Lifestyle Survey Follow Up Questions

These are follow up questions to help assist athletes to understand the questions in the Lifestyle Survey.

1. **Your Name:**
   a. What is your name?
   b. What are your first and last names?

2. **Program Name:** Program staff should fill this question out

3. **Today’s Date:** Program staff should fill this question out

4. **What is the date you were born?**
   a. When is your birthday?
   b. What year were you born?

5. **Are you male or female?**
   a. Are you a boy or girl?
   b. Man or Woman?

6. **Is anyone helping you to complete all of these forms?**

7. **I am a(n):**
   a. What do you do at Special Olympics?

8. **I describe myself as:** give examples

9. **I live:**
   a. Who do you live with?
   b. Where do you live?
   c. Do you live with other people?
   d. Or do you live by yourself?

10. **I communicate by:**
   a. How do you tell people what you want?
   b. How do you tell others what you are thinking/feeling?

11. **I move around:**
   a. Are you able to move by yourself or do you need help?

12. **Do you work?**
   a. Do you have a job?

13. **When you work:**
   a. How long do you work?
   b. What days do you work?
   c. Do you work all day?
   d. Do you just work mornings/afternoons?

14. **My health is:**
   a. How do you feel most of the time?
   b. How does your body feel most days?
15. **Yesterday, how many times did you eat vegetables?**  
   a. Go through each meal and snacks with the person to help figure this out:  
      i. Do you remember what you ate for breakfast? for lunch? for dinner? Any snacks?  
      ii. Did you eat vegetables yesterday, how many times do you think you ate vegetables?  
16. **Yesterday, how many times did you eat fruits?**  
   a. Go through each meal and snacks with the person to help figure this out:  
      i. Do you remember what you ate for breakfast? for lunch? for dinner? Any snacks?  
   b. Did you eat fruits yesterday, how many times do you think you ate fruits?  
17. **Yesterday, how many cups of water did you drink?**  
   a. Did you drink water yesterday, how many cups do you think you drank?  
   b. Do you drink water every day?  
   c. When do you drink water?  
   d. In other words, there may be some routine with this that may be explored before talking about yesterday specifically  
18. **Last week on what days did you exercise/play sports that made you heart beat fast?**  
   a. Think about what you did last week. Did you do anything that made you breathe hard or heart beat fast? what days did that happen?  
   b. Are there sports/exercises that you do each week?  
   c. Determine a routine before you ask about last week—this can give context. i.e.. Oh, you go bowling every Friday night—so you went last Friday?  
      i. Once you check out the routine stuff you can ask about other things.  
19. **How much time do you usually spend exercising on the days you circled above?**  
   a. How long did you exercise on those days?  
   b. If it is an organized sport: What time does ____ start? And what time does ____ end?  
   c. If it is on their own exercise: How long does it take you to do your jogging/walking/exercise they mentioned?  
20. **Do you have a goal as a Special Olympics athlete?**  
   a. Do you have anything you want to get better at as a Special Olympics athlete?
21. On a regular day, do you eat or drink the following sweet snacks?
   a. Do you eat sweets?
   b. Do you eat candy?
   c. Do you eat them every day?
   d. Do you eat them one time a week?
   e. Do you eat them many times a week?
   f. How many times in the week do you eat sweet snacks? Eat candy?

22. On a regular day, do you drink the following, salty snacks?
   a. Do you eat salty snacks?
   b. Do you eat them every day?
   c. Do you eat them one time a week?
   d. Do you eat them many times a week?
   e. How many times in the week do you eat salty snacks?

23. On a regular day, do you eat or drink the following, sports drinks?
   a. Do you drink sports drinks?
   b. Do you drink them every day?
   c. Do you drink them one time a week?
   d. Do you drink them many times a week?
   e. How many times in the week do you drink sports drinks, like Gatorade or Powerade?

24. On a regular day, do you eat or drink the following, soda or pop?
   a. How many times in the week do you have soda, like Coke or Sprite?
   b. Do you drink sports drinks?
   c. Do you drink them every day?
   d. Do you drink them one time a week?
   e. Do you drink them many times a week?

25. On a regular day, do you eat or drink the following, fast food meals or drive-thru meals?
   a. How many times in the week do you have fast food, like McDonalds or Taco Bell?
   b. Do you eat at fast food restaurants such as __________?
   c. Is there a day each week that you go out to __________?