

University of Wisconsin Running Injury and Recovery Index (UWRI)

Instructions: Consider your current running injury over the **past 7 days** when answering each question.
Check (☒) the appropriate box.

1. How does your running injury impact your ability to perform daily activities?	<input type="checkbox"/> No impact	<input type="checkbox"/> Slightly impact	<input type="checkbox"/> Moderately impact	<input type="checkbox"/> Significantly impact	<input type="checkbox"/> Unable to perform
2. How frustrated are you by your running injury?	<input type="checkbox"/> Not frustrated	<input type="checkbox"/> Mildly frustrated	<input type="checkbox"/> Moderately frustrated	<input type="checkbox"/> Significantly frustrated	<input type="checkbox"/> Extremely frustrated
3. How much recovery have you made from your running injury?	<input type="checkbox"/> Complete recovery	<input type="checkbox"/> Significant recovery	<input type="checkbox"/> Moderate recovery	<input type="checkbox"/> Minimal recovery	<input type="checkbox"/> No recovery
4. How much pain do you experience while running?	<input type="checkbox"/> No pain	<input type="checkbox"/> Minimal pain	<input type="checkbox"/> Moderate pain	<input type="checkbox"/> Significant pain	<input type="checkbox"/> Unable to run
5. How much pain do you experience during the 24 hours following a run?	<input type="checkbox"/> No pain	<input type="checkbox"/> Minimal pain	<input type="checkbox"/> Moderate pain	<input type="checkbox"/> Significant pain	<input type="checkbox"/> Unable to run
6. How has your weekly mileage or weekly running time changed as a result of your injury?	<input type="checkbox"/> Same or greater than before my injury	<input type="checkbox"/> Minimally reduced	<input type="checkbox"/> Moderately reduced	<input type="checkbox"/> Significantly reduced	<input type="checkbox"/> Unable to run
7. How has the distance of your longest weekly run changed as a result of your injury?	<input type="checkbox"/> Same or longer than before my injury	<input type="checkbox"/> Minimally reduced	<input type="checkbox"/> Moderately reduced	<input type="checkbox"/> Significantly reduced	<input type="checkbox"/> Unable to run
8. How has your running pace or speed changed as a result of your injury?	<input type="checkbox"/> Same or faster than before my injury	<input type="checkbox"/> Minimally reduced	<input type="checkbox"/> Moderately reduced	<input type="checkbox"/> Significantly reduced	<input type="checkbox"/> Unable to run
9. How does your injury affect your confidence to increase the duration or intensity of your running?	<input type="checkbox"/> Confident to increase my running	<input type="checkbox"/> If I increase I might be fine	<input type="checkbox"/> Neutral	<input type="checkbox"/> If I increase I might get worse	<input type="checkbox"/> I cannot increase my running

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SCORE

Scoring Key:	4	3	2	1	0
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