

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

**Check-in/In-take:**

1. Is this your first time going through Strong Minds?  
 Yes    No    Unsure



2. How are you feeling right now?



3. 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 and is feeling stressed/overwhelmed.

What do you think \_\_\_\_\_ can do to feel better in the situation?

*(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".)*

	YES
Think good thoughts	
Listen to music	
Look at pictures/reminders of good stuff	
Talk to someone	
Breathe deeply	
Stretch or tense/relax muscles	
Take a walk	
Use a stress ball	
Exercise or play sports	
Try not to think about it	
Watch TV/Play video games	
Go home and go to sleep	
<b>Other:</b>	
<b>Nothing/Don't Know</b>	
<b>No response/Unable to answer</b>	

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**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		
Strong Messages		
Strong Breathing		
Strong Stretching		
Strong Supporting		

4. How are you feeling right now?



5. Do you think you will use any of the strategies you learned today in competition or everyday life?

Yes     No     Unsure

6. Would you tell a friend, family member, or teammate about any of the strategies you learned today?

Yes     No     Unsure

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

<p>Select one strategy you will use in the future:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use a stressball</li> <li><input type="checkbox"/> Think positive thoughts</li> <li><input type="checkbox"/> Do deep breathing</li> <li><input type="checkbox"/> Stretch</li> <li><input type="checkbox"/> Support others</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p>When do you think you could use this strategy?</p> <p>_____</p> <p><i>*volunteers: please select the appropriate box that corresponds with the athlete's response</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Before competition</li> <li><input type="checkbox"/> During competition</li> <li><input type="checkbox"/> After competition</li> <li><input type="checkbox"/> In the morning</li> <li><input type="checkbox"/> Before bed</li> <li><input type="checkbox"/> In a crowd</li> <li><input type="checkbox"/> At school</li> <li><input type="checkbox"/> During work</li> <li><input type="checkbox"/> At the doctor or dentist</li> <li><input type="checkbox"/> When I am teased/bullied</li> <li><input type="checkbox"/> When I feel stressed/overwhelmed</li> <li><input type="checkbox"/> Other</li> </ul>	<p>Who will support you?</p> <p>_____</p> <p>This person is a:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Family Member</li> <li><input type="checkbox"/> Coach</li> <li><input type="checkbox"/> Teammate</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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