

A Measure of Intermittent and Constant Osteoarthritis Pain, ICOAP: KNEE Version

People have told us that they experience different kinds of pain (including aching or discomfort) in their knee. To get a better sense of the different types of knee pain you may experience, we would like to ask you about any “constant pain” (pain you have all the time) separately from any pain that you may experience less often, that is, “pain that comes and goes”. The following questions will ask you about the pain that you have experienced in your knee in the PAST WEEK. Please answer ALL questions.

A) CONSTANT PAIN

For each of the following questions, please select the response that best describes, on average, your constant knee pain in the PAST WEEK.

1. In the past week, how intense has your constant knee pain been?

- | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No constant knee
pain | Mildly | Moderately | Severely | Extremely |

2. In the past week, how much has your constant knee pain affected your sleep?

- | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No constant knee
pain | Mildly | Moderately | Severely | Extremely |

3. In the past week, how much has your constant knee pain affected your overall quality of life?

- | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No constant knee
pain | Mildly | Moderately | Severely | Extremely |

4. In the past week, how frustrated or annoyed have you been by your constant knee pain?

- | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No constant knee
pain | Mildly | Moderately | Severely | Extremely |

5. In the past week, how upset or worried have you been by your constant knee pain?

- | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No constant knee
pain | Mildly | Moderately | Severely | Extremely |

B) PAIN THAT COMES AND GOES

For each of the following questions, please select the response that best describes your *knee pain that comes and goes*, on average, in the PAST WEEK.

6. In the past week, how intense has your most severe *knee pain that comes and goes* been?

- | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No knee pain that
comes and goes | Mildly | Moderately | Severely | Extremely |

7. In the past week, how frequently has this *knee pain that comes and goes* occurred?

- | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Never/
No knee pain that
comes and goes | Rarely | Sometimes | Often | Very Often |

8. In the past week, how much has your *knee pain that comes and goes* affected your sleep?

- | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No knee pain that
comes and goes | Mildly | Moderately | Severely | Extremely |

9. In the past week, how much has your *knee pain that comes and goes* affected your overall quality of life?

- | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No knee pain that
comes and goes | Mildly | Moderately | Severely | Extremely |

10. In the past week, how frustrated or annoyed have you been by your *knee pain that comes and goes*?

- | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No knee pain that
comes and goes | Mildly | Moderately | Severely | Extremely |

11. In the past week, how upset or worried have you been by your *knee pain that comes and goes*?

- | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Not at all/
No knee pain that
comes and goes | Mildly | Moderately | Severely | Extremely |

THANK YOU!