



**Station 1: Check In**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ HAS ID: \_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (years): \_\_\_\_\_

Event Location (City, State/Province or Country): \_\_\_\_\_ Delegation/SO Program: \_\_\_\_\_

Gender: Female Male Prefer not to answer Athlete Status: Athlete Unified partner Non-athlete with IDD Other

Sport: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Number is: Athlete's Parent's/Guardian's

*Providing a phone number is optional. It will be used to send a text reminder if any follow-up is recommended after screening.*

Screener's Name: \_\_\_\_\_

Would you say your health in general is...

Great	Good	Okay	Not good	
I don't know	Did not answer			







GREAT GOOD OKAY NOT GOOD DON'T KNOW

Is this your first time participating in Strong Minds?

Yes No I don't know Did not answer

Have you been told you have depression?

Yes No I don't know Did not answer

Are you currently receiving counseling or therapy from a mental health professional?

Yes No I don't know Did not answer

**Instructions to Volunteer:**

Ask the open-ended question and check any of the responses that the athlete states below. You may give a few examples, but please do not list the response options to the athlete. If the athlete gives a response not included within the response options, check "Other:" and write in their response. If an athlete indicates that there is nothing that can be done or that they are unsure, select "Nothing" or "I don't know," respectively.

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, didn't advance to the finals, and is feeling stressed/overwhelmed.

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

Think good/positive thoughts	Exercise or play sports
Listen to music	Try not to think about it
Look at pictures/reminders of good experiences	Watch TV or play video games
Talk to someone	Go home and go to sleep
Breathe deeply	Other
Stretch or tense/relax muscles	Nothing
Take a walk	I don't know
Use a stress ball	No response/Did not answer

**Station 2: Clinical Outcomes in Routine Evaluation (CORE-LD30)**

Screener's Name: \_\_\_\_\_

Participants (SO athletes) should attempt to answer the following questionnaire independently. If needed, support may be provided by a guardian attending the event.

Respondent type (Check all that apply):      Athlete              Parent/Guardian              Caregiver              Coach              Other: \_\_\_\_\_

Over the past week...		Not at all	Sometimes	Always/a lot	Did not answer
1	Have you felt very, very lonely?				
2	Have you felt really worried?				
3	Have you felt confused?				
4	Have you felt like you have no energy to do anything?				
5	Have you attacked someone?				
6	Have you managed to cope when things went wrong?				
7	Have you felt frustrated or upset with your learning disability?				
8	Have you thought about hurting yourself?				
9	Have you felt it hard to say how you feel?				
10	Have you been too worried or anxious to do important things?				
11	Have you felt happy with things you have done?				
12	Have you felt sad about people you have lost?				
13	Have you felt like crying?				
14	Have you felt really scared and frightened?				
15	Have you bottled up angry feelings?				
16	Have your problems felt too much for you?				
17	Have you had difficulty getting to sleep or staying asleep?				
18	Did you think about your problems all the time?				
19	Have you threatened or shouted at someone?				
20	Have you felt that life is hopeless?				
21	Have you thought about ending your life?				
22	Have you felt people are getting at you?				
23	Has it been hard to make friends?				
24	Have you felt unhappy?				
25	Have you been really upset by memories or pictures that pop into your head?				
26	Have you been cross or grumpy with other people?				
27	Have you thought your problems were your fault?				
28	Have you thought things will get better?				
29	Have other people made you feel really bad about yourself?				
30	Have you hurt yourself on purpose?				

Were visual supports/prompts (pictures) utilized when conducting this screening questionnaire?              Yes              No

Unable to test because athlete:      Refused to perform      Unable to perform      Unable to understand      Other: \_\_\_\_\_

### Station 3: Warwick-Edinburgh Mental Wellbeing Scale Intellectual Disability Version (Warwick Wellness)

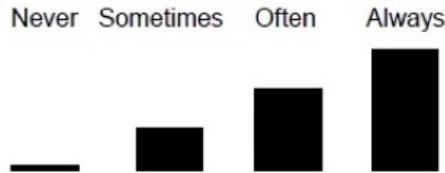
Screener's Name: \_\_\_\_\_

Participants (SO athletes) should attempt to answer the following questionnaire independently. If needed, support may be provided by a guardian attending the event.

Respondent type (Check all that apply):     Athlete            Parent/Guardian            Caregiver            Coach            Other: \_\_\_\_\_

*Instructions to Volunteer:*

1. *If athlete is able to self-administer, please go straight to screening tool.*
2. *If athlete is not able to self-administer then please first explain the response scale and then complete two practice items to check the athlete's understanding.*



#### Practice Questions

	Over the last week...	Never	Sometimes	Often	Always	Did not answer
1	I watched sports on TV					
2	I ate rotting food					

#### Warwick-Edinburgh Mental Wellbeing Scale Intellectual Disability Version (Warwick Wellness)

	Over the last week...	Never	Sometimes	Often	Always	Did not answer
1	I felt hopeful about the future					
2	I felt useful					
3	I felt relaxed					
4	I felt interested in other people					
5	I had lots of energy					
6	I dealt with problems well					
7	I thought clearly					
8	I felt good about myself					
9	I felt close to other people					
10	I felt confident					
11	I felt able to make my own decisions					
12	I felt loved					
13	I was interested in new things					
14	I felt cheerful					

Unable to test because athlete:     *Refused to perform*     *Unable to perform*     *Unable to understand*     Other: \_\_\_\_\_

## Station 4: Check Out

Screener's Name: \_\_\_\_\_

### Screening Completion

Was the screening unable to be completed and/or concluded prior to completion for any reason?

Screening Complete

Screening Incomplete

If screening incomplete, please describe: \_\_\_\_\_

Follow-up recommended?		Yes	No
<i>If yes, please select appropriate provider(s) below and select the most elevated referral type based on results of screening.</i>			
<b>Primary Care Provider</b>	Non-Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Please provide Name/Location of Referral: _____		Provider list dispensed
<b>Psychiatrist</b>	Routine Follow-up	Continue routine care with a <b>mental health</b> professional.	
	Non-Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Please provide Name/Location of Referral: _____		Provider list dispensed
<b>Psychologist/ Counselor</b>	Routine Follow-up	Continue routine care with a <b>mental health</b> professional.	
	Non-Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Please provide Name/Location of Referral: _____		Provider list dispensed
<b>Other (please specify):</b>	Non-Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Urgent Referral	<u>Reasons for Recommendation:</u> _____	
	Please provide Name/Location of Referral: _____		Provider list dispensed

## Station 5: Review of Activities (Optional)

Screener's Name: \_\_\_\_\_

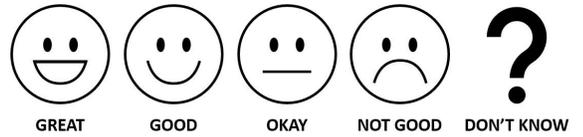
**Instructions to Volunteer:**

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 future	Will not use in the future	I don't know	Did not answer
Stress and You				
Strong Messages				
Strong Breathing				
Strong Stretching				
Strong Supporting				

How are you feeling right now?

Great                  Good                  Okay                  Not good  
I don't know                  Did not answer



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

Yes                  No                  I don't know                  Did not answer

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

Yes                  No                  I don't know                  Did not answer

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

Select one strategy you will use in the future:

Use a stressball                  Think positive thoughts                  Do deep breathing                  Stretch  
Support others                  Other                  I don't know                  Did not answer

When do you think you could use this strategy?

Before competition                  During competition                  After competition                  In the morning  
Before bed                  In a crowd                  At school                  During work  
At the doctor or dentist                  When I am teased/bullied                  When I feel stressed/overwhelmed  
Other: \_\_\_\_\_                  I don't know                  Did not answer

Who do you think will support you?

Friend                  Family Member                  Coach                  Teammate  
Other                  I don't know                  Did not answer