

# ACL-RSI

Name \_\_\_\_\_ Date \_\_\_\_\_

*Instructions: Place a mark on the line, which best describes you in relation to the descriptors.*

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

Not at all confident									Fully confident	
<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"/>
0	10	20	30	40	50	60	70	80	90	100

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

Extremely likely									Not likely at all	
<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"/>
0	10	20	30	40	50	60	70	80	90	100

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

Extremely nervous									Not nervous at all	
<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"/>
0	10	20	30	40	50	60	70	80	90	100

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

Not at all confident									Fully confident	
<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"/>
0	10	20	30	40	50	60	70	80	90	100

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

Not at all confident									Fully confident	
<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"/>
0	10	20	30	40	50	60	70	80	90	100

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

Extremely frustrating									Not at all frustrating	
<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"/>
0	10	20	30	40	50	60	70	80	90	100

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

Extremely fearful											No fear at all
<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"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100	

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

Not at all confident											Fully confident
<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"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100	

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

Extremely afraid											Not at all afraid
<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"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100	

**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
<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"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100	

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

Not at all confident											Fully confident
<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"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100	

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

Not at all relaxed											Fully relaxed
<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"/>	<input type="checkbox"/>
0	10	20	30	40	50	60	70	80	90	100	