





## SECTION B: WORK RELATED CONCERNS

The following questions are being asked with respect to your job or vocation (**i.e., WORK RELATED CONCERNS**). The questions are concerned with your ability to function at work and how your knee has affected your current work-related concerns. If you are a full-time student/home maker, then consider this and any part-time work together. Consider the last three months.

**\*\*\* If you are CURRENTLY NOT EMPLOYED for reasons OTHER THAN YOUR KNEE then place a check on this line. \_\_\_\_\_**

5. **How much trouble do you have, because of your knee with turning or pivoting motions at work?** (Make a slash at the extreme left if you are unable to work because of the knee.)

0 \_\_\_\_\_ 100  
Severely troubled No trouble at all

6. **How much trouble do you have, because of your knee, with squatting motions at work?** (Make a slash at the extreme left if you are unable to work because of the knee.)

0 \_\_\_\_\_ 100  
Severely troubled No trouble at all

7. **How much of a concern is it for you to miss days from work, due to problems or re-injury to your knee?** (Make a slash at the extreme left if you are unable to work because of the knee.)

0 \_\_\_\_\_ 100  
An extremely significant concern No concern at all

8. **How much of a concern is it for you to lose time from "school" or work because of the treatment of your ACL deficient knee?**

0 \_\_\_\_\_ 100  
An extremely significant concern No concern at all

## SECTION C: SPORT / RECREATION / COMPETITION

The following questions are being asked with respect to your **RECREATIONAL ACTIVITIES, SPORT PARTICIPATION OR COMPETITION**. The questions are concerned with your ability to function and participate in these activities as they relate to your knee problem. Consider the last three months.

9. **How much limitation do you have with sudden twisting and pivoting movements or changes in direction?**

0 \_\_\_\_\_ 100  
Totally limited No limits

10. **How much of a concern is it for you that your sporting/recreational activities may result in the status of your knee to worsen?**

0 \_\_\_\_\_ 100  
An extremely significant No concern at all concern

11. **How does your current level of athletic or recreational performance, compare to your pre-injury level?**

0 \_\_\_\_\_ 100  
Totally limited No limitations

12. **With respect to the activities or sports that you currently desire to be involved with, how much have your expectations changed because of the status of your knee?**

0 \_\_\_\_\_ 100  
Expectations totally lowered Expectations not lowered at all

13. **Do you have to play your recreation/sport under caution?** (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 \_\_\_\_\_ 100  
Always play under caution Never play under caution

14. **How fearful are you of your knee “giving way” when playing recreation/sport?** (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 \_\_\_\_\_ 100  
Extremely fearful No fear at all

15. **Are you concerned about environmental conditions, such as a wet playing field, a hard court, or the type of gym floor when involved in your recreation or sport?** (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 \_\_\_\_\_ 100  
Extremely concerned Not concerned at all

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

0 \_\_\_\_\_ 100  
Extremely frustrated Not frustrated at all

17. **How difficult is it for you to "go full out" at your recreation/sport?** (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 \_\_\_\_\_ 100  
Extremely difficult Not difficult at all

18. **Are you fearful of playing contact sports?** (Circle the "N/A" at the right of the scale if you do not play contact sport for reasons other than the knee.)

0 \_\_\_\_\_ 100 N/A  
Extremely fearful No fear at all

The following questions are specifically asking about the two most important sports or recreational activities that you do. Please write them in order of importance.

1. \_\_\_\_\_
2. \_\_\_\_\_

19. **How limited are you in playing the number "1" sport/recreational activity?** (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 \_\_\_\_\_ 100  
Extremely limited Not limited at all

20. **How limited are you in playing the number "2" sport / recreational activity?** (Make a slash at the extreme left i.e. 0, if you are unable to play recreation/sport because of your knee)

0 \_\_\_\_\_ 100  
Extremely limited Not limited at all

## SECTION D: LIFESTYLE

The following questions are concerned with your lifestyle in general and should be considered outside of your work and recreational/sport activities as they relate to your anterior cruciate ligament (ACL) deficient knee.

21. Do you have to concern yourself with general safety issues (e.g. carrying small children, working in the yard, etc.) with respect to your ACL deficient knee?

0 \_\_\_\_\_ 100  
Extremely concerned No concern at all

22. How much has your ability to exercise and maintain fitness been limited by your knee problem?

0 \_\_\_\_\_ 100  
Totally limited Not limited at all

23. How much has your enjoyment of life been limited by your knee problem?

0 \_\_\_\_\_ 100  
Totally limited Not limited at all

24. How often are you aware of your knee problem?

0 \_\_\_\_\_ 100  
All of the time None of the time

25. Are you concerned about your knee, with respect to lifestyle activities that you and your family do together?

0 \_\_\_\_\_ 100  
Extremely concerned No concern at all

26. Have you modified your lifestyle to avoid potentially damaging activities to your knee?

0 \_\_\_\_\_ 100  
Totally modified No modifications

## SECTION E: SOCIAL AND EMOTIONAL

The following questions are being asked regarding your attitudes and feelings as they relate to your anterior cruciate ligament deficient knee.

27. **Does it concern you that your competitive needs are no longer being met because of your knee problem?** (Make a slash at the extreme right i.e. 100, if your competitive needs are being met. Make a slash at the extreme left i.e. 0 if you do not have any competitive needs.)

0 \_\_\_\_\_ 100  
Extremely concerned No concern at all

28. **Have you had difficulty being able to psychologically "come to grips" with your knee problem?**

0 \_\_\_\_\_ 100  
Extremely difficult Not difficult at all

29. **How often are you apprehensive about your knee?**

0 \_\_\_\_\_ 100  
All of the time None of the time

30. **How much are you troubled with lack of confidence in your knee?**

0 \_\_\_\_\_ 100  
Severely troubled No trouble at all

31. **How fearful are you of re-injuring your knee?**

0 \_\_\_\_\_ 100  
Extremely fearful No fear at all

**Thank you for completing this questionnaire.**