO LOWER-LIMB AMPUTATION
DURING THE YEAR FOLLOWING REHABILITATION:
A LONGITUDINAL AND QUALITATIVE ANALYSIS**

Volume II

By

Olga Horgan

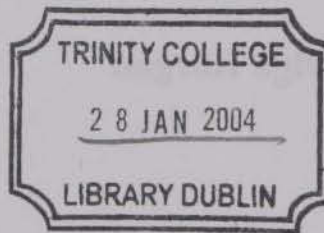


**A thesis presented to the University of Dublin for the degree of Doctor of
Philosophy**

**Trinity College Dublin
2003**

PSYCHOLOGICAL ADAPTATION TO LOWER-LIMB AMPUTATION
DURING THE YEAR FOLLOWING REHABILITATION
A COMPARATIVE AND QUALITATIVE ANALYSIS

Volume II



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APPENDICES

APPENDIX 1:

TRINITY AMPUTATION AND PROSTHESIS EXPERIENCE SCALES

The Trinity Amputation and Prosthesis Experience Scales (TAPES) are produced by the Department of Psychology, Trinity College, Dublin. They are freely available for teaching and research purposes.

Trinity

Amputation

and

Dr. Pamela Gallagher

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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) _____

The following questions are about adjusting to having an artificial limb and you will have to choose the most appropriate box.

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.

Strongly Disagree
Disagree
Neither Agree nor Disagree
Agree
Strongly Agree

1. I have adjusted to having an artificial limb [1] [2] [3] [4] [5]
2. As time goes by, I accept my artificial limb more [1] [2] [3] [4] [5]
3. I feel that I have dealt successfully with this trauma in my life [1] [2] [3] [4] [5]
4. Although I have an artificial limb, my life is full [1] [2] [3] [4] [5]
5. I have gotten used to wearing my artificial limb [1] [2] [3] [4] [5]
6. I don't care if somebody looks at my artificial limb [1] [2] [3] [4] [5]
7. I find it easy to talk about my artificial limb [1] [2] [3] [4] [5]
8. I don't mind people asking about my artificial limb [1] [2] [3] [4] [5]
9. I have difficulty talking about my limb loss in conversation [5] [4] [3] [2] [1]
10. I don't care if anybody notices that I am limping [1] [2] [3] [4] [5]
11. An artificial limb interferes with the ability to do my work [5] [4] [3] [2] [1]
12. Having an artificial limb makes me more dependent on others
 than I would like [5] [4] [3] [2] [1]
13. Having an artificial limb limits the kind of work that I can do . . . [5] [4] [3] [2] [1]
14. Being an amputee means that I can't do what I want to do [5] [4] [3] [2] [1]
15. Having an artificial limb limits the amount of work that I can do [5] [4] [3] [2] [1]

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.*

	Yes, limited a lot	limited a little	No, not limited at all
(a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.....	[2]	[1]	[0]
(b) climbing several flights of stairs.....	[2]	[1]	[0]
(c) running for a bus.....	[2]	[1]	[0]
(d) sport and recreation.....	[2]	[1]	[0]
(e) climbing one flight of stairs.....	[2]	[1]	[0]
(f) walking more than a mile.....	[2]	[1]	[0]
(g) walking half a mile.....	[2]	[1]	[0]
(h) walking 100 yards.....	[2]	[1]	[0]
(i) maintaining friendships.....	[2]	[1]	[0]
(j) visiting friends.....	[2]	[1]	[0]
(k) working on hobbies.....	[2]	[1]	[0]
(l) going to work.....	[2]	[1]	[0]

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:

	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Dissatisfied nor Satisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
(i) Colour.....	[1]	[2]	[3]	[4]	[5]
(ii) Shape.....	[1]	[2]	[3]	[4]	[5]
(iii) Noise.....	[1]	[2]	[3]	[4]	[5]
(iv) Appearance.....	[1]	[2]	[3]	[4]	[5]
(v) Weight.....	[1]	[2]	[3]	[4]	[5]
(vi) Usefulness.....	[1]	[2]	[3]	[4]	[5]
(vii) Reliability.....	[1]	[2]	[3]	[4]	[5]
(viii) Fit.....	[1]	[2]	[3]	[4]	[5]
(ix) Comfort.....	[1]	[2]	[3]	[4]	[5]
(x) Overall Satisfaction.....	[1]	[2]	[3]	[4]	[5]

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

(e) How much did stump 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
[5]	[4]	[3]	[2]	[1]

5. (a) Do you experience phantom limb pain (pain in the part of the limb which was amputated)?

No [0] (if no, go to question 6)

Yes [1] (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
[5]	[4]	[3]	[2]	[1]

(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
[5]	[4]	[3]	[2]	[1]

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
[5]	[4]	[3]	[2]	[1]

(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
[5]	[4]	[3]	[2]	[1]

(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.**

Part 1

Below are written a series of statements concerning your experience. Please read through each statement carefully. The first five items regarding the description that best indicates your level of agreement/disagreement with each statement.



**APPENDIX 2:
TRINITY AMPUTATION AND PROSTHESIS EXPERIENCE SCALES – REVISED**

1. I will never get over losing a limb.
2. There was a worthwhile reason for losing my limb.
3. I feel that I am the same person I was before I lost my limb.
4. I see my amputation as a challenge.
5. Since having an amputation, I feel disappointed about leading a normal life.
6. Because I have lost a limb, I feel that life will never be as good again.
7. I always think about how I lost my limb.
8. I dislike the appearance of my amputation.
9. Since my amputation, I have become more concerned about my physical appearance.
10. I don't care if anyone notices my amputation.
11. I find it easy to talk about my amputation.
12. I don't mind people asking about my amputation.
13. I have difficulty talking about my amputation in conversation.
14. Since my amputation, I am more interested in talking with others.

Part I

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.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I will never get over losing a limb	[5]	[4]	[3]	[2]	[1]
2. I often think that there is always somebody out there who is worse off than myself	[1]	[2]	[3]	[4]	[5]
3. I feel that I am the same person I was before I lost my limb	[1]	[2]	[3]	[4]	[5]
4. I see my amputation as a challenge in life	[1]	[2]	[3]	[4]	[5]
5. Since having an amputation, I feel deprived from leading a normal life	[5]	[4]	[3]	[2]	[1]
6. Because I have lost a limb, I feel that life will never be as good again	[5]	[4]	[3]	[2]	[1]
7. I always think about how I look to others	[5]	[4]	[3]	[2]	[1]
8. I dislike the appearance of my amputated limb	[5]	[4]	[3]	[2]	[1]
9. Since my amputation, I have become more concerned about my physical appearance	[5]	[4]	[3]	[2]	[1]
10. I don't care if anybody notices my amputated limb	[1]	[2]	[3]	[4]	[5]
11. I find it easy to talk about my amputation	[1]	[2]	[3]	[4]	[5]
12. I don't mind people asking about my amputation	[1]	[2]	[3]	[4]	[5]
13. I have difficulty talking about my limb loss in conversation	[5]	[4]	[3]	[2]	[1]
14. Since my amputation, I am more reluctant to interact with others	[5]	[4]	[3]	[2]	[1]

Some of the words below describe the pain you may feel. Please indicate the degree to which you are currently feeling the type of pain described below.

	1	2	3	4	5
Trobbing					
Shooting					
Stabbing					
Sharp					
Cramping					
Crawling					
Hot-burning					
Aching					
Heavy					
Tender					
Splitting					
Tingling-exhilarating					
Stinging					
Fearful					
Fueled-by-anger					

**APPENDIX 3:
SHORT FORM OF THE MCGILL PAIN QUESTIONNAIRE**

Please place a mark on the line below that points to the word that most closely describes your present pain.

No Pain _____ Pain

Present Pain (Circle the #)

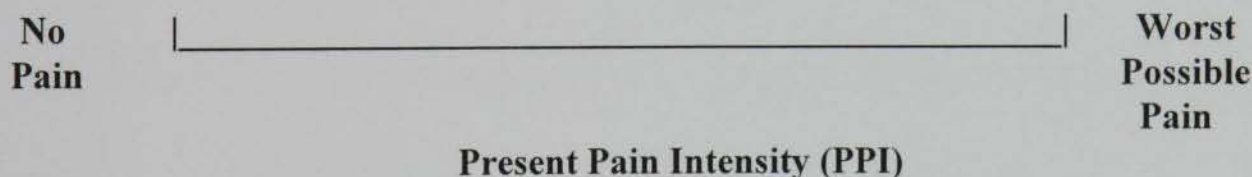
Please circle the number following which best describes your pain state here.

- 0 No pain _____
- 1 Mild _____
- 2 Discomforting _____
- 3 Distressing _____
- 4 Terrible _____
- 5 Excruciating _____

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.

	<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
Throbbing	0) _____	1) _____	2) _____	3) _____
Shooting	0) _____	1) _____	2) _____	3) _____
Stabbing	0) _____	1) _____	2) _____	3) _____
Sharp	0) _____	1) _____	2) _____	3) _____
Cramping	0) _____	1) _____	2) _____	3) _____
Gnawing	0) _____	1) _____	2) _____	3) _____
Hot-burning	0) _____	1) _____	2) _____	3) _____
Aching	0) _____	1) _____	2) _____	3) _____
Heavy	0) _____	1) _____	2) _____	3) _____
Tender	0) _____	1) _____	2) _____	3) _____
Splitting	0) _____	1) _____	2) _____	3) _____
Tiring-exhausting	0) _____	1) _____	2) _____	3) _____
Sickening	0) _____	1) _____	2) _____	3) _____
Fearful	0) _____	1) _____	2) _____	3) _____
Punishing-cruel	0) _____	1) _____	2) _____	3) _____

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



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

- 0 No pain _____
- 1 Mild _____
- 2 Discomforting _____
- 3 Distressing _____
- 4 Horrible _____
- 5 Excruciating _____

This questionnaire is designed to measure how you feel about your body image. It is not a test, so there are no right or wrong answers. Please answer each item as honestly as you can, by circling the appropriate number on the scale.

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

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

APPENDIX 4:

AMPUTATION BODY IMAGE SCALE

2. I avoid wearing shorts or skirts.

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

3. I like my current physical appearance more than my previous appearance.

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

4. It concerns me that the loss of my limb affects my body's technical appearance in various activities of daily living.

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

5. I avoid looking into a full-length mirror because of my physical appearance.

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

6. Because I am an amputee, I feel nervous about my physical appearance in a busy bus.

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

7. I experience a phantom limb.

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

8. Since losing my limb, it bothers me that I do not look like a person with a normal appearance.

None of the time	Seldom	Some of the time	Most of the time	Always
------------------	--------	------------------	------------------	--------

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.

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

10. I feel I must 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.)

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.)

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

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

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

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

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

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

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

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.).

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

15. People treat me as disabled.

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

16. I like the appearance of my stump anatomy

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

17. I wear baggy clothing in an attempt to hide my prosthesis

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

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

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

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

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

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

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

The questionnaire is designed to help measure how you feel. Please read each statement carefully and the reply which comes closest to how you have been feeling in the past week. You will score 4 for the numbers printed on the left of each reply. Try not to take too long over your answers - your answers in relation to each item will probably be more accurate if you do not think too long about your answers.

- 4 I feel tense or 'wound up'
- 3 Most of the time
- 2 A lot of the time
- 1 From time to time
- 0 Not at all

APPENDIX 5:

HOSPITAL ANXIETY AND DEPRESSION SCALE

- 4 I still enjoy the things I used to enjoy
- 3 Definitely enough
- 2 Not quite so much
- 1 Only a little
- 0 Not at all

- 4 I get a troublesome feeling as if something awful is about to happen
- 3 Very definitely not worth having
- 2 Yes, but not too badly
- 1 A little, but it doesn't worry me
- 0 Not at all

- 4 I can sleep well at night
- 3 As much as I would like
- 2 Not quite so much
- 1 Definitely not so much
- 0 Not at all

- 4 Worrying thoughts are always present
- 3 A great deal of the time
- 2 A lot of the time
- 1 From time to time but not very often
- 0 Only occasionally

- 4 I feel depressed
- 3 Not at all
- 2 Not a little
- 1 Sometimes
- 0 Most of the time

- 4 I am not at all satisfied with my life
- 3 Definitely
- 2 Quite
- 1 Not at all
- 0 Not at all

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.

- A** **I feel tense or "wound up"**
- 3 Most of the time
 - 2 A lot of the time
 - 1 From time to time, occasionally
 - 0 Not at all

- D** **I still enjoy the things I used to enjoy**
- 0 Definitely as much
 - 1 Not quite so much
 - 2 Only a little
 - 3 Hardly at all

- A** **I get a frightened feeling as if something awful is about to happen**
- 3 Very definitely and quite badly
 - 2 Yes, but not too badly
 - 1 A little, but it doesn't worry me
 - 0 Not at all

- D** **I can laugh and see the funny side of things**
- 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all

- A** **Worrying thoughts go through my mind**
- 3 A great deal of the time
 - 2 A lot of the time
 - 1 From time to time but not too often
 - 0 Only occasionally

- D** **I feel cheerful**
- 3 Not at all
 - 2 Not often
 - 1 Sometimes
 - 0 Most of the time

- A** **I can sit at ease and feel relaxed**
- 0 Definitely
 - 1 Usually
 - 2 Not often
 - 3 Not at all

D **I feel as if I am slowed down**
3 Nearly all the time
2 Very often
1 Sometimes
0 Not at all

A **I get a sort of frightened feeling like "butterflies" in the stomach**
0 Not at all
1 Occasionally
2 Quite often
3 Very often

D **I have lost interest in my appearance**
3 Definitely
2 I don't take as much care as I should
1 I may not take quite as much care
0 I take just as much care as ever

A **I feel restless as if I have to be on the move**
3 Very much indeed
2 Quite a lot
1 Not very much
0 Not at all

D **I look forward with enjoyment to things**
0 As much as I ever did
1 Rather less than I used to
2 Definitely less than I used to
3 Hardly at all

A **I get sudden feelings of panic**
3 Very often indeed
2 Quite often
1 Not very often
0 Not at all

D **I can enjoy a good book or radio or TV programme**
0 Often
1 Sometimes
2 Not often
3 Very seldom

**APPENDIX 6:
LETTER INVITING PARTICIPANTS TO A SECOND INTERVIEW**

23rd August 2001

Dear

I hope this letter finds you well and recovering from your time in the Edinburgh Mental Rehabilitation Hospital. You may remember me and I visited you in the hospital in the 2nd of May 2001. The interview and the photographs you completed were used in the book in my research on people experiencing mental health problems.

I would be very grateful to you if you would agree to be interviewed again. I would like to know about your current situation and how you are getting on since your discharge. I will telephone your home in a few days, but if you are having any problems with this, you can write to your local primary care provider to arrange to be interviewed.

Thank you for your time in reading this letter. I appreciate you taking the time to read it.

Yours sincerely,

Olga Hogan
Tel: 01843 2011
Email: ohogan@ed.ac.uk

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. I really enjoyed our last interview and gave me a great start on February. In February, you shared with me a lot of information, which was very interesting and very helpful. It was a pleasure to hear your experiences of people with disabilities.

I was wondering if you would agree to taking part in a third interview. I would like to know about how you are doing and how you are coping with your disability. I will discuss you in a couple of days. This will be a short interview, about 15-20 minutes. Again, if you are willing, I can come to your home or you can come to my office.

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

Yours Sincerely,

Olga Lopez
Tel: 504 111
Email: olgalo@tda.org

APPENDIX 4
LETTER INVITING PARTICIPANTS TO A THIRD INTERVIEW

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 was very interested in the interview you gave me in September this year. The information you gave me was very informative and helpful to me in my research on the needs and experiences of people with amputations.

I was wondering if you like part in a third interview. I would like to know how you are doing and to review how you have got on with your research. I would like to telephone you in a couple of days time and to see if you would like to be interviewed, and if you are willing, I can make it your home or a convenient time.

I hope to see you again soon.

Yours sincerely,

Olga Hargreaves
Tel: (01) 222 3712
E-mail: olgah@bt.com

APPENDIX 9
LETTER THANKING PARTICIPANTS FOR TAKING PART IN THE STUDY

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 are thanked for your contribution to the research conducted in the National Rehabilitation Hospital in Durrus, Co. Wick. The information you provided was extremely helpful to me in my research on people who have had a stroke and are recovering.

Although I had indicated to you that we would be using the information as part of my research, a review of the work in this area has shown that I have been the only person to do this. As part of this review, I decided to contact you to see if you would be willing to participate in a further study. At your home did not see it as a suitable time to do this, I will be contacting you to take part in any further study if you are willing.

I would like to thank you very much for taking part in the study. The time you took to answer the questions was very much appreciated. If you have any questions or need any further information, please don't hesitate to contact me at the National Rehabilitation Hospital, I wish you the very best and hope you continue to make good progress with your recovery.

Yours sincerely,

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

APPENDIX 10: FIRST INTERVIEW QUESTIONNAIRE SCORES (*n*=24)

Questionnaire (<i>n</i> = 24)	Mean	SD*	Min	Max
TAPES-R General Adjustment	22	3.14	16	27
TAPES-R Body Image	11.37	1.86	7	15
TAPES-R Social Discomfort	19.87	1.51	16	24
SF-MPQ Sensory	4.82	3.71	0	12
SF-MPQ Affective	1.25	2.84	0	11
HADS-Anxiety	2.16 3*	2.16	0	10
HADS-Depression	1.62 2*	1.63	0	6

* = Median scores

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).

TAPES Subscale	Mean	SD	Min	Max
TAPES Adjustment to Limblossness	13.81	4.05	5	20
TAPES Prosthetic Acceptance Satisfaction	13.72	2.92	9	20
TAPES Prosthetic Weight Satisfaction	3.83	1.04	1	5
TAPES Prosthetic Functional Satisfaction	13.88	3.47	13	23
TAPES Activity Restriction	7.50	2.33	4	13
TAPES Functional Activity Restriction	1.94	1.33	0	5
TAPES Social Activity Restriction	1.94	1.33	0	5

The short 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 13.81 out of a possible range of 5-20, with high scores indicating a more favorable outcome. On the TAPES-R Body Image subscale, they scored a mean of 11.83 out of a possible range of 7-15, with high scores indicating a more favorable outcome. On the TAPES-R Social Discomfort subscale, they scored a mean of 13.90 out of a possible range of 4-20, with high scores indicating a more favorable outcome.

On the TAPES General Adjustment subscale, they scored a mean of 13.81, out of a possible range of 5-20, with high scores indicating a more favorable outcome. This is comparable to what was observed by Gallagher and MacLennan (1995) in a sample of limbless adults aged 45.7 years on average. On the TAPES Social Adjustment subscale, they scored a mean of 13.94,

APPENDIX 11: SECOND INTERVIEW QUESTIONNAIRE SCORES ($n = 18$)

Questionnaire ($n = 18$)	Mean	SD ^a	Min	Max
TAPES-R General Adjustment	21.77	3.02	17	26
TAPES-R Body Image	11.83	2.64	6	15
TAPES-R Social Discomfort	18.00	3.91	9	24
TAPES General Adjustment	18.66	3.62	13	25
TAPES Social Adjustment	19.94	2.53	19	25
TAPES Adjustment to Limitations	13.44	4.66	5	24
TAPES Prosthesis Aesthetic Satisf.	17.72	2.92	9	20
TAPES Prosthesis Weight Satisf.	3.83	1.04	2	5
TAPES Prosthesis Functional Satisf.	19.88	3.87	13	25
TAPES Athletic Activity Restriction	7.00	1.32	4	8
TAPES Functional Activity Restriction	3.94	2.55	0	8
TAPES Social Activity Restriction	1.94	1.55	0	5

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 ($n = 18$)

Questionnaires ($n = 18$)	Mean	SD	Min	Max
SF-MPQ Sensory	2.58	2.50	0	8
SF-MPQ Affective	0	0	0	0
ABIS	21.00 *24	14.54	4	57
HADS-A	2.66 *4	3.30	0	12
HADS-D	2.00 *2	2.05	0	9

* = 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.

Descriptive statistics of participants' scores on various subscales (N = 13)

Questionnaire (N = 13)	Mean	SD	Min	Max
TAPES-R General Adjustment	20.84	4.66	12	28
TAPES-R Body Image	40.15	8.33	2	44
TAPES-R Social Discomfort	17.76	3.05	13	24
TAPES General Adjustment	18.90	3.72	11	24
TAPES Social Adjustment	22.25	2.55	17	25
TAPES Adjustment to Challenges	12.08	3.05	5	21
TAPES Prosthesis Aesthetic Satisfaction	17.50	4.66	10	24
TAPES Prosthesis Weight Satisfaction	8.33	1.49	7	9
TAPES Prosthesis Functional Satisfaction	19.50	3.64	8	20
TAPES Athletic Activity Restriction	7.69	1.94	5	8
TAPES Functional Activity Restriction	8.58	2.55	6	8
TAPES Social Activity Restriction	1.54	1.72	0	3

The above table provides descriptive statistics of participants' scores on the TAPES-R and TAPES. On the TAPES-R Overall Adjustment subscale, they scored a mean of 20.84 out of a possible range of 0-30, with high scores indicating a more favourable outcome. On the TAPES-R Body Image subscale, they scored a mean of 40.15 out of a possible range of 0-44, 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 0-24, with high scores indicating a more favourable outcome.

On the TAPES General Adjustment subscale, they scored a mean of 18.90 out of a possible range of 0-20, with high scores indicating a more favourable outcome. Table 1 summarizes the

APPENDIX 12: THIRD INTERVIEW QUESTIONNAIRE SCORES (*n* = 13)

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

Questionnaire (<i>n</i> = 13)	Mean	SD ^a	Min	Max
TAPES-R General Adjustment	20.84	4.66	12	26
TAPES-R Body Image	10.15	3.33	3	14
TAPES-R Social Discomfort	17.76	3.05	13	24
TAPES General Adjustment	18.91	3.72	11	24
TAPES Social Adjustment	21.25	2.56	17	25
TAPES Adjustment to Limitations	12.08	5.05	5	22
TAPES Prosthesis Aesthetic Satisf.	17.50	4.46	10	24
TAPES Prosthesis Weight Satisf.	3.33	1.49	1	5
TAPES Prosthesis Functional Satisf.	19.50	5.64	6	20
TAPES Athletic Activity Restriction	7.00	1.04	5	8
TAPES Functional Activity Restriction	3.58	2.55	0	8
TAPES Social Activity Restriction	1.58	1.72	0	4

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.

Descriptive statistics of participants' scores on the SF-MPQ Sensory and Affective Subscales, the ABIS, and the HADS. (*n* = 13)

Questionnaires (<i>n</i> = 13)	Mean	SD	Min	Max
SF-MPQ Sensory	4.81	3.68	1	12
SF-MPQ Affective	.73	1.27	0	3
ABIS	24.00 *26	16.16	4	54
HADS-A	3.46 *4	4.09	0	12
HADS-D	3.00 *3	2.79	0	9

* = 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 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 ($n = 12$)

Questionnaire ($n = 12$)	Mean	SD*	Min	Max
TAPES-R General Adjustment	22.16	4.28	17	29
TAPES-R Body Image	10.83	3.12	6	15
TAPES-R Social Discomfort	17.33	3.05	12	23
TAPES General Adjustment	20.83	3.43	14	25
TAPES Social Adjustment	20.66	2.46	17	25
TAPES Adjustment to Limitations	14.08	3.72	10	21
TAPES Prosthesis Aesthetic Satisf.	17.95	4.73	6	20
TAPES Prosthesis Weight Satisf.	3.41	1.08	1	5
TAPES Prosthesis Functional Satisf.	20.41	4.33	12	25
TAPES Athletic Activity Restriction	6.36	1.96	1	8
TAPES Functional Activity Restriction	3.72	2.08	0	6
TAPES Social Activity Restriction	1.16	1.11	0	3

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 ($n = 12$)

Questionnaires ($n = 12$)	Mean	SD	Min	Max
SF-MPQ Sensory	3.77	3.38	0	11
SF-MPQ Affective	0	0	0	0
ABIS	19.83 *21	16.65	0	54
HADS-A	2.50 *3	2.93	0	8
HADS-D	2.33 *3	2.30	0	8

* = 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.





