### Body Composition

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ cm</td>
<td>_______ kg</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BMI</th>
<th>BMI Percentile (under 20 years of age)</th>
</tr>
</thead>
</table>

**Waist Circumference:** _______ cm _______ inches

**Referral made for BMI follow up?**

- **Yes**
- **No**

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

<table>
<thead>
<tr>
<th>T-score</th>
<th>Left heel</th>
<th>Right heel</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ cm</td>
<td>-4.0 to + 5.0</td>
<td>-4.0 to + 5.0</td>
</tr>
</tbody>
</table>

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

**Referral made for BMD follow up?**

- **Yes**
- **No**

### Blood Pressure

<table>
<thead>
<tr>
<th>Right arm</th>
<th>Left Arm</th>
</tr>
</thead>
<tbody>
<tr>
<td>_<strong><strong><strong>/</strong></strong></strong></td>
<td>_<strong><strong><strong>/</strong></strong></strong></td>
</tr>
</tbody>
</table>

**Referral made for BP follow up?**

- **Yes**
- **No**

### Nutrition – Food and Beverage Habits

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

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

<table>
<thead>
<tr>
<th>Sources of Calcium</th>
<th>Sweetened Beverages</th>
</tr>
</thead>
<tbody>
<tr>
<td>O less than 1 serving per day</td>
<td>O daily</td>
</tr>
<tr>
<td>O 1-2 servings per day</td>
<td>O weekly</td>
</tr>
<tr>
<td>O 3-5 servings per day</td>
<td>O monthly</td>
</tr>
<tr>
<td>O more than 5 servings per day</td>
<td>O never</td>
</tr>
<tr>
<td>O never</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fruits and Vegetables</th>
<th>Snack Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>O less than 1 serving per day</td>
<td>O daily</td>
</tr>
<tr>
<td>O 1-2 servings per day</td>
<td>O weekly</td>
</tr>
<tr>
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</tr>
<tr>
<td>O never</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fast food</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O daily</td>
<td>O daily</td>
</tr>
<tr>
<td>O weekly</td>
<td>O weekly</td>
</tr>
<tr>
<td>O monthly</td>
<td>O monthly</td>
</tr>
<tr>
<td>O never</td>
<td>O never</td>
</tr>
</tbody>
</table>
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
- Do not know how
- No transportation
- 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
- Before eating or touching food
- Other reason
- 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
- No one to do it with
- 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