

Patient last name: .....

Date of birth: .... / .... / .....

Patient first name: .....

Date: .... / .... / .....

# ACL RSI (Anterior Cruciate Ligament – Return to Sport and Injury)

**Instructions:**

Rate the following questions on a scale of 0-10, with 0 being extremely and 10 not at all.

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

Not at all    0    1    2    3    4    5    6    7    8    9    10    Extremely  
                                           

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

Not at all    0    1    2    3    4    5    6    7    8    9    10    Extremely  
                                           

**3. Do you feel relaxed about playing your sport ?**

Not at all    0    1    2    3    4    5    6    7    8    9    10    Extremely  
                                           

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

Not at all    0    1    2    3    4    5    6    7    8    9    10    Extremely  
                                           

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

Not at all    0    1    2    3    4    5    6    7    8    9    10    Extremely  
                                           

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

Not at all    0    1    2    3    4    5    6    7    8    9    10    Extremely  
                                           

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

Not at all    0    1    2    3    4    5    6    7    8    9    10    Extremely

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

Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Score ACL-RSI (Total x 100) / 120 = \_\_\_\_ %**