IOC SMHAT2

The International Olympic Committee
Sport Mental Health Assessment Tool 2
Developed by the IOC Mental Health Working Group

International Olympic Committee

ATHLETE'S NAME: .....

ATHLETE'S ID NUMBER: .....

DATE: .....

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ATHLETE FORM 3

Screening 10

Please circle the answer that best describes how you have felt and conducted yourself over the past 6 months.

	Never	Rarely	Sometimes	Often	Very often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	0	0	1	1	1
2. How often do you have difficulty getting things in order when you have to do a task that requires organisation?	0	0	1	1	1
3. How often do you have problems remembering appointments or obligations?	0	0	1	1	1
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	0	0	1	1
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	0	0	1	1
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	0	0	1	1

Screening 11

Please respond to each question by circling 'yes' or 'no'.

	No	Yes
1. Has there ever been a period of time when you were not your usual self and... ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	0	1
...you were so irritable that you shouted at people or started fights or arguments?	0	1
...you felt much more self-confident than usual?	0	1
...you got much less sleep than usual and found you didn't really miss it?	0	1
...you were much more talkative or spoke faster than usual?	0	1
...thoughts raced through your head or you couldn't slow your mind down?	0	1
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	0	1
...you had much more energy than usual?	0	1
...you were much more active or did many more things than usual?	0	1
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	0	1
...you were much more interested in sex than usual?	0	1
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	0	1
...spending money got you or your family in trouble?	0	1
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please check 1 response only.	0	1

	No problem	Minor problem	Moderate problem	Serious problem
3. How much of a problem did any of these cause you – like being able to work; having family, money, or legal troubles; getting into arguments or fights? Please check 1 response only.	0	0	1	1

Screening 11 (continued)

	No	Yes
4. Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	0	1
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	0	1

Screening 12

Please circle the answer that best represents how you have been feeling towards gambling in the last 12 months.

	Never	Sometimes	Most of the time	Almost always
1. Have you bet more than you could really afford to lose?	0	1	2	3
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	0	1	2	3
3. When you gambled, did you go back another day to try to win back the money you lost?	0	1	2	3
4. Have you borrowed money or sold anything to get money to gamble?	0	1	2	3
5. Have you felt that you might have a problem with gambling?	0	1	2	3
6. Has gambling caused you any health problems, including stress or anxiety?	0	1	2	3
7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	0	1	2	3
8. Has gambling caused any financial problems for you or your household?	0	1	2	3
9. Have you felt guilty about the way you gamble or what happens when you gamble?	0	1	2	3

Screening 13

1. Have you lost someone significant to you?	No	Yes
2. How many months has it been since your significant other died?		Months

For each item below, please circle how you currently feel? Since the death, or as a result of the death...

	Not at all	Slightly	Somewhat	Quite a bit	Overwhelmingly
3. Do you feel yourself longing or yearning for the person who died?	1	2	3	4	5
4. Do you have trouble doing the things you normally do because you are thinking so much about the person who died?	1	2	3	4	5
5. Do you feel confused about your role in life or feel like you don't know who you are anymore (i.e., feeling like that a part of you has died)?	1	2	3	4	5
6. Do you have trouble believing that the person who died is really gone?	1	2	3	4	5
7. Do you avoid reminders that the person who died is really gone?	1	2	3	4	5
8. Do you feel emotional pain (e.g., anger, bitterness, sorrow) related to the death?	1	2	3	4	5
9. Do you feel that you have trouble re-engaging in life (e.g., problems engaging with friends, pursuing interests, planning for the future)?	1	2	3	4	5
10. Do you feel emotionally numb or detached from others?	1	2	3	4	5
11. Do you feel that life is meaningless without the person who died?	1	2	3	4	5
12. Do you feel alone or lonely without the deceased?	1	2	3	4	5

Screening 13 (continued)

13. Have the symptoms above caused significant impairment in social, occupational, or other important areas of functioning?	No	Yes

Screening 14

The following statements refer to experiences that many people have in their everyday lives.
Please circle the answer that best describes how much that experience has distressed or bothered you during the past month.

	Not at all	A little	Moderately	A lot	Extremely
1. I have saved up so many things that they get in the way.	0	1	2	3	4
2. I check things more often than necessary.	0	1	2	3	4
3. I get upset if objects are not arranged properly.	0	1	2	3	4
4. I feel compelled to count while I am doing things.	0	1	2	3	4
5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0	1	2	3	4
6. I find it difficult to control my own thoughts.	0	1	2	3	4
7. I collect things I don't need.	0	1	2	3	4
8. I repeatedly check doors, windows, drawers, etc.	0	1	2	3	4
9. I get upset if others change the way I have arranged things.	0	1	2	3	4
10. I feel I have to repeat certain numbers.	0	1	2	3	4
11. I sometimes have to wash or clean myself simply because I feel contaminated.	0	1	2	3	4
12. I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
13. I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
14. I repeatedly check gas and water taps and light switches after turning them off.	0	1	2	3	4
15. I need things to be arranged in a particular order.	0	1	2	3	4
16. I feel that there are good and bad numbers.	0	1	2	3	4
17. I wash my hands more often and longer than necessary.	0	1	2	3	4
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4

Screening 15

Please circle the answer that best represents how you are feeling.

			If TRUE: how much distress did you experience?			
	True	False	None	Mild	Moderate	Severe
1. I feel uninterested in the things I used to enjoy.	☐	☐	0	1	2	3
2. I often seem to live through events exactly as they happened before (déjà vu).	☐	☐	0	1	2	3
3. I sometimes smell or taste things that other people can't smell or taste.	☐	☐	0	1	2	3
4. I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.	☐	☐	0	1	2	3
5. I have been confused at times whether something I experienced was real or imaginary.	☐	☐	0	1	2	3
6. When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.	☐	☐	0	1	2	3
7. I get extremely anxious when meeting people for the first time.	☐	☐	0	1	2	3
8. I have seen things that other people apparently can't see.	☐	☐	0	1	2	3

Screening 15 (continued)

			If TRUE: how much distress did you experience?			
	True	False	None	Mild	Moderate	Severe
9. My thoughts are sometimes so strong that I can almost hear them.	☐	☐	0	1	2	3
10. I sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around me.	☐	☐	0	1	2	3
11. Sometimes I have felt that I'm not in control of my own ideas or thoughts.	☐	☐	0	1	2	3
12. Sometimes I feel suddenly distracted by distant sounds that I am not normally aware of.	☐	☐	0	1	2	3
13. I have heard things other people can't hear like voices of people whispering or talking.	☐	☐	0	1	2	3
14. I often feel that others have it in for me.	☐	☐	0	1	2	3
15. I have had the sense that some person or force is around me, even though I could not see anyone.	☐	☐	0	1	2	3
16. I feel that parts of my body have changed in some way, or that parts of my body are working differently than before.	☐	☐	0	1	2	3