

HEALTH HABITS INTERVIEW



PHOTO GUIDE

Vitamin D Supplement



Vitamin D Supplement

Question to the Athlete:

Do you take vitamin D supplements?

Yes

No

Don't know

Beverages

Beverages

Question to Athlete:

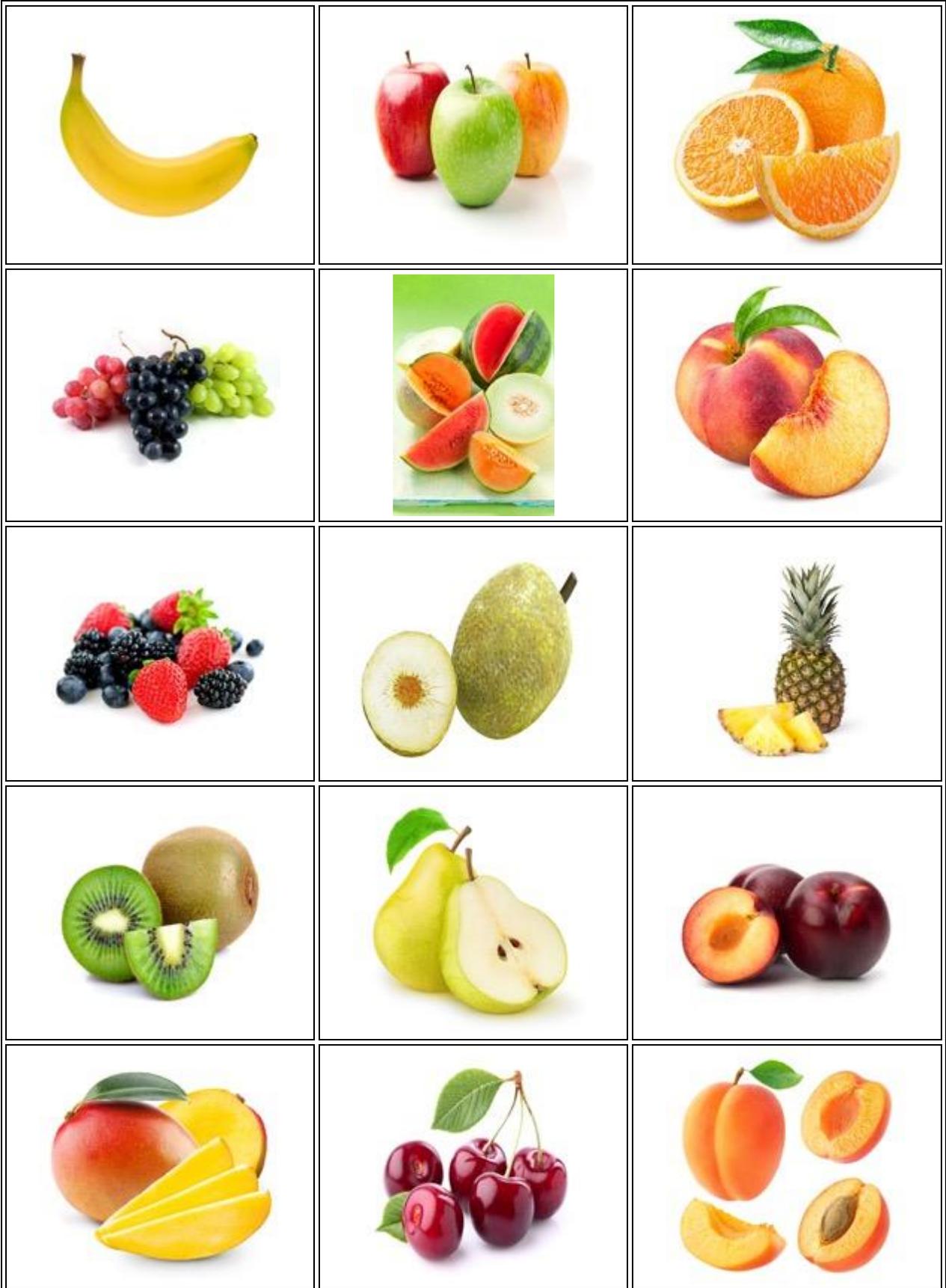
What do you drink when you are feeling thirsty?

- Water
- Fruit juice
- Soft drink
 - Diet
 - Non Diet
- Sport drink
- Milk product (include soy milk)
- Other _____

High Calcium Foods/Drinks

 A tall glass of orange juice next to two whole oranges and one orange slice.	 A pink smoothie in a glass with a red straw, surrounded by fresh strawberries and raspberries.	 A carton of orange juice with a green label and an orange slice illustration.
 A glass of milk with a white pitcher pouring milk into it.	 A glass of almond milk with a pile of almonds in front of it.	 A carton of soy milk with a blue and green design.
 A piece of cooked salmon with lemon slices and dill.	 A white plastic container filled with cottage cheese.	 A variety of nuts and beans, including almonds, cashews, and kidney beans.
 A variety of cheeses, including cheddar, brie, and Swiss, with some crackers.	 A small container of pink yogurt with a silver spoon.	 A white bowl filled with cottage cheese.
 A head of fresh green broccoli.	 A bunch of fresh green spinach leaves.	 A white plastic bottle of calcium pills with a green label that says "CALCIUM CALCIUM Ca PILLS".

Fruits



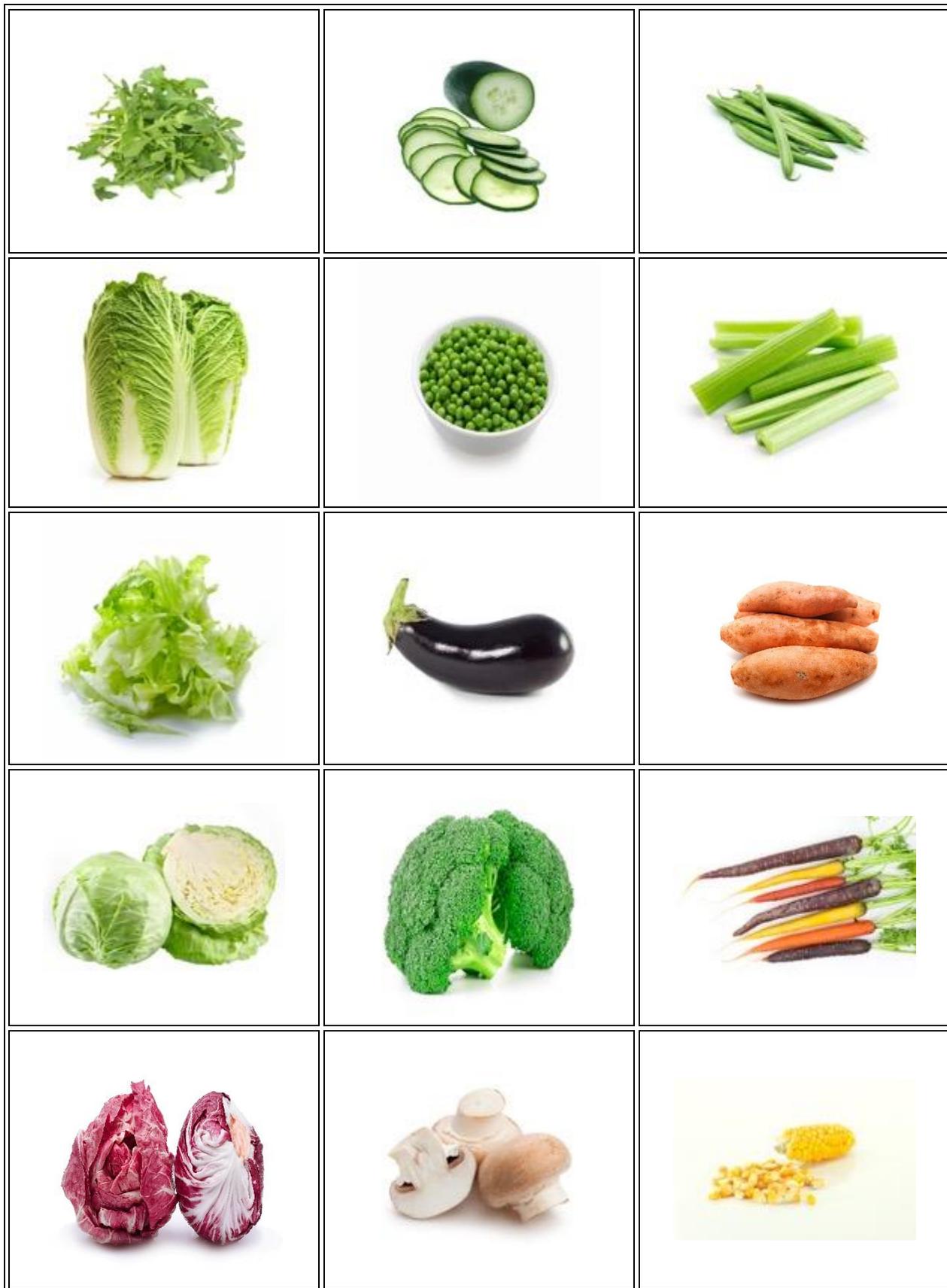
(Fruits)

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



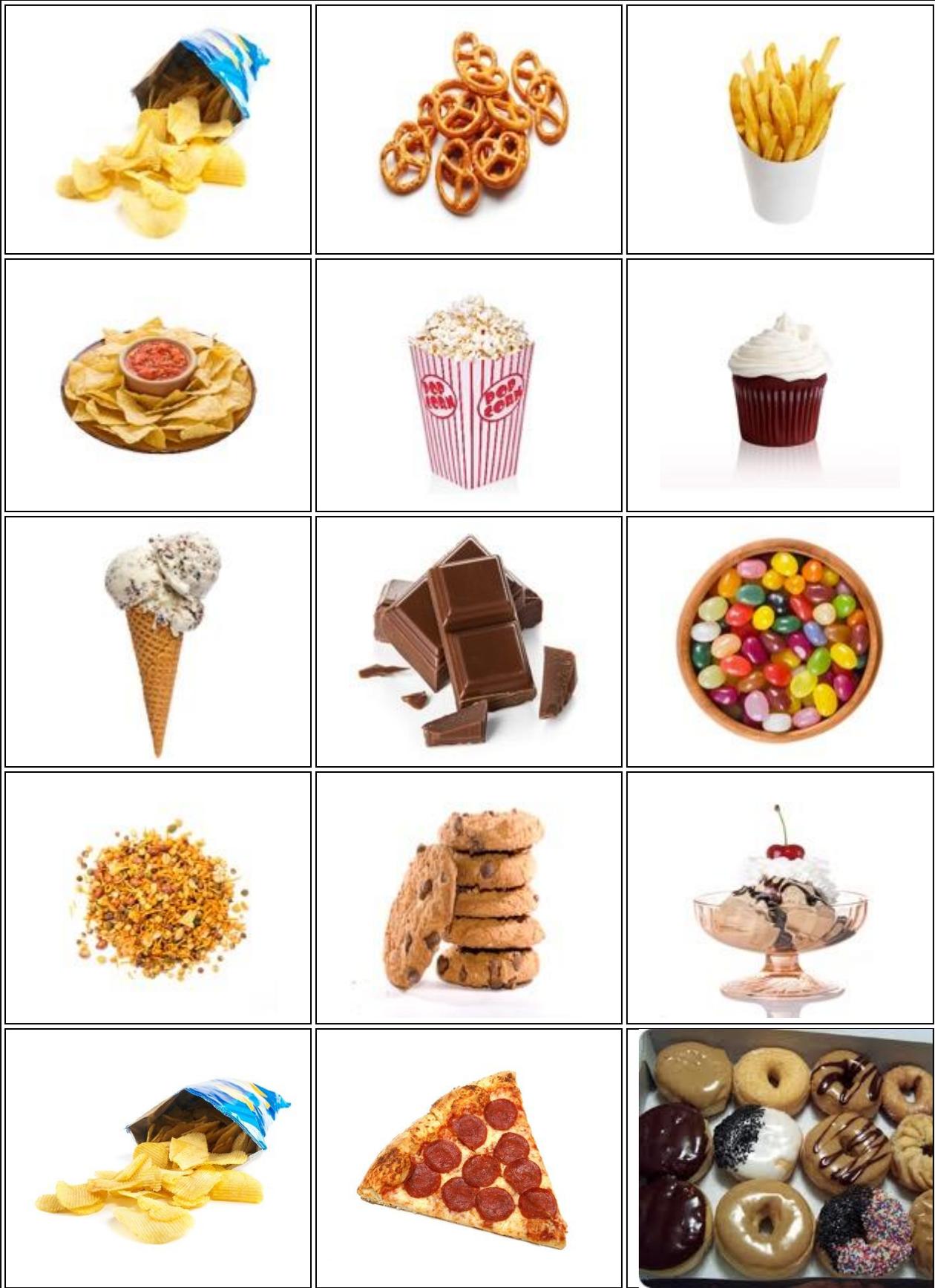
(Vegetables)

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



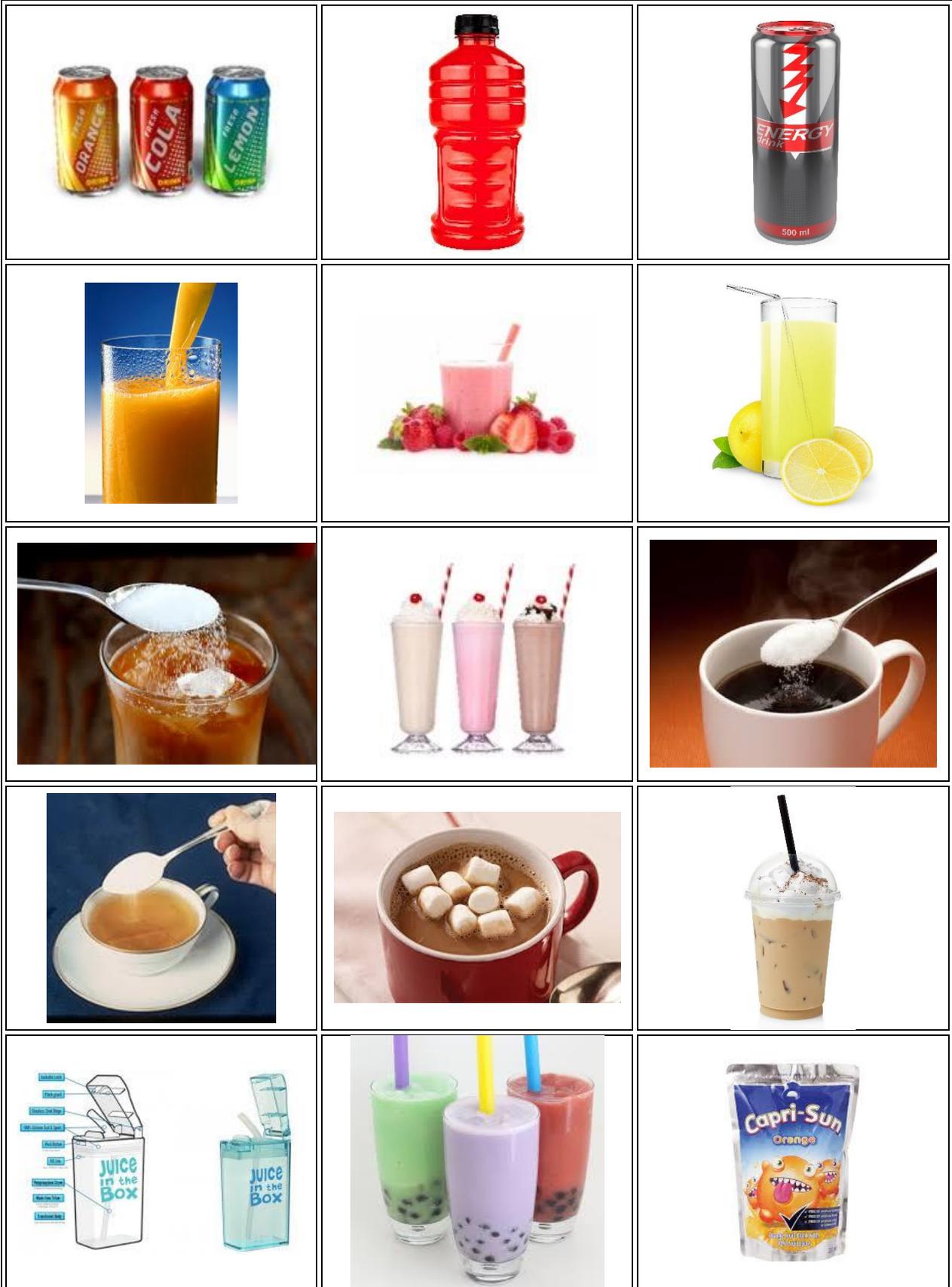
(Snack Foods)

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



(Sweetened Beverages)

Question to Athlete:

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

- daily
- weekly
- monthly
- never

Fast Food

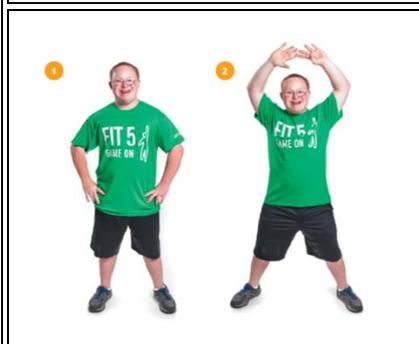
(Fast Foods)

Question to Athlete:

Do you eat at fast food restaurants? How often?

- daily
- weekly
- monthly
- never

Physical Activity



(Physical Activity)

Question to Athlete:

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

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> no days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

Do you exercise outside Special Olympics Training?

- Yes
- No

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

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Weights | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Run/Jog | <input type="checkbox"/> Exercise DVD, Wii |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Job |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Other |

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

- | | |
|--|---|
| <input type="checkbox"/> No interest | <input type="checkbox"/> No one to do it with |
| <input type="checkbox"/> Do not know how | <input type="checkbox"/> No time |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> No place to exercise |
| <input type="checkbox"/> No money | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physically unable | |

Television and Video Games



(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



(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



(Sun Safety)

Question to Athlete:

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

- Yes
- No

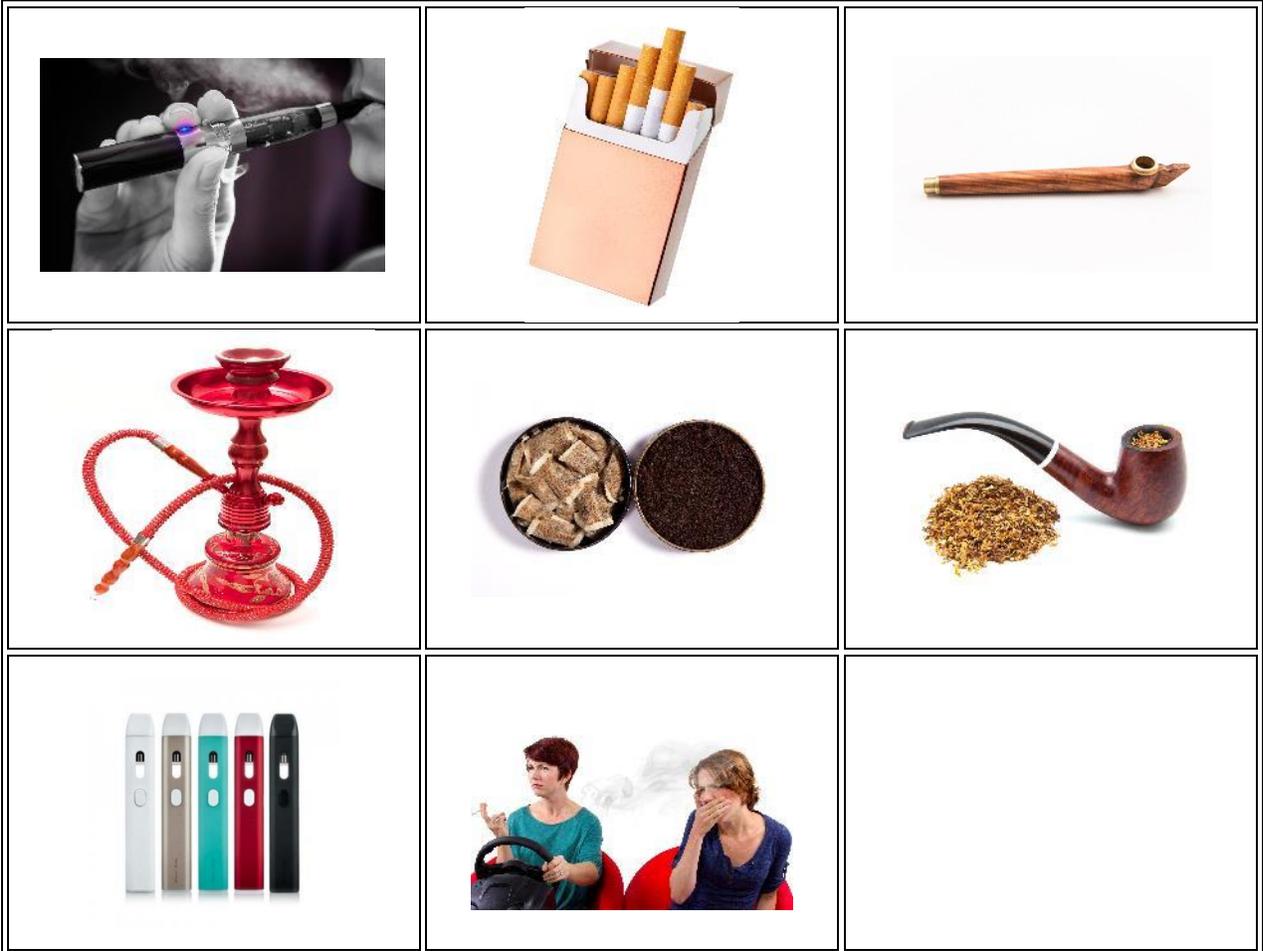
If yes, what do you do to protect your skin in the sun? (select all that apply)

- Use Sunscreen
- Seek shade
- Wear a hat
- Wear sunglasses
- Wear long sleeves
- I do nothing

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

- Did not know it was important
- No money to buy protection
- Don't get sun burned
- Like to be tan
- Other

Tobacco



(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