

## Draft Common Data Elements (CDEs) for Lower Limb Loss Research

### Supplemental Information from the Request for Information (RFI) to Solicit Input on Common Data Elements for Lower Limb Loss Research

#### Notice Number:

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) is seeking input on common data elements (CDEs) related to lower limb loss. To support this effort, NICHD has been engaged with other NIH Institutes and Centers, as well as federal agencies, including the Administration for Community Living (ACL) - National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Centers for Medicare and Medicaid Services (CMS), Department of Defense (DoD), Food and Drug Administration (FDA), and Veterans Affairs (VA).

The CDEs and outcome measures outlined are intended to provide researchers and clinicians with a menu of options to reference and utilize. Two sets of CDEs are available: measures highly suggested for researchers and clinicians to include in research and practice (referred to as **Core variables**), and measures that provide additional specificity or variation if a researcher or clinician chooses to use depending on study focus or population (referred to as **Supplemental variables**). The two sets of measures are intended to promote the collection of comparable data across research studies. All measures have been defined and curated by reviewing existing CDEs and with significant input from the federal interagency workgroup. For variables from existing CDEs, the data sources are noted and the exact item wording and response options are used to foster consistency. Data elements are cross-referenced and repeated across various domains where appropriate. Measures suggested, to the extent possible, are available for public use.

The information on the following pages document the suggested variables within each category, along with variable definitions, variable options, suggestion on Core/Supplemental status, and data source where applicable.

NICHD invites the public to comment on the draft Common Data Elements for Lower Limb Loss Research. When developing your comments, we encourage you to read the information provided below and provide any comment you may have by emailing [Rehabilitation1@mail.nih.gov](mailto:Rehabilitation1@mail.nih.gov).

Below are the categories included for review.

#### **Abbreviations:**

American Community Survey (ACS)  
Behavioral Risk Factor Surveillance System (BRFSS)  
Centers for Medicare & Medicaid Services (CMS)  
Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)  
National Cancer Institute (NCI)  
NCI Common Terminology Criteria for Adverse Events (CTCAE)  
National Health and Nutrition Examination Survey (NHANES)  
National Health Interview Survey (NHIS)  
National Institute of Neurological Disorders and Stroke (NINDS)  
Patient-Reported Outcomes Measurement Information System (PROMIS)  
Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)  
World Health Organization (WHO)

Wound, Ischemia, and foot Infection) Classification System (WIFI Classification System)

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## Sociodemographics

Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
<b>Date of birth</b>	Date a person was born Recorded to the level of granularity known.	Fill in	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Gender</b>	Socially constructed identity of sex. Gender is equated with phenotypic sex. Gender may differ from the sex of an individual determined genetically.	a. Male b. Female c. Other d. Prefer not to answer	Core	N/A
<b>Ethnicity</b>	Category of ethnicity a person most closely identifies with.	a. Hispanic or Latino b. Not Hispanic or Latino c. Unknown d. Not Reported	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Race</b>	A person's self-declared racial origination, independent of ethnic origination, using OMB approved categories.	a. American Indian or Alaska Native b. Asian c. Black or African American d. Native Hawaiian or Other Pacific Islander e. White f. Unknown g. Not Reported	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Place of Birth</b>	Place of birth (State in the United States or country/territory outside the United States).	Where was this person born? a. In the United States (Print name of state) b. Outside the United States (Print name of foreign country, or Puerto Rico, Guam, etc.)	Supplemental	American Community Survey (ACS)
<b>Education Level</b>	Highest grade or level of school a person has completed, or the highest degree received.	a. Never attended/Kindergarten only/ 1st grade/ 2nd grade/ 3rd grade/ 4th grade/ 5th grade/ 6th grade/ 7th grade/ 8th grade/ 9th grade/ 10th grade/ 11th grade/ 12th grade, no diploma b. High school graduation c. GED or equivalent d. Some college, no degree e. Associate degree: occupational/technical/vocational program f. Associate degree: academic program g. Bachelor's degree (e.g., BA, AB, BS, BBA) h. Master's degree (e.g., MA, MS, MEng, MEd, MBA)	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
		i. Professional school degree (e.g., MD, DDS, DVM, JD) j. Doctoral degree (e.g., PhD, EdD) k. Unknown		
<b>Education Level of Primary Caregiver</b>	Highest grade or level of school the person's primary caregiver has completed or the highest degree they have received.	a. Never attended/Kindergarten only;1st Grade;2nd Grade;3rd Grade;4th Grade;5th Grade;6th Grade;7th Grade;8th Grade;9th Grade;10th Grade;11th Grade;12th Grade, no diploma b. High school graduate c. GED or equivalent d. Some college, no degree e. Associate degree: occupational, technical, or vocational program f. Associate degree: academic program g. Bachelor's degree (e.g., BA, AB, BS, BBA) h. Master's degree (e.g., MA, MS, MEng, MEd, MBA) i. Professional school degree (e.g., MD, DDS, DVM, JD) j. Doctoral degree (e.g., PhD, EdD) k. Unknown	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Medical history</b>	Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) medical history code.	Fill in	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Medical history text</b>	Medical history of a person.	Fill in	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Marital/Partner status</b>	Status of a person's current domestic relationship, whether marital or partnered.	a. Never married b. Married c. Domestic partnership d. Separated e. Divorced f. Widowed	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Occupation</b>	The status of a person's current primary occupational status.	a. Employed, working 40 hours per week b. Employed, working 1-39 hours per week c. Not employed, looking for work d. Not employed, not looking for work e. Retired f. Disabled, not able to work	Core	National Health Interview Survey (NHIS)

Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
<b>Current job or work situation</b>	A person's work situation/business in the past 12 months.	<ul style="list-style-type: none"> <li>a. Employee of a private company for wages</li> <li>b. A federal government employee</li> <li>c. A state government employee</li> <li>d. A local government employee</li> <li>e. Self-employed in own business, professional practice or farm</li> <li>f. Working without pay in a family-owned business or farm</li> <li>g. Refused</li> <li>h. Don't know</li> </ul>	Supplemental	National Health Interview Survey (NHIS)
<b>Employment status last week</b>	Status of a person's paid work in the last 7 days.	<ul style="list-style-type: none"> <li>a. Working for pay at a job or business</li> <li>b. With a job or business but not at work</li> <li>c. Looking for work</li> <li>d. Working, but not for pay, at a family-owned job or business</li> <li>e. Not working at a job or business and not looking for work</li> <li>f. Refused</li> <li>g. Don't know</li> </ul>	Supplemental	National Health Interview Survey (NHIS)
<b>Occupation - main reason you did not have a job or business last week</b>	Category of why a person did not have employment in the last 7 days.	<ul style="list-style-type: none"> <li>a. Taking care of house or family</li> <li>b. Going to school</li> <li>c. Retired</li> <li>d. On a planned vacation from work</li> <li>e. On family or maternity leave</li> <li>f. Temporarily unable to work for health reasons</li> <li>g. Have job or contract and off-season</li> <li>h. On layoff</li> <li>i. Disabled</li> <li>j. Other</li> <li>k. Refused</li> <li>l. Don't know</li> </ul>	Supplemental	National Health Interview Survey (NHIS)
<b>Job Classification Category</b>	Category that classifies work performed by participant/subject	<ul style="list-style-type: none"> <li>a. Not applicable</li> <li>b. Official/Manager</li> <li>c. Professional</li> <li>d. Technicians and associate professionals (typically requiring a Bachelor degree or equivalent)</li> <li>e. Service or sales worker</li> </ul>	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
		<ul style="list-style-type: none"> <li>f. Clerk</li> <li>g. Craft and related trades workers (e.g. motor mechanic, printer, tool and die makers, electrician)</li> <li>h. Armed forces occupation (officers, service personnel)</li> <li>i. Laborer/Helper</li> <li>j. Unknown</li> </ul>		
<b>Physical exertion in employment</b>	Amount of energy used in a person's job.	<p>How often does your job involve repeated lifting, pushing, pulling, or bending? Would you say...</p> <ul style="list-style-type: none"> <li>a. Never</li> <li>b. Seldom</li> <li>c. Sometimes</li> <li>d. Often</li> <li>e. Always</li> <li>f. Refused</li> <li>g. Don't know</li> </ul>	Supplemental	National Health Interview Survey (NHIS)
<b>Uniformed Services Branch</b>	Uniformed service branch if a person's occupation is armed forces.	<ul style="list-style-type: none"> <li>a. Air Force</li> <li>b. Army</li> <li>c. Coast Guard</li> <li>d. Marine Corps</li> <li>e. Navy</li> <li>f. NOAA Commission Core</li> <li>g. Public Health Commission</li> <li>h. Never Served</li> <li>i. Other (Fill in)</li> </ul>	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Uniformed Services Branch Rank Category</b>	Uniformed service branch category if a person's occupation is armed forces.	<ul style="list-style-type: none"> <li>a. Field grade officer or above</li> <li>b. Company grade officer</li> <li>c. Warrant officer</li> <li>d. Non-commissioned officer</li> <li>e. Other enlisted rank (Fill in)</li> </ul>	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Uniformed Services Branch Service Status</b>	Status of uniformed services branch.	<ul style="list-style-type: none"> <li>a. Active</li> <li>b. Guard</li> <li>c. Reserve</li> </ul>	Supplemental	Not Applicable (N/A)
<b>Health insurance</b>	Status of a person's insurance coverage for illnesses, injuries, or conditions. Note: The ACS measures people 16 years and older in the United States.	<ul style="list-style-type: none"> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li> </ul>	Core	American Community Survey (ACS)

Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
		<ul style="list-style-type: none"> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li> <li>c. Medicare, for people 65 and older, or people with certain disabilities</li> <li>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li> <li>e. TRICARE or other military health care</li> <li>f. VA (enrolled for VA health care)</li> <li>g. Indian Health Service</li> <li>h. Any other type of health insurance or health coverage plan (Specify _____)</li> </ul>		
<b>Living with persons count</b>	Count of other people with whom a person currently lives, cohabits, or stays.	Fill in	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Living with person relationship type</b>	Type(s) of relationship(s) between a person and all people with whom they currently live, cohabit, or stay.	<ul style="list-style-type: none"> <li>a. Husband or wife</li> <li>b. Biological son or daughter</li> <li>c. Adopted son or daughter</li> <li>d. Stepson or stepdaughter</li> <li>e. Brother or sister</li> <li>f. Father or mother</li> <li>g. Stepfather or stepmother</li> <li>h. Grandchild</li> <li>i. Grandparent</li> <li>j. Parent-in-law</li> <li>k. Son-in-law or daughter-in-law</li> <li>l. Other relative</li> <li>m. Roomer or boarder</li> <li>n. Housemate or roommate</li> <li>o. Unmarried partner</li> <li>p. Foster child</li> <li>q. Other nonrelative</li> <li>r. Military unit member</li> <li>s. N/A - Homeless</li> <li>t. N/A - Alone</li> <li>u. Personal care attendant</li> <li>v. Other patient/ resident in care facility</li> <li>w. Unknown</li> </ul>	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options (if specified)	Core/ Supplemental	Data Source
<b>Total number of people in the family</b>	Number of people within a person's family.	Fill in	Core	American Community Survey (ACS)
<b>Number of children 5 years or younger in household</b>	Number of children 5 years or younger residing within a person's house or place of residence.	Fill in	Supplemental	American Community Survey (ACS)
<b>Special Considerations for Pediatric Populations</b>				
<b>Maternal Ethnicity</b>	Ethnicity a person's mother most closely identifies with.	a. Hispanic or Latino b. Not Hispanic or Latino c. Unknown d. Not Reported	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Maternal Race</b>	Race(s) a person's mother most closely identifies with.	a. Black or African-American b. White c. Asian d. Native Hawaiian or Other Pacific Islander e. American Indian or Alaska Native f. Unknown g. Not Reported	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Paternal Ethnicity</b>	Ethnicity a person's father most closely identifies with.	a. Hispanic or Latino b. Not Hispanic or Latino c. Unknown d. Not Reported	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Paternal Race</b>	Definition: Race(s) a person's father most closely identifies with.	a. Black or African-American b. White c. Asian d. Native Hawaiian or Other Pacific Islander e. American Indian or Alaska Native f. Unknown g. Not Reported	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs



## Patient Characteristics

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
<b>Etiology</b>	The cause, set of causes, or manner of causation of lower limb loss.	a. Vascular b. Diabetes mellitus c. Traumatic d. Congenital e. Cancer f. Other (Fill in)	Core	Not Applicable (N/A)
<b>Current level of amputation in right lower extremity</b>	Current level of amputation in right lower extremity.	a. None b. Foot, including toes or partial foot c. At the ankle (ankle disarticulation) d. Below the knee (transtibial) e. Through the knee (knee disarticulation) f. Above the knee (transfemoral) g. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
<b>Current level of amputation in left lower extremity</b>	Current level of amputation in left lower extremity.	a. None b. Foot, including toes or partial foot c. At the ankle (ankle disarticulation) d. Below the knee (transtibial) e. Through the knee (knee disarticulation) f. Above the knee (transfemoral) g. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
<b>Previous limb salvage</b>	Information about previous limb salvage, the surgical procedure that replaces a diseased area and reconstructs a functional limb.	Fill in (for each limb and side)	Supplemental	Not Applicable (N/A)
<b>Length of residual limb</b>	Length of the part of the body that is left after amputation.	Length in cm	Core	Not Applicable (N/A)
<b>K level or equivalent</b>	Rating system used by Medicare to indicate a person's rehabilitation potential.	a. Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility b. Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator c. Level 2: Has the ability or potential for ambulation with the ability to traverse low	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
		level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator d. Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion e. Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete		
<b>Peripheral sensory symptoms</b>	Loss of sensation in the extremities from peripheral neuropathy.	a. Yes, currently and before amputation. b. Yes, currently and not before amputation c. No loss of peripheral sensation d. Don't know	Core	Not Applicable (N/A)
<b>Visual impairment</b>	Decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Hearing impairment</b>	Partial or total inability to hear that may occur in one or both ears.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	With both eyes open can you see light? a. Yes b. No c. Refused d. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	Are you blind in both eyes? a. Yes b. No c. Refused d. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	Have you ever had a cataract operation? a. Yes b. No	Supplemental	National Health and Nutrition Examination Survey (NHANES)

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
		c. Refused d. Don't know		
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	Was the (cataract) operation in right eye, left eye, or both eyes? a. Right eye b. Left eye c. Both d. Refused e. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual condition (general)</b>	Assessment of a person's eyesight. Please see question for specifics.	Your eyesight, with glasses or contact lenses if you wear them is..... a. Excellent b. Good c. Fair d. Poor e. Very poor? f. Refused g. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual difficulties</b>	Difficulties a person encounters with regards to their vision.	If you usually wear glasses or contact lenses to do these activities, please rate your ability to do them while wearing your glasses or contacts. How much difficulty do you have . . . - Reading ordinary print in newspapers? - Doing work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools? - Going down steps, stairs, or curbs in dim light or at night? - Noticing objects off to the side while {you are/s/he is} walking? - Finding something on a crowded shelf? - Driving during the daytime in familiar places?  a. No difficulty b. A little difficulty c. Moderate difficulty d. Extreme difficulty e. Unable to do because of eyesight f. Does not do this for other reasons	Supplemental	National Health and Nutrition Examination Survey (NHANES)

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
		g. Refused h. Don't know		
<b>Visual limitations</b>	Description of a person's vision.	How limited are you in how long you can work or do other daily activities such as housework, childcare, school, or community activities because of your vision? Would you say you are limited . . . a. None of the time b. A little of the time c. Some of the time d. Most of the time e. All of the time? f. Refused g. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Audiometry</b>	Description of a person's hearing skills.	Which statement best describes your hearing (without a hearing aid or other listening devices)? a. Excellent b. Good c. A little trouble d. Moderate hearing trouble e. A lot of trouble f. Deaf g. Refused h. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
<b>Audiometry</b>	Description of a person's hearing skills.	Have you ever worn a hearing aid or cochlear implant? a. Yes b. No c. Refused d. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
<b>Audiometry</b>	Description of a person's hearing skills.	Hearing aid or Cochlear implant? a. Hearing aid b. Cochlear implant c. Both hearing aid and cochlear implant d. Refused e. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
<b>Built environment</b>	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure).	To what extent does your workplace or educational institution make it easy or hard for you to work or learn? a. Very easy b. Easy c. Moderate d. Hard e. Very hard f. Don't know g. Not applicable	Supplemental	World Health Organization (WHO) Model Disability Survey
<b>Built environment</b>	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure).	To what extent do health facilities you need regularly make it easy or hard for you to use them? a. Very easy b. Easy c. Moderate d. Hard e. Very hard f. Don't know g. Not applicable	Supplemental	World Health Organization (WHO) Model Disability Survey
<b>Built environment</b>	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure).	To what extent does your dwelling make it easy or hard for you to live there? a. Very easy b. Easy c. Moderate d. Hard e. Very hard f. Don't know g. Not applicable	Supplemental	World Health Organization (WHO) Model Disability Survey
<b>Built environment</b>	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure).	To what extent do places where you socialize and engage in community activities make it easy or hard for you to do this? a. Very easy b. Easy c. Moderate d. Hard e. Very hard f. Don't know g. Not applicable	Supplemental	World Health Organization (WHO) Model Disability Survey

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
<b>Built environment/assistance</b>	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure) and a person's ability to thrive in their built environment.	Do you have someone to assist you with your day to day activities at home or outside? a. Yes b. No	Supplemental	World Health Organization (WHO) Model Disability Survey
<b>Built environment/assistive products</b>	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure) and a person's ability to thrive in their built environment.	Do you use any assistive products, such as glasses or a cane? c. Yes d. No	Supplemental	World Health Organization (WHO) Model Disability Survey
<b>Alcohol Use</b>	Quantification of a person's consumption of alcoholic beverages.	How often did you have a drink containing alcohol in the past year? a. Monthly or less b. 2-4 times a month c. 2-3 times per week d. 4 or more times a week	Supplemental	World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
<b>Alcohol Use</b>	Quantification of a person's consumption of alcoholic beverages.	How many drinks did you have on a typical day when you were drinking in the past year? a. 1 or 2 b. 3 or 4 c. 5 or 6 d. 7-9 e. 10 or more	Supplemental	World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
<b>Alcohol Use</b>	Quantification of a person's consumption of alcoholic beverages.	How often did you have 6 or more drinks on one occasion in the past year? a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily	Supplemental	World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
<b>Tobacco history</b>	Use of tobacco.	Tobacco history: a. Never smoked b. Former smoker c. Current smoker d. Unknown	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco history</b>	Use of tobacco.	If a former smoker, which year did you quit smoking? (Fill in)	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
<b>Tobacco history</b>	Use of tobacco.	If a former or current smoker, for how many years did you smoke? (Fill in)	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco history</b>	Use of tobacco.	For former or current cigarette smokers only, the number of pack years of smoking [avg # of cigarettes smoked daily/20] x [number of years smoked]	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco product used type</b>	Type of tobacco product used.	a. Filtered cigarettes b. Non-filtered cigarettes c. Low tar cigarettes d. Cigars e. Pipes f. Chewing tobacco g. Other, specify	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco cigarettes smoked daily average number</b>	Average number of tobacco cigarettes smoked daily.	a. Less than one cigarette per day b. 1 cigarette per day c. 2 to 5 cigarettes per day d. 6 to 15 cigarettes per day (about 1/2 pack) e. 16 to 25 cigarettes per day (about 1 pack) f. 26 to 35 cigarettes per day (about 1 1/2 packs) g. More than 35 cigarettes per day (about 2 packs or more) h. Unknown	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>E-cigarette Use</b>	Use of e-cigarettes or other "vaping" devices.	Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? a. Yes b. No c. Don't know/Not Sure d. Refused	Supplemental	Behavioral Risk Factor Surveillance System (BRFSS)
<b>Current E-cigarette Use</b>	Use of e-cigarettes or other "vaping" devices.	Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all? a. Every day b. Some days c. Not at all d. Don't know/Not sure e. Refused	Supplemental	Behavioral Risk Factor Surveillance System (BRFSS)

Variable	Definition	Variable Options	Core/ Supplemental	Data Source
<b>Drug or substance current illicit use indicator</b>	Use of drug or illicit substances.	a. Yes b. No c. Unknown	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Subscribed drug or substance illicitly used category</b>	Category of drugs or illicit substance use.	a. Sedatives (e.g., sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate) b. Tranquilizers or anti-anxiety drugs (e.g., Valium, Librium, muscle relaxants, or Zanax) c. Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol) d. Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed) e. Marijuana, hash, THC, or grass f. Cocaine or crack g. Hallucinogens (e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote) h. Inhalants or Solvents (e.g., amyl nitrate, nitrous oxide, glue, toluene, or gasoline) i. Heroin g. Other, specify (e.g., Methadone, Elavil, steroids, Thorazine, or Haldol)	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Sleep disturbance – sleep quality</b>	Description of a person's sleeping habits.	In the past 7 days my sleep quality was: a. Very poor b. Poor c. Fair d. Good e. Very good	Core	Patient-Reported Outcomes Measurement Information System (PROMIS)
<b>Sleep disturbance – refreshing sleep</b>	Description of a person's sleeping habits – refreshing sleep.	In the past 7 days: My sleep was refreshing; a. Not at all b. A little bit c. Somewhat d. Quite a bit e. Very much	Core	Patient-Reported Outcomes Measurement Information System (PROMIS)
<b>Sleep disturbance – problem with sleep</b>	Description of a person's sleeping habits – problem with sleep.	In the past 7 days: I had a problem with my sleep; a. Not at all b. A little bit c. Somewhat	Core	Patient-Reported Outcomes Measurement Information System (PROMIS)



Variable	Definition	Variable Options	Core/ Supplemental	Data Source
		d. Quite a bit e. Very much		
<b>Sleep disturbance – difficulty falling asleep</b>	Description of a person's sleeping habits – difficulty falling asleep.	In the past 7 days: I had difficulty falling asleep; a. Not at all b. A little bit c. Somewhat d. Quite a bit e. Very much	Core	Patient-Reported Outcomes Measurement Information System (PROMIS)

## Amputation

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Number and location of limb amputation (choose and indicate # of each)</b>	Number and location of limb amputation.	Right/Upper Right/Lower Left/Upper Left/Lower	Core	Not Applicable (N/A)
<b>Level of amputation (Right)</b>	Location where the amputation occurred (right side of the body).	a. Foot, including toes or partial foot b. At the ankle (ankle disarticulation) c. Below the knee (transtibial) d. Through the knee (knee disarticulation) e. Above the knee (transfemoral) f. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
<b>Level of amputation (Left)</b>	Location where the amputation occurred (left side of the body).	a. Foot, including toes or partial foot b. At the ankle (ankle disarticulation) c. Below the knee (transtibial) d. Through the knee (knee disarticulation) e. Above the knee (transfemoral) f. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
<b>Date of first amputation surgery</b>	Date of first amputation surgery.	Fill in	Core	Not Applicable (N/A)
<b>Additional amputation surgeries (types)</b>	Type of additional amputation surgeries.	Fill in	Core	Not Applicable (N/A)
<b>Dates of additional or last amputation surgeries</b>	Date of additional or last amputation surgery.	Fill in	Core	Not Applicable (N/A)
<b>Time since last amputation surgery (if date not available)</b>	Time since last amputation surgery, if date is not available. Unit of measure can be determined by researcher.	Fill in	Supplemental	Not Applicable (N/A)
<b>Length of residual limb (Left)</b>	Length of residual limb (left side). Unit of measure can be determined by researcher.	Fill in (from nearest joint)	Supplemental	Not Applicable (N/A)
<b>Length of residual limb (Right)</b>	Length of residual limb (right side). Unit of measure can be determined by researcher.	Fill in (from nearest joint)	Supplemental	Not Applicable (N/A)
<b>Foot amputation</b>	Type of amputation of the foot.	a. Ankle disarticulation b. Midfoot amputation c. Hindfoot amputation d. Trans-metatarsal amputation e. Toe amputation	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)

## Surgical Technique

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Staged amputation (includes debriding)</b>		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Cryo-amputation</b>		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Below the knee amputation (left)</b>		a. Posterior flap technique b. Skew flap technique c. Sagittal flap technique d. Medial flap technique e. Fish mouth flap technique	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Below the knee amputation (right)</b>		a. Posterior flap technique b. Skew flap technique c. Sagittal flap technique d. Medial flap technique e. Fish mouth flap technique	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Foot amputations - midfoot amputations</b>		a. Lisfranc amputation b. Other c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Foot amputations – hindfoot amputations</b>		a. Chopart amputation b. Boyd amputation c. Pirogoff amputation d. Other e. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Foot amputation – ankle amputation</b>		a. Syme amputation b. Other c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Toe amputation</b>		a. Simple toe amputation b. Ray toe amputation c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Guillotine amputation</b>		a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Open amputation</b>		a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Closed amputation</b>		a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Osseointegration</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Bone bridging</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Targeted muscle re-intervention</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Myodesis</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Burgess</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Disarticulation</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Osteomyoplastic amputation/Ertl (below the knee amputation)</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs); Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Hemipelvectomy</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Lower extremity surgery</b>		a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Diaphyseal amputation</b>		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
<b>Fasciocutaneous flaps</b>		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
<b>Free flap techniques</b>		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
<b>Skin Grafts</b>		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
<b>Distal muscle stabilization</b>		a. Simple myofascial closure b. Myoplasty c. Myodesis d. Tenodesis e. Other	Core	Atlas of Amputation and Limb Deficiencies

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Nerve management</b>		<ul style="list-style-type: none"> <li>a. Cauterizing the nerve ends using chemicals or heat</li> <li>b. Burying the nerve in bone</li> <li>c. Encasing the nerve in impervious material</li> <li>d. Ligating the nerve or injecting the nerve with a variety of chemicals.</li> <li>e. Sewing the sectioned nerves to other nerves or sewing them back onto themselves</li> <li>f. Dividing the nerve and allowing it to retract</li> <li>g. Other</li> </ul>	Core	Atlas of Amputation and Limb Deficiencies
<b>Nutritional status</b>			Core	Atlas of Amputation and Limb Deficiencies
<b>Infection</b>		<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Stump hematoma</b>		<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Hip flexion contracture</b>		<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Knee flexion contracture</b>		<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Plantar flexion contracture</b>		<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Chronic stump pain</b>		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Techniques for Lower Extremity Amputation)
<b>Edema</b>		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
<b>Vascular inflow</b>		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
<b>Antibiotics needed</b>		a. Yes b. No c. Don't know	Core	Atlas of Amputation and Limb Deficiencies
<b>Skin complication</b>		a. Contact dermatitis b. Skin irritation c. Reactive hyperemia d. Callus formation e. Verrucous hyperplasia f. Folliculitis g. Epidermoid cysts h. Hidradenitis i. Fungal infections j. Other	Core	Atlas of Amputation and Limb Deficiencies
<b>Deep vein thrombosis</b>		a. Yes b. No c. Don't know	Core	Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Post-operative care)
<b>Length of stay</b>		Fill in	Core	Not Applicable (NA)
<b>History of Adverse events</b>		SNOMED	Core	Not Applicable (NA)
<b>Number of readmissions</b>		Fill in	Core	Not Applicable (NA)
<b>Dates of readmissions</b>		Fill in	Core	Not Applicable (NA)

## Prosthetic Intervention

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Shape of residual limb</b>	Shape of the part of the body that remains after an amputation has been performed.	a. Conical b. Cylindrical c. Bulbous d. Atypical e. Add description (Fill in)	Core	Not Applicable (N/A)
<b>Problems with skin integrity of residual limb</b>	Problems with skin integrity of residual limb	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Problems with vascular function of residual limb</b>	Problems with vascular function of residual limb	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Is there neuropathy in the residual limb?</b>	Problems with neuropathy of residual limb	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Is there neuroma in residual limb?</b>	Problems with neuroma of residual limb	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Is there phantom limb pain in residual limb?</b>	Problems with phantom limb pain in residual limb	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Is the limb volume of the residual limb stable?</b>	Problems with stable limb volume in residual limb	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Socket design</b>	Type of device that joins the residual limb (stump) to the prosthesis.	a. Patellar Tendon Bearing (PTB) b. Hydrostatic (HSD) c. Total Surface Bearing (TSB) d. Ischial (Ramus) Containment (IC/IRC) e. End-Bearing Knee disarticulation f. Quadrilateral design g. Sub-Ischial design h. External socket support (i.e. thigh lacer and joints or similar) i. Non-conforming design (other) j. Osseointegration (this replaces socket, suspension and interface)	Core	Not Applicable (N/A)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Interface (socket)</b>	Description of the surface and materials on the surface of the residual limb (stump) that connects to the prosthesis.	<ul style="list-style-type: none"> <li>a. Sock or similar</li> <li>b. Roll-on “gel” insert (urethane, silicone, thermoplastic elastomers, etc.)</li> <li>c. Expanded Polyethylene foam padding</li> <li>d. Distal end support (distinct from insert)</li> <li>e. Rigid structure</li> <li>f. Flexible Inner socket</li> <li>g. Non-conforming (other)</li> </ul>	Core	Not Applicable (N/A)
<b>Suspension</b>	System used to hold the prosthesis to the residual limb and to provide additional comfort and protection for the residual limb.	<ul style="list-style-type: none"> <li>a. Supramalleolar (Symes level)</li> <li>b. Removeable Wall (Symes, Knee disarticulation level)</li> <li>c. Waist belt with Fork Strap</li> <li>d. Knee joints and thigh lacer</li> <li>e. Cuff Strap</li> <li>f. Supracondylar</li> <li>g. Sleeve</li> <li>h. Gasket/liner seal-in</li> <li>i. Locking Mechanism (pin, lanyard, magnetic)</li> <li>j. Suction</li> <li>k. Elevated Vacuum</li> <li>l. Pelvic band and hip joint</li> <li>m. Silesian Bandage/Belt</li> <li>n. Non-conforming</li> </ul>	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Knees</b>	Type of knee and mechanism used in the prosthesis.	<ul style="list-style-type: none"> <li>a. Endoskeletal or Exoskeletal</li> <li>b. Single Axis</li> <li>c. Polycentric</li> <li>d. Stance phase control</li> <li>e. Swing phase control</li> <li>f. Swing and Stance control</li> <li>g. Stance phase-manual lock</li> <li>h. Stance phase-weight activated braking/locking</li> <li>i. Friction regulation</li> <li>j. Hydraulic regulation</li> <li>k. Pneumatic regulation</li> <li>l. Hydra-pneumatic regulation</li> <li>m. Rheologic regulation</li> <li>n. Powered Actuator</li> <li>o. Microprocessor controlled Swing phase</li> <li>p. Microprocessor controlled Stance phase</li> <li>q. Microprocessor controlled Swing and Stance phase</li> <li>r. Non-conforming (Other)</li> </ul>	Core	Not Applicable (N/A)
<b>Feet</b>	Type/group of foot used for the prosthesis.	<ul style="list-style-type: none"> <li>a. SACH foot</li> <li>b. Single Axis</li> <li>c. Multi-Axial</li> <li>d. Multi-Axial with Flexible Keel</li> <li>e. Flexible Keel Foot (non-ESAR)</li> <li>f. ESAR (energy storage and release)</li> <li>g. ESAR plus (added components for shock absorption, torque absorption)</li> <li>h. Microprocessor control</li> <li>i. Powered Actuator</li> <li>j. Running/jumping/sport specific</li> </ul>	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Specialty device</b>	Type of specialty device or component used for a person's prosthesis.	a. Torque absorber b. Vertical shock absorber c. Dynamic Pylon d. Quick Disconnect Pylon e. Multi-Axial/Torque absorber f. Axial Rotation g. Adjustable Heel Height h. Assistive Motion Ankle (such as auto dorsiflexion) i. Sport Specific Foot/Component	Core	Not Applicable (N/A)
<b>Partial foot</b>	Type/group of partial foot used for the prosthesis.	a. Accommodative/Soft Toe filler b. Accommodative/Soft shoe height insert c. Shoe height insert with ESAR plantar component d. Accommodative, Encapsulating, Supramalleolar (this is the silicone foot restoration looking type, with or without cosmetic enhancements, i.e. Imler boot, Chicago Boot) e. Encapsulating Supramalleolar with ESAR plantar component f. Energy storing and return (ESAR) strut, calf height, with Foot section/Insert	Core	Not Applicable (N/A)
<b>Neuro-integration</b>	Type of therapy used to integrate prosthesis components.	a. Sensory feedback b. Neuro control	Core	Not Applicable (N/A)
<b>Number of full-length cotton socks owned</b>	Number of full-length cotton socks owned for the prosthetic.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
<b>Number of full-length synthetic socks owned</b>	Number of full-length synthetic socks owned for the prosthetic.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
<b>Number of full-length silver socks owned</b>	Number of full-length silver socks owned for the prosthetic.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
<b>Number of full-length cotton socks typically worn</b>	Number of full-length cotton socks typically worn with the prosthesis or on the residual limb?	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Number of full-length synthetic socks typically worn</b>	Number of full-length synthetic socks typically worn on the prosthesis.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
<b>Number of full-length silver socks typically worn</b>	Number of full-length silver socks typically worn on the prosthesis.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
<b>Number of half-length socks typically owned</b>	Number of half-length silver socks typically owned for the prosthesis.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
<b>Number of half-length socks typically worn</b>	Number of half-length silver socks typically worn on the prosthesis.	a. Fill in # b. None c. Don't know	Core	Not Applicable (N/A)
<b>Prosthetic type</b>	Description of prosthetic type.	Fill in	Core	Not Applicable (N/A)
<b>Number of changes to prosthetic</b>	Number of changes made to the prosthesis.	Fill in	Core	Not Applicable (N/A)
<b>Time from surgery to current prosthetic system</b>	Time between surgery to current prosthetic system on the person. Researcher can determine the unit.	Fill in	Core	Not Applicable (N/A)
<b>Prosthetic training</b>	Description of any training the person had regarding their prosthesis, if any.	Fill in	Core	Not Applicable (N/A)
<b>Temporary prosthetic provided post-surgery</b>	Was a prosthesis provided to a person for a limited time prior to a more permanent prosthesis was fitted.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)

## Pre-Operative

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Proximate cause of amputation</b>	Direct cause of amputation.	a. Critical limb ischemia b. Infection c. Chronic wound d. Other (Fill in)	Core	Not Applicable (N/A)
<b>Etiology</b>	The cause, set of causes, or manner of causation of lower limb loss.	a. Vascular b. Diabetes mellitus c. Traumatic d. Congenital e. Cancer f. Other (Fill in)	Core	Not Applicable (N/A)  <i>Cross-reference to the <a href="#">Patient Characteristics</a> domain</i>
<b>Vascular History</b>	A patient's history regarding their blood vessels and abnormalities related to blood vessels.	a. Diabetes mellitus b. Peripheral vascular disease c. Both d. Don't know e. None	Supplemental	American Academy of Orthopaedic Surgeons (AAOS) Atlas of Prosthetics
<b>Limb Artery-Ankle Brachial Index (ABI)</b>	Test that compares the blood pressure in the upper and lower limbs. If this ratio is less than 0.9, it may mean that a person has peripheral artery disease (PAD) in the blood vessels in his or her legs.	Fill in	Supplemental	Not Applicable (N/A)
<b>Carotid-femoral Pulse Wave Velocity (PWV)</b>	Measure of arterial stiffness, or the rate at which pressure waves move down the vessel.	Fill in	Supplemental	Not Applicable (N/A)
<b>K level</b>	Rating system used by Medicare to indicate a person's rehabilitation potential.	a. Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility b. Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator c. Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs,	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		stairs or uneven surfaces. Typical of the limited community ambulator d. Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion e. Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete"		
<b>Functional Comorbidities Index</b>	A tool to predict general health status and adjust for comorbidity confounding in outcomes studies of chronic conditions, but it has been tested as a predictor of general health status in a few different cohorts.	<i>Refer to the <a href="#">Health Status Outcome Measures</a></i>	Supplemental	Not Applicable (N/A)
<b>End-stage renal disease</b>	Disease of the kidneys.	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current dialysis status</b>	The process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally.	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Independent living status</b>	The ability of a person to live by themselves.	<i>View the "Living with Persons Count" and "Living with Persons Relationship Type" variables in the <a href="#">Sociodemographics Domain</a> &amp; the "Built Environment/Assistance" variables in the <a href="#">Patient Characteristics Domain</a></i>	Supplemental	Not Applicable (N/A)
<b>Type of diabetes</b>	Type of diabetes, or the disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine.	a. Type 1 b. Type 2 c. Unknown d. Other	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Using insulin to control diabetes?</b>	If a patient is using insulin, a hormone produced by the pancreas.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Foot ulcer</b>	An open sore on the foot.	a. Grade 0 - ABI $\geq$ 0.80, ankle systolic pressure $>$ 100 mmHg, toe pressure $\geq$ 60 mmHg b. Grade 1 - ABI 0.60-0.79, ankle systolic pressure 70-100 mmHg, toe pressure 40-59 mmHg c. Grade 2 - ABI 0.40-0.59, ankle systolic pressure 50-70 mmHg, toe pressure 30-39 mmHg d. Grade 3 - ABI $\leq$ 0.39, ankle systolic pressure $<$ 50 mmHg, toe pressure $<$ 30 mmHg	Core	WIFI Classification System (Wound, Ischemia, and foot Infection) Classification System
<b>Nutrition</b>	Food necessary for a person's health and growth.	Fill in	Supplemental	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)
<b>Psychological consultation</b>	A meeting with a professional about a person's mental health state.	a. Yes (Fill in) b. No c. Don't know	Supplemental	Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Pre-operative evaluation and preparation)
<b>Antibiotics</b>	Medication used to treat bacterial infections.	a. Yes (Fill in) b. No c. Don't know	Core	Not Applicable (N/A)
<b>Name of antibiotic</b>	Name of antibiotic, medication used to treat bacterial infections.	Fill in	Supplemental	Not Applicable (N/A)
<b>Type of antibiotic</b>	How a person receives an antibiotic, a medication used to treat bacterial infections.	a. Oral b. Intravenous c. Combination	Core	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
<b>Serum albumin determination</b>	A type of protein found in a person's blood serum.	a. Yes (Fill in) b. No c. Don't know	Supplemental	American Academy of Orthopaedic Surgeons (AAOS) Atlas of Prosthetics
<b>CBC (Complete blood count)</b>	A blood panel, or a test that gives information about cells in a person's blood.	a. Yes (Fill in) b. No c. Don't know	Supplemental	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Chem-20</b>	A blood test that tests for 20 types of cells in a person's blood.  Albumin, Alkaline Phosphatase, Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST), Bilirubin (total and direct), Blood Glucose, Blood Urea Nitrogen, Calcium (Ca) in Blood, Carbon Dioxide (Bicarbonate), Chloride (Cl), Cholesterol and Triglycerides Tests, Creatinine and Creatinine Clearance, Gamma-Glutamyl Transferase (GGT), Lactate Dehydrogenase, Phosphate in Blood, Potassium (K) in Blood, Sodium (Na) in Blood, Total Serum Protein, Uric Acid in Blood	a. Yes (Fill in) b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>A1C test</b>	A test that measures a person's blood glucose levels.	Fill in	Supplemental	Not Applicable (NA)
<b>Medications at time of surgery</b>	Medication a patient was taking at the time of amputation surgery.	Fill in	Core	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
<b>Thromboprophylaxis</b>	A mechanical or pharmacological method to promote venous outflow from the legs and reduce the incidence of venous thrombosis.	a. Yes (Fill in) b. No c. Don't know	Supplemental	Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Pre-operative evaluation and preparation)
<b>Physical therapy</b>	The treatment by physical methods such as strength training, gait training, therapeutic exercise	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Physical therapy setting</b>	The setting of treatment by physical methods such as massage, heat treatment, and exercise.	a. Home b. Out-patient c. inpatient/facility based	Core	Not Applicable (N/A)
<b>Occupational therapy</b>	Therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Occupational therapy setting</b>	The setting of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.	a. Home b. Out-patient c. Inpatient/facility based	Core	Not Applicable (N/A)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Therapy rehabilitation session duration</b>	Time of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life.	a. 15 minutes b. 30 minutes c. 45 minutes d. 60 minutes e. Other, specify	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Therapy rehabilitation frequency (days/week)</b>	Frequency of therapy for those recuperating from illness that encourages rehabilitation through the performance of activities required in daily life. Frequency can be determined by researcher.	a. 0 b. 1 c. 2 d. 3 e. 4 f. 5 g. 6 h. 7	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Infection etiology: Grade of current infection</b>	Grade of current infection	a. Grade 1 b. Grade 2 c. Grade 3 d. Grade 4 e. Grade 5 f. N/A	Core	NCI Common Terminology Criteria for Adverse Events (CTCAE), version 5.0
<b>Additional trauma etiology: Abbreviated Injury Scale (AIS) (Grade value)</b>	An anatomical-based coding system to classify and describe the severity of injuries that represents the threat to life associated with the injury rather than the comprehensive assessment of the severity of the injury.	a. AIS 1 – Minor b. AIS 2 – Moderate c. AIS 3 – Serious d. AIS 4 – Severe e. AIS 5 – Critical f. AIS 6 – Maximal (currently untreatable)	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Additional trauma etiology: Abbreviated Injury Scale (AIS) (Body region category)</b>	An anatomical-based coding system to classify and describe the severity of injuries that represents the threat to life associated with the injury rather than the comprehensive assessment of the severity of the injury.	a. Head and neck b. Face c. Thorax/chest d. Abdomen and pelvic contents e. Extremities and pelvic girdle f. Brain Injury g. Cervical spine h. Thoracic spine i. Lumbar spine j. Upper extremities k. Lower extremities l. Pelvic Girdle m. Externa (skin)	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Additional trauma etiology: Abbreviated</b>	An anatomical-based coding system to classify and describe the severity of injuries that represents the threat to life associated	a. Minor: no treatment needed b. Moderate: requires only outpatient treatment	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Injury Scale (AIS) (Body region score)</b>	with the injury rather than the comprehensive assessment of the severity of the injury.	c. Serious: requires non-ICU hospital admission d. Severe: requires ICU observation and/or basic treatment e. Critical: requires intubation, mechanical ventilation or vasopressors for blood pressure support f. Maximal: not survivable g. Unknown		
<b>Congenital etiology: Type of condition</b>	Medical ailment associated with congenital etiology, or inherited condition.	Fill in	Core	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
<b>Congenital etiology: Name of potential medication</b>	Substance used for treatment of the congenital, or inherited, condition.	Fill in	Supplemental	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
<b>Congenital etiology: Anatomical classification - General</b>	Type of limb loss based on how much of the original limb is lost.	a. Complete absence of limb b. Partial absence of limb c. Don't know	Core	Not Applicable (N/A)
<b>Congenital etiology: Anatomical classification - General</b>	Type of limb loss based on location of the limb loss.	a. Transverse deficiency b. Longitudinal deficiency c. Multiple limb deficiencies d. Other e. Don't know	Core	Not Applicable (N/A)
<b>Congenital etiology: Anatomical classification - Partial absence</b>	More specific type of partial limb loss.  Intercalary defect: Absence or hypoplasia of a middle section of a long bone such as the femur or radius, with normal distal structures such as the hand, foot, or digits.  Definition: Terminal transverse defect: Absence of all distal structures beyond a specific point perpendicular to the limb, such as absence of the lower half of the forearm and hand.  Definition: Longitudinal defect: Absence or hypoplasia of a bone parallel to the long axis of the limb and included preaxial, central, postaxial, and mixed pre- and postaxial longitudinal defects.	a. Intercalary defect b. Terminal transverse defect c. Longitudinal defect d. Don't know	Supplemental	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Congenital etiology: Anatomical classification - Longitudinal defect</b>	More specific type of partial limb loss, relating to longitudinal loss.	a. Preaxial b. Central c. Postaxial d. Pre- and postaxial e. Don't know	Supplemental	Not Applicable (N/A)
<b>Congenital etiology: Anatomical classification - Longitudinal deficiency</b>	More specific type of partial limb loss, relating to longitudinal loss.	a. Radial deficiency b. Ulnar deficiency c. Humoral deficiency d. Tibial deficiency e. Fibular deficiency f. Femoral deficiency g. Split-hand/split foot malformations h. Other i. Don't know	Supplemental	Not Applicable (N/A)
<b>Congenital etiology: Etiological and Pathological classification</b>	Classification of limb loss based on the cause, set of causes, or manner of causation of a disease or condition.	a. Chromosomal abnormalities b. Dominant or recessive genes c. Familial inheritance in the absence of a Mendelian syndrome d. Known syndromes, sequences, associations, and related anomalies e. Teratogenic exposures f. Presumed vascular disruption defects g. Unknown causes	Supplemental	Not Applicable (N/A)
<b>Cancer etiology: Cancer diagnosis type</b>	Body region in which there was a diagnosis of cancer.	a. Bone b. Brain c. Breast d. Colorectal e. Endometrial f. Esophagus g. Prostate h. Renal i. Skin j. Lung k. Soft Tissues l. Other specify	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs with additions for most common causes of amputation cited in Evidence-based clinical resource system (UpToDate.com) Lower extremity amputation
<b>Cancer etiology: Cancer stage</b>	Stage 0 Abnormal cells are present but have not spread to nearby tissue. Also called carcinoma in situ, or CIS. CIS is not cancer, but it may become cancer. Stage I, Stage II, and Stage III Cancer is present. The higher the number, the larger	a. Stage 0 b. Stage I c. Stage II d. Stage III e. Stage IV f. Unknown	Core	National Cancer Institute (NCI)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
	the cancer tumor and the more it has spread into nearby tissues.			
<b>Cancer etiology: Radiation Therapy</b>	Treatment of disease using X-rays or similar forms of radiation.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Cancer etiology: Chemotherapy</b>	Treatment of disease by the use of chemical substances, especially the treatment of cancer by cytotoxic and other drugs.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Cancer etiology: Immunotherapy</b>	Treatment of disease with substances that stimulate the immune response.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Cancer etiology: Targeted therapy</b>	Treatment of disease that targets a cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Diabetes etiology: Type of diabetic foot infections</b>	If diabetic etiology, type of diabetic foot infections.	a. Superficial diabetic foot infections b. Ulcers c. Wounds with extensive local inflammation, necrosis, etc.	Supplemental	Evidence-based clinical resource system (UpToDate.com) (Clinical Manifestations, Diagnosis, and Management of Diabetic Infections of the Lower Extremities)
<b>Type of surgeon</b>	Type of surgeon that performed amputation surgery.	a. Orthopedist b. Vascular surgeon c. General surgeon d. Podiatrist e. Other	Core	Not Applicable (N/A)
<b>Pre-operative vascular status</b>	Vascular status of person before surgery.	a. Angiography b. Pulse c. Toe pressure d. Oxygen measure	Supplemental	Not Applicable (N/A)

## Post-Operative – Acute Care

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Post-surgical discharge environment</b>	Location a person goes after surgery.	<ul style="list-style-type: none"> <li>a. Assisted living residence</li> <li>b. Correctional institution</li> <li>c. Deceased</li> <li>d. Group living situation</li> <li>e. Homeless</li> <li>f. Hospital</li> <li>g. Hotel or motel</li> <li>h. Nursing home</li> <li>i. Other unclassified</li> <li>j. Private residence</li> <li>k. Rehabilitation hospital</li> <li>l. Unknown</li> </ul>	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Post-surgical discharge facility - Hospitals and Inpatient</b>	Location a person goes after surgery – if at a hospital or inpatient facility.	<ul style="list-style-type: none"> <li>a. Acute Care facility</li> <li>b. Critical Access Hospital (CAH)</li> <li>c. Inpatient Rehabilitation Facility (IRF)</li> <li>d. Long-term care facility</li> <li>e. Skilled Nursing Facility (SNF)</li> <li>f. Other</li> <li>g. Don't know</li> </ul>	Core	Centers for Medicare & Medicaid Services (CMS) Website
<b>Post-surgical discharge facility - Outpatient</b>	Location a person goes after surgery – if at an outpatient facility.	<ul style="list-style-type: none"> <li>a. Ambulatory Surgical Center (ASC)</li> <li>b. Comprehensive Outpatient Rehabilitation Facility (CORF)</li> <li>c. Federally Qualified Health Center (FQHC)</li> <li>d. Rural Health Clinic (RHC)</li> <li>e. Home Health Agency (HHA)</li> <li>f. Hospice</li> <li>g. Other</li> <li>h. Don't know</li> </ul>	Core	Not Applicable (N/A)
<b>Training</b>	Type of training a person received after surgery.	<ul style="list-style-type: none"> <li>a. Residual limb management (donning and doffing of prosthesis, gel liners or socks as appropriate)</li> <li>b. Range of motion (ROM)</li> <li>c. Strengthening</li> <li>d. Cardiovascular fitness and endurance</li> <li>e. Balance</li> <li>f. Mobility</li> <li>g. Functional activities and ADL</li> </ul>	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		<ul style="list-style-type: none"> <li>h. Equipment</li> <li>i. Driver's training</li> <li>j. Home evaluation</li> <li>k. Home exercise program</li> <li>l. Community integration</li> <li>m. Wheelchair training</li> <li>n. None</li> <li>o. Don't know</li> </ul>		
<b>Anesthesiology pain services</b>	If a person received anesthesiology services (controlled, temporary loss of sensation or awareness that is induced for medical purposes) for pain.	<ul style="list-style-type: none"> <li>a. Yes (Fill in)</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Evidence-based clinical resource system (UpToDate.com) (Lower Extremity Amputation- Post-operative care)
<b>Behavioral Health Approaches</b>	Mental health services and activities a person participated in.	<ul style="list-style-type: none"> <li>a. Face to face/individual/group</li> <li>b. Virtual Reality</li> <li>c. Telehealth</li> <li>d. None</li> <li>e. Don't know</li> </ul>	Supplemental	Not Applicable (N/A)
<b>Rehab start date</b>	Start date of rehabilitation, if known.	<ul style="list-style-type: none"> <li>a. Date (Fill in)</li> <li>b. Unknown</li> </ul>	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Rehab end date</b>	End date of rehabilitation, if known.	<ul style="list-style-type: none"> <li>a. Date (Fill in)</li> <li>b. Unknown</li> </ul>	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Rehospitalization within 30 days of initial surgery</b>	If a person was admitted to the hospital again, within 30 days after surgery.	<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Not Applicable (N/A)
<b>Reason for rehospitalization</b>	Reason a person was re-admitted to the hospital.	Fill in	Core	Not Applicable (N/A)
<b>Reason for rehospitalization (related to amputation)</b>	If a person's re-admission to the hospital was related to their amputation.	<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Core	Not Applicable (N/A)
<b>Duration of rehospitalization</b>	Length of time a person was in the hospital during their re-admittance to the hospital.	Fill in	Core	Not Applicable (N/A)
<b>Mental and emotional discharge disposition</b>	A person's mental and emotional status at hospital discharge.	Fill in	Supplemental	Not Applicable (N/A)
<b>Unplanned readmission within 30 days of discharge from initial admission</b>	If a person was re-admitted to the hospital within 30 days of their initial discharge.	<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>	Supplemental	Centers for Medicare & Medicaid Services (CMS) Website (Hospital)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
				Readmissions Reduction Program)
<b>Emergency Department/Urgent care visit within 30 days of discharge from initial admission</b>	If a person was taken to the emergency department or urgent care within 30 days of their initial discharge.	a. Yes b. No c. Don't know	Supplemental	Centers for Medicare & Medicaid Services (CMS) Website (Hospital Readmissions Reduction Program)
<b>Unplanned Visit to Physician's Office</b>	If a person had an unplanned visit to a physician.	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Physical therapy</b>	If a person completed physical therapy after their amputation surgery.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Physical therapy intervention type</b>	Specific type of physical therapy received related to a person's amputation.	a. Assessment/evaluation b. Deep thermal c. Balance d. Education/training e. Postural control f. Coordination g. Motor control h. Facilitation/Handling i. Repetitive task practice j. Oral-Motor Facilitation k. Manual therapy l. Joint mobilization/manipulation m. Massage n. Strengthening functional o. Strengthening (PRE) p. Stretching q. Breathing r. Aerobic conditioning s. Postural drainage t. Electrical stimulation NMES u. Electrical stimulation Tens v. Hot/cold w. Biofeedback x. Telehealth y. Pressure relief z. Position changes aa. Skin check bb. Energy conservation	Supplemental	

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		cc. Other dd. None		
<b>Physical therapy start date</b>	Start date of physical therapy related to a person's amputation surgery.	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
<b>Physical therapy end date</b>	End date of physical therapy related to a person's amputation surgery	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
<b>Patient education</b>	If a person received education relating to their amputation surgery.	a. Yes b. No c. Don't know	Core	Departments of Veterans Affairs and Defense Clinical Practice Guidelines (VA/DoD CPGs)
<b>Equipment recommendation type</b>	If a person received recommendations about type of equipment they should use relating to their amputation surgery.	Fill in	Core	Not Applicable (N/A)
<b>Equipment ordering type</b>	Type of equipment a person was ordered relating to their amputation surgery.	Fill in	Core	Not Applicable (N/A)
<b>Equipment used after surgery</b>	Type of equipment a person used after amputation surgery.	Fill in	Core	Not Applicable (N/A)
<b>Equipment type</b>	Type of equipment a person used after amputation surgery.	Fill in	Core	Not Applicable (N/A)
<b>Occupational therapy</b>	If a person completed occupational therapy after their amputation surgery.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Occupational therapy start date</b>	Start date of occupational therapy related to a person's amputation surgery.	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
<b>Occupational therapy end date</b>	End date of occupational therapy related to a person's amputation surgery.	a. Date (Fill in) b. Unknown	Supplemental	Not Applicable (N/A)
<b>Occupational therapy intervention type</b>	Specific type of occupational therapy received related to a person's amputation.	a. Pre-Functional/Preparatory (Suggest including e.g. therapeutic exercise, manual therapy, residual limb care, etc.). b. Activities of Daily Living c. Transfers d. Functional Mobility e. Vestibular Training f. Care of Personal Devices g. Instrumental Activities of Daily Living h. Community and Social Participation	Supplemental	Not Applicable (N/A)
<b>Duration of time since surgery initial device was received</b>	Amount of time since surgery until initial device was received.	Fill in	Core	Not Applicable (N/A)



Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Prosthetics device type</b>	Type of initial device received.	a. Transtibial b. Transfemoral c. Unknown	Supplemental	Not Applicable (N/A)
<b>Did the person receive an orthotic device?</b>	Did the person receive an orthotics device?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>What type of orthotic device was received?</b>	If an orthotic device was received, what type.	Fill in	Supplemental	Not Applicable (N/A)
<b>Cancer etiology: Radiation Therapy</b>	If amputation caused by cancer, did the person receive radiation?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Cancer etiology: Chemotherapy</b>	If amputation caused by cancer, did the person receive chemotherapy?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Cancer etiology: Immunotherapy</b>	If amputation caused by cancer, did the person receive immunotherapy?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Cancer etiology: Targeted therapy</b>	If amputation caused by cancer, did the person receive targeted therapy?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)

## Community-Based Care/Outpatient-Based Care

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Etiology</b>	The cause, set of causes, or manner of causation of lower limb loss.	a. Vascular b. Diabetes mellitus c. Traumatic d. Congenital e. Cancer f. Other (Fill in)	Core	Not Applicable (N/A)  <i>Cross reference to the <a href="#">Patient Characteristics domain</a></i>
<b>Peripheral sensory symptoms</b>	Loss of sensation in the extremities from peripheral neuropathy.	a. Yes, currently and before amputation. b. Yes, currently and not before amputation c. No loss of peripheral sensation d. Don't know	Core	Not Applicable (N/A)
<b>Visual impairment</b>	Decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Hearing impairment</b>	Partial or total inability to hear that may occur in one or both ears.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	With both eyes open can you see light? a. Yes b. No c. Refused d. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	Are you blind in both eyes? a. Yes b. No c. Refused d. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	Have you ever had a cataract operation? a. Yes b. No c. Refused d. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual function</b>	Degree to which a person can see. Please see question for specifics.	Was the (cataract) operation in right eye, left eye, or both eyes? a. Right eye b. Left eye c. Both	Supplemental	National Health and Nutrition Examination Survey (NHANES)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		d. Refused e. Don't know		
<b>Visual condition (General)</b>	Assessment of a person's eyesight. Please see question for specifics.	Your eyesight, with glasses or contact lenses if you wear them is... a. Excellent b. Good c. Fair d. Poor e. Very poor? f. Refused g. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual difficulties</b>	Difficulties a person encounters with regards to their vision.	If you usually wear glasses or contact lenses to do these activities, please rate your ability to do them while wearing your glasses or contacts. How much difficulty do you have . . . - Reading ordinary print in newspapers? - Doing work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools? - Going down steps, stairs, or curbs in dim light or at night? - Noticing objects off to the side while {you are/s/he is} walking? - Finding something on a crowded shelf? - Driving during the daytime in familiar places?  a. No difficulty b. A little difficulty c. Moderate difficulty d. Extreme difficulty e. Unable to do because of eyesight f. Does not do this for other reasons g. Refused h. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Visual limitations</b>	Description of a person's vision.	How limited are you in how long you can work or do other daily activities such as housework, childcare, school, or community activities because of your	Supplemental	National Health and Nutrition Examination Survey (NHANES)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		vision? Would you say you limited . . . a. None of the time b. A little of the time c. Some of the time d. Most of the time e. All of the time f. Refused g. Don't know		
<b>Audiometry</b>	Description of a person's hearing skills.	Which statement best describes your hearing (without a hearing aid or other listening devices)? a. Excellent b. Good c. A little trouble d. Moderate hearing trouble e. A lot of trouble f. Deaf g. Refused h. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
<b>Audiometry</b>	Description of a person's hearing skills.	Have you ever worn a hearing aid or cochlear implant? a. Yes b. No c. Refused d. Don't know	Core	National Health and Nutrition Examination Survey (NHANES)
<b>Audiometry</b>	Description of a person's hearing skills.	Hearing aid or Cochlear implant? a. Hearing aid b. Cochlear implant c. Both hearing aid and cochlear implant d. Refused e. Don't know	Supplemental	National Health and Nutrition Examination Survey (NHANES)
<b>Are you interested in an artificial limb?</b>	Are you interested in receiving an artificial limb?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Have you been evaluated or assessed for an artificial limb?</b>	Has a professional evaluated you for an artificial limb?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Were you prescribed an artificial limb?</b>	Did a physician write a prescription for you to receive an artificial limb?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Did you receive the artificial limb?</b>	Did you receive an artificial limb that was prescribed?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Are you using the limb?</b>	Are you using the artificial limb that was prescribed?	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Date of amputation</b>	<i>*Note – cross reference to the Amputation domain</i>	Fill in	Core	Not Applicable (N/A)
<b>Prosthetic use per day</b>	What is your daily use of your prosthetic device?	a. Have a prosthesis but don't use b. Don't have a prosthesis c. Less than 4 hours per day d. 4 to 8 hours per day e. More than 8 hours per day f. Other g. N/A	Supplemental	Not Applicable (N/A)
<b>Skin irritation, skin breakdown, or rashes</b>	Does your amputation site include skin irritation, skin breakdown, or rashes?	a. Yes b. No c. N/A	Supplemental	Not Applicable (N/A)
<b>Residual limb pain</b>	Do you have leftover limb pain?	a. Yes b. No c. N/A	Supplemental	Not Applicable (N/A)
<b>Phantom limb pain</b>	Do you have ongoing painful sensations that seem to be coming from the part of your limb that is no longer there?	a. Yes b. No c. N/A	Supplemental	Not Applicable (N/A)
<b>Current ambulation status</b>	In what types of environments do you walk?	a. Household b. Limited community c. Full community	Core	Not Applicable (N/A)
<b>Use of assistive mobility devices</b>	What types of devices do you use to help you get around?	a. None b. Cane c. Crutches d. Walker/Rollator e. Wheelchair f. Other	Core	Not Applicable (N/A)
<b>Current ADL functional status</b>	Current status of ease of activities of daily living	To what extent do places where you socialize and engage in community activities make it easy or hard for you to do this? a. Very easy	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		b. Easy c. Moderate d. Hard e. Very hard f. Don't know		
<b>Current ADL functional status – difficulty with personal hygiene/grooming</b>	Current status of activities of daily living – do you have difficulty with personal hygiene or grooming?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current ADL functional status – difficulty with dressing</b>	Current status of activities of daily living – do you have difficulty with dressing?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current ADL functional status – difficulty with toileting</b>	Current status of activities of daily living – do you have difficulty using the bathroom?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current ADL functional status – difficulty with transferring or ambulating</b>	Current status of activities of daily living – do you have difficulty moving between surfaces or walking?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current ADL functional status – difficulty with eating</b>	Current status of activities of daily living – do you have difficulty eating?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current IADL functional status – difficulty with companionship and mental support</b>	Current status of instrumental activities of daily living – do you have difficulty with companionship or mental support?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current IADL functional status – difficulty with transportation and shopping</b>	Current status of instrumental activities of daily living – do you have difficulty with transportation or shopping?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current IADL functional status – difficulty with preparing meals</b>	Current status of instrumental activities of daily living – do you have difficulty preparing food to eat?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current IADL functional status – difficulty with managing a household</b>	Current status of instrumental activities of daily living – do you have difficulty managing a household?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current IADL functional status – difficulty with managing medications</b>	Current status of instrumental activities of daily living – do you have difficulty managing your medications?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current IADL functional status – difficulty with communicating with others</b>	Current status of instrumental activities of daily living – do you have difficulty getting your message across to others?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
<b>Current IADL functional status – difficulty with managing finances</b>	Current status of instrumental activities of daily living – do you have difficulty managing money?	a. Yes b. No c. Don't know	Supplemental	Not Applicable (N/A)
<b>Current therapies</b>	What, if any, therapies have you participated in relating to your amputation?	a. Physical therapy b. Occupational therapy c. None d. Other	Supplemental	Not Applicable (N/A)
<b>Medical Conditions</b>	<i>Cross reference to the <a href="#">Sociodemographics</a> domain</i>	Fill in	Core	Use Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
<b>Surgery or procedures</b>	<i>Cross reference to the <a href="#">Amputation</a> and <a href="#">Surgical Technique</a> domain</i>			
<b>Social</b>				
<b>Living with persons count</b>	Count of other people with whom a person currently lives, cohabits, or stays.	Fill in	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Living with person relationship type</b>	Type(s) of relationship(s) between a person and all people with whom they currently live, cohabit, or stay.	a. Husband or wife b. Biological son or daughter c. Adopted son or daughter d. Stepson or stepdaughter e. Brother or sister f. Father or mother g. Stepfather or stepmother h. Grandchild i. Grandparent j. Parent-in-law k. Son-in-law or daughter-in-law l. Other relative m. Roomer or boarder n. Housemate or roommate o. Unmarried partner p. Foster child q. Other nonrelative r. Military unit member s. N/A - Homeless t. N/A - Alone u. Personal care attendant v. Other patient/ resident in care facility	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		w. Unknown		
<b>Total number of people in family</b>	Number of people within a person's family. Note: The ACS measures people 16 years and older in the United States	Fill in	Core	American Community Survey (ACS)
<b>Number of children 5 years or younger in the household</b>	Number of children 5 years or younger residing within a person's house or place of residence.	Fill in	Supplemental	American Community Survey (ACS)
<b>Built environment/assistance – Do you have someone to assist you with your day to day activities?</b>	Description of all the physical parts of where a person lives or works (e.g., homes, buildings, streets, open spaces, and infrastructure) and a person's ability to thrive in their built environment.	a. Yes b. No	Supplemental	World Health Organization (WHO) Model Disability Survey  <i>For other questions about Build Environment, please refer to the questions in the <a href="#">Patient Characteristics domain</a></i>
<b>Alcohol use – how often did you have a drink containing alcohol in the past year?</b>	Quantification of a person's consumption of alcoholic beverages.	a. 1 or 2 b. 3 or 4 c. 5 or 6 d. 7-9 e. 10 or more	Supplemental	World Health Organization (WHO) AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
<b>Alcohol use – how many drinks did you have on a typical day when you were drinking in the past year?</b>	Quantification of a person's consumption of alcoholic beverages.	a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily	Supplemental	WHO AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
<b>Alcohol use – how often did you have 6 or more drinks on one occasion in the past year?</b>	Quantification of a person's consumption of alcoholic beverages.	a. Filtered cigarettes (Answer Q6) b. Non-filtered cigarettes (Answer Q6) c. Low tar cigarettes (Answer Q6) d. Cigars e. Pipes f. Chewing tobacco g. Other, specify	Supplemental	WHO AUDIT-C Questionnaire (Alcohol Use Disorders Identification Test-Consumption)
<b>Tobacco produce used type</b>	Type of tobacco product used.	a. Less than one cigarette per day b. 1 cigarette per day c. 2 to 5 cigarettes per day d. 6 to 15 cigarettes per day (about 1/2 pack)	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs



Variable	Definition	Variable Options	Core/Supplemental	Data Source
		e. 16 to 25 cigarettes per day (about 1 pack) f. 26 to 35 cigarettes per day (about 1 1/2 packs) g. More than 35 cigarettes per day (about 2 packs or more) h. Unknown		
<b>Tobacco cigarettes smoked daily average number</b>	Average number of tobacco cigarettes smoked daily.	a. Never smoked b. Former smoker c. Current smoker d. Unknown	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco history</b>	Use of tobacco.	Fill in	Core	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco history – if former smoker, which year did you quit smoking?</b>	Use of tobacco.	Fill in	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco history – if former or current smoker, for how many years did you smoke?</b>	Use of tobacco.	Fill in	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>Tobacco history – For former or current cigarette smokers only, the number of pack years of smoking [avg # of cigarettes smoked daily/20] x [number of years smoked]</b>	Use of tobacco.	a. Yes b. No c. Don't know/Not Sure d. Refused	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs
<b>E-cigarette use - Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life</b>	Use of e-cigarettes or other "vaping" devices.	a. Every day b. Some days c. Not at all d. Don't know/Not sure e. Refused	Supplemental	Behavioral Risk Factor Surveillance System (BRFSS)
<b>Current e-cigarette use - Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?</b>	Use of e-cigarettes or other "vaping" devices.	a. Yes b. No c. Unknown	Supplemental	Behavioral Risk Factor Surveillance System (BRFSS)
<b>Subscribed drug or substance illicitly used category</b>	Category of drugs or illicit substance use.	a. Sedatives (e.g., sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate)	Supplemental	National Institute of Neurological Disorders and Stroke (NINDS) CDEs

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		b. Tranquilizers or anti-anxiety drugs (e.g., Valium, Librium, muscle relaxants, or Zanax) c. Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol) d. Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed) e. Marijuana, hash, THC, or grass f. Cocaine or crack g. Hallucinogens (e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote) h. Inhalants or Solvents (e.g., amyl nitrate, nitrous oxide, glue, toluene, or gasoline) i. Heroin g. Other, specify (e.g., Methadone, Elavil, steroids, Thorazine, or Haldol)		
<b>Physical Exam – Height</b>	How tall a person is.	Fill in (need units)	Supplemental	Not Applicable (N/A)
<b>Physical Exam – Weight</b>	How much a person weighs.	Fill in (need units)	Supplemental	Not Applicable (N/A)
<b>Physical Exam – BMI</b>	A person’s body mass index.	Fill in	Core	Not Applicable (N/A)
<b>PROMIS – General Life Satisfaction</b>	A survey to understand a person’s happiness with life.	Fill in survey	Core	Patient-Reported Outcomes Measurement Information System (PROMIS)
<b>Non-Amputated lower limb</b>				
<b>Non-Amputated lower limb – specify side</b>	Side of body on which the lower limb is not amputated.	a. Right b. Left	Supplemental	Not Applicable (N/A)
<b>Non-Amputated lower limb – foot deformities</b>	Foot deformities, if any, on the non-amputated lower limb.	a. Yes b. No c. N/A d. If yes, fill in	Core	Not Applicable (N/A)
<b>Non-Amputated lower limb – skin issues</b>	Skin issues, if any, on the non-amputated lower limb.	a. Yes b. No c. N/A d. If yes, fill in	Core	Not Applicable (N/A)
<b>Non-Amputated lower limb - edema</b>	Swelling, if any, on the non-amputated lower limb.	a. Yes b. No c. N/A	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		d. If yes, fill in		
<b>Amputated Residual Limb</b>				
<b>Amputated Residual Limb – level of amputation on the right side</b>	Level of amputation on the right side of the body.	a. Foot, including toes or partial foot b. At the ankle (ankle disarticulation) c. Below the knee (transtibial) d. Through the knee (knee disarticulation) e. Above the knee (transfemoral) f. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
<b>Amputated Residual Limb – level of amputation on the left side</b>	Level of amputation on the left side of the body.	a. Foot, including toes or partial foot b. At the ankle (ankle disarticulation) c. Below the knee (transtibial) d. Through the knee (knee disarticulation) e. Above the knee (transfemoral) f. At the hip (hip disarticulation)	Core	Not Applicable (N/A)
<b>Amputated Residual Limb – range of motion</b>	Range of motion of the amputated residual limb.	a. Full ROM without joint contracture or pain b. Knee flexion contracture i. Degrees (Fill in) c. Hip flexion contracture i. Degrees (Fill in)	Core	Not Applicable (N/A)
<b>Amputated Residual Limb – foot deformities</b>	Foot deformities, if any, on the amputated residual limb.	a. Yes b. No c. N/A d. If yes, fill in	Core	Not Applicable (N/A)
<b>Amputated Residual Limb – skin issues</b>	Skin issues, if any, on the amputated residual limb.	a. Yes b. No c. N/A d. If yes, fill in	Core	Not Applicable (N/A)
<b>Amputated Residual Limb – edema</b>	Swelling, if any, on the amputated residual limb.	a. Yes b. No c. N/A d. If yes, fill in	Core	Not Applicable (N/A)
<b>Amputated Residual Limb – surgical incision health</b>	Health at the site of surgery on the amputated residual limb.	a. Keloid b. Other skin malformation c. Skin irritation	Core	Not Applicable (N/A)
<b>Amputated Residual Limb – skin irritation/breakdown</b>	Skin irritation/breakdown at surgical incision at the amputated residual limb.	a. Yes b. No	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		c. N/A		
<b>Prosthetic Donning and Doffing</b>				
<b>Prosthetic type</b>	Description of prosthetic type.	Fill in	Core	Not Applicable (N/A)
<b>Number of changes to prosthesis</b>	Number of changes made to the prosthesis. Fill in.	Fill in	Core	Not Applicable (N/A)
<b>Time from surgery to current prosthetic system</b>	Time between surgery to current prosthetic system on the person. Researcher can determine the unit.	Fill in	Core	Not Applicable (N/A)
<b>Prosthetic training</b>	Description of any training the person had regarding their prosthesis, if any. Fill in.	Fill in	Core	Not Applicable (N/A)
<b>Temporary prosthetic provided post-surgery</b>	Was a prosthesis provided to a person for a limited time prior to a more permanent prosthesis was fitted.	a. Yes b. No c. Don't know	Core	Not Applicable (N/A)
<b>Prosthetic Fit</b>	<a href="#">View the Prosthetic Fit Outcome Measures</a>			
<b>Prosthetic component function</b>	<a href="#">View the Prosthetic Intervention domain</a>			
<b>Gait</b>	<a href="#">View the Gait domain</a>			
<b>K level or equivalent</b>	Rating system used by Medicare to indicate a person's rehabilitation potential.	a. Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility b. Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator c. Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator d. Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise	Core	Not Applicable (N/A)

Variable	Definition	Variable Options	Core/Supplemental	Data Source
		activity that demands prosthetic utilization beyond simple locomotion e. Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete		
<b>Quality of life</b>	<i>View the <a href="#">Quality of Life Outcome Measures</a></i>			
<b>Community Integration</b>	<i>View the <a href="#">Community Integration &amp; Re-Integration Outcome Measures</a></i>			

## Pain

### Adult Acute Pain

	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
<b>Measure</b>	Brief Pain Inventory (BPI) pain severity	Brief Pain Inventory (BPI) Pain Interference	Patient-Reported Outcomes Measurement Information System (PROMIS) Physical Functioning Short Form 6b	Patient-Reported Outcomes Measurement Information System (PROMIS) Sleep Disturbance 6a + Sleep Duration Question	Pain Catastrophizing Scale – Short Form 6	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)	Patient Global Impression of Change (PGIC)	The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) 1 Tool
<b>Core/Supplemental</b>	Core	Core	Core	Core	Core	Core	Core	Core	Core
<b>Copyright (Y/N)</b>	Y	Y	N	N	Y	N	N	N	N

### Adult Chronic Pain

	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
<b>Measure</b>	The Pain, Enjoyment of Life and General Activity (PEG)		Patient-Reported Outcomes Measurement Information System (PROMIS) Physical Functioning Short Form 6b	Patient-Reported Outcomes Measurement Information System (PROMIS) Sleep Disturbance 6a + Sleep	Pain Catastrophizing Scale – Short Form 6	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)	Patient Global Impression of Change (PGIC)	The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) 1 Tool

	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
				Duration Question					
<b>Core/Supplemental</b>	Core		Core	Core	Core	Core	Core	Core	Core
<b>Copyright (Y/N)</b>	N		N	N	Y	N	N	N	N

Pediatric Acute Pain

	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
<b>Child</b>									
<b>Measure</b>	Brief Pain Inventory (BPI) Pain Severity	Brief Pain Inventory (BPI) Pain Interference	Pediatric Quality of Life Inventory (PedsQL)	Adolescent Sleep Wake Scale (AWS)-10 + Sleep duration Items	Pain Catastrophizing Scale for Children	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)	Patient Global Impression of Change (PGIC)	National Institute on Drug Abuse (NIDA) Modified Assist Tool - 2
<b>Core/Supplemental</b>	Core	Core	Core	Core	Core	Core	Core	Core	Core
<b>Copyright (Y/N)</b>	Y	Y	Y	N	N	N	N	N	N
<b>Parent</b>									
<b>Measure</b>					Pain Catastrophizing	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)		
<b>Core/Supplemental</b>					Core	Core	Core		
<b>Copyright (Y/N)</b>					N	N	N		

Pediatric Chronic Pain

	Pain Intensity	Pain Interference	Physical Functioning/ QOL	Sleep	Pain Catastrophizing	Depression	Anxiety	Global Satisfaction with Treatment	Substance Use Screener
<b>Child</b>									
<b>Measure</b>	Pain visual analog scale (VAS)	Brief Pain Inventory (BPI) Pain Interference	Pediatric Quality of Life Inventory (PedsQL)	AWS-10 + Sleep duration Items	Pain Catastrophizing Scale for Children	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)	Patient Global Impression of Change (PGIC)	National Institute on Drug Abuse (NIDA) Modified Assist Tool - 2
<b>Core/Supplemental</b>	Core	Core	Core	Core	Core	Core	Core	Core	Core
<b>Copyright (Y/N)</b>	Y	Y	Y	N	N	N	N	N	N
<b>Parent</b>									
					Pain Catastrophizing	Patient Health Questionnaire (PHQ)-2	General Anxiety Disorder (GAD-2)		
<b>Core/Supplemental</b>					Core	Core	Core		
<b>Copyright (Y/N)</b>					N	N	N		



## Foundational Gait Measures

Parameter	Core/Supplemental
<b>Spatial/Temporal Parameters</b>	
Stance time	Core
Cadence	Core
Step time	Core
Swing time	Core
Stride velocity	Core
Gait speed	Core
Stride length	Core
Step length	Core
Step Width	Core
Step Angle	Core
<b>Joint Kinematics/Kinetics</b>	
Ground Reaction Forces	Supplemental
Joint angles	Supplemental
Joint reaction force/moment	Supplemental
Muscle force	Supplemental
Muscle activation	Supplemental
Center of pressure	Supplemental
<b>Body Symmetry and Orientation</b>	
Body posture (inclination, symmetry)	Supplemental

## Metabolic/Energy Expenditure Measures

Parameter	Description	Core/Supplemental
<b>Direct Measures</b>		
Heart Rate (bpm)	Heart rate measured during resting or steady state activity	Core
Oxygen Consumption (mL/kg*min)	Volume of oxygen intake per minute, measured during rest or steady state activity	Core
Oxygen cost (mL/kg*m)	Volume of oxygen intake per meter traveled, measured during steady state activity	Core

Parameter	Description	Core/Supplemental
<b>Maximum Oxygen Consumption (mL/kg*min)</b>	(VO <sub>2</sub> Peak) Measure of exercise capacity. Difficult to measure in those with lower extremity trauma and/or amputation.	Supplemental
<b>Carbon Dioxide Production (mL/kg*min)</b>	Volume of carbon dioxide expelled per minute, measured during rest or steady state activity	Supplemental
<b>Speed (m/s)</b>		Core
<b>Derived Measures</b>		
<b>Respiratory Exchange Ratio (RER)</b>	Ratio between the amount of carbon dioxide (CO <sub>2</sub> ) produced in metabolism and oxygen (O <sub>2</sub> ) used. Measurement of anabolic threshold and can be observed during exercise to assess when exercise transitions between aerobic and anaerobic. RER can indicate which type of fuel is being used for energy (fat, carbohydrate, mixed)	Supplemental
<b>Metabolic Power (W/kg)</b>	Energy cost multiplied with the velocity; measures energy expenditure during intermittent speeds. Sometime referred to as PMET.	Supplemental
<b>Energy Cost (kCal/min)</b>	The energy needed to perform an activity	Supplemental
<b>Energy Expenditure (kJ)</b>	Energy expenditure can be determined by converting the VO <sub>2</sub> to kilojoules by assuming 1 mL of oxygen consumed produces 20.1 J of energy  Basal Metabolic Rate - rate of energy expenditure per unit time by endothermic animals at rest [10] Resting Energy Expenditure - the amount of energy expended by a person at rest Physical Activity Energy Expenditure – energy expended during physical activity	Supplemental
<b>Metabolic Equivalent (MET)</b>	Procedure for expressing the energy cost of physical activities as a multiple of the resting metabolic rate	Supplemental
<b>Physiological Cost Index (beats/m)</b>	An estimation of energy cost derived from heart rate (resting and active) and speed.	Supplemental

## Outcome Measures

### Balance

Measure Name	Core/Supplemental	Copyright (Y/N)
Activities-Specific Balance Confidence Scale (ABC)	Core	Y
Berg Balance Scale (BBS)	Core	N
Dynamic Gait Index	Supplemental	N
Tinnetti Balance and Gait Assessment	Supplemental	N
Narrow Beam-Walking Test	Supplemental	Unknown

### Cognition

Measure Name	Core/Supplemental	Copyright (Y/N)
Animal Fluency Test	Supplemental	Unknown
Automated Neuropsychological Assessment Metrics (ANAM)	Supplemental	N
Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI)	Supplemental	Y
Behavior Rating of Executive Function- Adult Version (BRIEF-A)	Supplemental	Y
Boston Naming Test	Supplemental	Unknown
Brief Test of Adult Cognition by Telephone (BTACT)	Supplemental	N
Brief Visuospatial Memory Test - Revised (BVMT-R)	Supplemental	Y
California Verbal Learning Test - Second Edition (CVLT-II)	Supplemental	Y
California Verbal Learning Test Children's Version (CVLT-C)	Supplemental	N
Child Behavior Checklist (CBCL)	Supplemental	N
Conners' Continuous Performance Test 3rd Edition (CPT 3)	Supplemental	Y
Consortium to Establish a Registry for Alzheimer's Disease Word List subtest (CERAD-WL)	Supplemental	Unknown

Measure Name	Core/Supplemental	Copyright (Y/N)
Delis-Kaplan Executive Function System (D-KEFS) Trail Making Test (TMT)	Supplemental	N
Digit Symbol Substitution Test (DSST)	Supplemental	Unknown
Frontal Systems Behavior Scale (FrSBe)	Supplemental	Y
Grip Strength Test	Supplemental	N
Grooved Pegboard Test (GPT)	Supplemental	Y
Hopkins Verbal Learning Test-Revised (HVLt-R)	Supplemental	Y
Medical Symptom Validity Test (MSVT)	Supplemental	Y
Mini-Mental State Examination (MMSE)	Supplemental	Y
Montreal Cognitive Assessment (MoCA)	Supplemental	Y
National Adult Reading Test (NART)	Supplemental	N
Neuropsychological Test Battery from the Uniform Data Set (UDS) of the Alzheimer's Disease Centers (ADC) program	Supplemental	Unknown
NIH Toolbox Cognition Battery	Supplemental	N
Rey Auditory Verbal Learning Test (RAVLT)	Supplemental	Y
Short Portable Mental Status Questionnaire (SPMSQ)	Supplemental	N
Stroop Color and Word Test (SCW)	Supplemental	Y
Symbol Digit Modalities Test (SDMT)	Supplemental	N
Test of Everyday Attention for Children (TEA-Ch)	Supplemental	Y
Test of Premorbid Functioning (TOPF)	Supplemental	N
Token Test	Supplemental	Unknown
Victoria Symptom Validity Test (VSVT)	Supplemental	Y
Wechsler Abbreviated Scale of Intelligence Second Edition (WASI-II)	Supplemental	Y
Wechsler Adult Intelligence Scale, Third Edition (WAIS-III)	Supplemental	Y
Wechsler Memory Scale Fourth Edition (WMS-IV)	Supplemental	Y
Wechsler Test of Adult Reading (WTAR)	Supplemental	Y
Woodcock Johnson-III Tests of Cognitive Abilities (WJ-III-COG)	Supplemental	Y

Measure Name	Core/Supplemental	Copyright (Y/N)
Word Memory Test (WMT)	Supplemental	Y
Written Verbal Fluency Test (WVFT)	Supplemental	Y

### Function

Measure Name	Core/Supplemental	Copyright (Y/N)
6 Minute Walk Test (6MWT)	Supplemental	N
Activity Measure for Post-Acute Care (AM-PAC)	Supplemental	N
Assessment of Daily Activity Performance in Transfemoral Amputees (ADAPT)	Core	Unknown
Barthel Index	Supplemental	N
Functional Independence Measure (FIM)	Supplemental	Y
Functional Reach Test (FRT)	Core	N
Houghton Scale	Supplemental	N
International Physical Activity Questionnaire (IPAQ)	Supplemental	N
Orthotics and Prosthetics Users' Survey (OPUS)	Core	N
Patient-Specific Functional Scale (PSFS)	Supplemental	N
WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)	Core	N

### Health Status

Measure Name	Core/Supplemental	Copyright (Y/N)
Short Form Health Survey (SF-12)	Supplemental	N
Short Form Health Survey (SF-36)	Supplemental	N
Short Form Health Survey - Veterans (SF-36V)	Supplemental	Unknown
Functional Comorbidities Index	Supplemental	Y

### Mobility

Measure Name	Core/Supplemental	Copyright (Y/N)
10 Meter Walk Test	Supplemental	N

Measure Name	Core/Supplemental	Copyright (Y/N)
180 Degree Turn Test	Supplemental	N
2 Minute Walk Test (2MWT)	Core	N
Amputee Mobility Predictor (AMP)	Core	N
Amputee Single Item Mobility Measure (AMPSIMM)	Supplemental	Unknown
Climbing Stairs Questionnaire	Supplemental	Unknown
Comprehensive High-Level Activity Mobility (CHAMP)	Supplemental	Unknown
Craig Handicap Assessment and Reporting Technique (CHART)	Supplemental	N
Four Step Square Test (FSST)	Supplemental	N
Hill Assessment Index	Supplemental	Unknown
L-Test of Functional Mobility	Supplemental	N
Locomotor Capabilities Index-5 (LCI-5)	Core	Unknown
Locomotor Capabilities Index-4 (LCI-4)	Supplemental	Unknown
Prosthetic Limb Users Survey of Mobility (PLUS-M)	Core	Y
Prosthetist's Perception of Client's Ambulatory Abilities (PROS)	Supplemental	Unknown
Special Interest Group in Amputee Medicine (SIGAM) Mobility Grade	Supplemental	Unknown
Stair Assessment Index (SAI)	Supplemental	Unknown
Step Activity Monitor (SAM)	Supplemental	Y
The Rising and Sitting Down Questionnaire (QR&S)	Supplemental	Unknown
The Rivermead Mobility Index (RMI)	Supplemental	N
The Walking Questionnaire	Supplemental	Unknown
Timed Up and Go (TUG)	Core	N
Timed Walking Test (TWT)	Supplemental	Unknown
T-Test	Supplemental	Unknown

### Pain

Measure Name	Core/Supplemental	Copyright (Y/N)
Short Form McGill Pain Questionnaire (SF-MPQ)	Supplemental	N
Short Form McGill Pain Questionnaire 2 (SF-MPQ-2)	Supplemental	N
Visual Analog Scale	Supplemental	N

### Prosthetic Fit

Measure Name	Core/Supplemental	Copyright (Y/N)
Prosthesis Evaluation Questionnaire (PEQ)	Core	Y
Prosthesis Evaluation Questionnaire, Modified (PEQ-modified)	Core	Y
Prosthesis Evaluation Questionnaire Mobility Subscale (PEQ-MS) 13/11	Core	Y
Prosthesis Evaluation Questionnaire Mobility Subscale (PEQ-MS) 12/5	Core	Y
Socket Comfort Score (SCS)	Core	Unknown
Trans-Femoral Fitting Predictor (TFP)	Core	Unknown

### Psychological

Measure Name	Core/Supplemental	Copyright (Y/N)
Beck Depression Inventory-II (BDI-II)	Supplemental	N
Center for Epidemiology Studies - Depression Scale (CES-D)	Core	N
Center for Epidemiology Studies - Depression Scale for Children (CES-DC)	Core	N
Children's Depression Inventory 2 (CDI 2)	Supplemental	Y
Social Support Questionnaire – Short Form (SSQ6)	Supplemental	Y
Zung Self Rating Depression Scale	Supplemental	Y
Patient Health Questionnaire	Core	N
Geriatric Depression Scale	Supplemental	N
Sickness Impact Profile (SIP)	Core	N

Measure Name	Core/Supplemental	Copyright (Y/N)
Sickness Impact Profile 68 (SIP 68)	Supplemental	N

### Quality of Life

Measure Name	Core/Supplemental	Copyright (Y/N)
American Academy of Orthopaedic Surgeons Lower Limb Module	Core	Unknown
Amputee Body Image Scale - Revised (ABIS-R)	Supplemental	Unknown
Assessment of Quality of Life (AQoL)	Supplemental	Y
Brief Pain Inventory (BPI)	Core	N
EORTC QLQ-C30 core v3	Supplemental	Y
EQ-5D-5L	Supplemental	Y
Orthotics and Prosthetics National Outcomes Tool (OPOT)	Supplemental	Unknown
Quality of Life in Neurological Disorders Applied Cognition General Concerns Short Form (NQ-ACGC)	Supplemental	Y
Questionnaire for Persons with Transfemoral Amputations (Q-TFA)	Supplemental	Unknown
Rand Measure of Health-Related Quality of Life (RAND-36)	Supplemental	N
Trinity Amputation and Prosthesis Experience Scales (TAPES)	Core	N
Trinity Amputation and Prosthesis Experience Scales - Revised (TAPES-R)	Core	N
WHO Quality of Life BREF (WHOQOL-Bref)	Core	Y

### Community Integration & Re-Integration

Measure Name	Core/Supplemental	Copyright (Y/N)
Craig Hospital Inventory of Environmental Factors (CHIEF)	Supplemental	N
Community Integration Questionnaire (CIQ)	Supplemental	N
Community Reintegration of Injured Service Members (CRIS)	Supplemental	Unknown
Disability Rating Scale (DRS)	Supplemental	N



Measure Name	Core/Supplemental	Copyright (Y/N)
Participation Measure for Post-Acute Care (PMPC)	Supplemental	N
PROMIS Short Form - Ability to Participate in Social Roles and Activities	Core	N
PROMIS Short Form - Satisfaction with Participation in Social Roles	Core	N