

Focus Group Participant Demographics

Date: _____ Time: _____ Location: _____

Tick where applicable

<p>What type of amputation do you have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Above knee <input type="checkbox"/> Through knee <input type="checkbox"/> Below knee <input type="checkbox"/> Upper limb 	<p>How would you best describe yourself:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unilateral amputee (single leg/arm) <input type="checkbox"/> Bilateral amputee (both legs/arms) 	<p>How long have you been living as an amputee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 10 years or more
<p>What lead to your amputation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Road traffic accident <input type="checkbox"/> Work or domestic accident <input type="checkbox"/> Medical condition <input type="checkbox"/> Not sure 	<p>Age:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 18 - 25 <input type="checkbox"/> 26 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 and above 	<p>Gender:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say

Cut here _____

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