

 **MICELLAR GLUCOSAMINE CREAM**  
**(8% Glucosamine Sulphate)**

**A. HISTORY & PHYSICAL EXAMINATION**

1. Location of Pain:
  - a. Ankle pain — L / R
  - b. Elbow pain — L / R
  - c. Fingers pain — L / R (Thumb / Index finger / Middle finger / Ring finger / Last finger)
  - d. Hip pain — L / R
  - e. Knee pain — L / R
  - f. Lower back pain — L / R / Centre
  - g. Neck pain — L / R / Centre
  - h. Shoulder pain — L / R
  - i. Wrist pain — L / R
  
2. Duration of Pain                      Years: \_\_\_\_\_ Months: \_\_\_\_\_
  
3. Swelling                                      (Yes)                                      (No)
  
4. Sounds from joints                      (Yes)                                      (No)
  
5. Joint line tenderness                      (Yes)                                      (No)
  
6. Limitation of movement                      (Yes)                                      (No)

**B. Knee Pain Questions**

1. The following questions concern the amount of pain you are currently experiencing in your knees. For each situation, please enter the amount of pain you have experienced **in the past 48 hours**.

		None	Mild	Moderate	Severe	Extreme
A	Walking on a flat surface					
B	Going up or down stairs					
C	At night while in bed					
D	Sitting or lying					
E	Standing upright					
F	Running or jogging					
G	Squatting down					

2. Please describe the level of pain you have experienced **in the past 48 hours** for each one of your knees.

		None	Mild	Moderate	Severe	Extreme
A	Right knee					
B	Left knee					

3. How **severe** is your stiffness **after first awakening** in the morning?

None	Mild	Moderate	Severe	Extreme

4. How **severe** is your stiffness after sitting, lying or resting **later in the day?**

None	Mild	Moderate	Severe	Extreme

5. The following questions concern your physical function. By this, we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced **in the last 48 hours**, in your knees.

What degree of difficulty do you have with:

		None	Mild	Moderate	Severe	Extreme
A	Walking on a flat surface					
B	Ascending (going up) stairs					
C	Descending (going down) stairs					
D	Lying in bed					
E	Rising from bed					
F	Sitting					
G	Rising from sitting					
H	Standing					
I	Bending to floor					

This is a sample question for KNEE Pain

J	Squatting down						
K	Going shopping						
L	Putting on socks/stockings						
M	Taking off socks/stockings						
N	Getting on/off toilet						
O	Getting in/out of bath						
P	Getting in/out of car						
Q	Heavy domestic duties (mowing the lawn, lifting heavy grocery bags)						
R	Light domestic duties (tidying a room, dusting, cooking)						

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