OPUS: Satisfaction With Device and Services

			Neither Agree nor Disagree		Strongly Disagree	Don't Know / Not Applicable
1. My prosthesis / orthosis fits well	○	○	○	○	○	○
2. The weight of my prosthesis / orthosis is manageable	○	○	○	○	○	○
3. My prosthesis / orthosis is comfortable throughout the day	○	○	○	○	○	○
4. It is easy to put on my prosthesis / orthosis						
7. My clothes are free of wear and tear from my prosthesis / orthosis	○	○	○	○	○	○
8. My skin is free of abrasions and irritations	○	○	○	○	○	○
9. My prosthesis / orthosis is pain free to wear	○	○	○	○	○	○
10. I can afford the out-of-pocket expenses to purchase and maintain my prosthesis / orthosis	○	○	○	○	○	○
11. I can afford to repair or replace my prosthesis / orthosis as soon as						