

# ACL PATIENT QUESTIONNAIRE

## Symptoms

1. What is the highest level of activity that you can **perform** without significant knee pain?

4. Very strenuous like jumping or pivoting (like soccer or basketball)
3. Strenuous activities like heavy physical work (skiing or tennis)
2. Moderate activities (running or jogging)
1. Light activities (walking, housework, yardwork)
0. Unable to perform any of the above due to knee pain

NOTE: Please respond with the highest level you **COULD** perform, even if you are not actually performing at that level.

2. During the past four weeks, or since your injury, how often have you had pain?

- 10   9   8   7   6   5   4   3   2   1   0  
Never            Constant

3. If you have pain, how severe is it?

- 10   9   8   7   6   5   4   3   2   1   0  
Never            Constant

4. During the past 4 weeks, or since your injury, how **stiff or swollen** was your knee?

4. Not at all
3. Mildly
2. Moderately
1. Very
0. Extremely

5. What is the highest level of activity you can perform without significant **swelling** in your knee?

4. Very strenuous like jumping or pivoting (like soccer or basketball)
3. Strenuous activities like heavy physical work (skiing or tennis)
2. Moderate activities (running or jogging)
1. Light activities (walking, housework, yardwork)
0. Unable to perform any of the above due to knee pain

6. During the past 4 weeks, did your knee **catch or lock**?

1. No
2. Yes

7. What is the highest level of activity you can perform without significant **giving way** in your knee?

4. Very strenuous like jumping or pivoting (like soccer or basketball)
3. Strenuous activities like heavy physical work (skiing or tennis)
2. Moderate activities (running or jogging)
1. Light activities (walking, housework, yardwork)
0. Unable to perform any of the above due to knee pain



Please report your symptoms associated with each of the following complaints:

1. Limp
  5. None
  3. Slight or periodical
  0. Severe and constant
  
2. Support
  5. Full support
  3. Requires stick or crutches
  0. Weight bearing impossible
  
3. Locking
  15. No locking, no catching sensations
  10. Catching sensation but no locking
  6. Occasional locking
  2. Frequent locking
  0. Currently locked knee
  
4. Instability
  25. Never giving way
  20. Rarely gives way except for athletic or other severe exertion
  15. Gives way frequently during athletic or other severe exertion
  10. Occasionally in daily activities
  5. Often in daily activities
  0. Every step
  
5. Pain
  30. None
  25. Inconstant and slight during severe exertion
  10. Marked on or after walking more than 2 km (1.25 mi)
  5. Marked on or after walking less than 2 km (1.25 mi)
  0. Constant or marked during severe exertion
  
6. Swelling
  10. None
  6. On severe exertion
  2. On ordinary exertion
  0. Constant
  
7. Stair climbing
  10. No problems
  6. Slightly impaired
  2. One step at a time
  0. Impossible
  
8. Squatting
  5. No problems
  4. Slightly impaired
  2. Not beyond 90 degrees
  0. Impossible

## Activity level

Please indicate with an 'X' the HIGHEST level of activity that you participated in before your injury.

BEFORE INJURY Level \_\_\_\_\_

	ACTIVITY DESCRIPTION
	<b>Competitive Sports-</b> Soccer, football, rugby (national elite)
	<b>Competitive Sports-</b> Soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball
	<b>Competitive Sports-</b> Racquetball, bandy, squash, badminton, track and field athletics, downhill skiing
	<b>Competitive Sports-</b> tennis, running, motorcross speedway, handball <b>Recreational Sports-</b> Soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running
	<b>Recreational Sports-</b> tennis, badminton, racquetball, down hill skiing, cross country skiing, jogging at least 5 times per week
	<b>Work-</b> heavy labor (construction) <b>Competitive Sports-</b> Cycling, cross country skiing <b>Recreational Sports-</b> jogging on uneven ground at least twice weekly
	<b>Work-</b> moderately heavy labor (truck driving)
	<b>Work-</b> light labor (nursing)
	<b>Work-</b> light labor, walking on uneven ground possible but impossible to backpack or hike
	<b>Work-</b> sedentary (secretarial)
	<b>Sick leave</b> or disability pension because of knee

## Activity level

Please indicate with an 'X' the HIGHEST level of activity that you are currently participating.

CURRENT Level \_\_\_\_\_

	ACTIVITY DESCRIPTION
	<b>Competitive Sports-</b> Soccer, football, rugby (national elite)
	<b>Competitive Sports-</b> Soccer, football, rugby (lower divisions), ice hockey, wrestling, gymnastics, basketball
	<b>Competitive Sports-</b> Racquetball, bandy, squash, badminton, track and field athletics, downhill skiing
	<b>Competitive Sports-</b> tennis, running, motorcross speedway, handball <b>Recreational Sports-</b> Soccer, football, rugby, bandy, ice hockey, basketball, squash, racquetball, running
	<b>Recreational Sports-</b> tennis, badminton, racquetball, down hill skiing, cross country skiing, jogging at least 5 times per week
	<b>Work-</b> heavy labor (construction) <b>Competitive Sports-</b> Cycling, cross country skiing <b>Recreational Sports-</b> jogging on uneven ground at least twice weekly
	<b>Work-</b> moderately heavy labor (truck driving)
	<b>Work-</b> light labor (nursing)
	<b>Work-</b> light labor, walking on uneven ground possible but impossible to backpack or hike
	<b>Work-</b> sedentary (secretarial)
	<b>Sick leave</b> or disability pension because of knee