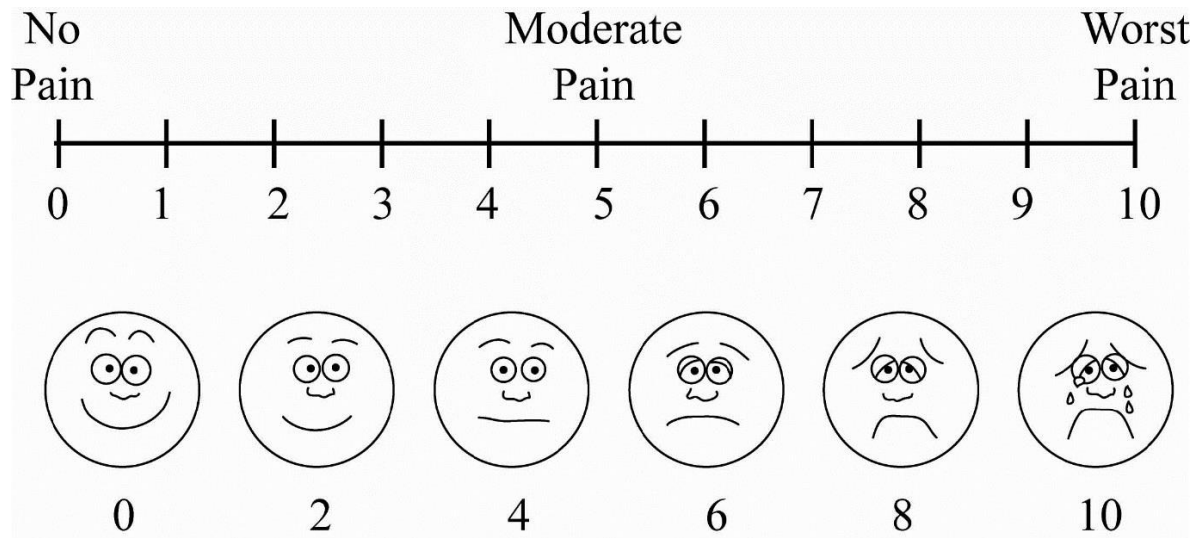**Supplementary Material**

Appendix A: Extra questions specific to OA asked at the baseline visit.

Joint data Joint(s) affected
Symptoms
Pain - On a scale from 1 to 10, with 10 being the worst pain imaginable, how do you rate your pain? (See Pain Scale below)

Visual Analog Scale Pain (VASP) for pain for the joint(s) in question.

Where is the pain in regard to the joint?
Does the pain radiate elsewhere?
How long has there been pain?
When is the pain worse?
Has the pain become worse over time?
Is the pain constant, or does it come and go?
Does anything specifically trigger the pain? (eg. sitting, walking)
How has pain impacted your quality of life? (eg. affected relationships, caused lifestyle changes to mitigate the pain)
What pain medications do you take, and do they work for you?
Do you do anything else besides medication to manage the pain? (eg. massage, exercise, physiotherapy, change of posture, acupuncture)

On a scale from 1 to 10, with 10 being complete immobile, how do you rate the mobility of the joint in question? (See Mobility Scale below)

Visual Analog Scale Mobility (VASM) for Mobility for the joint(s) in question.

0	1	2	3	4	5	6	7	8	9	10
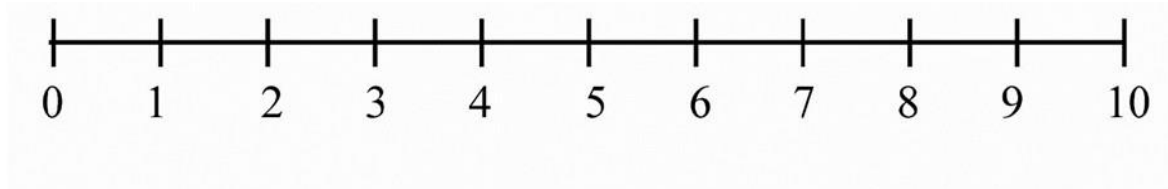
Fully mobile   Moderate immobility   Poor mobility

Describe the immobility:
How long have you had immobility issues?
When is the immobility worse?
Is immobility only when there is pain?
How has immobility impacted your quality of life? (eg, affected relationships, caused lifestyle changes to mitigate the immobility)
What are you currently doing to manage your immobility? (eg medications, procedures such as massage or acupuncture, use of mobility aids like sticks, braces, scooters and what is their efficacy?)
Have you tried lifestyle modifications to help reduce the immobility and describe them?
Other Symptoms: Do you have other symptoms not covered by the above questions? These could be numbness, tingling, burning, stinging, or electric-like sensations around the joints in question.