First Name	Lastname	HAS ID ____ ____ _____ ____ ____

Date:	☐ Male ☐ Female	DoB:	Age: (years) ☐ Not sure
Event:	Location:	☐ Athlete ☐ Unified partner	Sport:
Delegation:		SO Program:	
Cell phone number		Number is: ☐ Athlete's ☐ Parent's / Guardian 's	
Providing a phone number is optional. It may be used to call or send reminders if follow up is recommended after screening.			

Body Composition

Height _____ _•___ cm
Measure up to 0.1 cm

Height ______ inches
Measure up to 1/8 inch

Weight ______•___ kg
Measure up 0.1 kg

Weight ______ lbs. _____oz.
Measure up to ½ oz

_________ **BMI** (20 years of age and over)

_________ **BMI** Percentile (under 20 years of age)

Referral made for BMI follow Up? ☐ Yes ☐ No O Urgent O Not Urgent

Bone Mineral Density Test (Athletes MUST be at least 20 years old to screen)

T-score Left heel _____•__ *-4.0 to + 5.0*

Right heel _____•__ *-4.0 to + 5.0*

☐ Unable to test
- ☐ Age under 20
- ☐ Athlete refused
- ☐ Athlete unable to cooperate
- ☐ Unusual heel shape

Referral made for BMD follow Up? ☐ Yes ☐ No O Urgent O Not Urgent

Blood Pressure

Right arm ________/_______

Left Arm ________/_______

Referral made for BP follow Up? ☐ Yes ☐ No O Urgent O Not Urgent

Nutrition – Food and Beverage Habits

Do you take vitamin D supplements? ☐ Yes ☐ No ☐ Don't know

What do you usually drink when you are thirsty? (select all that apply)

- ☐ Water
- ☐ Fruit juice
- ☐ Soft drink ☐ diet ☐ non-diet
- ☐ Sports drink
- ☐ Milk product (includes soy)
- ☐ Energy drink
- ☐ Other

Calcium Foods and Beverages	**Sweetened Beverages**	**Fast food**
O less than 1 serving per day O 1-2 servings per day O 3-5 servings per day O more than 5 servings per day O never	O daily O weekly O monthly O never	O daily O weekly O monthly O never
Fruits and Vegetables O less than 1 serving per day O 1-2 servings per day O 3-5 servings per day O more than 5 servings per day O never	**Snack Foods** O daily O weekly O monthly O never	

First Name	Lastname	HAS ID _____ _____ ______ _____ _____

Physical Activity

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 of your 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 ☐ No money ☐ No time
☐ Do not know how ☐ Physically unable ☐ No place to exercise
☐ No transportation ☐ No one to do it with ☐ Other [ ]

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

Hand Washing

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 reasons given

Did you use soap when last washing your hands? ☐ Yes ☐ No **Do you have soap at home?** ☐Yes ☐ No

Sun Safety

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 ☐ No money to buy protection ☐ Other [ ]
☐ Don't get sunburned ☐ Like to be tan

Tobacco Use

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 [ ]

Check out: Follow up care recommended?

BMI	☐ Yes	☐ No	O Urgent	O Not Urgent
BMD	☐ Yes	☐ No	O Urgent	O Not Urgent
BP	☐ Yes	☐ No	O Urgent	O Not Urgent