

ANTERIOR CRUCIATE LIGAMENT RETURN TO SPORT AFTER INJURY (ACL-RSI) SURVEY



PHYSIOTUTORS

Patient Name: _____

Date: _____

Instructions: Check the box that best describes you in relation to your symptoms

1. Are you confident that you can perform at your previous level of sport participation?

Not at all
confident

Fully
confident

0 1 2 3 4 5 6 7 8 9 10

2. Do you think you are likely to re-injure your knee by participating in your sport?

Extremely
likely

Not likely
at all

0 1 2 3 4 5 6 7 8 9 10

3. Are you nervous about playing your sport?

Extremely
nervous

Not nervous
at all

0 1 2 3 4 5 6 7 8 9 10

4. Are you confident that your knee will not give way by playing your sport?

Not at all
confident

Fully
confident

0 1 2 3 4 5 6 7 8 9 10

5. Are you confident that you could play your sport without concern for your knee?

Not at all
confident

Fully
confident

0 1 2 3 4 5 6 7 8 9 10

6. Do you find it frustrating to have to consider your knee with respect to your sport?

Extremely
frustrating

Not at all
frustrating

0 1 2 3 4 5 6 7 8 9 10

7. Are you fearful of re-injuring your knee by playing your sport?

Extremely fearful No fear at all

0 1 2 3 4 5 6 7 8 9 10

8. Are you confident about your knee holding up under pressure?

Not at all confident Fully confident

0 1 2 3 4 5 6 7 8 9 10

9. Are you afraid of accidentally injuring your knee by playing your sport?

Extremely afraid Not at all afraid

0 1 2 3 4 5 6 7 8 9 10

10. Do thoughts of having to go through surgery and rehabilitation prevent you from playing your sport?

All of the time None of the time

0 1 2 3 4 5 6 7 8 9 10

11. Are you confident about your ability to perform well at your sport?

Not at all confident Fully confident

0 1 2 3 4 5 6 7 8 9 10

12. Do you feel relaxed about playing your sport?

Not at all relaxed Fully relaxed

0 1 2 3 4 5 6 7 8 9 10

