1. SO Program__________________________

2. Date of completion___________________

3. Please indicate how much you agree with the following statements. Please place the number on the line corresponding to your thoughts below (1 = entirely disagree; 7 = entirely agree).

   | Entirely | Mostly | Somewhat | Neither | Somewhat | Agree nor | Mostly | Entirely |
   | Disagree | Disagree | Disagree | Agree | Agree | Agree | Agree | Disagree |

   __ I am confident in my ability to work with people with intellectual disabilities.  
   __ My professional degree or certification adequately prepared me to work with people with intellectual disabilities.  
   __ People with ID have fewer health problems compared to the general population.  
   __ I am confident in my ability to match my communication style to the literacy level of different patients.  
   __ I can appropriately design a fitness program (session, class, etc.) for people with ID  
   __ I am confident I could provide the same level of service for people with intellectual disabilities as my other clients.  
   __ I would be willing to support fitness programming for Special Olympics athletes.

4. Which option(s) best describes your profession? (Please select all that apply).
   □ Personal Trainer
   □ Group Exercise Teacher
   □ Strength and Conditioning Coach
   □ Yoga Teacher
   □ Health Coach
   □ Professor in Exercise-related fields
   □ Student in Exercise-related fields
   □ Other: ____________________

5. How long have you been practicing this profession?  
   [Sliding scale 0-50 years]

6. In which setting do you spend most of your time providing your services?  
   □ Exercise Studio
□ Community recreation center or non-profit fitness facility (i.e. YMCA)
□ Privately-owned Gym or Fitness Center
□ School
□ Other: ____________

7. Please estimate the number of fitness professionals in your place of work.
   [Sliding scale 0-1,000]

8. Please estimate the number of days you work per week as a fitness professional.
   [Sliding scale 0-168]

9. On a typical day, please estimate the number of people for whom you provide services.
   [Sliding scale 0-50]

10. In your estimation, what percentage of the people you provide services for have an intellectual disability (ID).
    [Sliding scale 0-100%]

11. Please indicate how likely you are to do the activities below after your training. Please place the number on the line corresponding to your thoughts below (1 = entirely disagree; 7 = entirely agree).

   a) I will provide my services for people with intellectual disabilities (ID) within my place of work.
   b) I will start a fitness program for people with ID.
   c) I will actively recruit more people with ID to join others that participate in my services.
   d) I will lead Special Olympics sponsored fitness programming.
   e) I will to share this information with my colleagues to help them provide quality health for people with ID.
   f) I will make reasonable adjustments to my own practice to be more inclusive of people with ID.