

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

Stiffness

How severe is your knee stiffness after first waking in the morning?

Pain

How much pain have you experienced twisting/pivoting the knee?

How much pain have you experienced straightening the knee?

How much pain have you experienced going up or down stairs?

How much pain have you experienced standing upright?

Function/Daily Life

How much pain have you experienced rising from sitting?

How much pain have you experienced bending to the floor?

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	91.975
2	84.600
3	79.914
4	76.332
5	73.342
6	70.704
7	68.284
8	65.994
9	63.776
10	61.583
11	59.381
12	57.140
13	54.840
14	52.465
15	50.012
16	47.487
17	44.905
18	42.281
19	39.625
20	36.931
21	34.174
22	31.307
23	28.251
24	24.875
25	20.941
26	15.939
27	8.291
28	0.000