Musculoskeletal Screening Questionnaire

Research Code: ________________ Date: ________________

**Family history of ACL injury**
Has anyone in your family injured their anterior cruciate ligament (ACL) or had an ACL reconstruction?

Yes ☐ Unsure ☐ No ☐
If yes, provide details:

**Operative history**
Have you had any operations for injuries related to football?

What was the injury?
What was the surgery?
When did you have the surgery?

**Footedness**
Do you prefer to kick with your right or left leg? right ☐ left ☐ no preferred ☐

**Groin pain**
Do you suffer from groin pain during or after activity? yes ☐ no ☐

**Injury / illness**
Have you had any injuries / illnesses that have interfered with your sporting career?

yes ☐ no ☐
Injury or condition:
Date of injury / condition:

**Current injuries / symptoms**
Do you have any current injuries or symptoms? yes ☐ no ☐
Injury:

Are you of Aboriginal or Torres Strait Islander decent? yes ☐ no ☐