



# Special Olympics **Health Promotion**

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Clinical Director Manual  
Chapter Four  
Healthy Athletes Software (HAS)



## Healthy Athletes Software system (HAS)

The Healthy Athletes Software system (HAS) enables the electronic capture of screening data across the Healthy Athletes disciplines and is the world's largest and highest quality health database on individuals with intellectual disabilities. As mentioned in Chapter 3, the survey can be done as one survey station where all the questions are asked at once or you can separate the questions and ask them at specific relevant stations (e.g., questions about eating habits at a nutrition education station and questions about sun safety at the sun safety education station). This is a decision that you as a Clinical Director, along with your Special Olympics Coordinator can make. Either way, be sure that you use the data during the check-out station counseling session.

One thing to note is that Special Olympics is currently in the process of transitioning the data collection process to a new system, but the questions will remain the same regardless of the platform (e.g. paper or tablet). However with the development of the tablet software Programs will have the option to do direct data entry using a tablet (if they own tablets), instead of using paper copies. For those Programs still using paper copies (as many Programs will), they will be able to more easily enter their data into the online system, post-event . For Programs that choose to use the electronic tablet process, you will receive a separate instruction guide for using the tablets from your local Special Olympics Program coordinator.

The local Special Olympic Program that you are working with will advise you as to the process they are using to collect and report the data, but this Chapter will give you a sense of the data being collected in the Health Promotion HAS form and also shares an example data report. In [Chapter 5](#), you will also see how the questions correspond to each individual screening and education station, if you have chosen to ask the questions at the individual station, rather than at a single survey station.

**2015 Health Promotion HAS Form:** Available

at: [http://resources.specialolympics.org/Topics/Healthy\\_Athletes/Healthy\\_Athletes\\_Resources.aspx](http://resources.specialolympics.org/Topics/Healthy_Athletes/Healthy_Athletes_Resources.aspx)

### Tips for Completing the HAS Form

- Make sure you **indicate the Location and Date of the event for all forms** (it may help to have Special Olympics local office pre-populate those fields before printing the forms for the event – that will save the check-in volunteers from having to do that).
- Be sure to write legibly.
- Ensure that the Athlete Last Name and First Name, Gender, and Birth Date is included on the form for each athlete (this helps with Data analysis).
- If they have an ID, please make sure that is marked down.
- Make sure you are measure and write down the BMD for both the right and left heel and that you indicate a + or – before the t-score.
- If a measurement or survey question can't be answered just mark why not.

<b>First Name</b>	<b>Lastname</b>	<b>HAS ID</b> _____
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<b>Date</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>DoB</b>	<b>Age (years)</b> <input type="checkbox"/> <b>Not sure</b> <input type="checkbox"/>
Event	Location	<input type="checkbox"/> Athlete partner <input type="checkbox"/> Unified	Sport
Delegation		SO Program	
<b>Cell phone number</b>		<b>Number is</b> <input type="checkbox"/> <b>Athlete's</b> <input type="checkbox"/> <b>Parent's / Guardian's</b>	

Providing a phone number is optional. It may be used to call or send reminders if follow up is recommended after screening.

**Body Composition**

**Height** \_\_\_\_ • \_\_\_\_ cm  
Measure up to 0.1 cm

**Height** \_\_\_\_ inches  
Measure up to 1/8 inch



**Weight** \_\_\_\_ • \_\_\_\_ kg  
Measure up to 0.1 kg

**Weight** \_\_\_\_ lbs. \_\_\_\_ oz.  
Measure up to 1/2 oz



\_\_\_\_\_ **BMI** (20 years of age and over)

\_\_\_\_\_ **BMI** Percentile (under 20 years of age)

**Referral made for BMI follow Up?**  Yes  No  Urgent  Not Urgent

**Bone Mineral Density Test (Athletes MUST be at least 20 years old to screen)**

**T-score** Left heel \_\_\_\_ • \_\_\_\_ -4.0 to + 5.0

Unable to test

Right heel \_\_\_\_ • \_\_\_\_ -4.0 to + 5.0

Age under 20

Athlete refused

Athlete unable to cooperate

Unusual heel shape

**Referral made for BMD follow Up?**  Yes  No  Urgent  Not Urgent

**Blood Pressure**

Right arm \_\_\_\_ / \_\_\_\_

Left Arm \_\_\_\_ / \_\_\_\_

**Referral made for BP follow Up?**  Yes  No  Urgent  Not Urgent

**Nutrition – Food and Beverage Habits**

**Do you take vitamin D supplements?**  Yes  No  Don't know

**What do you usually drink when you are thirsty? (select all that apply)**

- Water
- Fruit juice
- Soft drink  diet  non-diet
- Sports drink
- Milk product (includes soy)
- Energy drink
- Other

<p><b>Calcium Foods and Beverages</b></p> <p><input type="radio"/> less than 1 serving per day</p> <p><input type="radio"/> 1-2 servings per day</p> <p><input type="radio"/> 3-5 servings per day</p> <p><input type="radio"/> more than 5 servings per day</p> <p><input type="radio"/> never</p>	<p><b>Sweetened Beverages</b></p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>	<p><b>Fast food</b></p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>
<p><b>Fruits and Vegetables</b></p> <p><input type="radio"/> less than 1 serving per day</p> <p><input type="radio"/> 1-2 servings per day</p> <p><input type="radio"/> 3-5 servings per day</p> <p><input type="radio"/> more than 5 servings per day</p> <p><input type="radio"/> never</p>	<p><b>Snack Foods</b></p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>	

<b>First Name</b>	<b>Lastname</b>	<b>HAS ID</b> _____
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**Physical Activity**

**How many days each week do you exercise for at least 30 minutes?**

- no days    1 day    2 days    3 days    4 days    5 days    6 days    7 days

**Do you exercise outside of your Special Olympics training?**  Yes  No

**If yes, what do you do? (Select all that apply)**

- Weights    Run/Jog    Walk    Dance    Sports    Exercise DVD, Wii    Job    Other

**If no, what is the reason? (Select all that apply)**

- No interest    No money    No time  
 Do not know how    Physically unable    No place to exercise  
 No transportation    No one to do it with    Other

**How many hours a day do you watch television or play computer/video games?**

- 0 hours    1–2 hours    3-4 hours    5-6 hours    Over 6 hours

**Hand Washing**

**When are the most important times to wash your hands? (select all that apply)**

- After using the toilet    Before eating or touching food    other reason    No reasons given

**Did you use soap when last washing your hands?**  Yes  No   **Do you have soap at home?**  Yes  No

**Sun Safety**

**Do you do anything to protect your skin in the sun?**  Yes  No

**If yes, what do you do to protect your skin in the sun? (select all that apply)**

- use sunscreen    wear a hat    wear long sleeves    seek shade    wear sunglasses    I do nothing

**If no, what is the reason? (select all that apply)**

- Did not know it was important    No money to buy protection    Other  
 Don't get sunburned    Like to be tan

**Tobacco Use**

**Do you use tobacco?**  Yes  No   **If yes, how frequently?**  daily    weekly    monthly

**Do any of your friends or family members smoke near you?**  Yes  No

**If yes, what do you do when they are smoking near you? (select all that apply)**

- Ask them to stop    Leave the room    Smoke    I do not do anything    Other

<b>Check out: Follow up care recommended?</b>			
BMI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Urgent	<input type="radio"/> Not Urgent
BMD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Urgent	<input type="radio"/> Not Urgent
BP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Urgent	<input type="radio"/> Not Urgent

Health Promotion Healthy Athletes Screening



		Number of athletes	Percent of athletes <sup>1</sup>
Number of athletes registered for Event		1132	
Number of athletes screened		288	25.4 %
Male		176	61.1 %
Female		112	38.9 %
Age Range	8y 12m to 113y 5m		
Mean Age	28y 12m		
<b>Weight</b>			
Adults aged 20 or over			
Underweight (BMI <18.5)		3	1.6 %
Healthy weight (BMI 18.5 - 24.9)		47	25.5 %
Overweight (BMI 25 to 29.9)		52	28.3 %
Obese (BMI 30 and over)		82	44.6 %
Children and adolescents under age 20			
Underweight < 5th percentile		0	0.0 %
Healthy weight 5th to 84th percentile		0	0.0 %
Overweight 85th to 94th percentile		0	0.0 %
Obese >= 95th percentile		2	100.0 %
<b>Bone Density - Adults (aged 20 or over)</b>			
At risk for Osteopenia		8	26.7 %
At risk for Osteoporosis		0	0.0 %
<b>Blood pressure</b>			
Adults (aged 20 or over)			
Hypotension		4	2.1 %
Normal		128	68.4 %
Hypertension Stage 1		35	18.7 %
Hypertension Stage 2		15	8.0 %
Hypertension Stage 3		3	1.6 %
Hypertension Stage 4		2	1.1 %
Children and adolescents under age 20			
Hypotension		7	7.4 %
Normal		64	67.4 %
Hypertension Stage 1		15	15.8 %
Hypertension Stage 2		3	3.2 %
Hypertension Stage 3		1	1.1 %
Hypertension Stage 4		4	4.2 %

<sup>1</sup> As % of athletes screened in each section  
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**Health Promotion** Healthy Athletes Screening



	Number of athletes	Percent of athletes <sup>1</sup>
<b>Athlete Self Reported Tobacco Habits</b>		
Use tobacco products	12	4.3 %
What do athletes do if someone smokes around them:		
Asks smoker to stop	11	19.3 %
Leaves the room	17	29.8 %
Smoke	1	1.8 %
Do not do anything	26	45.6 %
Other	2	3.5 %

Health Promotion Healthy Athletes Screening



	Number of athletes	Percent of athletes <sup>1</sup>
<b>Athlete Self Reported Beverage and Food Habits</b>		
Reported beverage when thirsty:		
Water	210	73.9 %
Fruit juice	60	21.1 %
Soft drink	147	51.8 %
Diet	0	0.0 %
Non diet	0	0.0 %
Sports drink	34	12.0 %
Milk product (including Soy milk)	73	25.7 %
Energy Drink	1	0.4 %
Reported frequency of consuming:		
Sources of calcium		
Less than 1 serving per day	39	17.3 %
1-2 servings per day	63	27.9 %
3-5 servings per day	44	19.5 %
More than 5 servings per day	1	0.4 %
Never	79	35.0 %
Fruits and Vegetables		
Less than 1 serving per day	43	19.4 %
1-2 servings per day	89	40.1 %
3-5 servings per day	75	33.8 %
More than 5 servings per day	1	0.5 %
Never	14	6.3 %
Snack foods		
Daily	138	50.5 %
Weekly	82	30.0 %
Monthly	9	3.3 %
Never	44	16.1 %
Sweetened beverages		
Daily	167	62.3 %
Weekly	79	29.5 %
Monthly	7	2.6 %
Never	15	5.6 %
Fast foods		
Daily	15	7.0 %
Weekly	118	55.1 %
Monthly	63	29.4 %
Never	18	8.4 %

**Health Promotion Healthy Athletes Screening**



	Number of athletes	Percent of athletes <sup>1</sup>
<b>Athlete Self Reported Sun Safety Risk, Knowledge and Behavior</b>		
What do you do to protect your skin in the sun (assessed behavior)		
Use sunscreen	180	66.9 %
Wear a hat	121	45.0 %
Seek Shade	22	8.2 %
Wear sunglasses	47	17.5 %
Wear long sleeves	0	0.0 %
I Do not do anything	56	20.8 %
Use sunscreen in the winter months?	3	1.9 %
Reasons given for not protecting their skin in the sun:		
Did not know it was important	8	15.1 %
No money to buy protection	1	1.9 %
Do not get sunburned	39	73.6 %
Like to be tan	6	11.3 %
Other	1	1.9 %

<sup>1</sup> As % of athletes screened in each section  
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Health Promotion Healthy Athletes Screening



	Number of athletes	Percent of athletes <sup>1</sup>
<b>Athlete Reported Physical Activity Habits</b>		
Exercise for at least 30 minutes		
No days	17	7.6 %
1-2 days	39	17.4 %
3-6 days	62	27.7 %
Every day	106	47.3 %
Exercise outside of Special Olympics Training		
Yes	200	97.1 %
No	6	2.9 %
If yes, how		
Weight training	22	11.1 %
Run/Jog	46	23.1 %
Walk	109	54.8 %
Dance	11	5.5 %
Sports	42	21.1 %
Exercise Video	7	3.5 %
Other	28	14.1 %
Reasons for not exercising outside of Special Olympics		
No interest	2	100.0 %
Physically unable	0	0.0 %
Do not know how	0	0.0 %
No money	0	0.0 %
No transportation	0	0.0 %
No one to do it with	0	0.0 %
No available exercise facility	0	0.0 %
No time	0	0.0 %
Other	0	0.0 %
Hours per day spent watching television or playing computer/video games		
0-2	81	36.2 %
3-4	68	30.4 %
5-6	53	23.7 %
Over 6 hours	22	9.8 %
<b>Education Given</b>	288	100 %

<sup>1</sup> As % of athletes screened in each section  
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