

Please complete the following questions regarding your hamstring injury/surgery.

1. How much pain, on average, have you experienced in your injured/surgical leg in the past week?

no pain extreme pain

2. How often do you take medicine for your affected leg?

- I take pain medication daily for pain in my affected leg.
- I occasionally need pain medication for my affected leg (1-2 times a week)
- I rarely need pain medication for my affected leg (a few days a month)
- I never need pain medication for my affected leg.

3. How painful is your leg with the following activities?

	No Pain	Mild Pain	Moderate Pain	Severe Pain	Do not Participate
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Daily household activities (ie: cleaning, cooking, laundry, dressing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking-flat surfaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking uphill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sprinting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running short distances (1-3 miles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running long distances (>3miles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strenuous sport/work activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How much does your hamstring injury limit your activity?

	No Limitations	Mild Limitations	Moderate Limitations	Extreme Limitations	Do not Participate
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Daily household activities (ie: cleaning, cooking, laundry, dressing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking-flat surfaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking uphill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sprinting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running short distances (1-3 miles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running long distances (>3miles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strenuous sport/work activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Does your affected leg feel stiff?

- I have no stiffness in my affected leg.
- My affected leg feels stiff when I first get up in the morning.
- My leg generally feels stiff in the evening only.
- My leg feel stiff only after sports or strenuous activity.
- My leg feels stiff all of the time.

6. Do you experience numbness and/or tingling below your knee in your affected leg?

- Yes, I have numbness and/or tingling that is bothersome even at rest.
- Yes, I have numbness and/or tingling that is bothersome only with activity.
- Yes, I have numbness and/or tingling but it does not bother me.
- No, I do not have numbness or tingling

7. Estimate your recovery from injury/surgery.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <25% | 25% | 50% | 75% | 100% |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Estimate the strength of your affected leg.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <25% | 25% | 50% | 75% | 100% |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. Are you satisfied with the result of your surgery?

- Yes
- No

**Check the sports that you currently play: (skip if you don't play sports)
You may choose more than one answer**

Type of sport(s)	Level of Participation			
	Rec	High School	College	Pro
Baseball Pitcher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baseball Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volleyball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Softball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Football Quarterback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Football Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis/Racquetball/Squash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gymnastics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrestling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total number of hours/ week you participate in athletic activities:

--	--

- | | | |
|---|-----------------------|-----------------------|
| 0 | <input type="radio"/> | <input type="radio"/> |
| 1 | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> |
| 3 | <input type="radio"/> | <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> |
| 7 | <input type="radio"/> | <input type="radio"/> |
| 8 | <input type="radio"/> | <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> |