

Supplementary file 2: The OsteoArthritis Quality Indicator (OA-QI) questionnaire

There are several different treatment alternatives for osteoarthritis. We would like to know what treatment, information or advice that you have been given for your osteoarthritis. For each question, please cross off one of the boxes provided.

		Yes	No	Don't remember
1	Have you been given information about how the disease usually develops over time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been given information about different treatment alternatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been given information about how you can live with the disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4*	Have you been given information about how you can change your lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you been given information about the importance of physical activity and exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you been referred to someone who can advise you about physical activity and exercise? (e.g. a physiotherapist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	Not overweight
7	If you are overweight, have you been advised to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If you are overweight, have you been referred to someone who can help you to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	No such problems
9*	If you have had problems related to daily activities, have these problems been assessed by health personnel in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	If you have problems with walking, has your need for a walking aid been assessed? (e.g. stick, crutch or walker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	If you have problems related to other daily activities, has your need for different appliances and aids been assessed? (e.g. splints, assistive technology for cooking or personal hygiene, a special chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	No pain/discomfort
12*	If you have pain, has it been assessed in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	If you have pain, was paracetamol the first medicine that was recommended for your osteoarthritic pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	If you have prolonged severe pain, which is not relieved sufficiently by paracetamol, have you been offered stronger pain killers? (e.g. Co-proxamol, Co-dydramol, Tramadol, Co-codamol, Dihydrocodeine, Codeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	If you are taking anti-inflammatory drugs, have you been given information about the effects and possible side-effects of this medicine? (e.g. Ibuprofen, Nurofen, Brufen, Diclofenac, Voltarol, Naproxen, Naprosyn, Celebrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	If you have experienced an acute deterioration of your symptoms, has a corticosteroid injection been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No	Not severely troubled
17	If you are severely troubled by your osteoarthritis, and exercise and medicine do not help, have you been referred and assessed for an operation (e.g. joint replacement)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Not included in analyses in the present study.