

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

If yes, provide details;

No

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 descent?

yes

no