

**Special
Olympics**



Your Name: _____

Program Name: _____

Today's Date: _____ What is the date you were born? _____

Are you male or female? Male (Boy) Female (Girl)

Is anyone helping you to complete all of these forms?

I am completing these forms totally by myself Someone is helping me to complete forms

Check an answer for each question below: You can skip any questions you do not want to answer.

I am a(n): Athlete Unified Partner Coach Caregiver Parent

Other: _____

I describe myself as: White Black Hispanic or Latino Asian or Pacific Islander

American Indian Alaskan Native Other _____

I live: In a group home With my family In my own home or apartment

Other-I live in: _____

I communicate by: Talking or using spoken words Gestures

Using a communicative device or assisted technology (like a Dynavox)

Other _____

I move around: By myself Using a wheelchair walker or cane

Only with help from someone else

Do you work: Yes No

When you work: It is full-time It is part-time I do not work right now

My health is: Great Good Okay Not Good

Please check an answer for each question below.

There is no right or wrong answer.

1. Yesterday, how many times did you eat **VEGETABLES**? (Vegetables are salads, boiled/baked/mashed potatoes, and all cooked and uncooked vegetables.) Do not include french fries or chips.

0 1 2 3 4 5 or more

2. Yesterday, how many times did you eat **FRUITS**? Do not include fruit juice.

0 1 2 3 4 5 or more

3. Yesterday, how many **CUPS** or **WATER** did you drink?

0 1 2 3 4 5 or more

4. **LAST WEEK**, on what days did you exercise/play sports that made your heart beat fast and made you breathe hard (things like: basketball, jogging, skating, fast dancing, swimming laps, tennis, fast bicycling, or aerobics)?

Monday Tuesday Wednesday Thursday Friday Saturday

Sunday I did not exercise/play sports that made my heart beat fast and made me breathe hard

5. How much time do you usually spend exercising on the days you checked above?

30 minutes 1 hour 1 hour and 30 minutes 2 hours 3 or more hours

6. Do you have a **GOAL** as a **Special Olympics athlete** (things like a **personal best record** you want in bowling, swimming, or fitness, etc., a **health goal**, or **competition goal**)?

Yes No Don't Know

If yes, what is your goal?

Please check each box to answer the questions below:

On a regular day (most days), do you eat or drink the following?

| | | | | | |
|---|---|---|---|---|-----------------------------------|
| Sweet snacks (like candy, chocolate, cupcakes) | Every Day or Almost Every Day <input type="checkbox"/> | 3 or 4 Times per Week <input type="checkbox"/> | 1 or 2 Times per Week <input type="checkbox"/> | Hardly Ever (less than 4 times a month) <input type="checkbox"/> | Never <input type="checkbox"/> |
| Salty Snacks (like chips, pretzels) | Every Day or Almost Every Day <input type="checkbox"/> | 3 or 4 Times per Week <input type="checkbox"/> | 1 or 2 Times per Week <input type="checkbox"/> | Hardly Ever (less than 4 times a month) <input type="checkbox"/> | Never <input type="checkbox"/> |
| Sports Drinks (like Gatorade, Powerade) | Every Day or Almost Every Day <input type="checkbox"/> | 3 or 4 Times per Week <input type="checkbox"/> | 1 or 2 Times per Week <input type="checkbox"/> | Hardly Ever (less than 4 times a month) <input type="checkbox"/> | Never <input type="checkbox"/> |
| Soda or Pop (like Coke, Sprite, Pepsi) | Every Day or Almost Every Day <input type="checkbox"/> | 3 or 4 Times per Week <input type="checkbox"/> | 1 or 2 Times per Week <input type="checkbox"/> | Hardly Ever (less than 4 times a month) <input type="checkbox"/> | Never <input type="checkbox"/> |
| Fast Food Meals or Drive-Thru Meals (like Burgers, French Fries, Chicken Nuggets) | Every Day or Almost Every Day <input type="checkbox"/> | 3 or 4 Times per Week <input type="checkbox"/> | 1 or 2 Times per Week <input type="checkbox"/> | Hardly Ever (less than 4 times a month) <input type="checkbox"/> | Never <input type="checkbox"/> |