



Strong Minds Screening Guide Healthy Athletes System (HAS)



Step 1 Login		Open a tab in the Chrome browser. Type in the url: has.specialolympics.org
Step 1 Login with tablet		If you are using a Tablet select the HAS icon from the desktop of the tablet. Username and Password is on the back of the tablet.
Step 2 Select Region	<p>SONA & SOLA. SOMENA, SOA, SOEE SOEA & SOAP</p> 	Select the place holder in the geographic region that your Program is located. For example, if you are in United States, click on placeholder in SONA Region.
Step 3 Sign in		Type in username and password. Note: Passwords are case sensitive to uppercase letters and special characters. If you are unable to login Email healthdata@specialolympics.org
Step 4 Select event		Select Program , then select Healthy Athletes Event .

Special Olympics

1133 19th Street NW, Washington, DC 20036-3604, USA **Tel** +1 202 628 3630 **Fax** +1 202 824 0200

www.specialolympics.org **Email** info@specialolympics.org **Twitter** @specialolympics

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities

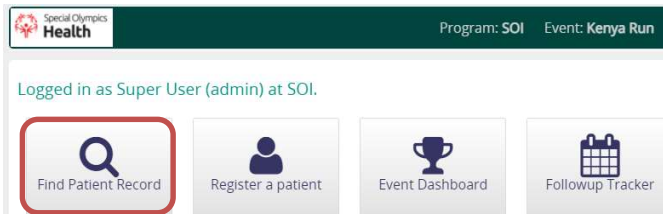


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Step 5

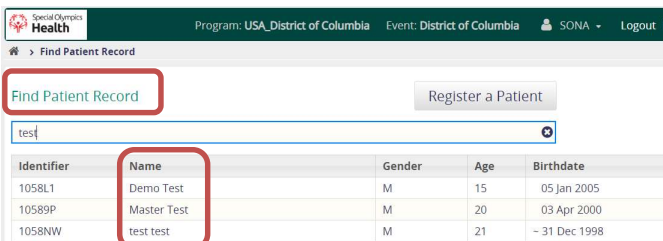
Search for athlete



Search for an athlete by clicking **Find Patient Record**.

Step 6

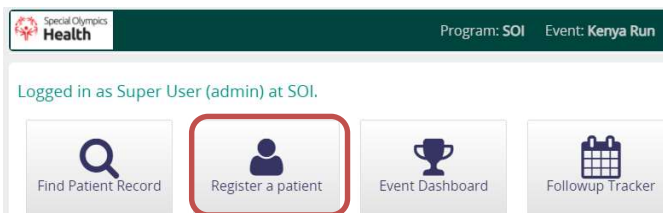
Select an athlete's record



Type athlete's **NAME** or **ID Number**. Select the athlete from the drop-down list.

Step 7

Register athlete



If you are unable to find the athlete in the drop-down list, **Register** them.

Step 8

Complete Registration

Register a patient

Demographics	Name: Paulina, Ponnappan
✓ Name	Gender: Female
✓ Gender	Birthdate: 21 year(s)
✓ Birthdate	Address: 11 WATSON STREET, SOMERVILLE, MA, United States, 02144
Contact Info	Phone Number: 11234567899
✓ Address	Relatives: - Parent
✓ Phone Number	Delegation: USA_Virginia
Relationships	Athlete Status: Athlete
✓ Relatives	
Athlete Information	
✓ Delegation	Confirm submission? Cancel Confirm
✓ Athlete Status	
Confirm	

Fill out registration form and select **Confirm**. Explain to the athlete or coach that Special Olympics collects **phone numbers** for follow up care only. The number will not be used for any other purpose.

Step 9

Start Screening athlete

Paulina P

Female 22 year(s) (01 Jan 1998) Edit Show Contact Info Patient ID 1058K3

Given: Paulina Family Name: P Middle: P Delegation: USA, Massachusetts Athlete Status: Athlete

DEMOGRAPHICS

Given: Paulina Middle: P Family Name: P Gender: Female Birthdate: 01 Jan 1998

CONTACT INFO

Address: 11 Watson Street

RECENT VISITS

06 Mar 2020 Special Smiles

FAMILY

None

CONDITIONS

ALLERGIES

General Actions

- Start Visit
- Add Past Visit
- Merge Visits
- Request Appointment
- Mark Patient Deceased
- Delete Patient

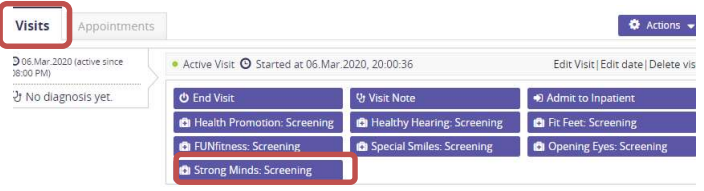

Select the correct athlete record, Review the information in the **Athlete Header** to ensure it is accurate.

Then, **Start Visit** under **General Actions**.



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<p>Step 10</p> <p>Select Discipline</p>		<p>You will be directed to the Visits page and can select the discipline you are screening for e.g., Strong Minds.</p>
<p>2 screening stations</p>	<p>1. Check-In / Intake 2. Check Out .</p>	<p>Click on a number to open the screening form.</p>
<p>Numbered circles are color coded</p>		<p>The circles show screening status: Red = Active screening. Black = Screening completed. White = Not screened yet.</p>
<p>Station 1</p> <p>Check-in / Intake</p>	<p>Check-in / Intake</p> <p>Is this your first time going through Strong Minds? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>How are you feeling right now? <input type="radio"/> Great <input type="radio"/> Good <input type="radio"/> Okay <input type="radio"/> Not Good <input type="radio"/> Unknown</p> <p>Sample script</p> <p><i>I'd like to tell you a story about an athlete named _____. He/she is a Special Olympics athlete in Athletics. He/she made it to the National Games for the 400 meter race (1 lap around the track) and was so excited! But, on the day of the big event, he/she didn't have his/her best day on the track. Nothing seemed to be going well. He/she came in last and didn't advance to the finals.</i></p> <p>What do you think _____ can do to feel better in the situation?</p> <p><small>(Note for Volunteer: Ask the above question open ended and check any of the responses the athlete states below. You may give a few examples, but please don't list the items below to the athlete. If an athlete says something not on the list, add check yes next to "Other" and write in the response. If the athlete indicates that there's nothing that can be done or they aren't sure, select "Nothing/Don't Know".)</small></p>	<p>Check all the boxes that apply.</p> <p>Select Save and Finish to submit the athlete data and complete this process.</p>



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Station 1 Check-in / Intake

	Yes
Think good thoughts	<input type="radio"/>
Listen to music	<input type="radio"/>
Look at pictures/reminders of good stuff	<input type="radio"/>
Talk to someone	<input type="radio"/>
Breathe deeply	<input type="radio"/>
Stretch or tense/relax muscles	<input type="radio"/>
Take a walk	<input type="radio"/>
Use a stress ball	<input type="radio"/>
Try not to think about it	<input type="radio"/>
Watch TV/Play video games	<input type="radio"/>
Go home and go to sleep	<input type="radio"/>
Other	<input type="radio"/>
Nothing/Don't Know (box cannot be selected if any options above are selected)	<input type="radio"/>

Save Save and Continue Finish

Once the screening responses are complete. select **Save and Finish** to submit the athlete data and complete this process.

Station 2 Check Out

Check Out

Instructions to Volunteer: Please copy the information from the Strong Minds handout into this chart to record which stations the athlete completed during Strong Minds and how they felt about each station. When you are finished, please ask the athlete the series of questions below the chart.

	Use in the future	Won't use in the future
Stress and you	<input type="radio"/>	<input type="radio"/>
Strong Messages	<input type="radio"/>	<input type="radio"/>
Strong Breathing	<input type="radio"/>	<input type="radio"/>
Strong Stretching	<input type="radio"/>	<input type="radio"/>
Strong Supporting	<input type="radio"/>	<input type="radio"/>

How are you feeling right now?
☐ Great ☐ Good ☐ Okay ☐ Not Good ☐ Unknown

Do you think you will use any of the strategies you learned today in competition or everyday life?
☐ Yes ☐ No ☐ Unsure

Would you tell a friend, family member, or teammate about any of the strategies you learned today?
☐ Yes ☐ No ☐ Unsure

Review the athlete's record by toggling between the stations. If an athlete has not completed a station, you can direct them back to the station they missed before submitting the data.

Station 2 Check Out

Use one strategy you learned today to set your Strong Minds Goal:

What will you do?	When will you do this?	Who will support you?
<input type="radio"/> Use a stress ball		<input type="text"/>
<input type="radio"/> Think positive thoughts		This person is my :
<input type="radio"/> Do deep breathing		<input type="radio"/> Friend
<input type="radio"/> Stretch		<input type="radio"/> Family Member
<input type="radio"/> Support others		<input type="radio"/> Coach
<input type="radio"/> Other		<input type="radio"/> Teammate
		<input type="radio"/> Other

Check all boxes that apply.

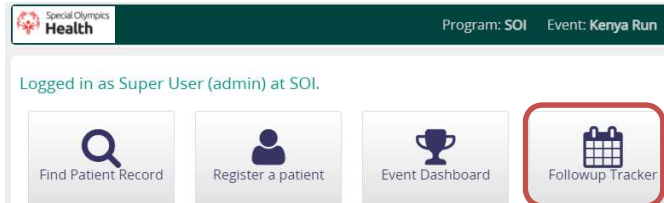
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Follow up Tracker



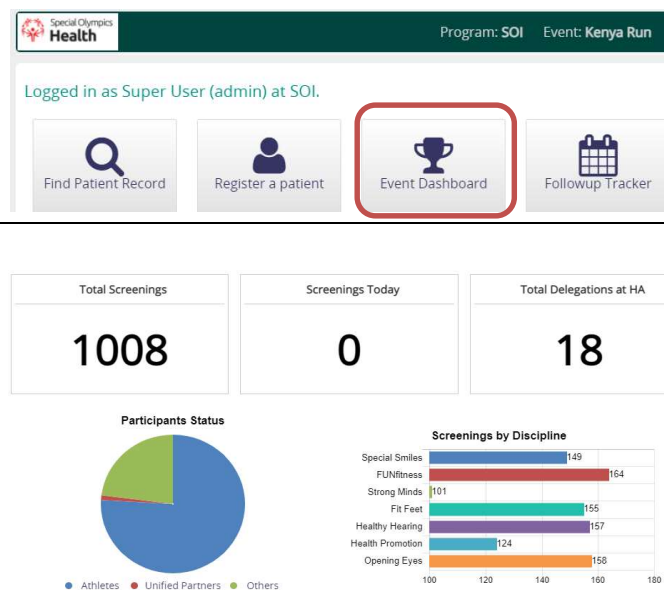
Check the Follow up Tracker for a list of referrals that Athletes have received during screening.

Follow up with Athletes



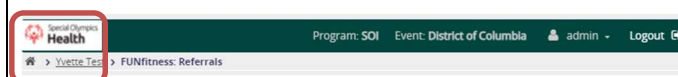
Click on the survey, use as a guide when reaching out to an Athlete. Send SMS to athletes' mobile phone directly from here.

Event Dashboard



Keep track of event screening numbers with Event Dashboard.

Return to Landing page



Select **Special Olympics icon** or **Home** on the header to go back to the landing page.