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6c. Did this MCL injury (or injuries) require surgery?
 No Yes

7. Have you ever had an injury to the Lateral Collateral Ligament (LCL)?

No (If No, go to Question 8.)
 Yes

7a. If yes to LCL injury, which knee(s)?
 Right Left Both

7b. When (what year or years) did the injury occur?
 2010 2002
 2009 2001
 2008 2000 or before
 2007
 2006
 2005
 2004
 2003

7c. Did this LCL injury (or injuries) require surgery?
 No Yes

8. Have you ever had a Posterior Cruciate Ligament (PCL) injury?

No (If No, go to Question 9.)
 Yes

8a. If yes to PCL injury, which knee(s)?
 Right Left Both

8b. When (what year or years) did the injury occur?
 2010 2002
 2009 2001
 2008 2000 or before
 2007
 2006
 2005
 2004
 2003

8c. Did this PCL injury (or injuries) require surgery?
 No Yes

9. Have you ever had an injury to the meniscus of the knee or knees?

No (If No, go to Question 10.)
 Yes

9a. If yes, which knee(s)?
 Right Left Both

9b. When (what year or years) did the injury (or injuries) occur?
 2010 2002
 2009 2001
 2008 2000 or before
 2007
 2006
 2005
 2004
 2003

9c. Did this injury (or injuries) require surgery?
 No Yes

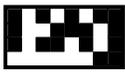
10. Have you ever had an injury to the cartilage of the knee or knees?

No (If No, go to Question 11.)
 Yes

10a. If yes, which knees?
 Right Left Both

10b. When (what year or years) did the injury (or injuries) occur?
 2010 2002
 2009 2001
 2008 2000 or before
 2007
 2006
 2005
 2004
 2003

10c. Did this injury (or injuries) require surgery?
 No Yes



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11. Have you had knee surgery, **within the past 10 years**, other than those listed in the previous questions?

- No
- Yes

11a. *If yes*, which knee(s)?

- Right
- Left
- Both

11b. When (what year or years) did the surgery (or surgeries) occur?

- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001
- 2000 or before

These next questions refer to **knee** injuries or conditions that you have experienced **within the past six months**.

12. Within the past **six months**, have you had episode(s) of **severe** pain in your knee(s) that lasted for a day or more?

Severe means pain that would make you stop what you were doing or limit or interfere with your activities.

- No (*If No, go to Question 13.*)
- Yes

12a. *If yes*, which knee(s)?

- Right
- Left
- Both

12b. How long did/does the pain last?

- less than 1 week
- 1 week to 1 month
- more than 1 month

12c. Was/Is it worse when you exercise?

- No
- Yes

12d. Do you currently have this problem, or has it resolved?

- Still a problem
- Pain has resolved

12e. At its worst, how would you rate the pain?

- 1 (mild)
- 2 (moderate)
- 3 (severe)
- 4 (debilitating)

13. Within the **past six months**, have you experienced the feeling that your ankles are not supporting you, or are giving way?

- No (*If No, go to Question 14.*)
- Yes

13a. *If yes*, which ankle(s)?

- Right
- Left
- Both

13b. How often, on average?

- Once
- Twice
- 3-4 times
- 5-6 times
- 7 or more times

13c. **Per:**

- Day
- Week
- Month



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Within the **past six months**, have you experienced **any** of these leg injuries?

14. Shin splints?

- No (If No, go to Question 15.)
- Yes

14a. If yes, which leg(s)?

- Right
- Left
- Both

14b. If yes, does it currently interfere with any physical activity?

- No
- Yes

15. Lower limb stress fracture?

- No (If No, go to Question 16.)
- Yes

15a. If yes, which leg(s)?

- Right
- Left
- Both

15b. If yes, does it currently interfere with any physical activity?

- No
- Yes

16. Other lower limb bone fracture within the past six months?

- No (If No, go to Question 17.)
- Yes

16a. If yes, which leg(s)?

- Right
- Left
- Both

16b. If yes, does it currently interfere with any physical activity?

- No
- Yes

17. Ankle sprain within the past six months?

- No (If No, go to Question 18.)
- Yes

17a. If yes, which ankle(s)?

- Right
- Left
- Both

17b. If yes, does it currently interfere with any physical activity?

- No
- Yes

18. Hip injury within the past six months?

- No (If No, go to Question 19.)
- Yes

18a. If yes, which side(s)?

- Right
- Left
- Both

18b. If yes, does it currently interfere with any physical activity?

- No
- Yes

19. Patello-femoral pain (severe knee pain or runner's knee) within the past six months?

- No (If No, go to Question 20.)
- Yes

19a. If yes, which knee(s)?

- Right
- Left
- Both

19b. If yes, does it currently interfere with any physical activity?

- No
- Yes



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20. Swelling, clicking, or popping, or feeling of the knee giving way within the past six months?

- No (If No, go to Question 21.)
- Yes

20a. If yes, which knee(s)?

- Right
- Left
- Both

20b. If yes, does it currently interfere with any physical activity?

- No
- Yes

21. Any other leg injury?

- No (If No, go to Question 22.)
- Yes

21a. If yes, which leg(s)?

- Right
- Left
- Both

21b. If yes, does it currently interfere with any physical activity?

- No
- Yes

PART 3- EXERCISE AND TRAINING

22. How much do you think you exercise, relative to other people your age?

- A lot less
- A little less
- Average
- A little more
- A lot more

23. How fit do you think you are, relative to other people your age?

- A lot less
- A little less
- Average
- A little more
- A lot more

24. In the **past six months**, have you used a training program that involves repeated jumping? (Such programs are sometimes referred to as plyometric exercises.)

- No (If No, go to Question 25.)
- Yes

24a. If yes, how many months, **out of the past six**, have you been doing this program?

- <1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months

24b. What is the name of the program, or its developer?

- League ACL Injury Prevention
- My athletic trainer
- Other (Specify):

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24c. What type of jumping is involved? (Mark all that apply.)

- Box jumps
- Star jumps (jumping jacks)
- Frog jumps (squat jumps)
- Double leg vertical jumps
- Double leg sideways/lateral jumps
- Double leg forward jumps
- Single leg vertical jumps
- Single leg sideways/lateral jumps
- Single leg forward jumps
- Jumping rope
- Jumping on unstable surface
- Other (Specify):

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24d. How many jumps would you perform, on average, per training session?

- <50
- 50-99
- 100 or more

24e. How many days per week did you do this jumping, on average?

- <1 day/wk
- 1 day/wk
- 2 days/wk
- 3 days/wk
- 4 days/wk
- 5 days/wk
- 6 days/wk
- 7 days/wk

25. In the **past six months**, have you been doing a training program designed to reduce the risk of ACL injury?

- No (If No, go to Question 26.)
- Yes



25a. If yes, how many months, **out of the past six**, have you been doing this program?

- <1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months

25b. What is the name of the program, or its developer?

- League ACL Injury Prevention
- Cincinnati Sports Metrics
- PEP
- My Coach
- My Athletic Trainer
- Other (specify)

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25c. How long did each training session last, on average?

- <30 minutes
- 30-59 minutes
- 60-89 minutes
- 90-119 minutes
- 120 minutes or more

25d. How many days per week did you do the program, on average?

- <1 day/wk
- 1 day/wk
- 2 days/wk
- 3 days/wk
- 4 days/wk
- 5 days/wk
- 6 days/wk
- 7 days/wk



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PART 4 - SOCCER

26. For how many years in total have you played on an organized soccer team, either in a soccer league, or at school:

- 1 year or less (this is my first or second year)
- 2 years
- 3 years
- 4 years
- 5 years
- 6 or more years

27. What position do you usually play:

- goalkeeper fullback
- midfield forward

28. What position do you expect to play this year:

- goalkeeper fullback
- midfield forward

PART 5 - GENERAL INFORMATION

29. Ethnic category:

- Not Hispanic or Latino
- Hispanic or Latino

30. Racial/ethnic category:

- White
- Black or African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other (Specify):

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STOP HERE. THANK YOU VERY MUCH!