

Adjustment Disorder New Module Athlete (ADNMA) Screening Tool

Instructions: Below is a list of categories with corresponding, potentially stressful, situations. Please select those situations that happened during the past 2 years. You can select as many situations as relevant to you. If you experienced a situation in a category, but your experience is not listed, please select "other". You can then give a brief explanation of what happened.

Did you experience an important change in

Your health

- Injury/illness that didn't threaten your career
- Injury/illness that threatened your career
- Illness for more than a week
- Admitted to hospital unexpectedly
- Surgery
- Major change in eating habits
- Major change in sleeping habits
- Weight gain
- Weight loss
- Change in mental health status
- Other (please specify):

Your work or study

- Finished Secondary school
- Started University/TAFE/Training Program
- Failed an important exam/assessment/unit
- Changed courses
- New job
- Change in hours you work/study
- Change in responsibilities at work/promotion/demotion
- Troubles at work/university/school
- Made redundant from work/loss of job
- Finished a degree/course/certificate
- Other (please specify):.....

Your living situation

- Constantly moving ("on tour")
- Moving out of home
- Returning home after time away (e.g. training camp, competition)
- Relocating for your sport/personal reasons
- Moving in/out with your partner
- Another person moving into/out of your home
- Purchasing a new home
- Renovating
- Issues with housemates
- Other (please specify):.....

Relationships with your family

- Pregnancy/Birth of a child
- Seeing your family less
- Separation/Divorce of your parents/guardians
- Parent re-partnering/getting re-married
- Serious illness of a family member
- Issues with your family/partner's family
- Death of a family member
- Long period away from family
- Pressure from family
- Other (please specify):.....

Your personal or social life

- New partner
- Divorce/separation/break-up from partner
- Problems with your partner/friends
- Engagement
- Getting married
- Long period away from your partner/friends
- Fight with someone important to you
- Issues with sexuality
- Loneliness/social isolation
- Other (please specify):.....

Your financial situation

- Increased income
- Decreased income
- Loss or damage of personal property
- Major purchase
- Taking on a mortgage or loan
- Foreclosure on a mortgage or loan
- Change in your contract/sponsorship as an athlete
- Increase in expenses
- Family facing financial issues
- Other (please specify):.....

Your training load

- Increased training load
- Decreased training load
- Not training at all
- Modified training (due to injury or sickness)
- Change of training program
- Change in routine/technique
- Other (please specify):.....

Your relationships with your coach or teammates

- Change of coach
- Issues with a coach
- Change of team
- Change of club
- Issues with teammate(s)
- Issues with support staff
- Other (please specify):.....

Your performance in training or competition

- Unexpectedly good performance in competition
- Poor performance in competition
- A period of under-performance
- Maintaining top ranking/position/results in competition
- Other (please specify):.....

The level you compete at or a change of training environment

- Being selected for a major event/competition
- Being selected for the State/National team/program
- Being de-selected from your team/program
- Transfer to another club/team/program
- Transition to a higher level of competition
- Transition to a lower level of competition
- Change or potential change in your classification (para-athletes)
- Other (please specify):.....

Your position within your team/program

- Change in position
- Change in responsibilities within the team/program
- Uncertainty about your position in the team/program
- Other (please specify):.....

Your image in the media or on social media

- Marked increase in followers
- Losing popularity
- Receiving bad publicity
- Being trolled on your social media account(s)
- Increased media attention
- Other (please specify):.....

(If you did not indicate any potentially stressful events in the list above, you can end the survey here)

The situation(s) you have just indicated can have numerous consequences for your well-being and behaviour. Please indicate the situation(s) causing you the most stress and how long ago these situations happened below:

.....

.....

.....

Instructions: Below you will find various statements about a range of reactions these types of situations can trigger. Please rate how often each statement applies to you, from “never” to “often”.

		Never	Rarely	Sometimes	Often
1	Due to the stressful situation(s), I feel low and sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I think about the stressful situation(s) repeatedly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I try to avoid talking about the stressful situation(s) whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I think about the stressful situation(s) a lot and this is a great burden to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I rarely do those activities which I used to enjoy anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	If I think about the stressful situation(s), I find myself in a real state of anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I avoid certain things that might remind me of the stressful situation(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I am nervous and restless due to the stressful situation(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Due to the stressful situation(s), I lose my temper much quicker than I used to, even over small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Due to the stressful situation(s), I find it difficult to concentrate on certain things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I try to dismiss the stressful situation(s) from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I have noticed that I am becoming more irritable due to the stressful situation(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I constantly get memories of the stressful situation(s) and can't do anything to stop them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I try to suppress my feelings because they are a burden to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	My thoughts often revolve around anything related to the stressful situation(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Due to the stressful situation(s), I am scared of doing certain things or of getting into certain situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Due to the stressful situation(s), I do not like going to work or carrying out the necessary tasks in everyday life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I have been feeling dispirited due to the stressful situation(s) and have little hope for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Due to the stressful situation(s), I can no longer sleep properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	All in all, the situation(s) cause(s) serious impairment in my social or occupational life, my sport, my leisure time, and other important areas of functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Never	Rarely	Sometimes	Often
21	My motivation to compete has decreased due to the stressful situation(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Due to the stressful situation(s) training has felt more challenging and/or I started missing training sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I feel that the stressful situation(s) has impacted upon my ability to perform to the best of my ability in training and/or competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Since the stressful situation(s) I have experienced more aches/pains/colds/flu-symptoms than normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring

It should be kept in mind that the ADNMA is a risk screening instrument, not a diagnostic tool. Further to this, there is currently limited research available on the use of the ADNMA. Therefore, one should use cut-off scores and outcomes with caution.

To score the ADNMA, firstly all tick boxes should be converted to numbers:

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Items 1 to 20 are separated from items 20 to 24 for scoring

Scoring of items 1 to 20

These items can be scored in two ways, a sum-score with the accompanying cut-off score (Lorenz et al., 2016) or a binary score calculated through an algorithm (Glaesmer et al., 2015). The user is advised to choose the scoring most appropriate for their purpose (e.g. a sum-score may be preferred for monitoring purposes)

A sum-score can be produced for items 1 to 20 by adding the individual items. Scores above the cut-off score of 47.5 should be considered as high risk of Adjustment Disorder (Lorenz et al., 2016).

Alternatively, items 1 to 20 can be scored as per the ADNMA-20 scoring algorithm (Glaesmer et al., 2015).

Core Symptoms				
Pre-occupations	2	4	13	15
Failure to adapt	10	17	19	20
Accessory Symptoms				
Avoidance	3	7	11	14
Depressive mood	1	5	18	
Anxiety	6	16		
Impulse disturbance	8	9	12	

A person should be considered at high risk of Adjustment Disorder if: both core symptom clusters ("pre-occupations" and "failure to adapt") are present with at least one item rated ≥ 3 and at least two items rated ≥ 2 , and item 20 is rated ≥ 3 .

Scoring of questions 21 to 24

Each of these questions can be considered a separate manifestation of AjD in the sporting environment.

At the users' discretion, sum-scores over questions 20 to 24 can be produced to indicate the total impact on the sporting environment

References

Simons, C., Martin, L. A., Balcombe, L., Dunn, P. K., & Clark, R. A. (*under review*). Assessment of stressors and mental health in high-level athletes: Development of an athlete-specific instrument to assess Adjustment Disorder.

Simons, C., Martin, L. A., Balcombe, L., Dunn, P. K., & Clark, R. A. (2020). Mental health impact on at-risk high-level athletes during COVID-19 lockdown: a pre-, during and post-lockdown longitudinal cohort study of adjustment disorder. *Journal of Science and Medicine in Sport*.

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Glaesmer, H., Romppel, M., Brähler, E., Hinz, A., & Maercker, A. (2015). Adjustment disorder as proposed for ICD-11: Dimensionality and symptom differentiation. *Psychiatry Research*, 229(3), 940-948.

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Lorenz, L., Bachem, R., & Maercker, A. (2016). The Adjustment Disorder–New Module 20 as a screening instrument: Cluster analysis and cut-off values. *The International Journal of Occupational and Environmental Medicine*, 7(4), 215-220.

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