

# ACL-RSI SHORT FORM



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

## 1. Are you nervous about playing your sport?

Extremely nervous

Not nervous at all

0    1    2    3    4    5    6    7    8    9    10

## 2. 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

## 3. 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

## 4. Are you confident that you could play your sport without concerns for you knee?

Not at all confident

Fully confident

0    1    2    3    4    5    6    7    8    9    10

## 5. 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

## 6. Do you think you are likely to reinjure your knee by participating in your sport?

Extremely likely

Not likely at all

0    1    2    3    4    5    6    7    8    9    10

**MORE INFORMATION**

