

ICOAP - A Measure of Intermittent and Constant Osteoarthritis Pain - Version 7

People have told us that they experience different kinds of pain (including aching or discomfort) in their <hips/knees>. To get a better sense of the different types of knee pain you may experience, we would like to ask you about <hip/knee> pain that “comes and goes” separately from “constant pain” in the <hip/knee>, which is present most or all the time.

The following questions will ask you about the pain that you have experienced in your <hip/knee> **in the PAST WEEK**. Please answer ALL the questions.

INTERMITTENT PAIN - PAIN THAT COMES AND GOES

For each of the following questions, please select the response that best describes your <hip/knee> pain that comes and goes in the PAST WEEK.

1. In the past week, how intense has your <hip/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 <hip/knee> pain
that comes and goes | Mildly | Moderately | Severely | Extremely |

2. In the past week, how frequently has this <hip/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 <hip/knee> pain
that comes and goes | Rarely | Sometimes | Often | Very Often |

3. In the past week, how much has your <hip/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 <hip/knee> pain
that comes and goes | Mildly | Moderately | Severely | Extremely |

4. In the past week, how much has your <hip/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 <hip/knee> pain
that comes and goes | Mildly | Moderately | Severely | Extremely |

5. In the past week, how frustrated or annoyed have you been by your <hip/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 <u><hip/knee></u> pain
that comes and goes | Mildly | Moderately | Severely | Extremely |

6. In the past week, how upset or worried have you been by your <hip/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 <u><hip/knee></u>
pain that comes
and goes | Mildly | Moderately | Severely | Extremely |

FREQUENCY OF HIP/KNEE PAIN AFTER A TRIGGER AND WITHOUT WARNING:

7. How often does your <hip/knee> pain that comes and goes occur after a specific trigger? Triggers might include specific activities, weather, or joint positions.

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

8. How often does your <hip/knee> pain that comes and goes occur without warning?

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

CONSTANT PAIN – PAIN PRESENT MOST OR ALL OF THE TIME

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

9. In the past week, how intense has your constant <hip/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
<u><hip/knee></u> pain | Mildly | Moderately | Severely | Extremely |

10. In the past week, how much has your constant <hip/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 <hip/knee> pain	Mildly	Moderately	Severely	Extremely

11. In the past week, how much has your constant <hip/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 <hip/knee> pain	Mildly	Moderately	Severely	Extremely

12. In the past week, how frustrated or annoyed have you been by your constant <hip/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 <hip/knee> pain	Mildly	Moderately	Severely	Extremely

13. In the past week, how upset or worried have you been by your constant <hip/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 <hip/knee> pain	Mildly	Moderately	Severely	Extremely