< Appendix 2 >

FIRST ASSESSMENT – PATIENT

Visit Date: |_d_|_d_|/|_m_|_m_|_m_|/|_y_|_y_|_y_|_y_|

1. General and clinical characteristics

Gender	① M ② F	**Date of Birth**	_____year ____mm ____dd
Height	cm	**Weight**	Kg
Education	① Below elementary school graduate ② Middle school graduate ③ High school graduate ④ University graduate ⑤ above Masters degree		
Disease duration	Duration of Knee osteoarthritis : _____year _____month		

2. KOOS-K

● **KOOS KNEE SURVEY**

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities.
Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms
These questions should be answered thinking of your knee symptoms during the last week.

S1. Do you have swelling in your knee?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S3. Does your knee catch or hang up when moving?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S4. Can you straighten your knee fully?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S5. Can you bend your knee fully?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

http://dx.doi.org/10.3346/jkms.2016.31.5.795

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day?**

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Pain

P1. How often do you experience knee pain?

☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Always

What amount of knee pain have you experienced the last week during the following activities?

P2. Twisting/pivoting on your knee

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P3. Straightening knee fully

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P4. Bending knee fully

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P5. Walking on flat surface

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P6. Going up or down stairs

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P7. At night while in bed

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P8. Sitting or lying

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P9. Standing upright

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A1. Descending stairs

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A2. Ascending stairs

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A3. Rising from sitting

A3-K. Rising from floor

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A3-W. Rising from chair/sofa

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A4. Standing

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A5. Bending to floor/pick up an object

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A6. Walking on flat surface

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A7. Getting in/out of car

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A8. Going shopping

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A9. Putting on socks/stockings

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

http://dx.doi.org/10.3346/jkms.2016.31.5.795

A10. Rising from bed
(In either occidental or oriental manner, tick the box that you are currently utilizing in your daily life. If the both method are applicable, please tick the both section)

A10-K. Rising from floor bedding

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A10-W. Rising from bed

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A11. Taking off socks/stockings

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A12. Lying in bed (turning over, maintaining knee position)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A13. Getting in/out of bath

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A14. Sitting
(In either occidental or oriental manner, tick the box that you are currently utilizing in your daily life. If the both method are applicable, please tick the both section)

A14-K Sitting on floor

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A14-W Sitting on chair/sofa

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A15. Getting on/off toilet
(In either occidental or oriental manner, tick the box that you are currently utilizing in your daily life. If the both method are applicable, please tick the both section)

A15-K Getting on/off from Conventional toilet

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A15-W Getting on/off from toilet bowl

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A17. Light domestic duties (cooking, dusting, etc)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP2. Running

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP3. Jumping

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP4. Twisting/pivoting on your injured knee

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP5. Kneeling

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Quality of Life

Q1. How often are you aware of your knee problem?

☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Consistently

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Totally

Q3. How much are you troubled with lack of confidence in your knee?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Extremely

Q4. In general, how much difficulty do you have with your knee?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

3. Health Questionnaire

EQ-5D

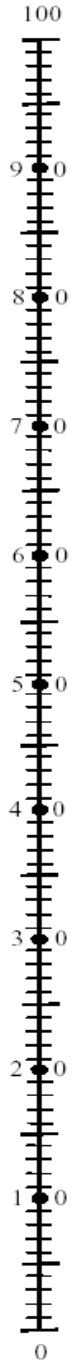
By placing a tick in one box in each group below, please indicate which statements best describe your own health state today..

http://dx.doi.org/10.3346/jkms.2016.31.5.795

Mobility	
I have no problems in walking about.	☐
I have some problems in walking about.	☐
I am confined to bed.	☐
Self-Care	
I have no problems with self-care.	☐
I have some problems washing or dressing myself.	☐
I am unable to wash or dress myself.	☐
Usual Activities (e.g. work, study, housework, family or leisure activities)	
I have no problems with performing my usual activities.	☐
I have some problems with performing my usual activities.	☐
I am unable to perform my usual activities.	☐
Pain/Discomfort	
I have no pain or discomfort.	☐
I have moderate pain or discomfort.	☐
I have extreme pain or discomfort.	☐
Anxiety/Depression	
I am not anxious or depressed.	☐
I am moderately anxious or depressed.	☐
I am extremely anxious or depressed.	☐

EQ-5D Visual Analogue Scale

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.



Your own health state today

100 : the best state you can imagine

0 : the worst state you can imagine

http://dx.doi.org/10.3346/jkms.2016.31.5.795

3. Pain NRS (Numeric rating scale)

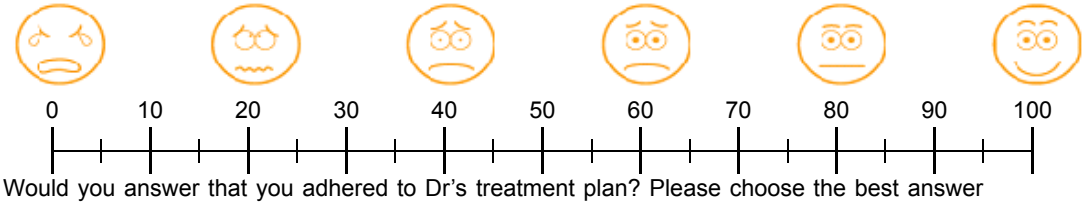
SECOND ASSESSMENT-PATIENT (AFTER TREATMENT 3WEEKS±3DAYS)

Visit Date: | d | d |/| m | m | m |/| y | y | y | y |

1. Treatment Adherence

The following questions are regarding how you took the prescribed knee osteoarthritis medication recently.

1) Have you taken the medication in accordance with Dr's treatment plan?
(Not at all: 0%, Adhered every day: 100%)



2) Would you answer that you adhered to Dr's treatment plan? Please choose the best answer below.

① Adhered strictly
② Considered adhered well
③ Moderately adhered
④ Did not adhere
⑤ Did not adhere at all (including no consumption of medication)

2. Patient's Awareness on treatment adherence of Knee osteoarthritis

If you did not answer ① above, what was the reason? (Answer can be multiple)

① Osteoarthritis medication is thought to be only a pain relief.
② I was advised to take medication when I only have pain: (Who was the advisor?_____)
③ My symptom has gone better.
④ Medication is not working properly.
⑤ I am worried about the adverse effects.
⑥ It causes indigestion, discomfort, heart burn and other GI events.
⑦ It makes my body swell.
⑧ I gained some weights.
⑨ I have too many pills to take.
⑩ The medicine is expensive.
⑪ The treatment plan is complicated.
⑫ Lost medicine
⑬ etc:

Please refer to the pictures below and answer your pain level.
0 states pain free and 10 states maximum pain, how would you score your pain level over the last week? [ ]

2. KOOS-K

- **KOOS KNEE SURVEY**

INSTRUCTIONS: This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to perform your usual activities.
Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms
These questions should be answered thinking of your knee symptoms during the last week.

S1. Do you have swelling in your knee?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S2. Do you feel grinding, hear clicking or any other type of noise when your knee moves?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S3. Does your knee catch or hang up when moving?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S4. Can you straighten your knee fully?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

S5. Can you bend your knee fully?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

http://dx.doi.org/10.3346/jkms.2016.31.5.795

Stiffness

The following questions concern the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

S6. How severe is your knee joint stiffness after first wakening in the morning?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

S7. How severe is your knee stiffness after sitting, lying or resting **later in the day?**

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Pain

P1. How often do you experience knee pain?

☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Always

What amount of knee pain have you experienced the last week during the following activities?

P2. Twisting/pivoting on your knee

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P3. Straightening knee fully

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P4. Bending knee fully

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P5. Walking on flat surface

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P6. Going up or down stairs

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P7. At night while in bed

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P8. Sitting or lying

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

P9. Standing upright

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A1. Descending stairs

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A2. Ascending stairs

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A3. Rising from sitting

A3-K. Rising from floor

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A3-W. Rising from chair/sofa

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A4. Standing

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A5. Bending to floor/pick up an object

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A6. Walking on flat surface

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A7. Getting in/out of car

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A8. Going shopping

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A9. Putting on socks/stockings

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

http://dx.doi.org/10.3346/jkms.2016.31.5.795

A10. Rising from bed
(In either occidental or oriental manner, tick the box that you are currently utilizing in your daily life. If the both method are applicable, please tick the both section)

A10-K. Rising from floor bedding

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A10-W. Rising from bed

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A11. Taking off socks/stockings

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A12. Lying in bed (turning over, maintaining knee position)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A13. Getting in/out of bath

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A14. Sitting
(In either occidental or oriental manner, tick the box that you are currently utilizing in your daily life. If the both method are applicable, please tick the both section)

A14-K Sitting on floor

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A14-W Sitting on chair/sofa

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A15. Getting on/off toilet
(In either occidental or oriental manner, tick the box that you are currently utilizing in your daily life. If the both method are applicable, please tick the both section)

A15-K Getting on/off from Conventional toilet

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A15-W Getting on/off from toilet bowl

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

A17. Light domestic duties (cooking, dusting, etc)

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP2. Running

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP3. Jumping

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP4. Twisting/pivoting on your injured knee

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

SP5. Kneeling

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Quality of Life

Q1. How often are you aware of your knee problem?

☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Consistently

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Totally

Q3. How much are you troubled with lack of confidence in your knee?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Extremely

Q4. In general, how much difficulty do you have with your knee?

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

3. Health Questionnaire

EQ-5D

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today..

http://dx.doi.org/10.3346/jkms.2016.31.5.795

Mobility	
I have no problems in walking about.	☐
I have some problems in walking about.	☐
I am confined to bed.	☐
Self-Care	
I have no problems with self-care.	☐
I have some problems washing or dressing myself.	☐
I am unable to wash or dress myself.	☐
Usual Activities (e.g. work, study, housework, family or leisure activities)	
I have no problems with performing my usual activities.	☐
I have some problems with performing my usual activities.	☐
I am unable to perform my usual activities.	☐
Pain/Discomfort	
I have no pain or discomfort.	☐
I have moderate pain or discomfort.	☐
I have extreme pain or discomfort.	☐
Anxiety/Depression	
I am not anxious or depressed.	☐
I am moderately anxious or depressed.	☐
I am extremely anxious or depressed.	☐

EQ-5D Visual Analogue Scale

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today

100 : the best state you can imagine

0 : the worst state you can imagine

http://dx.doi.org/10.3346/jkms.2016.31.5.795