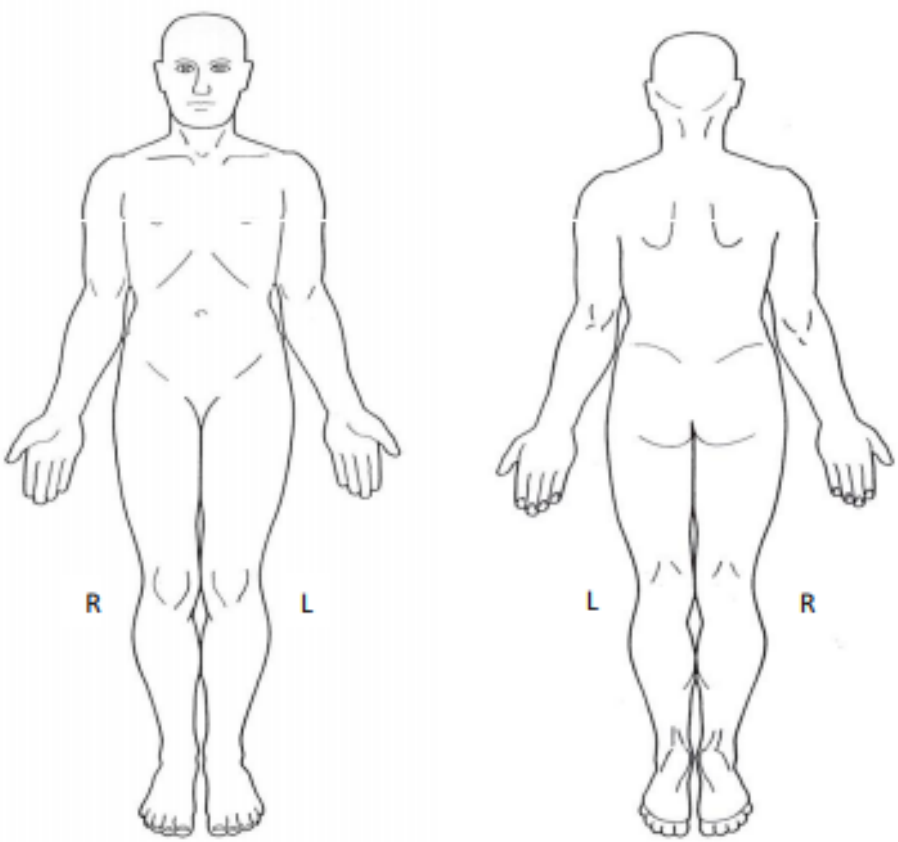
Figure S1

Item	Question	Never （0）	Sometimes （1）	Often （2）	Always （2）
1	I feel pain in my knee when it comes into contact with something cold or hot.				
2	I usually feel fatigued.				
3	Knee pain makes it difficult for me to concentrate on tasks.				
4	I often find myself repeatedly thinking about how much my knee hurts.				
5	I sometimes experience sudden feelings of panic.				
6	Knee pain affects my sleep.				
7	I am still able to enjoy activities that I used to like.				

8. This final question concerns pain in other parts of your body.
Please shade the areas in the body diagram below where you have experienced pain, aching, or discomfort for most of the time during the **past 4 weeks**. (Note: Do not include pain caused by febrile illnesses such as influenza.)



Scoring Instructions

1. Items 1–7: Never = 0; Sometimes = 1; Often = 2; Always = 2.
2. Item 8: Pain distribution
   - No shaded areas below the waist = 0;
   - Only one knee shaded, with no other shaded areas below the waist = 0;
   - One knee shaded plus any other shaded area(s) below the waist = 2;
   - Both knees shaded = 2.
3. CAP-Knee-CV Score:
   - The total score is calculated as the sum of Items 1–8.
   - Range: 0–16