

### Supplementary Material 1 : Questionnaire for phantom limb pain tracking (Q-PLP)

1. How much is your current **phantom limb pain** intensity?

0	1	2	3	4	5	6	7	8	9	10
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0-no pain

10 -worst possible pain

2. How much is your current **phantom limb pain** intensity?

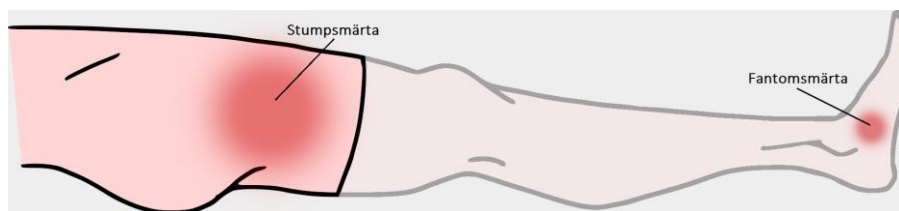
☐ 0-no pain ☐ 1-mild, ☐ 2-discomforting, ☐ 3-distressing, ☐ 4-horrible, ☐ 5 -excruciating

3. How much is your current **stump pain** intensity?

0	1	2	3	4	5	6	7	8	9	10
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0-no pain

10 -worst possible pain



Source: Created by the authors.

4. How much do you feel your current **non-painful phantom sensations**?

0	1	2	3	4	5	6	7	8	9	10
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0-No sensation

10 -strong sensation

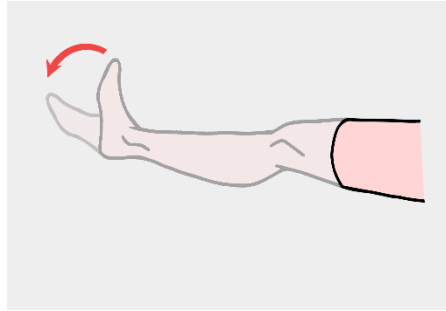
5. How much can you **move your phantom limb**?

0		1	2	3	4	5	6	7	8	9	10
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0- No movement

10 -Full movement

Comments: \_\_\_\_\_



Source: Created by the authors.

## 6. How do you currently perceive your phantom pain?

*Below you find a list of words that describe some of the different qualities of pain and related symptoms. Please put a x through the numbers that best describe the intensity of each of the pain and related symptoms you currently feel.*

**0-None 1-Mild 2-Moderate 3- Severe**

Throbbing	0	1	2	3
Shooting	0	1	2	3
Stabbing	0	1	2	3
Cramping	0	1	2	3
Sharp	0	1	2	3
Gnawing	0	1	2	3
Hot-Burning	0	1	2	3
Aching	0	1	2	3
Heavy	0	1	2	3
Tender	0	1	2	3
Splitting	0	1	2	3
Tiring-Exhausting	0	1	2	3
Sickening	0	1	2	3
Fearful	0	1	2	3
Punishing-cruel	0	1	2	3

## 7. How much has phantom pain interfered with your activities of daily living in the last week?

0	1	2	3	4	5	6	7	8	9	10
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**0-No interference**

**10-Full interference**

## 8. How much has phantom pain interfered with your ability to work in the last week?

0	1	2	3	4	5	6	7	8	9	10
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**0-No interference**

**10-Full interference**

9. How much has phantom pain interfered with your sleep in the last week?

0	1	2	3	4	5	6	7	8	9	10
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0-No interference 10-Full interference

10. Has there been any change in the use of your prosthesis or your socket since the last treatment session (follow-up session)? If no prosthesis is used, select no)

☐ Yes ☐ No

If yes, explain why \_\_\_\_\_

How many hours/day do you use your prosthesis? \_\_\_\_\_

If your prosthesis usage has changed, please explain why: \_\_\_\_\_

11. Have you changed your medication since the last treatment session (follow-up session)?

☐ Yes ☐ No

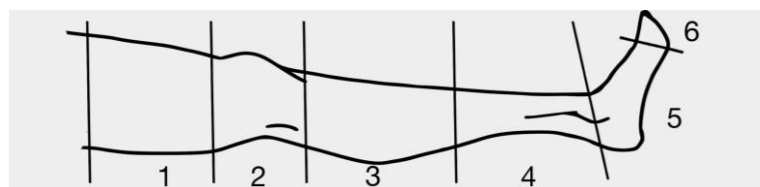
If yes, explain why \_\_\_\_\_

Dose change \_\_\_\_\_

New medication (include dosage) \_\_\_\_\_

12. If you have PLP in your phantom limb, please look at the picture below and mark the location(s) of the pain below.

1-☐, 2-☐, 3-☐, 4-☐, 5- ☐, 6- ☐



Source: Created by the authors.

13. If you experience that the phantom limb is shortened or even disappears into the stump (telescoping) please look at the picture above and mark the location below.

1-☐, 2-☐, 3-☐, 4-☐, 5- ☐, 6- ☐

**14.** How often do you have PLP?

- ☐ Constantly
- ☐ Few times per day
- ☐ Once a day
- ☐ Few times per week
- ☐ Once a week
- ☐ Few times per moth
- ☐ Once a month
- ☐ Never

**15.** How much PLP have you experienced in the last week? Distribute the time over one day (24 hours).

I have slept approximately \_\_\_\_\_ hours

Now, divide the hours that are left (24 minus the hours of sleep) in:

Excruciating (5)	_____ hours
Horrible (4)	_____ hours
Distressing (3)	_____ hours
Discomforting(2)	_____ hours
Mild (1)	_____ hours
No pain (0)	_____ hours

The sum of all the hours, including the sleep, should give 24 hours

**Comments**

Thank you for your participation!