

YOUR KNEE PAIN AND SYMPTOM SUMMARY

How does your osteoarthritis knee pain affect you? Your healthcare provider wants to know. By discussing your symptoms, goals and how knee pain affects your life, you're helping your healthcare provider to better help you.

Take a few minutes now to fill out this profile. Then, bring it with you to your appointment. It's designed to give your healthcare provider a clearer overview of your knee pain—and you.



PERSONAL GOALS

Whether you want to relieve pain or make everyday activities easier, being clear with your healthcare provider about your short- and long-term goals can help guide your treatment approach.

- 1 What are your personal goals for managing osteoarthritis knee pain?**
(An example of a short-term goal could be “relieving pain for an upcoming trip.” An example of a long-term goal could be “beginning an exercise program.”)
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PAIN AND SYMPTOMS

Tell your healthcare provider how osteoarthritis of the knee makes you feel, what symptoms you experience, and when. Together, you and your healthcare provider can decide on a treatment approach that works for you.

- 2 Do you experience any of the following symptoms of osteoarthritis of the knee?**

- Knee pain
- Swelling
- Stiffness
- Grinding, clicking or other noises when moving your knee joint
- Problems bending or straightening your leg
- Difficulty moving or doing basic activities
- Other _____

- 3 How often do you feel pain in your knee?**

- Monthly
- Weekly
- Daily
- Constantly
- Other

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PAIN AND SYMPTOMS (Cont'd)

4 When is your knee pain the worst?

- Evening or after activity
- Morning or after resting
- Constantly
- Other

5 In the last few weeks, how would you rate your osteoarthritis knee pain?



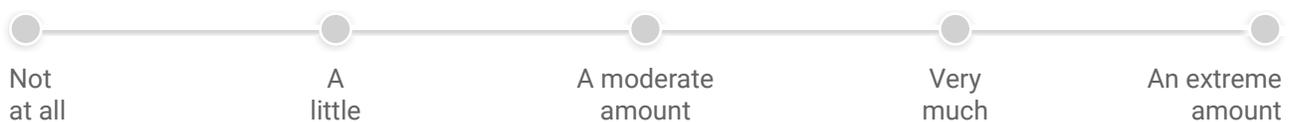
LIFE IMPACT

Give your healthcare provider some specific examples of how osteoarthritis of the knee affects you and what steps you have taken to relieve your knee pain:

6 What activities does osteoarthritis of the knee make difficult?

- Standing
- Walking
- Going up/down stairs
- Carrying or picking up objects
- Getting dressed
- Getting into or out of bath, bed or car
- Housekeeping (cooking, cleaning, etc.)
- Exercising
- Sleeping
- Work or hobbies
- Social engagements
- Other

7 How much does osteoarthritis of the knee prevent you from doing what you want to do?



8 What treatment approaches have you tried?

- Exercise
- Rest
- Stretching or yoga
- Pain relievers (pills or topical)
- Injectable therapies
- Heat or cold therapy
- Physical therapy
- Knee braces
- Other