

# 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:

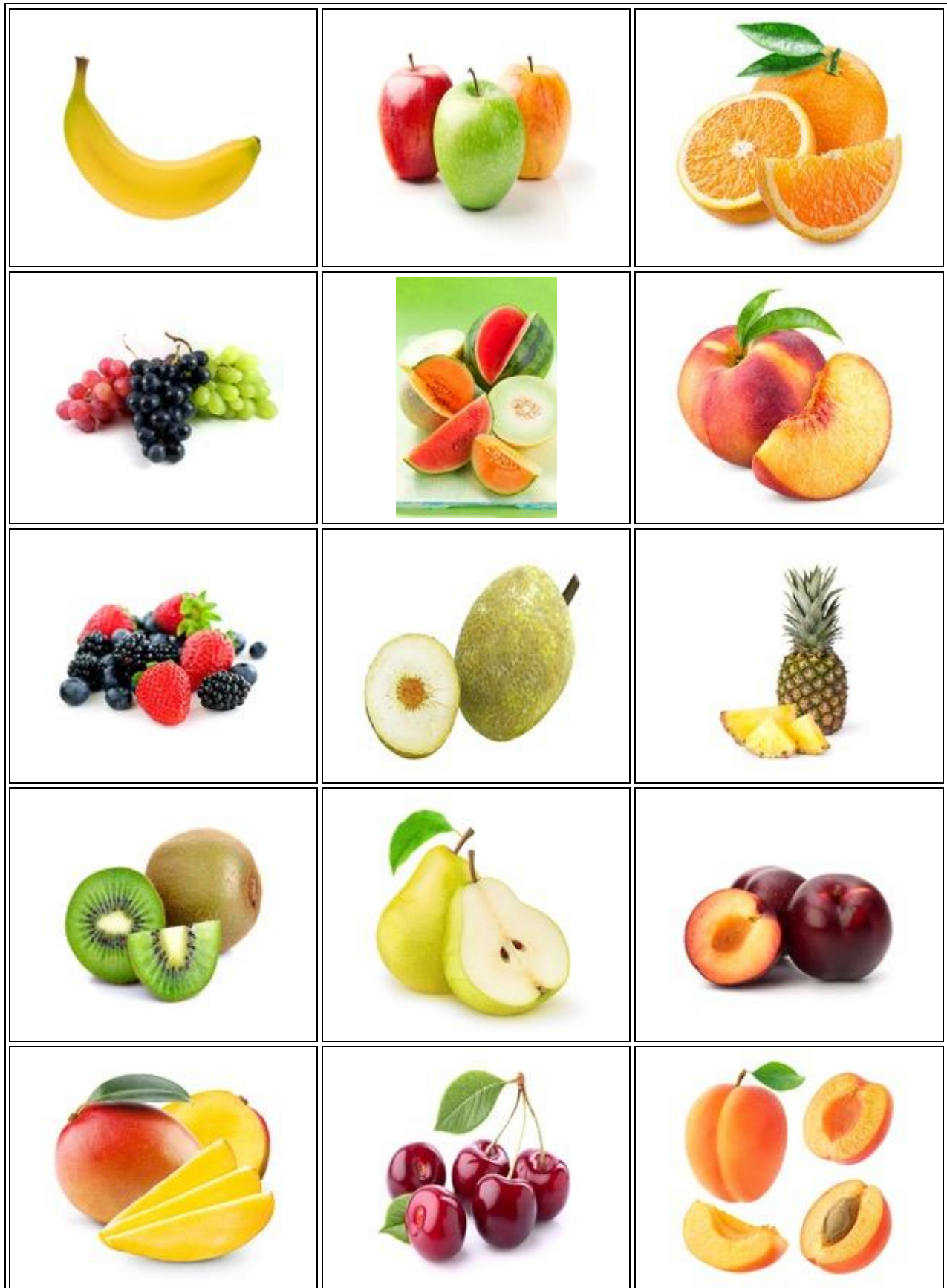
What do you drink when you are feeling thirsty?

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

## High Calcium Foods/Drinks

# 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



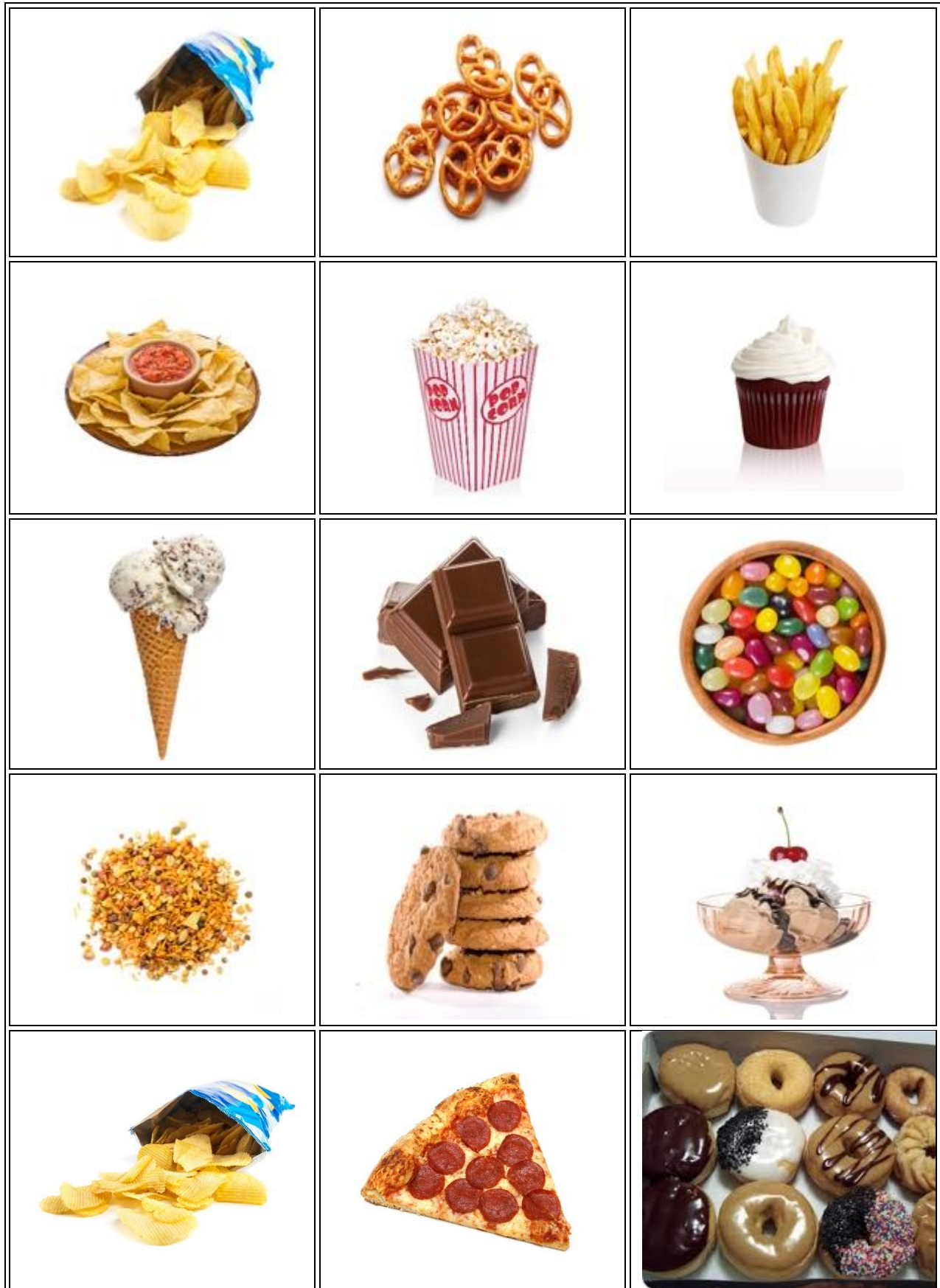
(Vegetables)

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)

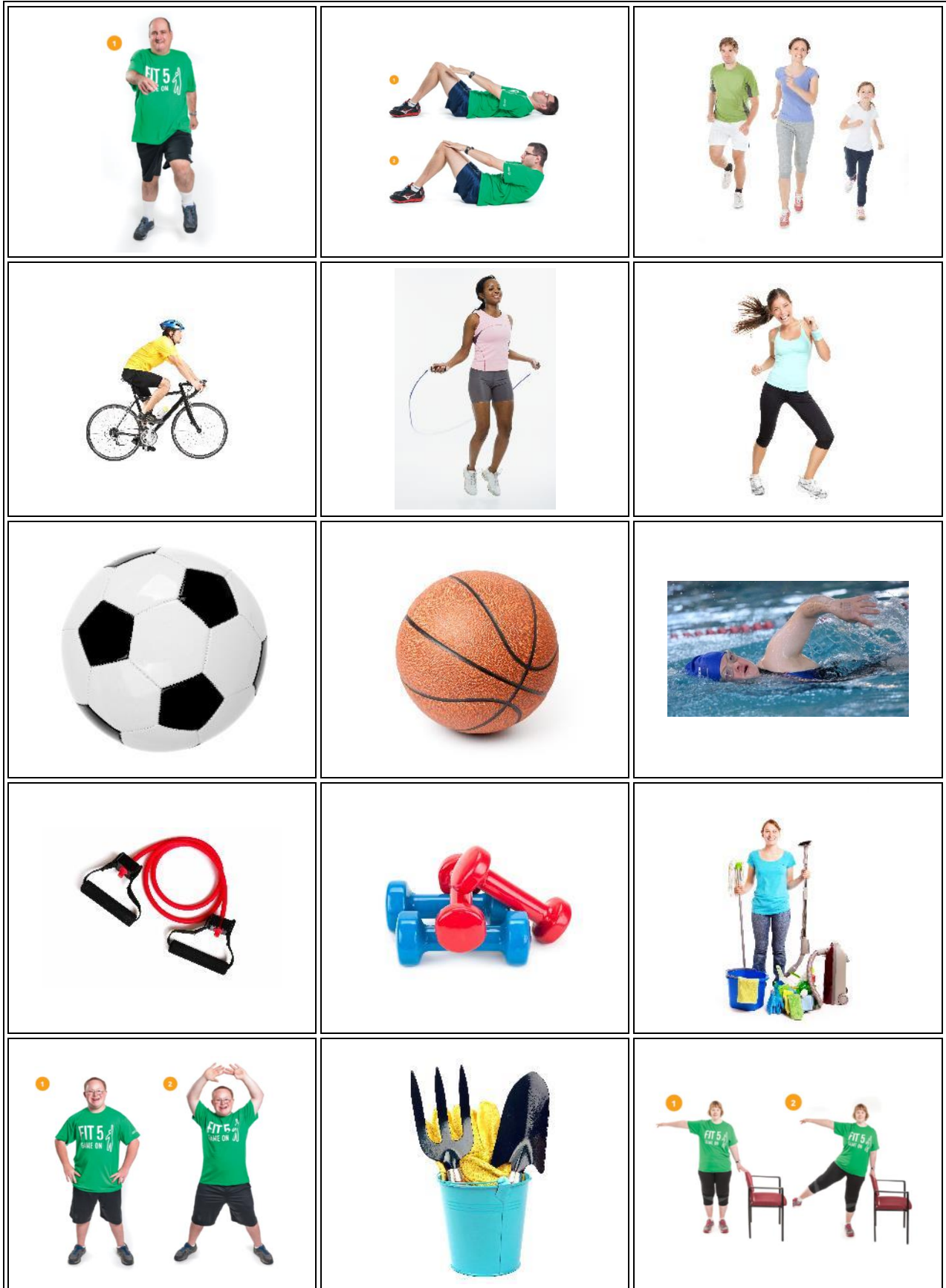
Question to Athlete:

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



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)**

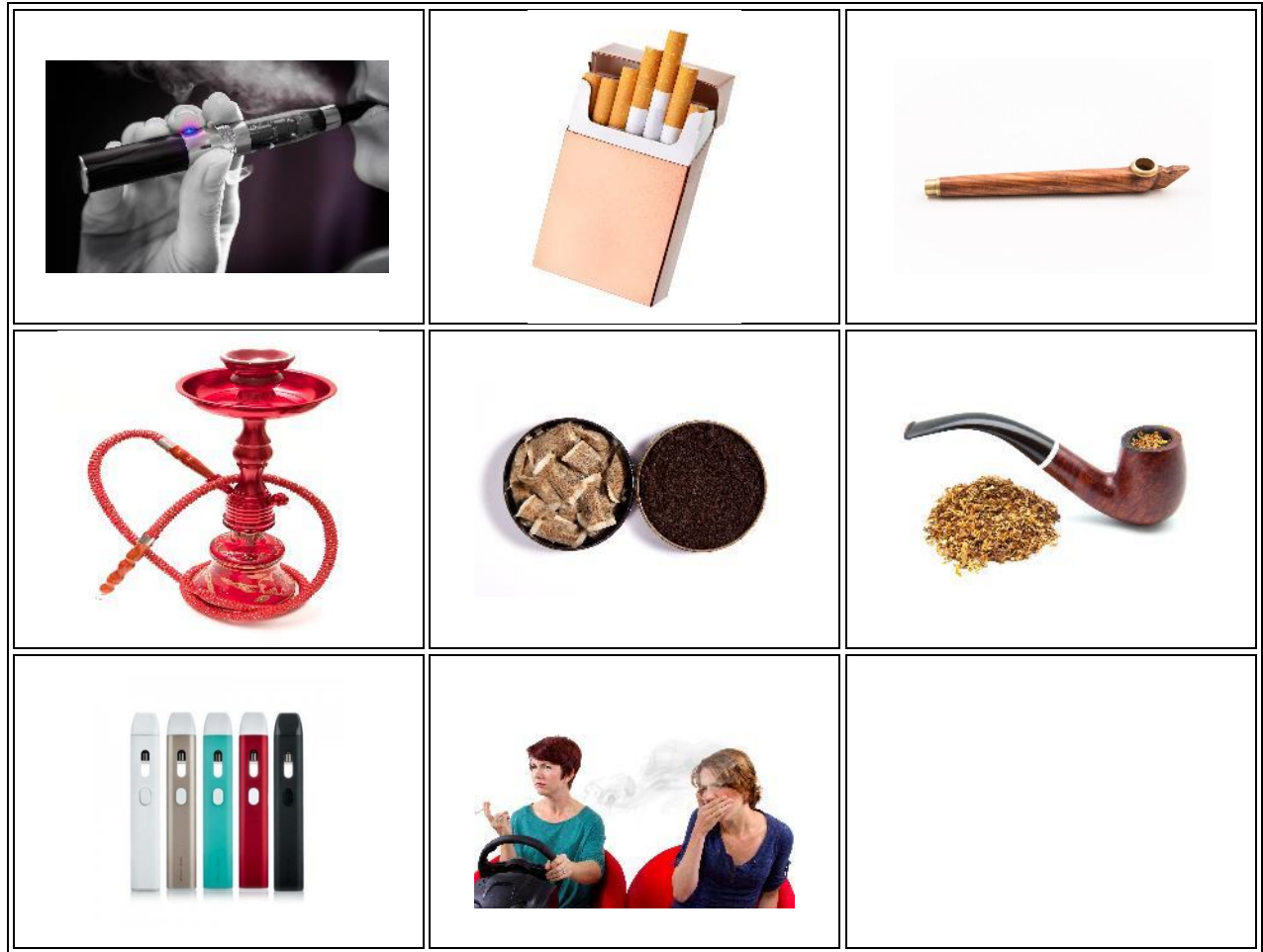
- ☐ Use Sunscreen
- ☐ Seek shade
- ☐ Wear a hat
- ☐ Wear sunglasses
- ☐ Wear long sleeves
- ☐ I do nothing

**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