Participant ID: **Participant Initials:**

Clinical Center: **Site:** **Visit Number:**

CRF Date: **RC ID:**

AMPUTATION INFORMATION

[Information on the case report form is completed by the Research Coordinator based on his/her observation(s), if needed at each clinic visit, starting with the baseline visit.]

Please refer to the diagram on the following page and complete the information below to indicate the site and side of leg or toe amputation(s):

Right Leg	Left Leg
1. Is there an above the knee amputation? ☐1 Yes ☐0 No	4. Is there an above the knee amputation? ☐1 Yes ☐0 No
If "Yes" in question #1, skip to question #4.	If "Yes" in question #4, skip to question #7.
2. Is there a below the knee amputation? ☐1 Yes ☐0 No	5. Is there a below the knee amputation? ☐1 Yes ☐0 No
3. Are any toes amputated? ☐1 Yes ☐0 No	6. Are any toes amputated? ☐1 Yes ☐0 No
If "No" in question #3, skip to question #4. If "Yes" in question #3, please check a response for each digit in item #s 3a-3e below:	If "No" in question #6, skip to question #7. If "Yes" in question #6, please check a response for each digit in item #s 6a-6e below:
3a. Right side digit #1 (R1) ☐1 Yes ☐0 No	6a. Left side digit #1 (L1) ☐1 Yes ☐0 No
3b. Right side digit #2 (R2) ☐1 Yes ☐0 No	6b. Left side digit #2 (L2) ☐1 Yes ☐0 No
3c. Right side digit #3 (R3) ☐1 Yes ☐0 No	6c. Left side digit #3 (L3) ☐1 Yes ☐0 No
3d. Right side digit #4 (R4) ☐1 Yes ☐0 No	6d. Left side digit #4 (L4) ☐1 Yes ☐0 No
3e. Right side digit #5 (R5) ☐1 Yes ☐0 No	6e. Left side digit #5 (L5) ☐1 Yes ☐0 No

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RIGHT

LEFT

Above the right knee

Above the left knee

ABOVE

BELOW

Below the right knee

Below the left knee

R5

L5

R4

L4

R3

L3

R2

R1

L1

L2

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Please refer to the diagram on the following page and complete the information below to indicate the site and side of hand or finger amputation(s):

Right Hand	Left Hand
7. Is there an above the wrist amputation? ☐1 Yes ☐0 No	10. Is there an above the wrist amputation? ☐1 Yes ☐0 No
If "Yes" in question #7, skip to question #10.	If "Yes" in question #10, stop here.
8. Is there a below the wrist amputation? ☐1 Yes ☐0 No	11. Is there a below the wrist amputation? ☐1 Yes ☐0 No
If "No", skip to question #10.	If "No" in question #11, stop here.
9. Right Side:	12. Left Side:
a. Right side digit #1 (R1) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐2 B ☐3 C	a. Left side digit #1 (L1) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐2 B ☐3 C
b. Right side digit #2 (R2) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C	b. Left side digit #2 (L2) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C
c. Right side digit #3 (R3) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C	c. Left side digit #3 (L3) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C
d. Right side digit #4 (R4) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C	d. Left side digit #4 (L4) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C
e. Right side digit #5 (R5) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C	e. Left side digit #5 (L5) ☐1 Yes ☐0 No 1. If Yes, what type of loss: ☐1 A ☐2 B ☐3 C

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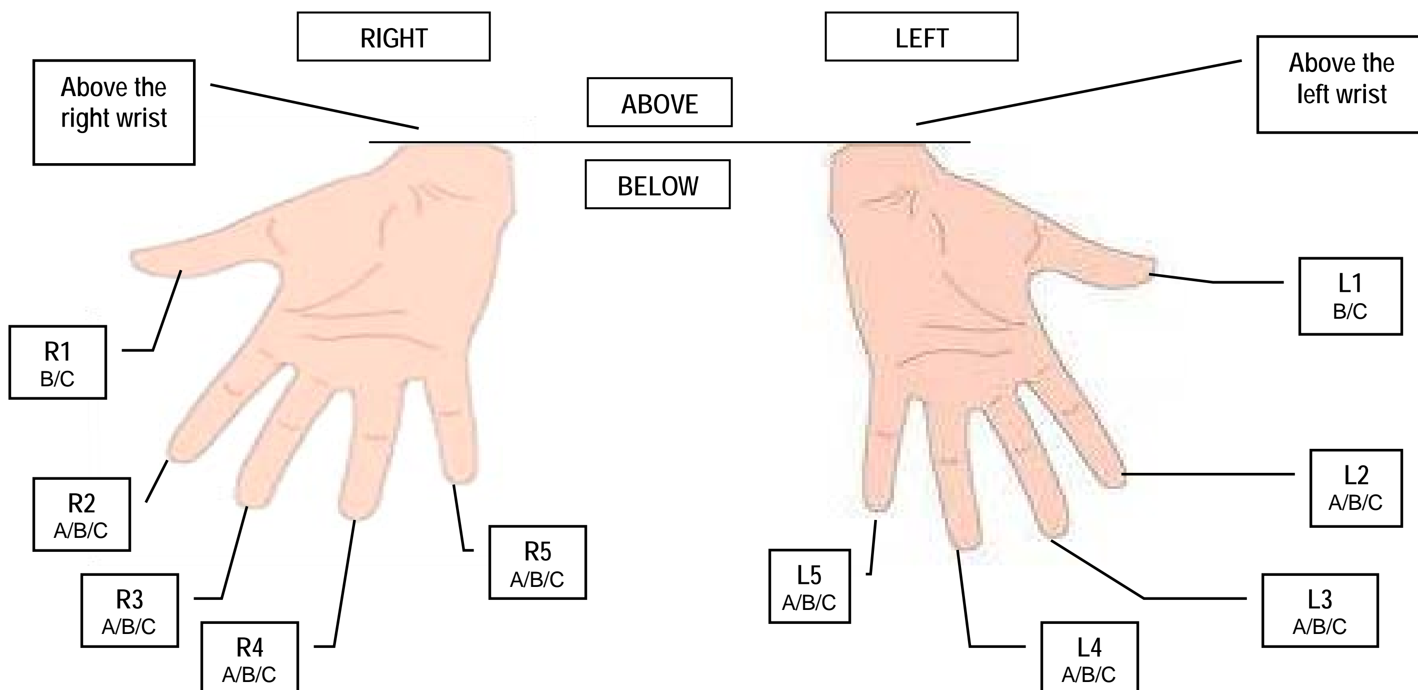

Legend:

A = Loss of distal interphalangeal joint only

B = Loss of proximal interphalangeal, but NOT the metacarpophalangeal joint

C = Loss of metacarpophalangeal joint