

Patient Feedback Form

Time taking CTMD for _____ weeks

Patient details:

Name: _____

Age: _____

Contact details: _____

Suffering from osteoarthritis for: _____ Years

CTMD dosage taken: _____

Get CTMD reference from: _____

Other medication, if any: _____

The WOMAC (Western Ontario and McMaster Universities) Index of Osteoarthritis

(Note: to fill the index use as defined words as possible like more, less, slight, little description if like instead of just yes or No)

Pre-CTMD therapy

Post-CTMD therapy

4 weeks

6weeks

8 weeks

12 weeks

Pain:

- (1) Walking
- (2) Stair climbing
- (3) Nocturnal
- (4) Rest
- (5) Weight bearing

Stiffness:

- (1) Morning stiffness

- (2) Stiffness occurring later in the day

Physical function:

- (1) Descending stairs
- (2) Ascending stairs
- (3) Rising from sitting
- (4) Standing
- (5) Bending to floor
- (6) Walking on flat
- (7) Getting in or out of car
- (8) Going shopping
- (9) Putting on socks
- (10) Rising from bed
- (11) Taking off socks
- (12) Lying in bed
- (13) Sitting
- (14) Getting on or off toilet
- (15) Heavy domestic duties
- (16) light domestic duties

Social function:

- (1) Leisure activities
- (2) Community events
- (3) Church attendance
- (4) With spouse
- (5) With family
- (6) With friends
- (7) With others

Emotional function:

- (1) anxiety
- (2) irritability
- (3) frustration
- (4) depression
- (5) relaxation
- (6) insomnia
- (7) boredom
- (8) loneliness
- (9) stress
- (10) well-being