

Firstname	Lastname	HAS ID _____
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Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	
Cell phone number	Number is O Athlete's O Parent's / Guardian 's		
Providing a phone number is optional. It will be used to send a text reminder if any 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 1/2 oz.



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

Waist Circumference _____ cm _____ inches

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

WHtR _____

Referral made for BMI follow Up? O Yes O No **Referral made for WHtR** O Yes O No

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

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

Unable to test

Right heel _____ • _____ -4.0 to + 5.0

Age under 20

Athlete refused

Athlete unable to cooperate

Unusual heel shape

Referral made for BMD follow Up? O Yes O No

Blood Pressure

Right arm _____ / _____

Referral made for BP follow Up? O Yes O No

Left Arm _____ / _____

Nutrition – Food and Beverage Habits

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

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

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<p>Sources of Calcium</p> <p><input type="radio"/> less than 1 serving per day</p> <p><input type="radio"/> 1-2 servings per day</p> <p><input type="radio"/> 3-5 servings per day</p> <p><input type="radio"/> more than 5 servings per day</p> <p><input type="radio"/> never</p>	<p>Sweetened Beverages</p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>
<p>Fruits and Vegetables</p> <p><input type="radio"/> less than 1 serving per day</p> <p><input type="radio"/> 1-2 servings per day</p> <p><input type="radio"/> 3-5 servings per day</p> <p><input type="radio"/> more than 5 servings per day</p> <p><input type="radio"/> never</p>	<p>Snack Foods</p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>
<p>Fast food</p> <p><input type="radio"/> daily</p> <p><input type="radio"/> weekly</p> <p><input type="radio"/> monthly</p> <p><input type="radio"/> never</p>	

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Physical Activity

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

- No days 1-2 days 3-6 days Every day

Do you exercise outside of your Special Olympics training? Yes No

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

- Weight training Run/Jog Walk Dance Sports Exercise video
 Other _____

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

- No interest No money
 Do not know how Physically unable
 No transportation No one to do it with
 No available exercise facility No time
 Other _____

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

- 0-2 3-4 5-6 Over 6 hours
-

Hand Washing

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

- After using the toilet Other reason
 Before eating or touching food No response/no reasons given

Did you use soap last time you washed your hands?

- Yes No

Do you have soap at your 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
 seek shade wear sunglasses
 wear long sleeves I do not do anything

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

- Did not know it was important No money to buy protection
 Do not get sunburned Like to be tan
 Other _____
-

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 _____
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