



**PEQ Survey Form**

*This is a voluntary survey which will help us to follow other research in prosthetic outcomes.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Name of the project in which the PEQ is being used:

\_\_\_\_\_

\_\_\_\_\_

Estimated duration of PEQ use: \_\_\_\_\_

Please state the hypothesis of your project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Estimated # of participants: \_\_\_\_\_

Estimated completion date of project: \_\_\_\_\_

Please describe your goals in using the PEQ:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for taking the time to complete this survey – we truly value your efforts in our community.*