PRE-INJECTION KNEE PAIN ASSESSMENT

Name: _____ Date: _____

INSTRUCTIONS: This survey asks you to assess your knee pain. Answer all questions that apply to you. Discuss these results with your doctor at your next appointment to help determine if Synvisc® or Synvisc-One® (hylan G-F 20) is a suitable treatment option for you.

1. How long have you experienced knee pain?

- ☐ Less than 3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than1 year

2. Have you been diagnosed with osteoarthritis of the knee?

- ☐ Yes
- ☐ No

3. How would you describe your level of knee pain?

- ☐ **Mild:** able to do normal activities but with a certain degree of pain
- ☐ **Moderate:** experience pain on a daily basis that limits activities
- ☐ **Severe:** pain drastically limits activities and makes routine activities such as walking and climbing stairs very difficult

4. In the past three months, has your level of knee pain changed?

- ☐ Increased
- ☐ Decreased
- ☐ No change

5. Have you recently had an injury to your knee?

- ☐ Yes
- ☐ No

6. How would you rate your level of knee pain during the following activities?

1= Minimum Pain, 5 = Severe Pain

	1	2	3	4	5
Sitting	☐	☐	☐	☐	☐
Standing	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐
Going up and down stairs	☐	☐	☐	☐	☐
At night resting in bed	☐	☐	☐	☐	☐

7. Are you able to exercise with your current level of knee pain?

- ☐ Yes
- ☐ No

8A. Which knee treatments have you tried prior to today?

Select all that apply.

- ☐ Over-the-counter pain relievers (e.g. paracetamol, ibuprofen or diclofenac)
- ☐ Topical pain-relieving creams
- ☐ Nutritional supplements (e.g. glucosamine)
- ☐ Prescription anti-inflammatories (including NSAIDs or COX-2 inhibitors) (e.g. naproxen or celecoxib)
- ☐ Physical therapy
- ☐ Steroid injections
- ☐ Viscosupplementation (e.g. Synvisc-One)
- ☐ Knee surgery
- ☐ Opioids
- ☐ None

8A. (cont.) Which knee treatments have you tried prior to today?

Select all that apply.

- ☐ Nutritional supplements (e.g. glucosamine)
- ☐ Prescription anti-inflammatories (including NSAIDs or COX-2 inhibitors) (e.g. naproxen or celecoxib)
- ☐ Physical therapy
- ☐ Steroid injections
- ☐ Viscosupplementation (e.g. Synvisc-One)
- ☐ Knee surgery
- ☐ Opioids
- ☐ None

8A. Which knee treatments would you like to know more about?

Select all that apply.

- ☐ Over-the-counter pain relievers (e.g. paracetamol, ibuprofen or diclofenac)
- ☐ Topical pain-relieving creams
- ☐ Nutritional supplements (e.g. glucosamine)
- ☐ Prescription anti-inflammatories (including NSAIDs or COX-2 inhibitors) (e.g. naproxen or celecoxib)
- ☐ Physical therapy
- ☐ Steroid injections
- ☐ Viscosupplementation (e.g. Synvisc-One)
- ☐ Knee surgery
- ☐ Opioids
- ☐ None

9. Knee pain can limit your ability to do things, like your job, leisure activities or everyday tasks. What are the most important activities you'd like to get back to?

_____

_____

_____

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10. Write in any other notes or questions you'd like included on your report.

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POST-INJECTION KNEE PAIN ASSESSMENT

Name: _____ Date: _____

Time since injection: ☐ 6 weeks to 3 months ☐ 3-6 months ☐ 6-9 months ☐ 9-12 months

INSTRUCTIONS: This survey asks you to assess your knee pain following a Synvisc-One® or Synvisc® injection. Answer all questions that apply to you. Discuss these results with your doctor at your next appointment to help track your progress.

Knee symptoms and stiffness during the last week:

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

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

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

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

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

6 . How severe is your knee joint stiffness after first wakening in the morning?
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

7. How severe is your knee stiffness after sitting, lying or resting later in the day?
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Pain:

1. How often do you experience knee pain?
☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Always

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

a) Twisting/pivoting on your knee
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

b) Straightening knee fully
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

c) Bending knee fully
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

d) Walking on flat surface
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

e) Going up or down stairs
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

f) At night while in bed
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

g) Sitting or lying
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

h) Standing upright
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, daily living:

1. What degree of difficulty have you experienced in the past week due to your knee for each of the following activities?

a) Descending stairs
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

b) Ascending stairs
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

c) Rising from sitting
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

d) Standing
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, daily living (cont.):

e) Bending to floor/pick up an object
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

f) Walking on flat surface
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

g) Getting in/out of car
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

h) Going shopping
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

i) Putting on socks/stockings
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

j) Rising from bed
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

k) Taking off socks/stockings
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

l) Lying in bed (turning over, maintaining knee position)
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

m) Getting in/out of bath
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

n) Sitting
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

o) Getting on/off toilet
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

p) Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

q) Light domestic duties (cooking, dusting, etc.)
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Function, sports, and recreational activities:

1. What degree of difficulty have you experienced in the past week due to your knee for each of the following activities?

a) Squatting
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

b) Running
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

c) Jumping
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

d) Twisting/pivoting on your injured knee
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

e) Kneeling
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Quality of life:

1. How often are you aware of your knee problem?
☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Always

2. Have you modified your lifestyle to avoid potentially damaging activities to your knee?
☐ Not at all ☐ Mildly ☐ Moderately ☐ Strongly ☐ Completely

3 . How much are you troubled with lack of confidence in your knee?
☐ Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Always

4. In general, how much difficulty do you have with your knee?
☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

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