

# Health Assessment 2020 International (WC)

Thank you for participating in the Health Assessment.

This is a survey where you will answer each question by checking the box or filling in information.

There are no right or wrong answers.

There will be a Health Promotion- Health Assessment Interactive Session scheduled by your Special Olympics Program.

1. What is your name?

\_\_\_\_\_

2. What is your gender?

Male

Female

3. How old are you?

*Mark only one oval.*

5-10

11-18

19-30

31-50

50+

4. The answers for these questions are for an:

*Mark only one oval.*

Special Olympics Athlete

Unified Partner

Special Olympics Coach

Other: \_\_\_\_\_

5. Do you have a doctor?

*Mark only one oval.*

Yes

No

6. When was the last time you went to the doctor?

*Mark only one oval.*

3 months ago

3 to 6 months ago

6-12 months ago

more than 12 months ago

7. Do you take any medicine for your blood pressure?

*Mark only one oval.*

Yes

No

8. Do you have any concerns about your weight?

*Mark only one oval.*

Yes

No

9. Have you ever broken a bone?

*Mark only one oval.*

Yes

No

Not sure

10. If you did break a bone, how old were you?

---

11. Do you take a Vitamin D supplement?



*Mark only one oval.*

- yes
- no
- Not sure

**Height, Weight and Waist Circumference**

If you are able, please answer a few questions about your weight, height, and waist circumference

12. Do you know how much you weigh and how tall you are?

*Mark only one oval.*

- Yes
- No     *Skip to question 18*
- Do not know     *Skip to question 18*

13. If yes, how tall are you in centimeters?

---

14. If yes, how much do you weigh in kilograms?

---

15. What is your waist size in centimeters?

---

16. Who took your measurements?

*Check all that apply.*

- parent
- caregiver
- friend
- other
- No one helped- I took the measurements

17. Upload waist circumference photo here

Choose file No file chosen

Upload a photo

Files submitted:

Choose file

No file chosen

**Upload a photo**

**Health Habits  
Assessment**

Please answer these questions as best you can about your health habits. There are no right or wrong answers.

18. What do you drink when you are thirsty? Can choose more than 1.

*Check all that apply.*



Water



Fruit Juice



Regular Soda (Non-Diet)



Diet Soda



Sport Drink



Milk Product (including Soy)

Other \_\_\_\_\_



Alcohol

19. Do you eat or drink any of these foods high in calcium? Here are a few examples.



Mark only one oval.

Yes

No

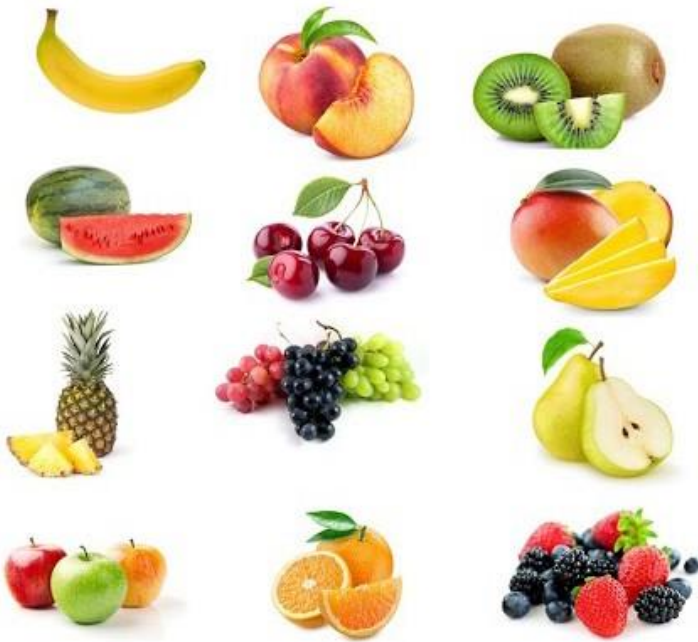
20. If yes, how often do you eat or drink any of the foods high in calcium?  
Mark only one oval.

Less than 1 serving a day

1-2 servings a day

3-5 servings a day

21. Do you eat fruits? Here are a few examples.



*Mark only one oval.*

Yes

No

22. If yes, how often do you eat fruits?

*Mark only one oval.*

Less than 1 serving a day

1-2 servings a day

3-5 servings a day

more than 5 servings a day



23. Do you eat vegetables? Here are a few examples.



*Mark only one oval.*

Yes

No

24. If yes, how often do you eat vegetables?

*Mark only one oval.*

less than 1 serving per day

1-2 servings per day

3-5 servings per day

More than 5 servings per day

25. Do you eat any candy, cookies, or snack foods? Here are a few examples.



*Mark only one oval.*

Yes

No

26. If yes, how often do you eat these foods?

*Mark only one oval.*

Daily

Weekly

Monthly

27. Do you drink sugar sweetened beverages? Here are some examples.



*Mark only one oval.*

Yes

No

28. If yes, how often do you drink these?

*Mark only one oval.*

Daily

Weekly

Monthly

29. Do you smoke?

*Check all that apply.*

- Yes- tobacco
- Yes- Vape
- No

30. Does anyone around you smoke?

*Mark only one oval.*

- Yes
- No

31. When are the most important times to wash your hands? You can choose more than 1.

*Check all that apply.*

- After using the toilet
- Before eating or touching food
- After coming inside from a public place
- After playing with animals
- After coughing, sneezing, blowing your nose or mouth.
- After your sports practice

About this Survey- Please share a little information about completing this survey.

32. Who answered these questions?

*Mark only one oval.*

- I answered them myself
- A family member or caregiver helped me answer them
- A family member or caregiver answered them for me

## Thank You for Your Participation

We look forward to having you join us for a webinar to talk through your questions and provide education and information about these topics!

33. Do you have any questions or want to share any comments about this survey?

---

---

---

---

---

---

This content is neither created nor endorsed by Google.

Google Forms