

<b>1. For how minutes can you sit pain free?</b>	<b>POINTS</b>
0 min <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 100 min	_____
0 1 2 3 4 5 6 7 8 9 10	
<b>2. Do you have pain walking down stairs with a normal gait cycle?</b>	_____
Strong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No pain	
Severe Pain 0 1 2 3 4 5 6 7 8 9 10	
<b>3. Do you have pain at the knee with full active non-weight-bearing knee extension?</b>	_____
Strong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No pain	
Severe Pain 0 1 2 3 4 5 6 7 8 9 10	
<b>4. Do you have pain when doing a full weight-bearing lunge?</b>	_____
Strong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No pain	
Severe Pain 0 1 2 3 4 5 6 7 8 9 10	
<b>5. Do you have problems squatting?</b>	_____
Unable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No problem	
0 1 2 3 4 5 6 7 8 9 10	
<b>6. Do you have pain during or immediately after doing 10 single leg hops?</b>	_____
Strong Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No pain	
Pain/Unable 0 1 2 3 4 5 6 7 8 9 10	
<b>7. Are you currently undertaking sport or other physical activity?</b>	_____
0 Not at all	
4 Modified training ∇ modified competition	
7 Full training ∇ competition but not at the same level as when symptoms began	
10 Competing at the same level or higher level as when symptoms began	
<b>8. Please complete EITHER A, B, OR C in this question.</b>	_____
• If you have <b>no pain</b> while undertaking sport please complete <b>Q8A only</b> .	
• If you have <b>pain while undertaking sport but it does not stop you</b> from completing the activity, please complete <b>Q8B only</b> .	
• If you have <b>pain that stops you from completing sporting activities</b> , please complete <b>Q8C only</b> .	
A. If you have <b>no pain</b> while undertaking sport, for how long can you train/practise?	_____
NIL      1-5 min      6-10 min      11-15 min      >15 min	
0            7            14            21            30	
OR	
B. If you have <b>some pain while undertaking sport, but it does not stop you</b> from completing your training/practice, for how long can you train/practise?	_____
NIL      1-5 min      6-10 min      11-15 min      >15 min	
0            7            14            21            30	
OR	
C. If you have <b>pain that stops you</b> from completing your training/practice, for how long can you train/practise?	_____
NIL      1-5 min      6-10 min      11-15 min      >15 min	
0            7            14            21            30	
<b>TOTAL SCORE</b>	_____
	<b>100</b>

Figure 2. Victorian Institute of Sport Assessment (VISA) questionnaire used throughout the ESWT study.