< Appendix 1 >

FIRST ASSESSMENT - DOCTOR

Visit Date: d d l/l m m m l/l y y y y Patient who meets all the criteria below can only be enrolled.											
1. Patients included in Knee OA as ACR standard \Box											
	idi	R crito opathic	Kne	e ost	who eoarth			owing rized		criter clinical	ia of and
2. /	2	Knee jo Exist or - Age > - Morn - Friction Evidence	ne of for the stiff on sounce of or	ollowing fness < nd steophy	30 mi	nutes					
3. I	Pain NI	RS≥4 (I	f pain e	xist in	both s	ide of	knee jo	oints, n	nark th	e wors	e side
as pain index. \square											
(0: Free from pain, 10: the worst pain ever)											
	0	1	2	3	4	5	6	7	8	9	10
4. I	Patient	diagno	sed as	symp	tomati	c knee	OA by	a clini	cian 🗆]	
5. 1	clinicia • Whinh ① 2	mende an. nat is nibitors; Due to NSAID medici Low ef Signs of	the rope (Ans) severe shave ne.	eason wer ca e pain a rela	for p n be n tively	rescrib nultiple better ed for 1	i ng N effectiv	SAIDs veness	(inclu	ding (COX-2
	⑥Wł	Unable nat is nibitors)	the o		_	orescrib	ed N	SAIDs(i	ncludir	ng CO	X-2
Respondent's signature:						Date: year mm					