

# SMHAT-1

The International Olympic Committee Sport Mental Health Assessment Tool 1  
DEVELOPED BY THE IOC MENTAL HEALTH WORKING GROUP



Athlete's name: \_\_\_\_\_ Athlete's ID number: \_\_\_\_\_

### What is the SMHAT-1

The International Olympic Committee (IOC) Sport Mental Health Assessment Tool 1 (SMHAT-1) is a standardized assessment tool aiming to identify at an early stage elite athletes (defined as professional, Olympic, Paralympic and collegiate level; 16 and older) potentially at risk for or already experiencing mental health symptoms and disorders, in order to facilitate timely referral of those in need to adequate support and/or treatment.

### Who should use the SMHAT-1

The SMHAT-1 can be used by sports medicine physicians and other licensed/registered health professionals, but the clinical assessment (and related management) within the SMHAT-1 (see step 3b) should be conducted by sports medicine physicians and/or licensed/registered mental health professionals. If you are not a sports medicine physician or other licensed/registered health professional, please use the IOC Sport Mental Health Recognition Tool 1 (SMHRT-1). Physical therapists or athletic trainers working with a sports medicine physician can use the SMHAT-1 but any guidance or intervention should remain the responsibility of their sports medicine physician.

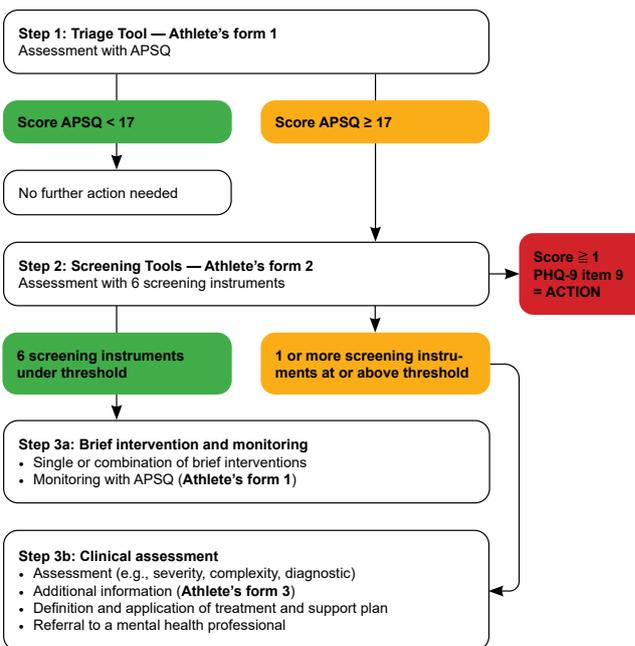
### Why use the SMHAT-1

Mental health symptoms and disorders are prevalent among active and former elite athletes. Mental health disorders are typically defined as conditions causing clinically significant distress or impairment that meet certain diagnostic criteria, such as in the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) or the International Classification of Diseases 10th revision (ICD-10), whereas mental health symptoms are self-reported, may be significant but do not occur in a pattern meeting specific diagnostic criteria and do not necessarily cause significant distress or functional impairment.

### When to use the SMHAT-1

The SMHAT-1 should be ideally embedded within the pre-competition period (i.e., a few weeks after the start of sport training), as well as within the mid- and end-season period. The SMHAT-1 should also ideally be used when any significant event for athletes occurs such as injury, illness, surgery, unexplained performance concern, after a major competition, end of competitive cycle, suspected harassment/abuse, adverse life event and transitioning out of sport.

To use this paper version of the SMHAT-1, please print it single-sided. The SMHAT-1 in its current form can be freely copied for distribution to individuals, teams, groups and organizations. Any revision requires the specific approval by the IOC MHWG while any translation should be reported to the IOC MHWG. The SMHAT-1 should not be re-branded or sold for commercial gain. Further information about the development of the SMHAT-1 and related screening tools (including psychometric properties) is presented in the corresponding publication of the British Journal of Sports Medicine.



## Step 1. Triage tool for mental health symptoms and disorders

1

**ACTION:** For this step, you need to refer to the Athlete's form 1. Complete the following.

Calculate the total score by summing up the answers on the 10 items

Total Score

Total score 10 – 16 >>> No further action needed

Total score 17 – 50 >>> The athlete should complete the Athlete's form 2. Once the Athlete's form 2 is completed, proceed to step 2

## Step 2. Screening tools for mental health symptoms and disorders

2

**ACTION:** For this step, you need to refer to the Athlete's form 2. Complete the following.

### Screening 1 (anxiety)

Calculate the total score by summing up the answers on the 7 items

Total Score

### Screening 2 (depression)

Calculate the total score by summing up the answers on the 9 items

Total Score

Note the score ('0', '1', '2' or '3') of the athlete on item 9

Score

### Screening 3 (sleep disturbance)

Calculate the total score by summing up the answers on the 5 items.

Total Score

### Screening 4 (alcohol misuse)

Calculate the total score by summing up the answers on the 3 items

Total Score

### Screening 5 (drug(s) use)

Calculate the total score by summing up the answers on the 4 items

Total Score

Note which drug(s) caused concerns or problems for the athlete

Drug(s)

### Screening 6 (disordered eating)

Calculate the total score by summing up the answers on the first 6 items

Total Score

### Summary table about step 2 (screening)

🔴 **ACTION:** Refer to all scores previously calculated and complete the summary table; note the screening scores and tick the appropriate box

	Total score	Under threshold	At or above threshold
Anxiety (screening 1)		0-9 <input type="checkbox"/>	$\geq 10$ <input type="checkbox"/>
Depression (screening 2)		0-9 <input type="checkbox"/>	$\geq 10$ <input type="checkbox"/>
Depression item 9 (screening 2)		0 <input type="checkbox"/>	$\geq 1$ <input type="checkbox"/>
Sleep disturbance (screening 3)		0-7 <input type="checkbox"/>	$\geq 8$ <input type="checkbox"/>
Alcohol misuse (screening 4)		Men 0-3; <input type="checkbox"/> Women 0-2 <input type="checkbox"/>	Men $\geq 4$ ; <input type="checkbox"/> Women $\geq 3$ <input type="checkbox"/>
Drug(s) misuse (screening 5)		0-1 <input type="checkbox"/>	$\geq 2$ <input type="checkbox"/>
Disordered eating (screening 6)		0-3 <input type="checkbox"/>	$\geq 4$ <input type="checkbox"/>

Anxiety: score 5-9 = mild; score 10-14 = moderate; score  $\geq 15$  = severe

Depression: score 5-9 = mild; score 10-14 = moderate; score 15-19 = moderately severe; score  $\geq 20$  = severe

Sleep disturbance: score 5-7 = mild; score 8-10 = moderate; score  $\geq 11$  = severe

Box ticked for depression item 9 >>> Take immediate action to ensure safety of the athlete.

All screening scores under threshold >>> Proceed to step 3a

One or more screening scores at or above threshold >>> Proceed to step 3b

### Step 3a. Brief intervention and monitoring

3

🔴 **ACTION:** Refer the athlete to a single intervention or combination of brief interventions such as psychoeducation, mindfulness, meditation, mental skills training, or stress control.

🔴 **ACTION:** After the completion of brief intervention(s), the athlete should be re-assessed with the triage tool (Athlete's form 1), and further action taken as follows:

Total score 0 – 16 >>> No further action needed

Total score 17 – 50 >>> The athlete must proceed into step 3b

### Step 3b. Clinical assessment and management

This step should be completed by a sport medicine physician or a licensed/registered mental health professional. The objective of this step is to conduct a comprehensive clinical assessment in order to identify important problems/diagnoses and create a management/intervention plan.

🔴 **ACTION:** Review and interpret the triage and screening scores and conduct a clinical assessment in order to obtain additional information. Inquire about a history of and/or current presence of harassment/abuse within or outside of sports.

🔴 **ACTION:** Your comprehensive assessment should consider the following:

#### Severity

Severity refers to the likelihood of an identified clinical problem significantly compromising the athlete's health and wellbeing, for instance, by causing severe functional impairments, markedly disturbed behaviors and/or risk to self or others (e.g., suicidal/homicidal intent, significant self-neglect, or electrolyte abnormalities in eating disorders would be considered high severity).

#### Complexity

Complexity refers to comorbid mental health and other medical conditions (e.g., alcohol use disorder and anxiety, depression and diabetes mellitus, or any mental health disorder and significant musculoskeletal injury) and/or significant sport (e.g., performance concerns, career dissatisfaction) or non-sport (e.g., relationship or financial problems, bereavement) stressors. Note that being successful can also be a major life event leading to unexpected stresses.

#### Diagnostic uncertainty

Diagnostic uncertainty refers to any doubt about diagnosis. Examples include differentiating a high level of sport-related physical activity from over-activity found in hypomania and ADHD, functional performance-related eating from eating disorders, or depression from bipolar disorder.

#### Treatment non-response

Treatment non-response refers to when the initial treating clinician has implemented one or two treatment cycles with no response or a partial response.

3

🔍 **ACTION:** Note the most significant problem(s) of the athlete in the following table (column 'problem') and complete the table by ticking the appropriate box(es) if applicable.

Problem	Severity	Complexity	Diagnostic uncertainty	Treatment non-response
Problem 1				
Problem 2				
Problem 3				

In cases that are neither severe, complex, diagnostically uncertain nor non-responsive to treatment >>> Treatment/support can be provided by a sports medicine / primary care physician, referring then to the International Olympic Committee consensus statement on mental health in elite athletes for guidance

In cases of diagnostic uncertainty or when further information might be useful >>> Consider whether one or more additional screening tools should be completed by the athlete. If relevant, use the Athlete's form 3: screening 7 for attention-deficit hyperactivity disorder, screening 8 for bipolar disorder, screening 9 for post-traumatic stress disorder, screening 10 for gambling, screening 11 for psychosis. For the calculation of total score(s) and related interpretation, please refer to the last section of this form.

In cases that are severe, complex, diagnostically uncertain even after any appropriate additional screening and/or non-responsive to treatment >>> Athletes should be referred to a mental health professional (e.g., clinical psychologist or psychiatrist).

### Additional screening tools for mental health symptoms and disorders

🔍 **ACTION:** For this, you need to refer to the Athlete's form 3. Complete the following.

#### Screening 7 (attention-deficit/hyperactivity disorder)

Calculate the total score by summing up the answers on the 6 items

Total Score

Score  $\geq 4$  = symptoms highly consistent with ADHD

#### Screening 8 (bipolar disorder)

Calculate the total score by summing up the answers on item 1

Total score

Note the score of item 2

Score

Note the score of item 3

Score

Possible bipolar disorder if total score  $\geq 7$  AND item 2 = 1 AND item 3 = 1

#### Screening 9 (post-traumatic stress disorder)

Calculate the total score by summing up the answers on the 5 items

Total Score

Cut-off of 3 = sensitivity of 0.95 & specificity of 0.85; cut-off of 4 = sensitivity of 0.83 & specificity of 0.91

#### Screening 10 (gambling)

Calculate the total score by summing up the answers on the 9 items

Total Score

Score 0 = non-problem gambling; score 1-2 = low level of problems with few or no identified negative consequences; score 3-7 = moderate level of problems leading to some negative consequences; score  $\geq 8$  = problem gambling with negative consequences and a possible loss of control

#### Screening 11 (psychosis)

Calculate the total score by summing up the answers on the 16 items

Total Score

Score  $\geq 6$  = at risk for psychosis

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## ATHLETE'S FORM 1

1

These questions concern how you have been feeling over the past 30 days. Please circle the answer that best represents how you have been.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. It was difficult to be around teammates	1	2	3	4	5
2. I found it difficult to do what I needed to do	1	2	3	4	5
3. I was less motivated	1	2	3	4	5
4. I was irritable, angry or aggressive	1	2	3	4	5
5. I could not stop worrying about injury or my performance	1	2	3	4	5
6. I found training more stressful	1	2	3	4	5
7. I found it hard to cope with selection pressures	1	2	3	4	5
8. I worried about life after sport	1	2	3	4	5
9. I needed alcohol or other substances to relax	1	2	3	4	5
10. I took unusual risks off-field	1	2	3	4	5

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2

## ATHLETE'S FORM 2

### Screening 1

The following questions relate to feeling anxious or stressed. Over the last 2 weeks, how often have you been bothered by the following problems? Please circle the answer that best represents how you have been.

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

### Screening 2

The following questions relate to feeling depressed, sad or blue. Over the past 2 weeks, how often have you been bothered by any of the following problems? Please circle the answer that best represents how you have been.

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

### Screening 3

The following questions relate to your sleep habits. Please circle the best answer which you think represents your typical sleep habits over the recent past.

1. During the recent past, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

5 to 6 hours	4
6 to 7 hours	3
7 to 8 hours	2
8 to 9 hours	1
more than 9 hours	0

2. How satisfied / dissatisfied are you with the quality of your sleep?

very satisfied	0
somewhat satisfied	1
neither satisfied nor dissatisfied	2
somewhat dissatisfied	3
very dissatisfied	4

3. During the recent past, how long has it usually taken you to fall asleep each night?

15 minutes or less	0
16 – 30 minutes	1
31 – 60 minutes	2
longer than 60 minutes	3

4. How often do you have trouble staying asleep?

never	0
once or twice per week	1
three or four times per week	2
five to seven days per week	3

5. During the recent past, how often have you taken medicine to help you sleep (prescribed or over-the-counter)?

never	0
once or twice per week	1
three or four times per week	2
five to seven times per week	3

#### Screening 4

The following questions are about alcohol use. Please respond to each question by circling the number from '0' to '4' that represents your alcohol use.

1. How often do you have a drink containing alcohol?

Never	0
Monthly or less	1
2-4 times a month	2
2-3 times a week	3
4 or more times a week	4

2. How many standard drinks containing alcohol do you have on a typical day when you drink?

1 to 2	0
3 to 4	1
5 to 6	2
7 to 9	3
10 or more	4

3. How often do you have six or more drinks on one occasion?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

**Screening 5**

The following questions are about drug(s) use in the last 3 months. Please respond to each question by circling 'yes' or 'no'. When thinking about drug use consider legal ones like caffeine or nicotine, illicit/illegal drugs (including cannabis even if legal in your state/country) and prescription medications used in ways other than prescribed (i.e., higher dosages; different ways of taking them, i.e., crushing/sniffing, injecting). Do NOT include alcohol in these responses.

	Yes	No
1. In the last three months, have you felt you should cut down or stop using drugs?	1	0
2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop using drugs?	1	0
3. In the last three months, have you felt guilty or bad about how much you use drugs?	1	0
4. In the last three months, have you been waking up wanting to use drugs?	1	0

In the last 3 months, which drug(s) or substance(s) listed below caused concerns or problems in your life? Concerns may include drug-related stress, depression, insomnia, financial strain, relationship conflict, heavy use/overdose, cravings, withdrawal, blackouts, flashbacks, fights, arrests, missed work, and/or medical problems like hepatitis, seizures or weight loss. Please circle all that apply.

None	Stimulants-nicotine	Hallucinogens (LSD; mushrooms)
Cannabis-marijuana	Stimulants-powder cocaine	Inhalants (volatile solvents)
Cannabis-oil	Stimulants-crack cocaine	Opioids-heroin
Cannabis-edibles	Stimulants-methamphetamine (meth)	Opioids-opium
Cannabis-synthetics (K2; Spice)	Stimulants-methylphenidate (ADD/ADHD medication)	Opioids-pain medications (e.g. oxycodone, hydrocodone)
Club Drugs (MDMA-ecstasy; GHB)	Stimulants-amphetamine salts (ADD/ADHD medication)	Synthetic Cathinones (bath salts)
Stimulants-caffeine	Dissociative Drugs (Ketamine; PCP)	Other (specify)

**Screening 6**

The following questions are related to your eating habits and your thoughts about food, eating, your weight and your body image. Over the past 2 weeks, how often have you been bothered by any of the following problems? Please circle the answer that best represents how you have been.

	Always	Usually	Often	Sometimes	Rarely	Never
1. I feel extremely guilty after overeating	3	2	1	0	0	0
2. I am preoccupied with the desire to be thinner	3	2	1	0	0	0
3. I think that my stomach is too big	3	2	1	0	0	0
4. I feel satisfied with the shape of my body	0	0	0	1	2	3
5. My parents have expected excellence of me	3	2	1	0	0	0
6. As a child, I tried very hard to avoid disappointing my parents and teachers	3	2	1	0	0	0
7. Are you trying to lose weight now?					Yes	No
8. Have you tried to lose weight?					Yes	No
9. If yes, how many times have you tried to lose weight?			1-2 times	3-5 times	>5 times	

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## ATHLETE'S FORM 3

3

### Screening 7

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 organization?	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 8

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

	Yes	No		
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?	1	0		
...you were so irritable that you shouted at people or started fights or arguments?	1	0		
...you felt much more self-confident than usual?	1	0		
...you got much less sleep than usual and found you didn't really miss it?	1	0		
...you were much more talkative or spoke faster than usual?	1	0		
...thoughts raced through your head or you couldn't slow your mind down?	1	0		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	1	0		
...you had much more energy than usual?	1	0		
...you were much more active or did many more things than usual?	1	0		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	1	0		
...you were much more interested in sex than usual?	1	0		
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	1	0		
...spending money got you or your family in trouble?	1	0		
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.	1	0		
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.				
	No problem=0	Minor problem=0	Moderate problem=1	Serious problem=1
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	Yes	No		
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	Yes	No		

**Screening 9**

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example, a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, or having a loved one die through homicide or suicide.

Please respond to the following question by circling 'yes' or 'no'.

Have you ever experienced this kind of an event?	Yes	No	
If yes, did the event occur inside or outside of sport?	Inside	Outside	Both

If you have not experienced one or more of these events, then stop here with Screening 9 and please go to Screening 10.

If you have experienced an event or events like this, please circle your answer to the following 5 questions.

	Yes	No
In the past month, have you had nightmares about the event(s) or thought about the event(s) when you did not want to?	1	0
In the past month, have you tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	1	0
In the past month, have you been constantly on guard, watchful, or easily startled?	1	0
In the past month, have you felt numb or detached from people, activities, or your surroundings?	1	0
In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	1	0

**Screening 10**

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 criticized 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 11**

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

		If TRUE: how much distress did you experience?			
		None	Mild	Moderate	Severe
1. I feel uninterested in the things I used to enjoy.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
2. I often seem to live through events exactly as they happened before (déjà vu).	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
3. I sometimes smell or taste things that other people can't smell or taste.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3

		None	Mild	Moderate	Severe
4. I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
5. I have been confused at times whether something I experienced was real or imaginary.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
6. When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
7. I get extremely anxious when meeting people for the first time.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
8. I have seen things that other people apparently can't see.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
9. My thoughts are sometimes so strong that I can almost hear them.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
10. I sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around me.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
11. Sometimes I have felt that I'm not in control of my own ideas or thoughts.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
12. Sometimes I feel suddenly distracted by distant sounds that I am not normally aware of.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
13. I have heard things other people can't hear like voices of people whispering or talking.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
14. I often feel that others have it in for me.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
15. I have had the sense that some person or force is around me, even though I could not see anyone.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3
		None	Mild	Moderate	Severe
16. I feel that parts of my body have changed in some way, or that parts of my body are working differently than before.	True <input type="checkbox"/> False <input type="checkbox"/>	0	1	2	3