

# Musculoskeletal Screening Questionnaire

Research Code: \_\_\_\_\_

Date: \_\_\_\_\_

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## 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

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## 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?

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## Footedness

Do you prefer to kick with your right or left leg?

right

left

no preferred

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## Groin pain

Do you suffer from groin pain during or after activity?

yes

no

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## Injury / illness

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

yes

no

Injury or condition:

Date of injury / condition:

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## Current injuries / symptoms

Do you have any current injuries or symptoms?

yes

no

Injury:

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Are you of Aboriginal or Torres Strait Islander decent?

yes

no