



Adult Lifestyle Survey

DESCRIPTION

Special Olympics (SO) wants to know how on-going fitness programming impacts an athlete's health. Please complete this survey both before you begin your fitness program and after you finish. There are no right or wrong answers. The information you provide will help Special Olympics improve our fitness programming.

How long will this survey take? It will take approximately 5-8 minutes to complete.

Scan the QR code to complete the Lifestyle Survey online!



ABOUT YOU

FIRST NAME: _____ **LAST NAME:** _____

Special Olympics Program: _____ **How old are you?** _____

Today's Date (MM/DD/YYYY) _____

What sports are you participating in this season? _____

I am an: ☐ Athlete ☐ Unified Partner

What is your gender? ☐ Male (Boy) ☐ Female (Girl) ☐ Prefer not to say

Which associated condition do you have? Check all that apply.

☐ Autism ☐ Cerebral Palsy ☐ Down syndrome ☐ Epilepsy ☐ Fetal Alcohol Syndrome

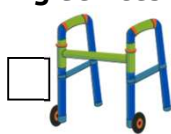
☐ Fragile X syndrome ☐ Marfan syndrome ☐ Spina Bifida ☐ Unknown

☐ Other: _____

Do you use any of the following devices to help you move?



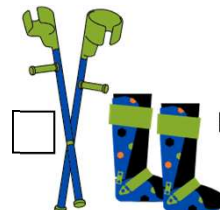
Wheelchair



Walker



Prosthetic



Brace or crutches

☐ Other: _____ ☐ I don't know ☐ I do not use a mobility device



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ABOUT YOU

I live:



- ☐ With my family (parent, sibling, other relative, and/ or caregiver)
- ☐ With my spouse/ boyfriend/ girlfriend / partner ☐ In a group home
- ☐ In a nursing home or other institutional setting ☐ In a foster care or host home
- ☐ Other: _____ ☐ I don't know

FITNESS

Fitness is about keeping your body strong, healthy, and ready for physical activity. It means having a strong heart, muscles, and you're staying flexible so you can move easily.

What Special Olympics fitness program are you participating in?



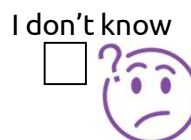
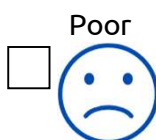
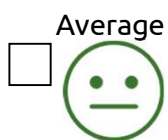
Other: _____

☐ Examples: Fit Families and Friends, walking clubs, fitness challenges on the Special Olympics fitness app, etc.

Are you taking this survey at the beginning or end of your fitness program?


- ☐ At the beginning ☐ At the end ☐ I don't know

In general, my fitness is:



PHYSICAL ACTIVITY

THINK ABOUT THE LAST WEEK (7 DAYS), WHICH ONE OF THE FOLLOWING BEST DESCRIBES YOUR PHYSICAL ACTIVITY? Read all the statements before deciding.

- ☐ I never do physical activity in my free time ☐ I sometimes do physical activity in my free time (1-2 times last week)
- ☐ I often do physical activity in my free time (3-4 times last week)
- ☐ I very often do physical activity in my free time (5 or more times last week)
- ☐ I don't know 




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PHYSICAL ACTIVITY

Think about the LAST WEEK (7 days), how many days you did moderate physical activity for at least 30 minutes? Moderate physical activities are ones that make you breathe harder and your heart beat faster, like dancing, swimming, or bicycling.


☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days I don't know

☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐ 



Think about the LAST WEEK (7 days), how many days you did strength exercises? Strength exercises are ones that make your muscles stronger like lifting weights, doing push-ups, squats, or planks.

☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days I don't know


☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐ 



Think about the LAST WEEK (7 days), about how many hours per day were you sedentary? Do not include the time you sleep at night. Being sedentary is when you are sitting or lying down doing things that don't use much energy like watching television, riding in a car, using a computer /tablet/ phone, playing board games, or visiting friends.



☐ Less than 2 hours ☐ 2-4 hours ☐ 5-7 hours I don't know

☐ 8-10 hours ☐ More than 10 hours ☐ 

HYDRATION & NUTRITION

Think about the LAST WEEK (7 days), about how many times per day did you drink a glass or bottle of water?



☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more I don't know



Think about the LAST WEEK (7 days), about how many times per day did you eat fruit?



☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more I don't know





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HYDRATION & NUTRITION

Think about the LAST WEEK (7 days), about how many times per day did you eat vegetables?

									
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more	<input type="checkbox"/> I don't know 			

COMPLETE THIS PORTION OF THE SURVEY AFTER YOUR FITNESS PROGRAM.




Did the fitness program or challenge make you more confident to do physical activity?

No	Maybe	Yes
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 




Did the fitness program or challenge make you more confident to eat healthy?

No	Maybe	Yes
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

Did you learn something new about physical activity in the fitness program or challenge?

No	Maybe	Yes
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

Did you learn something new about nutrition in the fitness program or challenge?

No	Maybe	Yes
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 



Did you make friends in the fitness program or challenge that will help you be healthy?

No	Maybe	Yes
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

How much did you like participating in the fitness program or challenge?

I did not like it	I liked it a little bit	I liked it a lot
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

Would you do the fitness program or challenge again?

No	Maybe	Yes
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 