Health Habits Survey Guide

The purpose of this document is to provide visual examples of foods, drinks, fast food restaurants, and other healthy habits to assist the athletes as you go through the health habits questions on the Healthy Athlete Software (HAS). The front side of the page should be the images you are showing the athlete, the backside of the page is the question the volunteer is asking the athlete.

**INSTRUCTIONS:**

1. Insert locally relevant images of food, drinks, restaurants into the boxes on the pages below.
   1. To change the photo, right click on the box/photo and select “Change Photo” to insert any locally relevant options.
   2. It should automatically size to the box, but in not, adjust as needed.
2. Once the images are added, print this document (double-sided) and laminate or insert into plastic sleeves and binder.
   1. Before printing, delete this instruction page.
   2. Suggest changing to PDF before printing.
3. When conducting the survey portion of the HAS form, show the images for the corresponding question to the athlete. The text on the back is for the volunteer to read, if needed.
   1. Record the athlete responses on the HAS form.

Beverages

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|  | **Diet** |  |
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Beverages

Question to Athlete:

What do you drink when you are feeling thirsty?

 Water

 Fruit juice

 Soft drink

 Diet

 Non Diet

 Sport drink

 Milk product (include soy milk)

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High Calcium Foods/Drinks

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|  |  | **Calcium and Vitamin D Fortified** |
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(High Calcium Foods/Drinks)

Question to Athlete:

Do you eat or drink any of these [high calcium] foods? How often?

* less than 1 serving per day
* 1-2 servings per day
* 3-5 servings per day
* more than 5 servings per day
* never

Fruits

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(Fruits)

Question to Athlete:

**Do you eat any of these foods [Fruits]? How often?**

* less than 1 serving per day
* 1-2 servings per day
* 3-5 servings per day
* more than 5 servings per day
* never

Vegetables

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(Vegetables)

Question to Athlete:

**Do you eat any of these foods [vegetables]? How often?**

* less than 1 serving per day
* 1-2 servings per day
* 3-5 servings per day
* more than 5 servings per day
* never

Snack Foods

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(Snack Foods)

Question to Athlete:

**Do you eat any of these foods (chips, popcorn, cookies, high fat, high salt)? How often do you eat Snack Foods?**

□ daily

□ weekly

□ monthly

□ never

Sweetened Beverages

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(Sweetened Beverages)

Question to Athlete:

**Do you drink any of these [sugar sweetened] beverages? If yes, how often?**

□ daily

□ weekly

□ monthly

□ never

Fast Food

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(Fast Foods)

Question to Athlete:

Do you eat at fast food restaurants? How often?

□ daily

□ weekly

□ monthly

□ never

Physical Activity

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(Physical Activity)

Question to Athlete:

**How many days each week do you exercise for at least 30 minutes?**

□ no days

□ 1 day

□ 2 days

□ 3 days

□ 4 days

□ 5 days

□ 6 days

□ 7 days

**Do you exercise outside Special Olympics Training?**

□ Yes

□ No

**If Yes, what do you do (select all that apply)?**

□ Weights

□ Run/Jog

□ Walk

□ Dance

□ Sports

□ Exercise DVD, Wii

□ Job

□ Other

**If no, what is the reason? (Select all that apply)**

□ No interest

□ Do not know how

□ No transportation

□ No money

□ Physically unable

□ No one to do it with

□ No time

□ No place to exercise

□ Other

Television and Video Games

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(Television and Computer/Video Games)

Question to Athlete:

**How many hours a day do you watch television or play computer/video games?**

□ 0 hours

□ 1-2 hours

□ 3-4 hours

□ 5-6 hours

□ Over 6 hours

Handwashing

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(Handwashing)

Question to Athlete:

When are the most important times to wash your hands (select all that apply)?

□ After using the toilet

□ Before eating or touching food

□ Other reason

□ No reason given

Did you use soap when last washing your hands?

□ Yes

□ No

Do you have soap at home?

□ Yes

□ No

Sun Safety

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(Sun Safety)

Question to Athlete:

**Do you do anything to protect your skin in the sun?**

□ Yes

□ No

**If yes, what do you do to protect your skin in the sun? (select all that apply)**

□ Use Sunscreen

□ Wear a hat

□ Wear long sleeves

□ Seek shade

□ Wear sunglasses

□ I do nothing

**If no, what is the reason? (select all that apply)**

□ Did not know it was important

□ Don’t get sun burned

□ No money to buy protection

□ Like to be tan

□ Other

Tobacco

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(Tobacco)

Question to Athlete:

**Do you use tobacco?**

□ Yes

□ No

**If yes, how frequently?**

□ Daily

□ Weekly

□ Monthly

**Do any of your friends or family members smoke near you?**

□ Yes

□ No

**If yes, what do you do when they are smoking near you? (select all that apply)**

□ Ask them to stop

□ Leave the room

□ Smoke

□ I do not do anything

□ Other