## SUPPLEMENTARY DATA

**Appendix 1.** Screening questionnaire for osteoarthritis of the knee.

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|  **Criteria for OA of the knee by history and physical examination:****Adopted from American College of Rheumatology Clinical Classification Criteria of Osteoarthritis of the Knee.13** 1. Pain in the knee during most of the time during the past □1

month (Must) *and at least three of the following*1. Over 50 years old □2
2. Less than 30 minutes of morning stiffness □3
3. Crepitus on active motion □4
4. Bony tenderness □5
5. Bony enlargement □6
6. No palpable warmth of synovium □7
 |
|  **How bad would you rate your pain on AVERAGE?****請圈出你痛的平均程度。**0 1 2 3 4 5 6 7 8 9 10No pain Pain as badas it could be 無痛 極痛苦 |
|  **How would you evaluate the severity of your knee osteoarthritis? 請選出你膝關節炎的嚴重程度。**1. Absent 不存在 □
2. Mild 輕度 □
3. Moderate 中度 □
4. Severe 嚴重 □
5. Very severe 非常嚴重 □
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**Appendix 2.** The interview framework questions.

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| **膝關節炎對病人日常生活造成的影響****How knee osteoarthritis affects a patient’s daily life**1. 你覺得自己的膝關節炎是否嚴重？醫生的診斷呢？

How do you feel about your knee osteoarthritis? What is your doctor’s diagnosis?1. 這樣的情況出現多久了（年 / 月 / 天）？

How long have you encountered this problem (years / months / days)? 1. 是在怎樣的情況下開始求醫的？

What drove you to seek a medical consultation?1. 病情有沒有加劇？

Had your condition worsened?1. 在什麼情況下膝蓋會覺得痛？不同的姿勢、活動?

Under what conditions do you have knee pain? Are there any specific postures or activities inducing / relieving pain?1. 有發炎的情況嗎？

Is there inflammation? * 多久一次？在什麼情況下會發炎？

How often? Under what circumstances? * 歷時多長時間？

How long does it last?* 發炎時會不會引起痛楚？是怎樣痛法？

Does it hurt? How would you describe the pain?* 懂得區分力學引起的痛和發炎引起的痛嗎？有人教你嗎？

Can you differentiate between the pain from physical movement and from inflammation? Has anyone ever advised you of the difference?* 發炎時會做些什麼（來減輕症狀）？效果如何？

What would you do for the inflammation (to relieve the symptoms)? Does it work? * 帶來生活上的不便？（哪些方面？與平常的痛比較，哪個比較嚴重？）

Has it caused you inconvenience in daily activities? (In what ways? Compared with the usual pain, which is more severe?)1. 晨早、日間與夜間疼痛的程度會否有不同？

Do you feel a different level of pain in the morning, daytime, and at night?1. 你覺得膝關節炎如何影響你的日常生活？

How does the knee osteoarthritis affect your daily life?* 工作

Work?* 做家務

Housework?* 做運動、打波

Exercise, ball games?* 社交生活

Social life?* 休閑生活（例如：逛街）

Recreational activities (e.g. shopping)?* 個人護理（例如：洗澡、上廁所、穿鞋襪）

Personal care (e.g. taking a shower, using the toilet, putting on shoes)?* 外觀（例如：變形、跛行）

Appearance (e.g. deformity, limping)?1. 有什麼方法減輕痛楚？

What do you do to ease the pain?1. 在什麼情況 / 姿勢下會覺得比較舒服？

What kind of situations / postures make you feel better?1. 接受過哪方面的治療？效果如何？

What kind of treatment(s) have you received? Does it (do they) work?1. 患上膝關節炎後，你的生活有沒有出現改變？如何改變？與家人或同事或朋友的關係呢？

Has there been any change in your life since you had this condition? What kind of changes? How does it affect your relationships with your family, colleagues, or friends?1. 對於自己的健康，特別是膝部 / 腿部，你最大的憂慮是什麼？

What is your biggest concern regarding your health, especially that of your knees / legs?1. 你對治療抱有怎樣的期望？能達得到你的期望嗎？

What is your expectation of the treatment? Has the treatment fulfilled your expectation?1. 你希望醫生可以怎樣幫你？

How would you like your doctor to help you? |