

Special Olympics International

Manual for Healthy Athletes Software (HAS) Data Entry



Compiled by: James Gleason

With excerpts provided by: Dr. Stan Shepherd, Health One Global, Ltd and
Edward Schappell, Special Olympics International, Washington, D.C.

Table of Contents

	PAGE
Obtaining A User Name And Password.....	3
Accessing The HAS Website.....	4
Finding The Event.....	4
Finding An Athlete.....	5
Entering A New Athlete.....	6
Editing The Athlete's Profile.....	8
FUNfitness Data.....	8
Fit Feet Data.....	18
Healthy Hearing Data.....	28
Special Smiles Data.....	36
Opening Eyes Data.....	41
Health Promotion Data.....	52

Obtaining a User Name and Password

Once you are aware of the event, contact heathdata@specialolympics.org to obtain a user name and password for your event. In order to create an event, please send the following information about the event including:

- Name and date of the event
- Location
- Special Olympics Program host

**For example, “We are having a FUNfitness event June 12-13, 2016 in Bloomington at the Special Olympics Illinois State Summer Games.”*

Special Olympics will create the event in our system and provide you with a username and password for that event.

If the SO Program would like to have athletes prepopulated in the event, please also provide a GMS report with the following:

- Name First
- Name Family
- Kind (Athlete, Unified Partner, Staff)
- Sex
- Date of Birth
- GMS ID (if applicable)
- Sport (Optional)
- Program (Optional)
- Delegation (Optional)

Accessing the Healthy Athletes Software (HAS) Website

With your computer connected to the Internet, open and open your web browser.

For all events, please use the following web address: <https://has.specialolympics.org>

Enter your Login and Password issued by Special Olympics.
 Scroll down to your event.
 Click on your event to highlight it.
 Press **Login**.

User name	Password	Event	status	Start	End	training
Sandy		Running	2007 Sep 01	2007 Sep 30	✓
			Running	2007 Jul 19	2007 Jul 23	✓
			Running	2007 Jul 18	2007 Jul 22	✓
			Running	2007 Jun 21	2007 Jul 19	✓
			Running	2007 Jun 11	2007 Jun 11	✓
			Running	2007 Jun 11	2007 Jun 11	✓
			Ready	2007 Jun 04	2007 Jun 05	✓
			Running	2007 Jun 02	2007 Jun 09	✓
		Alabama_Summer_Games	Running	2007 May 12	2007 May 12	
		MARTIN1	Running	2006 Dec 13	2006 Dec 14	✓
		TEST000	Ready	2006 Nov 29	2006 Dec 06	✓
		HAS_Regional_Test_Event	Running	2006 Sep 25	2006 Sep 26	✓
		SO_Ontario_june_3_2006	Ready	2006 Jun 03	2006 Jun 04	
		APA2006	Ready	2006 Jan 31	2006 Feb 07	✓

Navigation buttons: ⏪ ⏩

Login

Note: When using the HAS website, do not use your browser's BACK button.

Finding an Athlete

Next, the **Record Selector** screen will appear. To search for a specific athlete on a pre-populated event (one in which the local Special Olympics Program has already entered data on the demographics of participating athletes into the HAS website ahead of time), follow the steps below:

The screenshot shows the 'Record selector' interface. On the left is a sidebar with 'Application', 'Athlete', and 'Options' tabs, along with 'Special Olympics' and 'HEALTH one' logos. The main area has search fields for 'First name', 'Surname', 'sex' (set to 'All'), 'DOB', and 'HAS ID'. Below these fields, a message states 'No records corresponds your criteria'. A callout box points to the 'First name' and 'Surname' fields with the text: 'Type in the first 2 letters of the athlete's first or last name in the appropriate box or 1 character and the gender or date of birth. Press **Enter** on your keyboard.'

If the letters entered matches one or more athletes, the **Record Selector** screen will appear with one or more athletes listed. If the information on the HAS form matches one of the specified athletes, double click on the athlete's name. *Caution: more than one athlete may have the same or similar names.

This screenshot shows the 'Record selector' screen with search results. The search criteria are: First name (empty), Surname 'Wal', sex 'All', and DOB '1995 Mar 17'. A list of athletes is displayed with columns for First name, Surname, sex, and DOB. One athlete is listed: BLAKIER, WALLACE, female, 1995 Mar 17. At the bottom, there are 'Open', 'Delete', and 'New' buttons, and a status bar indicating '1 record(s)'.

Double click on the athlete that matches the information on the paper form, and then click on **Open**.

This screenshot is similar to the previous one, but with a callout box pointing to the 'Open' button at the bottom of the interface. The athlete list remains the same: BLAKIER, WALLACE, female, 1995 Mar 17.

*Note: At times, the athlete's name will have been entered incorrectly and the first name may appear in the Last Name box, or vice versa.

Entering a New Athlete

If your event hasn't been pre-populated with athlete profiles, or you have an athlete that is not registered at the event, you will have to add the athlete as a new athlete. At the top of every Healthy Athletes paper form is a section dedicated to athlete demographics. Use the completed athlete information section to add a new athlete. Before entering an athlete, make sure that the athlete is not in the system. The statement "*no records correspond to your criteria*" verifies this.

You are now ready to begin entering a new athlete. Go to **Athlete**, move to the right side of the box and the word **new** will appear. Click on **New**.

You are now ready to begin entering a new athlete's information. Obtain the demographic information from the top of the paper screening form, which looks like the following:

Firstname		Lastname		HAS ID _____	
Date	<input type="radio"/> Male	<input type="radio"/> Female	DoB	Age (years)	<input type="radio"/> Not sure
Event	Location		<input type="radio"/> Athlete	<input type="radio"/> Unified partner	Sport
Delegation			SO Program		

The following **New Record** screen will appear and you are now ready to begin entering the new athlete.

This takes you to the **New Athlete File** screen.

Type in **First name** and **Last name**.
 Select **Gender** from the drop down list.
 Type in **Date of birth** or use date selector.
 Be sure to type in the date of birth as shown:
 four digit year/two number for month/two
 digits for day. Click on the box to the right
 of the date. Click **Save**.

Fill in all fields that you have information for. Only enter data for athletes and Unified Partners. Coaches and volunteers should not be entered into the database.

Once you have clicked **Save**, the next screen appears asking for details about the athlete.

Complete this screen with details as they relate to the athlete. The following figures will take you through data entry.

In 2014, mobile (cell) phone data may be captured. Enter the cell phone number and indicate whether the cell phone belongs to an Athlete or the Athlete's Guardian (parent, guardian, or caregiver). Once this data is captured through registration, it will be captured for all transactions.

FUNfitness Data

The following screen will appear. You are now able to enter the athlete's screening information.

Application
Athlete
Transaction

Special Olympics

HEALTH one™

Transaction selector

Andrea Andrews - SO_Pennsylvania_FF_Nov_3_2012
 athlete - female - 01/01/1981 - 31 year(s) 10 month(s) Ms. Ethel Smith

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
11/03/2012			GMS	
11/03/2012			GMS	general practice
Medical chapter				

Open Delete Action Plans

Put your cursor on **Transaction**, slowly move the cursor over the arrows in the box to reveal **New**, and continue to move the cursor further to the right to see **FUNfitness**. Click on **FUNfitness** to access the screens to begin entering the data.

Transaction selector

Harold Smith - Villanova
athlete - male - 01/15/2000 - 12 year(s) 11 month(s) Mr Ed Schappel

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
12/13/2012			Mr Ed Schappel	
12/13/2012	Patient Details	Villanova	Mr Ed Schappel	general practice
Medical chapter				
11/03/2012	Healthy Hearing	Villanova	Mr Ed Schappel	ENT
12/13/2012	Fit Feet	Villanova	Mr Ed Schappel	podiatry

Open Delete Action Plans

You will be asked to confirm the date of entry of the athlete's data form. Make sure the date is the date of the event and then press **Save**. You will then be directed to the discipline (Transaction) that you selected.

New transaction

Chapter ☐ Administrative chapter ☒ Medical chapter

Type

Name

Responsible

Date

Speciality

Cancel Save

You are able to modify the language that the screens are in by moving your cursor to **Option**. Slowly move your cursor to the right, and you will then see **Current Language** exposed.

Application >>

Athlete >>

Transaction >>

Options >>

Current language >>




Transaction selector				
Test Test -		Alabama_Summer_Games		
athlete - male - 1990 Jan 01 - 17 year(s) 8 month(s)		Professor Sandy Block		
Date/time	Title	Event	Responsible	Speciality
Administrative chapter				
2007 Sep 18 3:10			Professor Sandy Block	
2007 Sep 18 3:12	Patient Details	Alabama_Summer_Games	Professor Sandy Block	ophthalmology
Medical chapter				
2007 Sep 18 3:19	Opening Eyes	Alabama_Summer_Games	Professor Sandy Block	ophthalmology

Continue moving to the right and you will see the language options. Choose the one you want by clicking on it.



Application >>

Athlete >>

Transaction >>

Options >>

Current language >>

Transaction selector				
Test Test -		Alabama_Summer_Games		
athlete - male - 1990 Jan 01 - 17 year(s) 8 month(s)		Professor Sandy Block		
Date/time	Title	Event	Responsible	Speciality
Administrative chapter				
2007 Sep 18 3:10			Professor Sandy Block	
2007 Sep 18 3:12	Patient Details	Alabama_Summer_Games	Professor Sandy Block	ophthalmology
Medical chapter				
2007 Sep 18 3:19	Opening Eyes	Alabama_Summer_Games	Professor Sandy Block	ophthalmology

Entering FUNfitness Data into HAS

General

After you click on **FUNfitness**, the following screen, **general**, will appear. You know you are on the correct screen because there is a red flag just to the left of the screen name.

You are now ready to begin entering data. The questions on the screen match the screening form. First, click on the buttons to the right of the correct response.

The screenshot shows a web browser window with the URL <http://so-has2.htirx.com/healthone/JNewTransactionFrm.aspx>. The application is titled "HAS application". The user is identified as "Janis Ruoff - athlete - female - 04/04/1980 - 32 year(s) 8 month(s)". The screen is titled "FUNFitness" and "Villanova Mr Ed Schappe".

On the left, there is a menu with the following items: **General** (with a red flag icon), Flexibility, Shoulder, Strength, Balance, and Aerobic Fitness.

The main content area contains the following questions and options:

- Uses Wheelchair**: ☐ Yes ☐ No
- Uses Assistive Device**: ☐ Yes ☐ No
- Wears splint or brace**: ☐ Yes ☐ No
- Altitude(m) check one**: ☐ 0 to 1,500 ☐ 1,501 to 3000 ☐ >3,000
- Any diseases or injuries that may affect screening results?**
 - ☐ Problems with breathing or lungs
 - ☐ Problems with heart
 - ☐ Problems with circulation
 - ☐ Pain
 - ☐ Sprain
 - ☐ Strain
 - ☐ Skin Problems
 - ☐ Fever, illness, or infection
- Have you fallen in your home in the past year?** ☐ Yes ☐ No
- Do you stretch routinely?**
 - ☐ Several times each day
 - ☐ Once each day
 - ☐ Occasionally, but not every day
 - ☐ No regular stretching
 - ☐ Could not elicit response to question

At the bottom right, there are three buttons: "Next" (with a red arrow), "Cancel" (with a red X), and "Save" (with a red checkmark).

General Information:

You may move through the 6 FUNFitness screens by clicking the **Next** or **Previous** buttons located at the bottom of each screen, or by clicking on the menu on the left of the Form.

The screen you are currently in is always shown in bold and with the red flag to the left of the screen name.

Application Options

Janis Ruoff - athlete - female - 04/07/1980 - 32 year(s) 8 month(s) FUNFitness Villanova Mr Ed Schappel

General

- Flexibility
- Shoulder
- Strength
- Balance
- Aerobic Fitness

Uses Wheelchair ☐ Yes ☐ No

Uses Assistive Device ☐ Yes ☐ No

Wears splint or brace ☐ Yes ☐ No

Altitude(m) check one

- ☐ 0 to 1,500
- ☐ 1,501 to 3000
- ☐ >3,000

Any diseases or injuries that may affect screening results?

☐ Problems with breathing or lungs ☐ Problems with heart ☐ Problems with circulation

☐ Pain

☐ Sprain

☐ Strain

☐ Skin Problems ☐ Fever, illness, or infection

Have you fallen in your home in the past year? ☐ Yes ☐ No

Do you stretch routinely?

- ☐ Several times each day
- ☐ Once each day
- ☐ Occasionally, but not every day
- ☐ No regular stretching
- ☐ Could not elicit response to question

Next → Cancel ✕ Save ✓

Begin by answering the questions about use of wheelchair, assistive device, and splint or brace. The altitude is in meters. The questions about pain, sprain, and strain will expand to describe the areas, where pain, strain, and sprain occurred (for example, foot, leg, back or pelvis, and hand for strain). These questions are checked on the paper FUNfitness HAS form. Answer the question about falls. Then answer the question about stretching routinely. You can then proceed to flexibility by either clicking on flexibility on the menu or by clicking on next.

Flexibility

Note: The red flag is found to the left of the word **Flexibility**. This indicates that you are on the screen label as **Flexibility**.

Application Options

Janis Ruoff - athlete - female - 04/07/1980 - 32 year(s) 8 month(s) FUNFitness Villanova Mr Ed Schappel

- General
- Flexibility**
- Shoulder
- Strength
- Balance
- Aerobic Fitness

Note Positive (+) or Negative (-) degrees

Hamstring - supine (passive) knee extension

Left degrees Right degrees

☐ Unable to test ☐ Education Between -90° and -16° or asymmetry

Calf - supine (passive) ankle dorsiflexion

Left degrees Right degrees

☐ Unable to test ☐ Education Less than +10° or asymmetry

Anterior Hip - Modified Thomas Test

Left degrees Right degrees

☐ Unable to test ☐ Education Between -90° and -11° or asymmetry

Previous Next Cancel Save

The measurements from the HAS flexibility screenings are to be entered here. Use whole numbers. In rare cases, you may get a number outside of acceptable values. Contact the Clinical Director in charge if you are doing live data entry. If data entry is occurring after the event, use either the minimum or maximum reading that is acceptable. Pay attention to the unable to test check boxes entered on the paper forms as well. Enter all readings for hamstring, calf, and anterior hip.

Once all of the data for **flexibility** is entered, click on the **Next** button on the bottom of the screen. This will take you to the **shoulder** screen.

If you need to go back to the first screen, click on the **Previous** button. If you want to save the data entered, but are unable to completely enter all of the information, click on the **Save**. This will close the screen for the athlete. You will be able to go back to the incomplete file later and to finish it.

Shoulder

Application

Options

Villanova
Mr Ed Schappel

Janis Ruoff -
athlete - female - 04/07/1980 - 32 year(s) 8 month(s)

FUNFitness

General


Flexibility

Shoulder

Strength

Balance

Aerobic Fitness



Note Positive (+) or Negative (-) cm

Shoulder - Apley's Test (Functional Shoulder Rotation)

Left inches
 centimeters

Right inches
 centimeters

☐ Unable to test
 ☐ **Education** Between -90 and -16 cm between fingertips or asymmetry

◀ Previous

Next ▶

Cancel ✕

Save ✓

Please record the readings for the shoulder Apley's test. The readings in centimeters will be automatically converted to inches and the readings in inches will be converted to centimeters. Also click on the education check box if the clinical director recommends education. Click on next to proceed to the strength test.

Strength

Answer the question about how many days a week do you do physical activities for muscle strength. If the answer is 1-7 days, a question comes up about how much activity is related to their Special Olympics competition. Click on the response as recorded on the HAS form.

Record the reading on the times stand test. Click on the education box if education was checked. If the athlete was unable to test, click on “unable to test”, then click on the specific reading as recorded on the HAS form.

Record the reading on the partial sit up test. Click on the education box if education was checked. If the athlete was unable to test, click on “unable to test”, then click on the specific reading as recorded on the HAS form.

Record the readings as recorded for the forearm and hand muscles as recorded. Click on education if entered. If the athlete was unable to test, click on “unable to test”, then click on the specific reading as recorded on the HAS form.

Record the readings for the seated push-up test. If education is checked, click on the education box. If the athlete was unable to test, click on “unable to test”, then click on the specific reading as recorded on the HAS form.

When all of the data is entered on this screen, click on **Next** button located on the bottom of the screen to get to the next screen.

Balance

Application Options

Janis Ruoff - athlete - female - 04/07/1980 - 32 year(s) 8 month(s) FUNFitness Villanova Mr Ed Schappel

- General
- Flexibility
- Shoulder
- Strength
- Balance**
- Aerobic Fitness

EYES OPEN - Single Leg Stance

Left seconds Right seconds

☐ Unable to test ☐ Education (< 20 seconds)

EYES CLOSED OR COVERED - Single Leg Stance

Left seconds Right seconds

☐ Unable to test ☐ Education (< 10 seconds)

Functional Reach

Left inches cm Right inches cm

☐ Unable to test ☐ Education (< 20 cm)

Previous Next Cancel Save

This screen is labeled “**Balance**”.

Please record the times for single leg stance eyes open. Click on education if the education box is checked. If the athlete was unable to test, click on “unable to test”, then click on the specific reading as recorded on the HAS form.

Please record the times for single leg stance eyes closed. Click on education if or the education box is checked. If the athlete was unable to test, click on “unable to test”, then click on the specific reading as recorded on the HAS form.

Finally, record the functional reach readings. They will be converted from centimeters to inches automatically. Click on education if education is indicated on the paper form. If the athlete was unable to test, click on “unable to test”, then click on the specific reading as recorded on the HAS form.

When complete, click the **Next** button on the bottom of the screen to move to the screen titled “**Aerobic Fitness**”.

Aerobic Fitness

The *Aerobic Fitness* screen will look like the picture below when it first appears.

The screenshot shows the 'Aerobic Fitness' screen in the FUNFitness application. The interface includes a sidebar with navigation options: General, Flexibility, Shoulder, Strength, Balance, and Aerobic Fitness (which is highlighted). The main content area contains several sections for data entry:

- Physical Activity Frequency:** Radio buttons for 'On AVERAGE, how many days each week do you do some physical activity?' (No regular program, 1 - 2 days, 3 - 6 days, Every Day).
- Moderate Activity Frequency:** Radio buttons for 'On AVERAGE, how many days a week is your physical activity at a moderate level?' (No days, 1 - 2 days, 3-6 days, Every Day). A note explains that moderate means working hard enough to make your heart beat faster and possibly begin to sweat, with examples like fast walk, swimming, or bicycling.
- Special Olympics Activity:** Radio buttons for 'How much of this moderate physical activity is related to Special Olympics?' (None, Some, Most, All).
- Reasons for No Activity:** A checkbox for 'Could not elicit response' and a section for 'If you have no regular activity program, please tell us why?' with checkboxes for various reasons like no facilities, transportation, money, interest, fitness person, safety, physical ability, exercise partner, or equipment.
- Heart Rate Measurement:** Radio buttons for 'How is HR being Measured?' (Manual (Pulse), MIO Heart rate monitor, Pulse Oximeter).
- Heart Rate and Oxygen Saturation:** Input fields for 'Heart Rate (beats/min):' (Pre-Exercise HR, End Exercise HR, 2 Minutes after HR) and 'O₂ Saturation (%)' (O₂ Sat, O₂ Sat, O₂ Sat).
- Step Test:** Radio buttons for 'Two Minute Step Test' and 'Five-Minute Wheel Test', with input fields for 'Number of steps' and 'Distance'.
- Unable to Test:** A checkbox for 'Unable to test because athlete'.
- Education:** A checkbox for 'Education'.
- Referrals:** Radio buttons for 'PHYSICAL THERAPIST REFERRAL RECOMMENDED' and 'PRIMARY CARE PHYSICIAN REFERRAL RECOMMENDED' (Yes/No).

At the bottom, there are three buttons: 'Previous', 'Cancel', and 'Save'.

- Click on the radio buttons that have been entered on the paper HAS forms regarding physical activity, level of physical activity, and Special Olympics activity.
- If there is no physical activity, record the answers why there is no activity by clicking on the appropriate check box.
- Click on the answer about how the heart rate is measured.
- Enter the pre-exercise, post exercise and two minutes after test exercise Heart Rates and Oxygen Saturation percent as recorded on the paper form.
- Enter the number of steps in the two minute step.
- If the athlete was unable to test, the reason will pop up. Record that reason as well.
- Click on the Physical Therapist and Primary Care Physician recommendations recorded on the HAS form.
- Click on save to save the athlete record.

Fit Feet Data

The following screen will appear. You are now able to enter the athlete's screening information.

Application
Athlete
Transaction

Special Olympics

HEALTH one™

Transaction selector

Andrea Andrews - SO_Pennsylvania_FF_Nov_3_2012
athlete - female - 01/01/1981 - 31 year(s) 10 month(s) Ms. Ethel Smith

Event date/time	Title Episode	Responsible HCP	Medical speciality
Administrative chapter			
11/03/2012		GMS	general practice
Medical chapter			

Open Delete Action Plans

Put your cursor on **Transaction**, slowly move the cursor over the arrows in the box to reveal **New**, and continue to move the cursor further to the right to see **Fit Feet**. Click on **Fit Feet** to access the screens to begin entering the data.

Transaction selector

Lindsay Lange - Villanova
unified partner - female - 11/06/1985 - 27 year(s) 1 month(s) Mr Ed Schappel

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
12/18/2012			Mr Ed Schappel	
12/18/2012	Patient Details	Villanova	Mr Ed Schappel	general practice
Medical chapter				
11/03/2012	Healthy Hearing	Villanova	Mr Ed Schappel	ENT
12/18/2012	Health Promotion	Villanova	Mr Ed Schappel	general practice

You will be asked to confirm the date of entry of the athlete's data form. Make sure the date is correct and then press **Save**. You will then be directed to the discipline (Transaction) that you selected.

New transaction

Chapter
☐ Administrative chapter
☒ Medical chapter

Type
 Contact

Name
 health check-up

Responsible
 Ms. Katharina Kiss

Date
 2008/01/10

Speciality
 dentistry

Cancel Save

Entering Fit Feet Data into HAS

Athlete Concerns

After you click on **Fit Feet**, the following screen, **Athlete Concerns** will appear. You know you are on the correct screen because there is a red flag just to the left of the screen name.

You are now ready to begin entering data. The questions on the screen match the screening form.

Application Options

ed red - athlete - male - May 21 1958 - 62 year(s) 5 month(s) Fit Feet Villanova Mr Ed Schappel

Athlete Concerns

- Shoe Exam
- Biomechanics (1)
- Biomechanics (2)
- Nail, Skin, Foot
- Review
- Comments

Athlete concerns / Previous Treatment or Surgery

Insoles: ☐ Yes ☒ No

Weight: kgs Measure up to .01 kg

Weight: lbs . oz Measure up to 1/2 oz

Next Cancel Save

General Information:

You may move through the 7 Fit Feet screens by clicking the **Next** or **Previous** buttons located at the bottom of each screen, or by clicking on the menu on the left of the Form.

The screen you are currently in is always shown in bold and with the red flag to the left of the screen name.

Application
Options

ed red -
athlete - male - May 21 1950 - 62 year(s) 5 month(s)
Fit Feet
Villanova
Mr Ed Schappel

Athlete Concerns
 Shoe Exam
 Biomechanics (1)
 Biomechanics (2)
 Nail, Skin, Foot
 Review
 Comments

Athlete concerns / Previous Treatment or Surgery

Insoles: ☐ Yes ☒ No

Weight: kgs
Measure up to .01 kg

Weight: lbs , oz
Measure up to 1/2 oz

Next

Cancel

Save

Begin by answering the question about insole. Next there is a text box asking about athlete concerns, previous treatment, or surgery. Enter the athlete's weight. Kilograms will be automatically converted to pounds and pounds to kilograms.

You can then proceed to Shoe Exam by either clicking on Shoe Exam on the menu or by clicking on next.

Note: The red flag is found to the left of the word **Shoe Exam**. This indicates that you are on the screen labeled as **Shoe Exam**.

The questions about shoe exam are entered here. Begin by entering the screener's name. Do not take a lot of time trying to translate the name.

Next please enter the shoe size by clicking on whether the size is child's or adult and whether the measurement is US, Euro, UK, or Asian by clicking on the radio button as indicated on the paper HAS form. Enter both the current right and left shoe size as recorded.

Next enter the current shoe type and current sock type by clicking on the radio button as indicated on the Fit Feet form.

Now, please enter the measured shoe size using the correct columns for length and width for both the left foot and the right foot.

Once all of the data for **Shoe Exam** is entered, click on the **Next** button on the bottom of the screen. This will take you to the **Biomechanics (1)** screen.

If you need to go back to the first screen, click on the **Previous** button. If you want to save the data entered, but are unable to completely enter all of the information, click on the "**Save**". This will close the screen for the athlete. You will be able to go back to the incomplete file later and to finish it.

Biomechanics (1)

Application Options

ed red - athlete - male - May 21 1950 - 62 year(s) 5 month(s) Fit Feet Villanova Mr Ed Schappel

Biomechanics, joint range of motion

Static Biomechanics

Joint range of motion	Left Foot			Right Foot		
	Normal	Rst	Hypermobile	Normal	Rst	Hypermobile
Ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MPT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subtalar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Midtarsal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knee	Val <input type="radio"/>	N <input type="radio"/>	Var <input type="radio"/>	Val <input type="radio"/>	N <input type="radio"/>	Var <input type="radio"/>
	Recurvatum <input type="radio"/>		Flexum <input type="radio"/>	Recurvatum <input type="radio"/>		Flexum <input type="radio"/>

Foot structure	Left Foot			Right Foot		
	Val	N	Var	Val	N	Var
Pes Cavus	<input type="radio"/>			<input type="radio"/>		
Pes Planus	<input type="radio"/>			<input type="radio"/>		
Metatarsus Adductus	<input type="checkbox"/>			<input type="checkbox"/>		
Tibial varum	<input type="checkbox"/>			<input type="checkbox"/>		
Calcaneus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Previous Next Cancel Save

This screen captures the static biomechanics and foot structure data for the athlete. Enter the ankle, MTP, subtalar, midtarsal, and knee readings for both feet/legs as recorded on the HAS form. If more than one radio button is checked and there is live data entry, contact the senior clinical advisor. If there is no live data entry and multiple readings for the data, enter one of the readings as indicated on the form. The knee readings have two sets of values (val, n, and var; and recurvatum/flexum), so you will be able to enter two values for knee readings.

Now enter the data for foot structure. Pes cavus, pes planus, metatarsus adductum, and tibial varum can be entered as recorded. There can only be one reading for calcaneus for each foot. Enter as recorded on the HAS form,

Click on next to proceed to the Biomechanics (2).

Biomechanics (2)

Application Options

ed red - athlete - male - May 21 1950 - 62 year(s) 5 month(s) Fit Feet Villanova Mr Ed Schappel

Biomechanics (2)

Basic Gait Analysis	Left Foot	Right Foot
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Pronation	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Supination	<input type="checkbox"/>	<input type="checkbox"/>
Forefoot Abduction	<input type="checkbox"/>	<input type="checkbox"/>
Forefoot Adduction	<input type="checkbox"/>	<input type="checkbox"/>
Early Heel	<input type="checkbox"/>	<input type="checkbox"/>

Previous Next Cancel Save

This screen is a set of six readings for basic gait analysis. Enter all values checked for each of the fields recorded for both the left foot and right foot. When all of the data is entered on this screen, click on **Next** button located on the bottom of the screen to get to the next screen.

Nail, Skin, and Foot

ed red - athlete - male - May 21 1950 - 62 year(s) 5 month(s) Fit Feet Villanova Mr Ed Schappel

Application Options

- Athlete Concerns
- Shoe Exam
- Biomechanics (1)
- Biomechanics (2)
- Nail, Skin, Foot**
- Review
- Comments

Skin, Nail, Toe and Foot Exam (select all that apply)

Nail	Skin	Foot and Bone
<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
<input type="checkbox"/> Wrong nail cut	<input type="checkbox"/> Calluses	<input type="checkbox"/> Crossover toe
<input type="checkbox"/> Hematoma	<input type="checkbox"/> Warts	<input type="checkbox"/> Clawtoes
<input type="checkbox"/> Lesion	<input type="checkbox"/> Blisters	<input type="checkbox"/> Brachymetatarsia (Short toe)
<input type="checkbox"/> Discoloration	<input type="checkbox"/> Maceration	<input type="checkbox"/> Bunions
<input type="checkbox"/> Split and laceration	<input type="checkbox"/> Split/cracks	<input type="checkbox"/> Tailor's Bunions
<input type="checkbox"/> Thick	<input type="checkbox"/> Redness	<input type="checkbox"/> Hallux rigidus /limitus
<input type="checkbox"/> Yellow	<input type="checkbox"/> Moist	<input type="checkbox"/> Neuralgia
<input type="checkbox"/> Black	<input type="checkbox"/> Dry	<input type="checkbox"/> Haglunds
<input type="checkbox"/> White	<input type="checkbox"/> Odor	<input type="checkbox"/> Exostosis
<input type="checkbox"/> Blister		<input type="checkbox"/> Hammertoes
<input type="checkbox"/> Crumbly		
<input type="checkbox"/> Ingrown		

Previous Next Cancel Save

This screen is labeled “*Nail, Skin, and Foot*”.

Please record each of the check boxes for nail as indicated on the paper HAS form

Please record each of the check boxes for skin as indicated on the Fit Feet form.

Please record each of the check boxes for foot and bone as recorded.

When complete, click the *Next* button on the bottom of the screen to move to the screen titled “*Review*”.

Review

The **Review** screen will look like the picture below when it first appears.

- Answer the question about follow-up care. If the answer is yes the questions about whether the care was urgent or non-urgent pop up. Answer as recorded.
- Answer the question about lock laces (new question)
- Answer the check box about name of physician referral. If the physician is checked, enter the name of the physician.
- Answer the question about prescribed and OTC treatment. Enter any free form comments in the text box on this screen.
- Then click on each of the specialists recommended as indicated on the paper HAS form.
- Click on next to record comments.

Comments

The screenshot shows a web browser window with the URL <http://so-has2.htirx.com/healthone/JNewTransactionFrm.aspx>. The browser tabs include 'HAS application' and 'specialolympics.org'. The application interface has a left sidebar with a menu: 'Application Options', 'Athlete Concerns', 'Shoe Exam', 'Biomechanics (1)', 'Biomechanics (2)', 'Nail, Skin, Foot', 'Review', and 'Comments' (which is highlighted with a red checkmark). The main content area is titled 'Fit Feet' and shows athlete information: 'ed red - athlete - male - May 21 1950 - 62 year(s) 5 month(s)' and 'Villanova Mr Ed Schappel'. The 'Comments' section is a large, empty white box. At the bottom right of the main area are three buttons: 'Previous' (with a left arrow), 'Cancel' (with a red X), and 'Save' (with a green checkmark). A small logo is visible in the bottom left corner of the sidebar.

This is a place to record any further comments from the clinical director. Enter the free-form comments as well as you can

- Click on save to save the athlete record.

Healthy Hearing Data

The following screen will appear. You are now able to enter the athlete's screening information.

Application
Athlete
Transaction

Special Olympics

HEALTH one™

Transaction selector

Andrea Andrews - SO_Pennsylvania_FF_Nov_3_2012
Athlete - female - 01/01/1981 - 31 year(s) 10 month(s) Ms. Ethel Smith

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
11/03/2012			GMS	
11/03/2012			GMS	general practice
Medical chapter				

Open Delete Action Plans

Put your cursor on **Transaction**, slowly move the cursor over the arrows in the box to reveal **New**, and continue to move the cursor further to the right to see **Healthy Hearing**. Click on **Healthy Hearing** to access the screens to begin entering the data.

Application
Athlete
Transaction

Fit Feet
FUNFitness
Health Promotion
Healthy Hearing
Opening Eyes
Special Smiles
Patient Details
Athlete details
C1 form

Special Olyn

HEALTH one™

Transaction selector

Harold Smith - athlete - male - 01/15/2000 - 12 year(s) 11 month(s) Villanova
Mr Ed Schappel

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
12/13/2012		Mr Ed Schappel		
12/13/2012	Patient Details	Villanova	Mr Ed Schappel	general practice
Medical chapter				
11/03/2012	Healthy Hearing	Villanova	Mr Ed Schappel	ENT
12/13/2012	Fit Feet	Villanova	Mr Ed Schappel	podiatry

Open Delete Action Plans

You will be asked to confirm the date of entry of the athlete's data form. Make sure the date is correct and then press **Save**. You will then be directed to the discipline (Transaction) that you selected.

Application
Options

Special Olympics

HEALTH one™

New transaction

Chapter
☐ Administrative chapter
☒ Medical chapter

Type
 Contact

Name
 health check-up

Responsible
 Ms. Katharina Kiss

Date
 2008/01/10

Speciality
 dentistry

Cancel Save

Entering Healthy Hearing Data into HAS

Station 1

After you click on **Healthy Hearing**, the following screen, **Station 1**, will appear. You know you are on the correct screen because there is a red flag just to the left of the screen name.

You are now ready to begin entering data. The questions on the screen match the screening form. First, we have two questions the athlete needs to ask about Hearing and Hearing Aids. Next, enter the screener's name for Station 1. Do not spend a lot of time trying to figure out what the name is. Click on the radio button indicating whether the screening was for the first ear canal or the second ear canal after Ear Wax removal. Record whether the right ear and the left ear are clear, partially blocked or blocked. Record if follow-up care is needed for either ear. If so, seven check boxes specifying what kind of follow up are displayed, such as foreign object in ear canal. Click on each follow-up as indicated on the paper HAS form.

Application Options

Ricardo Test - athlete - male - 07/04/1973 - 42 year(s) 4 month(s)

Healthy Hearing

TEST_2014 Mr. Ed Schappel

Station 1 (Primary)

Station 2 to 3

Station 4

Station 5

Summary and Referral

Mobile phone number

Questions for athlete to answer:

Hearing? ☐ Good ☐ Not good ☐ Not sure

Hearing aids? ☐ Yes (left / right) ☐ No ☐ Not sure

Station 1: Ear Canal Screen / Otoscopy

Screener's name

Right ☐ Clear ☐ Partially Blocked ☐ Blocked

Ear wax removed: ☐ Yes ☐ Yes, partially ☐ No ☐ Not possible ☐ Athlete refused

☐ Clear ☐ Partially Blocked ☐ Blocked

☐ Follow-up needed for:

Left ☐ Clear ☐ Partially Blocked ☐ Blocked

Ear wax removed: ☐ Yes ☐ Yes, partially ☐ No ☐ Not possible ☐ Athlete refused

☐ Clear ☐ Partially Blocked ☐ Blocked

☐ Follow-up needed for:

Next Cancel Save

General Information:

You may move through the 5 Healthy Hearing screens by clicking the **Next** or **Previous** buttons located at the bottom of each screen, or by clicking on the menu on the left of the Form.

The screen you are currently in is always shown in bold and with the red flag to the left of the screen name.

You can then proceed to station 2 to 3 by either clicking on station 2 to 3 on the menu or by clicking on next.

Application Options

Ricardo Test - athlete - male - 07/04/1971 - 42 year(s) 4 month(s) Healthy Hearing TEST_2014 Mr Ed Schappel

Station 1 (Primary)

Station 2 to 3

Station 4

Station 5

Summary and Referral

Mobile phone number

Questions for athlete to answer:

Hearing? ☐ Good ☐ Not good ☐ Not sure

Hearing aids? ☐ Yes (left / right) ☐ No ☐ Not sure

Station 1: Ear Canal Screen / Otoscopy

Screener's name

Right ☐ Clear ☐ Partially Blocked ☐ Blocked

Ear wax removed: ☐ Yes ☐ Yes, partially ☐ No ☐ Not possible ☐ Athlete refused

☐ Clear ☐ Partially Blocked ☐ Blocked

☐ Follow-up needed for:

Left ☐ Clear ☐ Partially Blocked ☐ Blocked

Ear wax removed: ☐ Yes ☐ Yes, partially ☐ No ☐ Not possible ☐ Athlete refused

☐ Clear ☐ Partially Blocked ☐ Blocked

☐ Follow-up needed for:

Next ➡ Cancel ✕ Save ✓

Note: The red flag is found to the left of the word **Station 2 to 3**. This indicates that you are on the screen label as **Station 2 to 3**.

Station 2 and 3

The screenshot shows the Ricardo Test software interface. On the left is a blue sidebar with a menu: 'Station 1(Pimary)', 'Station 2 to 3' (highlighted with a red arrow), 'Station 4', 'Station 5', and 'Summary and Referral'. At the bottom of the sidebar is a small icon of a pair of ears. The main area is light blue and contains the following sections:

- Mobile phone number**: A text input field.
- Station 2: Otoacoustic Emissions Screen**:
 - Screener's name: A text input field.
 - Right ear: Radio buttons for 'Pass', 'No Pass', and 'No refer, because'.
 - Left ear: Radio buttons for 'Pass', 'No Pass', and 'No refer, because'.
 - Checkboxes: 'Cannot achieve seal', 'Excessive noise', 'Probe', and 'Athlete refused testing'.
- Station 3: Tympanometry Screen**:
 - Screener's name: A text input field.
 - Right ear: Radio buttons for 'Pass', 'No Pass', and 'No refer, because'.
 - Left ear: Radio buttons for 'Pass', 'No Pass', and 'No refer, because'.
 - Checkboxes: 'Evidence of middle ear pathology', 'Could not achieve seal', 'Large ear canal volume', and 'Athlete refused testing'.

At the bottom of the main area are four buttons: 'Previous' (with a left arrow), 'Next' (with a right arrow), 'Cancel' (with an X), and 'Save' (with a checkmark).

On this screen, please enter the screener's name, click on the buttons pass or no pass for both the right ear and left ear for station 2 and click on the check boxes for the conditions during the screening. If both ears pass the screenings at station 2, station 3, 4 and 5 are not needed and the data entry will be completed with summary and referral.

If one of the ears did not pass screening at station 2, continue to station 3. Please enter the screener's name, then click on the radio buttons pass, no pass, or no refer for station 3 for both the right ear and left ear. If the no refer button is clicked, record the reason for the no refer as indicated on the paper forms, such as could not achieve seal. Click **next** to access station 4.

Station 4

Application
Options

Ricardo Test -
athlete - male - 07/04/1971 - 42 year(s) 4 month(s)
Healthy Hearing
TEST_2014
Mr Ed Schappel

- ▶ Station 1(Primary)
- ▶ Station 2 to 3
- ▶ **Station 4**
- ▶ Station 5
- ▶ Summary and Referral

Mobile phone number

Station 4: Pure Tone Screen at 25dB Hearing Level
Screener's name

Right

2000Hz 4000Hz

☒ Pass ☐ Pass
☐ No Pass ☒ No Pass

☐ Could not train to respond ☐ Excessive noise ☐ Athlete refused testing

Left

2000Hz 4000Hz

☐ Pass ☒ Pass
☒ No Pass ☐ No Pass

☐ Could not train to respond ☐ Excessive noise ☐ Athlete refused testing

◀ Previous
Next ▶
Cancel ✕
Save ✓

Please record the readings for Station 4. The screening will be done at either 2000 Hz or 4000 Hz. Enter the screener name, record whether the athlete passed or failed the test, and record the conditions as indicated on the paper form, such as excessive noise. Enter data for both the right ear and the left ear. Click on **next** to proceed to Station 5.

33

Station 5

Application
Options

Ricardo Test -
athlete - male - 07/04/1971 - 42 year(s) 4 month(s)
Healthy Hearing
TEST_2014
Mr Ed Schappel

- ▶ Station 1 (Primary)
- ▶ Station 2 to 3
- ▶ Station 4
- ▶ **Station 5**
- ▶ Summary and Referral

Mobile phone number

Station 5: Pure Tone Threshold Test
 Tester's Name

	1000	2000	3000	4000	6000	
Right AC		30				<input checked="" type="checkbox"/> masked
Left AC			0			<input type="checkbox"/> masked
Unmasked BC				45		
Right BC						<input type="checkbox"/> masked
Left BC						<input type="checkbox"/> masked

Key: NR = No Response at Maximum Level C = Could Not Test

Pure tone threshold test: ☐ Could not train to respond ☒ Excessive noise ☐ Athlete refused testing

☒ Reliable ☐ Unreliable

◀ Previous
Next ▶
Cancel ✕
Save ✓

Enter the screener's name. Record if threshold testing was done. Enter the readings for air conduction for both the right ear and left ear. Record the bone conduction readings as well. Record the conditions of the pure tone threshold test and whether the screener determined that the testing conditions were reliable or unreliable.

When all of the data is entered on this screen, click on **Next** button located on the bottom of the screen to get to the next screen.

Summary and Referral

Application Options

Ricardo Test - athlete - male - 07/04/1971 - 42 year(s) 4 month(s) Healthy Hearing TEST_2014 Mr Ed Schappel

☒ Station 1(Primary)
☒ Station 2 to 3
☒ Station 4
☒ Station 5
☒ **Summary and Referral**

Mobile phone number

Summary and Referral

Extra Services Provided At The Event

☐ Hearing Aid Repair/Maintenance
☐ Ear Mold for Hearing Aid
☐ Hearing Aid
☐ Hearing Aid Voucher
☐ Swim Plugs
☐ Ear protection (Noise Plugs)
☐ Education Provided
☒ Other

Recommended Follow-up Care

☐ Cerumen Removal
☐ Medical evaluation of ears
☐ Audiological evaluation of hearing
☒ Replacement of Ear Molds
☐ Hearing Aid Repair/Maintenance
☐ Hearing aid evaluation and fitting
☐ Swim Plugs
☒ Ear protection (Noise Plugs)

Comments

Previous Cancel Save

This screen is labeled “*Summary and Referral*”.

There are 16 services provided and 9 recommended follow up care check boxes on this screen. Click on all check boxes as indicated on the form. If other is checked enter details as indicated on the form Enter all comments as written on the form. Click on save to save the athlete record.

Special Smiles Data

The following screen will appear. You are now able to enter the athlete's screening information.

Application
Athlete
Transaction

Special Olympics

HEALTH one™

Transaction selector

Andrea Andrews - SO_Pennsylvania_FF_Nov_3_2012
athlete - female - 01/01/1981 - 31 year(s) 10 month(s) Ms. Ethel Smith

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
11/03/2012			GMS	
11/03/2012			GMS	general practice
Medical chapter				

Open Delete Action Plans

Put your cursor on **Transaction**, slowly move the cursor over the arrows in the box to reveal **New**, and continue to move the cursor further to the right to see **Special Smiles**. Click on **Special Smiles** to access the screens to begin entering the data.

Transaction selector

Lindsay Lange - Villanova
unified partner - female - 11/06/1985 - 27 year(s) 1 month(s) Mr Ed Schappel

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
12/18/2012			Mr Ed Schappel	
12/18/2012	Patient Details	Villanova	Mr Ed Schappel	general practice
Medical chapter				
11/03/2012	Healthy Hearing	Villanova	Mr Ed Schappel	ENT
12/18/2012	Health Promotion	Villanova	Mr Ed Schappel	general practice

You will be asked to confirm the date of entry of the athlete's data form. Make sure the date is correct and then press **Save**. You will then be directed to the discipline (Transaction) that you selected.

New transaction

Chapter: ☐ Administrative chapter ☒ Medical chapter

Type: Contact

Name: health check-up

Responsible: Ms. Katharina Kiss

Date: 2008/01/10

Speciality: dentistry

Buttons: Cancel Save

Entering Special Smiles Data into HAS

Dental History

After you click on *Special Smiles*, the following screen, *Dental History*, will appear. You know you are on the correct screen because there is a red flag just to the left of the screen name.

You are now ready to begin entering data. The questions on the screen match the screening form. First, click on the buttons to the left of the correct response.

The screenshot shows a web browser window with the URL <http://so-has2.htirx.com/healthone/JNewTransactionFrm.aspx>. The application is titled "HAS application". On the left, there is a sidebar with "Application Options". The main content area is titled "Special Smiles" and shows a form for "Dental History". The form includes a sidebar with "Dental History" selected (indicated by a red flag) and "Screening Findings". The main form area contains the following questions and options:

- Screener's name:
- Fill out this section for each athlete even if edentulous
- How often do you clean your mouth?
 - ☐ Once or more a day
 - ☐ 2 to 6 times per week
 - ☐ Once per week
 - ☐ Less than once per week
 - ☐ Not sure
- Pain inside mouth
 - ☐ Yes
 - ☐ No
- ☐ Athlete refused/could not screen

At the bottom of the form, there are three buttons: "Next" (with a red arrow), "Cancel" (with a red X), and "Save" (with a red checkmark).

General Information:

You may move through the 2 Special Smiles screens by clicking the **Next** or **Previous** buttons located at the bottom of each screen, or by clicking on the menu on the left of the Form.

The screen you are currently in is always shown in bold and with the red flag to the left of the screen name.

Application Options

Janis Ruoff - athlete - female - 04/07/1980 - 32 year(s) 8 month(s) Special Smiles Villanova Mr Ed Schappel

Dental History

Screening Findings

Screener's name

Fill out this section for each athlete even if edentulous

How often do you clean your mouth?

☐ Once or more a day
☐ 2 to 6 times per week
☐ Once per week
☐ Less than once per week
☐ Not sure

Pain inside mouth

☐ Yes ☐ No

☐ Athlete refused/could not screen

Next Cancel Save

Begin by entering the screener's name. Do the best you can with the name, but do not spend a lot of time figuring out the name.

Click on the radio button as entered on the HAS form about how often the athlete cleans their teeth.

Click on the radio button for whether the athlete has pain inside his/her mouth. If the answer was yes, there will be two check boxes indicating whether the pain is with teeth, or with other areas in the mouth. Fill out as indicated on the HAS form. Click on screening findings to continue.

Note: The red flag is found to the left of the word **Screening Findings**. This indicates that you are on the screen label as **Screening Findings**.

This is where you will enter most of the data from the Special Smiles HAS form. In most cases, the edentulous radio button is entered as no, but in some cases it is entered as yes. A “no” answer to edentulous will cause ten new radio buttons to be displayed on your screen. Answer “yes” or “no” as indicated on the paper HAS form.

A “yes” answer to untreated decay will cause three more check boxes to be opened. Check “Anterior” “Premolar” and “Molar” as recorded on the HAS form.

A “yes” answer to missing teeth will cause two more check boxes to be opened. Check “Anterior” and “Molar” as indicated on the HAS form.

A “yes” answer to injury will open up another radio button. Click on “yes” or “no” if the injury was treated.

Click on maintenance, non-urgent or urgent as indicated on the HAS form.

If the “yes” radio button was checked for mouth guard recommended, click on the checkbox if the mouth guard was delivered.

Fluoride varnish is a new question. Click on yes or no.

Click on “Exam completed” if the questions were answered. Click on “Save” to save your data entry.

Opening Eyes Data

The following screen will appear. You are now able to enter the athlete's screening information.

Application
Athlete
Transaction



Transaction selector				
Test Patient -		TEST003		
athlete - male - 01/01/2004 - 8 year(s) 7 month(s)		Mr Athanase Pandiris		
Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
08/30/2012			Mr Athanase Pandiris	
08/30/2012	Patient Details	TEST003	Mr Athanase Pandiris	general practice
Medical chapter				
<input type="button" value="Open"/> <input type="button" value="Delete"/> <input type="button" value="Action Plans"/>				

Put your cursor on **Transaction**, slowly move the cursor over the arrows in the box to reveal a drop down menu then select **Opening Eyes**. Click on **Opening Eyes** to access the screens to begin entering the data.



Transaction selector				
Test Patient -		TEST003		
athlete - male - 01/01/2004 - 8 year(s) 7 month(s)		Mr Athanase Pandiris		
Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
08/30/2012			Mr Athanase Pandiris	
08/30/2012	Patient Details	TEST003	Mr Athanase Pandiris	general practice
Medical chapter				

You will be asked to confirm the date of entry of the Athletes data form. Make sure the date is correct and then press **Save**. If the date is not correct, click on the box to the right and click on the correct date before saving. You will then be directed to the discipline (Transaction) that you selected.

New transaction	
Chapter	<input type="checkbox"/> Administrative chapter <input checked="" type="checkbox"/> Medical chapter
Type	Contact
Name	health check-up
Responsible	Mr Athanase Pandiris
Date	8/30/2012 m/d/yyyy
Speciality	ophthalmology
<input type="button" value="Cancel"/> <input type="button" value="Save"/>	

Entering Opening Eyes Data into HAS

History

After you click on **Opening Eyes**, the following screen, **history**, will appear. You know you are on the correct screen because there is a red flag just to the left of the screen name.

You are now ready to begin entering data. The questions on the screen match the screening form. First, click on the buttons to the right of the correct response.

First Last - athlete - male - 01/01/1990 - 22 year(s) 11 month(s)		Opening Eyes		Mr Ed
<div> <div> <div>History</div> <div>Screening</div> <div>Cover Test</div> <div>Screening 2</div> <div>Eye Health</div> <div>Screening 3</div> <div>Referral</div> </div> <div> <div>When was your last eye exam</div> <div> <input type="radio"/> Less than 1 year <input type="radio"/> 1-3 years <input type="radio"/> More than 3 years <input type="radio"/> Never <input type="radio"/> Unknown </div> <div>Do you experience any of the following</div> <div> <input type="checkbox"/> Difficulty seeing <input type="checkbox"/> Headaches <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Double vision </div> <div>Do you wear corrective lenses (glasses or contacts)</div> <div> <input type="radio"/> Yes <input type="radio"/> No </div> </div> </div>				
<div> <input type="button" value="Next"/> <input type="button" value="Cancel"/> <input type="button" value="Save"/> </div>				

General Information:

You may move through the 7 Opening Eyes screens by clicking the **Next** or **Previous** buttons located at the bottom of each screen, or by clicking on the menu on the left of the Form.

The screen you are currently in is always shown in bold and with the red flag to the left of the screen name.

The first question asks for how long it has been since the athlete's last eye exam. Mark the appropriate circle indicated on the form. If no circle is marked, check the circle next to **unknown**.

First Last - athlete - male - 01/01/1990 - 22 year(s) 11 month(s) Opening Eyes Mr Ed

History

- Screening
- Cover Test
- Screening 2
- Eye Health
- Screening 3
- Referral

When was your last eye exam

☐ Less than 1 year
☐ 1-3 years
☐ More than 3 years
☐ Never
☐ Unknown

Do you experience any of the following

☐ Difficulty seeing
☐ Headaches
☐ Sensitivity to light
☐ Double vision

Do you wear corrective lenses (glasses or contacts)

☐ Yes ☐ No

Next ➡ Cancel ✕ Save ✓

On the questions, “***Do you wear corrective lenses?***” and “***Do you experience any of the following***” you will see additional information if you click **yes** to either question. This will allow you to enter the appropriate information. For example, if an athlete wears glasses, you will check **yes** and then you will be able to see the other boxes to enter that the athlete wears standard glasses and full time. ***Please mark all appropriate boxes.*** For the athletes who indicate that they have some of the problems listed, if you click on the button, additional boxes will appear. If you have made an error, simply click the box again so the mark to disappear.

When all of the data is entered, click on the ***NEXT*** button to go to the second screen titled “***screening***”.

Note: The red flag is found to the left of the word **Screening**. This indicates that you are on the screen label as **Screening**.

First, check one of the following three options: **without rx**, **with rx** or **with contact lenses**, as noted on the HAS form.

For current prescription, you will enter a “+” or “-” and a number with two decimal points (+X.XX) in increments of .25 in the **sphere** (ex: -2.25 or -3.00). For **cylinder**, all numbers will begin with “-” and be entered as having two decimal points (-0.75 or -1.75). Only numbers that end in .00, .25, .50, or .75 will be allowed. The **axis** is a number between 1 – 180. No decimal are allowed. The information for **add** will be a positive number with two decimal places that ends in .00, .25, .50, or .75 (ex.; 2.00, 2.50). The **PD** will be a 2-digit number from 50 - 75 over another 2-digit number (ex.: 62/60). If two numbers are present, the larger number goes first. If only one is present, put it in the first white box. This may be missing on the screening form. Don’t worry, go to **Visual Acuity Far** next. Please note that you will not be recording any of the information indicated under pass or not pass located on the paper form.

Begin with **Visual Acuity – Far**. First, enter data listed for **OD** (right eye). Record the number after 20/____. The number will be a whole number between 16 and 400. Click on **Lea** or **Other**.

If you click on **other**, a drop down box will appear. Click the appropriate response if listed or click **other** if not listed and enter the information written in the box under the second **other**.

Click the box next to **unable to test** if it was checked on the HAS form. Enter the information for the left eye, **OS**, and **Visual Acuity Near** in the same manner.

The screenshot shows a web form for visual acuity testing. It has two main sections: "Visual acuity Far" and "Visual acuity Near".

Visual acuity Far section:

- Left eye (OD): ☐ Unable to test, OD 20 / . Radio buttons: ☒ Lea, ☐ Other.
- Right eye (OS): ☐ Unable to test, OS 20 / . Radio buttons: ☐ Lea, ☒ Other.

Below the OS "Other" radio button is a dropdown menu. An arrow points from the text "a drop down box will appear" to this menu. The dropdown is open, showing options: "-- Select one--", "Walk up", "Light projection", "Light perception", "No light perception", and "Other". Another arrow points from the text "Click the appropriate response if listed or click other if not listed" to the "Other" option in the dropdown.

Visual acuity Near section:

- OU: ☒ Unable to test, OU 20 / .

Once all of the data for **visual acuity** is entered, click on the **Next** button on the bottom of the screen. This will take you to the **cover test** screen.

If you need to go back to the first screen, click on the **Previous** button. If you want to save the data entered, but are unable to completely enter all of the information, click on the "**Save Incomplete**". This will close the screen for the athlete. You will be able to go back to the incomplete file later and to finish it.

Cover Test

Check the box that says ***Latent Nystagmus***, if it is checked on the paper form.

The next screen is called “***Cover Test***” and will look like the following photo. Record the appropriate information (***unable to test, ortho, phoria, or trope***) for ***far*** and ***near***. Additional boxes will appear under phoria and trope when clicked.

The drop down boxes for ***phoria*** and ***trope*** will appear only after you click the radial dial to the left of each word. Please click only one of the three choices under ***phoria*** for ***far*** and one for ***near***. Enter the number listed on the HAS form in the white box. This should be a number from 2-99.

If you click on the radial dial next to ***trope***, the screen will provide you with five choices. Choose the appropriate dial to click. In addition, ***constant*** or ***intermittent*** will appear. Choose one of those two, as indicated on the paper form. Enter a 2-digit number in the white box for range. Once the information is entered for both ***far*** and ***near*** cover test, click the ***next*** button at the bottom of the screen to go to the next screen “***Screening 2***”.

Cover test

☐ Latent nystagmus

Unable to test ☐

Far

☐ ortho ☐ phoria ☒ trope

☐ eso
☐ exo
☐ hyper/eso
☐ hyper/exo
☐ hyper

☐ Constant ☒ Intermittent

range 02-99

Unable to test ☐

Near

☐ ortho ☒ phoria ☐ trope

☒ eso
☐ exo
☐ hyper

range 02-99

Please note, in some forms not all of the information is recorded. Please enter all of the data that is recorded and move to the next screen.

Screening 2

The **Screening 2** screen has the following 3 sections:

ALDIS TEST -
- M - 10/03/1956 - 50Y

- History
- Screening
- Cover Test
- Screening 2**
- Eye Health
- Screening 3
- Referral

Color vision
Unable to test ☐ Trial 1 /9 If less than 8/9 Trial 2 /9

Stereopsis
Unable to test ☐ /6

Autorefraction

		Sphere	Cylinder	Axis
Unable to test	<input type="checkbox"/> OD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unable to test	<input type="checkbox"/> OS	<input type="text"/>	<input type="text"/>	<input type="text"/>

Color vision: enter *unable to test* or the number found on the line after **Trial 1**. If the number is 8 or 9, **Trial 2** will disappear. Proceed to stereopsis. If the number for **Trial 1** was less than 8, enter the next number found on the HAS form after **Trial 2** in the white box. If the form has *unable to test* recorded, click on the box to the right of the statement and move to the next section.

Color vision
Unable to test ☐ Trial 1 /9 If less than 8/9 Trial 2 /9

Stereopsis
Unable to test ☒ /6

Stereopsis: enter the number found on the HAS form. The only numbers can only be 0, 1, 2, 3, 4, 5, or 6. If no information is listed, leave this section blank. If the form has *unable to test* recorded, click on the box located to the right of the state and move to the next section.

To continue, turn the HAS form over or look at the second page to find the remainder of the data that needs to be entered.

Autorefraction: Record *unable to test* or enter the data found on the HAS form for each line.

Sphere: enter “+” or “-” and a number with 2 decimals points ending in .00, .25, .50, or .75.

Cylinder should begin with “-” and end with .00, .25, .50, or .75. **Axis** is a whole number from 1-180.

Here is an example of a partially completed form.

Autorefraction

		Sphere	Cylinder	Axis
Unable to test	<input type="checkbox"/> OD	<input type="text" value="-04.25"/>	<input type="text" value="-00.75"/>	<input type="text" value="180"/>
Unable to test	<input type="checkbox"/> OS	<input type="text" value="-04.00"/>	<input type="text" value="-01.00"/>	<input type="text" value="180"/>

When all of the data is entered on this screen, click on **Next** button located on the bottom of the screen to get to the next screen.

Eye Health

This screen is labeled “**Eye Health**”. If the form has “**unable to test**” or “**normal**”, please mark the corresponding boxes under OD or **right eye** or OS or **left eye** as marked. If any other boxes are marked, please mark all of the problems noted on the HAS paper form on the screen. As you can see by the example below, multiple boxes can be checked at the same time. If an abnormality is written on the HAS form, it needs to be typed in the white boxes under **abnormality**. Do not mark **Normal** if any other box is checked on that eye.

When complete, click the **Next** button on the bottom of the screen to move to the screen titled “**Screening 3**”.

Screening 3

The *screening 3* screen will look like the picture below when it first appears.

Pupils will be marked *normal* or *abnormal* if testing was completed. Mark the appropriate circles. If abnormal, fill in the information from the paper form, in the white box that will appear when you click on the radial button next to *Abnormal*.

For *Intraocular pressure*, first mark whether the instrument was the Icare tonometer or noncontact tonometry. Next, if numbers are listed in the boxes on the paper form, type them into the boxes corresponding to the eye (OD-Right eye, OS – left eye)..

	IOP	
	<input type="radio"/> Icare tonometry	<input type="radio"/> Noncontact tonometry
<input type="checkbox"/> Unable to test	OD	OS

Click the box next to “*unable to test*” as indicated on the paper form under “*intraocular pressure*” or “*pupils*”.

The data found in the section listed as optional on the HAS paper form is not input into the HAS database.

Recommendations are on the lower half of this screen. There are several stages. First, mark if the athlete is getting **No new Rx** or a **New Rx**.

If **no new rx** is marked, you will see 2 new lines appear. Indicate which is correct: **no glasses recommended** or **no change in glasses recommended**.

Recommendations

☐ New Rx ☒ No new Rx

☐ No glasses recommended

☐ No change in glasses recommended

☐ sunglasses - plano

If the radial button to the left of **New Rx** is clicked on the screen, additional lines will appear and you will be asked you to click the appropriate boxes. An athlete can have one or more pair of glasses marked. First mark what the glasses will be used for.

Recommendations

☒ New Rx ☐ No new Rx

☐ Full time Rx

☐ Distance only

☐ Close work only

☐ Sports goggles

☐ sunglasses - plano

For each type of glasses marked, indicate the power of the lenses by copying the numerical information from the paper form in the correct box. **Sphere:** enter a "+" or "-" and a number with two decimal points (+X.XX) in increments of .25 in the **sphere** (ex: -2.25 or -3.00). For **cylinder**, all numbers will begin with "-" and be entered as having two decimal points (-0.75 or -1.75). Only numbers that end in .00, .25, .50, or .75 will be allowed. The **axis** is a number between 1 – 180. No decimal are allowed. The information for **add** will be a positive number with two decimal places that ends in .00, .25, .50, or .75 (ex,; 2.00, 2.50). Record the corresponding VA as well.

Recommendations

☒ New Rx ☐ No new Rx

☒ Full time Rx

	Sphere	Cylinder	Axis	VA Distance	VA Near (OU)	ADD
Right eye	-04.25	-01.00	180	20 / 20	20 / 20	+02.50
Left eye	-04.00	-01.00	180	20 / 50		

☐ Distance only

☐ Close work only

☒ Sports goggles

☐ Plano

☒ Rx

	Sphere	Cylinder	Axis	VA Distance	VA Near (OU)
Right eye	-04.25	-01.00	180	20 / 20	20 / 60
Left eye	+04.00	-01.00	180	20 / 50	

☐ sunglasses - plano

Once all information is recorded, click on the **next** button at the bottom of the screen. This will take you to the final screen.

Referral

This will bring up the final screen “*referral*” which looks like the following picture. Mark which medical professional that the athlete is being referred to; and copy any description contained on the paper form in the box under the ***Additional Comments*** label. When complete, click on the ***save*** button found at the bottom of the screen.

Referral to

☐ Optometrist
☒ Ophthalmologist
☐ Neurologist

☐ Primary care physician
☐ Other

Additional comments

glaucoma suspect
 and cataract

http://www.h1g-so.com/healthone/CreateNewTxForm.asp

Health one form

Application
 Athlete file
 Transaction
 Reports

**ALDIS TEST -
 - M - 10/03/1956 - 50Y**

History
 Screening
 Cover Test
 Screening 2
 Eye Health
 Screening 3
Referral

Referral to

☐ Optometrist
☒ Ophthalmologist
☐ Neurologist

☐ Primary care physician
☐ Other

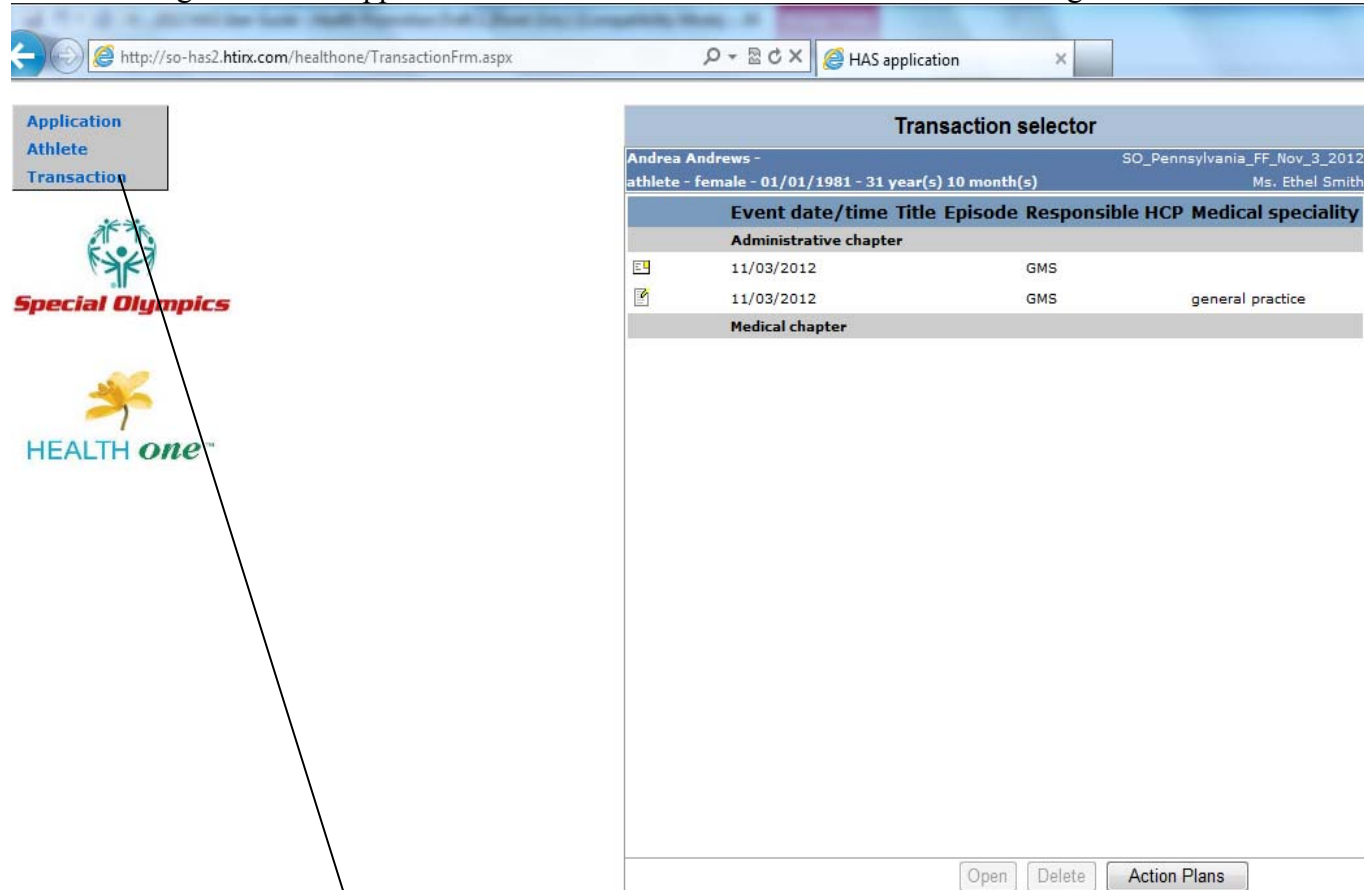
Additional comments

When you have entered all the data, Click on **Save**.
 If you have missing data or questions about the data on the paper form you can click on **Save Incomplete**. This will save the data you have entered but you can return later to complete the data entry.
 If you wish to abandon the data entry for this athlete, Click on **Cancel**.

Previous Cancel X Save Incomplete ✓ Save ✓

Health Promotion Data

The following screen will appear. You are now able to enter the athlete's screening information.



The screenshot shows a web browser window with the URL <http://so-has2.htirx.com/healthone/TransactionFrm.aspx>. The browser has a tab titled "HAS application". On the left, there is a sidebar with a menu containing "Application", "Athlete", and "Transaction". Below the menu are the "Special Olympics" and "HEALTH one" logos. A line points from the "Transaction" menu item to the "Transaction selector" window on the right.

The "Transaction selector" window displays the following information:

Andrea Andrews - SO_Pennsylvania_FF_Nov_3_2012
 athlete - female - 01/01/1981 - 31 year(s) 10 month(s) Ms. Ethel Smith

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
11/03/2012		GMS		
11/03/2012		GMS		general practice
Medical chapter				

At the bottom of the window are buttons for "Open", "Delete", and "Action Plans".

Put your cursor on **Transaction**, slowly move the cursor over the arrows in the box to reveal **New**, continue to move the cursor further to the right to see **Health Promotion**. Click on **Health Promotion** to access the screens to begin entering the data.

Application
Athlete
Transaction

Fit Feet
FUNFitness
Health Promotion
Healthy Hearing
Opening Eyes
Special Smiles
Patient Details
Athlete details
C1 form

Special Olyn

HEALTH one™

Transaction selector

Andrea Andrews - SO_Pennsylvania_FF_Nov_3_2012
athlete - female - 01/01/1981 - 31 year(s) 10 month(s) Ms. Ethel Smith

Event date/time	Title	Episode	Responsible HCP	Medical speciality
Administrative chapter				
11/03/2012		GMS		
11/03/2012		GMS		general practice
Medical chapter				

Open Delete Action Plans

You will be asked to confirm the date of entry of the athlete's data form. Make sure the date is correct and then press Save. You will then be directed to the discipline (Transaction) that you selected.

Application
Options

Special Olympics

HEALTH one™

New transaction

Chapter ☐ Administrative chapter ☒ Medical chapter

Type

Name

Responsible

Date

Speciality

Cancel Save

Entering Health Promotion Data into HAS

Body Composition

After you click on **Health Promotion**, the following screen, **Body Composition** will appear. You know you are on the correct screen because there is a red flag just to the left of the screen name.

You are now ready to begin entering data. The questions on the screen match the screening form.

The screenshot shows the HAS application interface. On the left is a sidebar menu with the following items: Application Options, Body Composition (highlighted in blue with a red flag), Food and Beverage Habits, Regional Food Questions, Physical Activity, Hand Washing, and Sun Safety / Tobacco Use. The main content area is titled 'Health Promotion' and contains the following sections:

- Athlete's mobile:** 3018287913
- Height:** Measure up to .1 cm [] cms; Measure up to 1/8 inch [] inches
- Weight:** Measure up to .1 kg [] kg; Measure up to @ oz [] lbs
- BMI (20 years of age and over):** []
- BMI Percentile (under 20 years of age):** []
- Referral made for BMI follow up:** Yes [] No []
- Bone Mineral Density Test (Athletes MUST be at least 20 years old to screen):**
 - T-score Left heel [] -4.0 to + 5.0
 - Right heel [] -4.0 to + 5.0
 - Referral made for BMD follow up: Yes [] No []
 - Unable to test: []
- Blood Pressure:**
 - Left arm [] / []
 - Right arm [] / []
 - Referral Made for BP Follow Up: Yes [] No []

At the bottom right are three buttons: 'Next' (yellow with a right arrow), 'Cancel' (yellow with a red X), and 'Save' (yellow with a green checkmark).

General Information:

You may move through the 6 Health Promotion screens by clicking the **Next** or **Previous** buttons located at the bottom of each screen, or by clicking on the menu on the left of the Form.

The screen you are currently in is always shown in bold and with the red flag to the left of the screen name.

Body Composition

Application Options

joe schmo - unified partner - male - 02/01/2003 - 10 year(s) 8 month(s)

Health Promotion

Body Composition

- Food and Beverage Habits
- Regional Food Questions
- Physical Activity
- Hand Washing
- Sun Safety / Tobacco Use

Athlete's mobile: 3018287913

Height Measure up to .1 cm cms Height Measure up to 1/8 inch inches

Weight Measure up to .1 kg kg Weight Measure up to @ oz lbs

BMI (20 years of age and over)

BMI Percentile (under 20 years of age)

Referral made for BMI follow up ☐ Yes ☐ No

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

T-score Left heel -4.0 to +5.0

Right heel -4.0 to +5.0

Referral made for BMD follow up ☐ Yes ☐ No

Blood Pressure

Left arm /

Right arm /

Referral Made for BP Follow Up ☐ Yes ☐ No

Next

Begin by answering the questions about height and weight. Centimeters will automatically be translated to inches and inches to centimeters. Kilograms will be automatically translated to pounds and pounds to kilograms. HAS will calculate the BMI for all ages including the BMI percentile for individuals under 20 years of age. Enter the referral for athletes as recorded on the form.

Enter the T-score for both the right and left heel. Be sure to enter negative quantities if recorded. If the athlete was unable to test a radio button with four choices will appear on your screen. Enter the reason the athlete was unable to test. Enter the referral for athletes as recorded on the form.

Enter the blood pressure readings and referral for BP follow-up as recorded on the Health Promotion paper form. Enter the referral for athletes as recorded on the form.

You can then proceed to Food and Beverage Habits by clicking on next.

Food and Beverage Habits

The screenshot shows a web application interface for 'HAS application'. The browser address bar displays 'http://so-has2.htirx.com/healthone/JNewTransactionFrm.aspx'. The application header includes the patient name 'joe schmo', demographic information 'unified partner - male - 02/01/2003 - 10 year(s) 8 month(s)', and the section 'Health Promotion'. A navigation menu on the left lists various health topics, with 'Food and Beverage Habits' currently selected. The main content area displays the athlete's mobile number '3018287913' and a question: 'What do you usually drink when you are thirsty? (select all that apply)'. Below the question is a list of beverage options with checkboxes: Water, Fruit juice, Soft drink, Sport drink, Milk product (include soy milk), Energy drink, and Other. At the bottom of the form are four buttons: 'Previous', 'Next', 'Cancel', and 'Save'.

Click on all of the choices for beverage as recorded on the paper HAS form.

If soft drink is checked, a radio button asks whether the soda is diet or non-diet.

If "other" is clicked, a text box describing which beverage the athlete drinks pops up. Record the answer on the forms.

Click on next to proceed to the remaining Food and Beverage Questions.

Food and Beverage Questions

Application
Options

joe schmo -
unified partner - male - 02/01/2003 - 10 year(s) 8 month(s)

Body Composition
Food and Beverage Habits
Regional Food Questions
Physical Activity
Hand Washing
Sun Safety / Tobacco Use

Health Promotion
TEST_2014
Mr Ed Schappel

Athlete's mobile: 3018287913

Sources of Calcium

- ☐ less than 1 serving per day
- ☒ 1-2 servings per day
- ☐ 3-5 servings per day
- ☐ more than 5 servings per day
- ☐ never

Sweetened Beverages

- ☒ daily
- ☐ weekly
- ☐ monthly
- ☐ never

Fruits and Vegetables

- ☐ less than 1 serving per day
- ☐ 1-2 servings per day
- ☐ 3-5 servings per day
- ☐ more than 5 servings per day
- ☒ never

Snack Foods

- ☒ daily
- ☐ weekly
- ☐ monthly
- ☐ never

Fast Food

- ☒ daily
- ☐ weekly
- ☐ monthly
- ☐ never






This screen is a set of five fields with multiple choices for responses. Click on the radio button indicating the answers for source of calcium, sweetened beverages, fruits and vegetables, snack foods, and fast food as recorded on the paper Health Promotion Form

When all of the data is entered on this screen, click on **Next** button located on the bottom of the screen to get to the next screen.

Physical Activity

The **Physical Activity** screen will look like the picture below when it first appears.

The screenshot shows a web application interface for a health promotion program. On the left is a sidebar with a blue background and white text, listing navigation options: Body Composition, Food and Beverage Habits, Regional Food Questions, **Physical Activity** (highlighted with a red bar), Hand Washing, and Sun Safety / Tobacco Use. The main content area has a light blue background and contains the following questions and options:

- Athlete's mobile:** 3018287913
- How many days per week do you exercise for at least 30 minutes?**
 - ☐ No days
 - ☒ 1-2 days
 - ☐ 3-6 days
 - ☐ Every Day
- Do you exercise outside of your Special Olympics training?**
 - ☒ Yes
 - ☐ No
- If yes, what do you do? (select all that apply)**
 - ☐ Weight training
 - ☐ Run/Jog
 - ☒ Walk
 - ☒ Dance
 - ☐ Sports
 - ☐ Exercise video
 - ☐ Other
- If No, what is the reason? (select all that apply)**
 - ☐ No interest
 - ☐ Do not know how
 - ☐ No transportation
 - ☐ No available exercise facility
 - ☐ Other
 - ☐ Physically unable
 - ☐ No money
 - ☐ No one to do it with
 - ☐ No time
- How many hours a day do you watch television or play computer/video games?**
 - ☐ 0-2
 - ☐ 3-4
 - ☐ 5-6
 - ☒ Over 6 hours

At the bottom of the screen is a grey bar containing four buttons: **Previous** (with a left arrow), **Next** (with a right arrow), **Cancel** (with a red X), and **Save** (with a green checkmark).

- Answer the question about how many days do you exercise for at least 30 minutes. If the answer is no days, the questions about the type of physical activity are blocked from your data entry. Proceed to the question about television and computer games.
- If the response is 1-2 days, 3-6 days or every day, answer the question about exercise outside of Special Olympics Training as recorded.
- If the answer is yes to the training question, click on all of the check boxes as recorded. Describe the other answer if the “other” check box is checked and proceed to the television and computer/video question.
- If the athlete does not train outside of Special Olympics, click on all of the reasons they do not train that were checked on the paper HAS form.
- Answer the question about how many hours a day are spent viewing television or playing computer/video games.
- When all of the data is entered on this screen, click on **Next** button located on the bottom of the screen to get to the next screen.

When all of the data is entered on this screen, click on **Next** button located on the bottom of the screen to get to the next screen.

Hand Washing

Application
Options

joe schmo -
unified partner - male - 02/01/2003 - 10 year(s) 8 month(s)

Health Promotion

TEST_2014
Mr Ed Schappel

Body Composition
Food and Beverage Habits
Regional Food Questions
Physical Activity
Hand Washing
Sun Safety / Tobacco Use

Athlete's mobile: 3018287913

Hand Washing
When are the most important times to wash your hands? (select all that apply)
☒ After using the toilet ☐ Other reason
☐ Before eating or touching food ☐ No response/no reasons given
Did you use soap last time you washed your hands?
☐ Yes ☒ No
Do you have soap at your home?
☒ Yes ☐ No

Previous Next Cancel Save

Hand washing is a new screen for 2014. Please record all of the reasons recorded for most important time to wash your hands. Answer the yes/no questions about soap. Click on next to proceed to the Sun Safety/Tobacco Use screen.

Sun Safety/Tobacco Use

Application Options

Joe schmo - unified partner - male - 02/01/2003 - 10 year(s) 8 month(s)

Health Promotion TEST_2014 Mr Ed Schappel

Athlete's mobile: 3018287913

Sun Safety

Do you do anything to protect your skin in the sun?

☒ Yes ☐ No

What do you do to protect your skin in the sun?

☒ use of sunscreen ☐ wear a hat

☐ seek shade ☐ wear sunglasses

☐ wear long sleeves

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

☐ Did not know it was important ☐ No money to buy protection

☐ Do not get sunburned ☐ Like to be tan

☐ Other

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

Previous Cancel Save

This screen is labeled “*Sun Safety/Tobacco Use*”.

Please record each of the check boxes for “What do you do to protect your skin in the sun?” as indicated on the paper HAS form. If “Use of sunscreen” is indicated a radio button asking if you use sunscreen in the winter months pops up. Answer the question as recorded on the HAS form.

If the form says “I do not do anything” a set of five check boxes pop up. Click on each of the options checked. If “Other” is checked, record the “Other” response in a free-form text box.

The questions about tobacco use are recorded next. If the athlete uses tobacco, a radio button asks them how frequently they use tobacco. Click on the answer as recorded.

If friends or family member smoke around the athlete a set of check boxes pop up on the screen. Check “ask them to stop”, “Leave the room”, “Smoke”, or “I don’t do anything” if recorded. If “Other” is recorded a free-form text box is added to your screen. Enter the comments as displayed.

Once all of the data for *Tobacco Use* is entered, click on *Save* to save the screening data.