

ACL – Return to Sport after Injury Scale

Participant Code: _____

Date: _____

Draw a small vertical line at a point along each horizontal line that best describes you today.

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

Not at all

Extremely

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

Not at all

Extremely

3. Are you nervous about playing your sport?

Not at all

Extremely

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

Not at all

Extremely

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

Not at all

Extremely

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

Not at all

Extremely

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

Not at all

Extremely

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

Not at all

Extremely

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

Not at all

Extremely

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

Not at all

Extremely

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

Not at all

Extremely

12. Do you feel relaxed about playing your sport?

Not at all

Extremely