

Please complete the below information and send to CMI via email to: [info@canmagnetic.com](mailto:info@canmagnetic.com).  
Once CMI receives this form, one of our staff will contact you promptly.

**Patient Name:** \_\_\_\_\_  
First Name Last Name

**Treatment required for affected knee:**    Left    Right

Please rate the activities in each category according to the following scale of difficulty:

**0 = None    1 = Slight    2 = Moderate    3 = Very    4 = Extremely**

Select **one number** for each activity:

## Pain

Walking:  
0    1    2    3    4

Stair Climbing:  
0    1    2    3    4

Nocturnal:  
0    1    2    3    4

Rest:  
0    1    2    3    4

Weight bearing:  
0    1    2    3    4

## Stiffness

Morning stiffness:  
0    1    2    3    4

Stiffness occurring later in the day:  
0    1    2    3    4

## Physical Function

Descending stairs:  
0    1    2    3    4

Ascending stairs:  
0    1    2    3    4

Rising from sitting:  
0    1    2    3    4

Standing:  
0    1    2    3    4

Bending to floor:  
0    1    2    3    4

Walking on flat surface:  
0    1    2    3    4

Getting in/out of car:  
0    1    2    3    4

Going shopping:  
0    1    2    3    4

Putting on socks:  
0    1    2    3    4

Lying in bed:  
0    1    2    3    4

Taking off socks:  
0    1    2    3    4

Rising from bed:  
0    1    2    3    4

Getting in/out of bath:  
0    1    2    3    4

Sitting:  
0    1    2    3    4

Getting on/off toilet:  
0    1    2    3    4

Heavy domestic duties:  
0    1    2    3    4

Light domestic duties:  
0    1    2    3    4

**Total Score:** \_\_\_\_\_ / 96 = \_\_\_\_\_ %

Comments/Interpretation (to be completed by the clinical team only)

Please save your completed forms to your device and email to [info@canmagnetic.com](mailto:info@canmagnetic.com)