

Using the reference chart below for each section, write the number in the box that is closest to describing your condition.



**0**  
None



**1**  
Mild



**2**  
Moderate



**3**  
Severe



**4**  
Extreme

# **Pain**

How much pain do you have going up and down stairs?

How much pain have you experienced walking on uneven surfaces?

# **Function/Daily Life**

How much pain have you experienced rising from sitting?

How much pain have you experienced bending to the floor?

How much pain have you experienced lying in bed?

How much pain have you experienced sitting?

**Add up all numbers** (provider use only)

Use the conversion table on the next page and enter the Final Score into CohereNext

## Score conversion

Use the conversion table below to get the final score to be entered into CohereNext

Patient form total	Score for use in CohereNext (0-100)
0	100.00
1	92.340
2	85.257
3	80.550
4	76.776
5	73.472
6	70.426
7	67.516
8	64.664
9	61.815
10	58.930
11	55.985
12	52.965
13	49.858
14	46.652
15	43.335
16	39.902
17	36.363
18	32.735
19	29.009
20	25.103
21	20.805
22	15.633
23	8.104
24	0.000