



Special Olympics Fitness- Lifestyle Survey (Adult Version)

Description

Special Olympics 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.

First Name: _____ Last Name: _____

Special Olympics Program: _____

Today's Date (mm/dd/yyyy): ____/____/____ How old are you? _____

What sports are you doing this season? _____

I am an: ☐ Athlete ☐ Unified Partner ☐ Coach ☐ Caregiver ☐ Program staff

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

Scan the QR code below to complete the Lifestyle Survey online!



I describe myself as:



☐ White ☐ Black or African American ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Native American/Alaska Native
☐ Two or more races ☐ I prefer not to answer ☐ I don't know

I live:



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

Which conditions do you have? (Check all that apply)

☐ Down syndrome ☐ Autism Spectrum Disorder ☐ Fetal Alcohol syndrome ☐ Fragile X syndrome ☐ Cerebral Palsy
☐ Intellectual Disability ☐ I don't have any of these conditions ☐ I don't know

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

☐  Wheelchair ☐  Walker ☐  Prosthetic ☐  Brace or Crutches

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

What Special Olympics fitness program are you participating in?

☐

☐

☐

☐

Other (Please describe) _____
Examples include Healthy Leap, Fit for Life, walking clubs, fitness challenges on the SO 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 physical fitness is:

Good


☐

Average


☐

Poor


☐

I don't know


☐

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

Think about the LAST WEEK (7 days), select which 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.


☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Saturday

☐

Sunday

☐

I did not do moderate physical activity for at least 30 minutes last week.

☐

I don't know

Think about the LAST WEEK (7 days), select which days you did strength exercises?

Strength exercises are ones that make your muscles stronger like lifting weights, doing push-ups, squats, or planks


☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Saturday

☐

Sunday

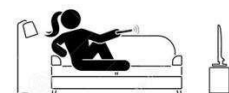
☐

I did not do strength exercises last week.

☐

I don't know

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

☐

8-10 hours

☐

More than 10 hours

☐

I don't know

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



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

0 1 2 3 4 5 or more 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 

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

No 

Maybe 

Yes 

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

No 

Maybe 

Yes 

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

No 

Maybe 

Yes 

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

No 

Maybe 

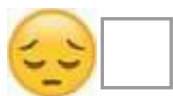
Yes 

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

I did not like it

I liked it a little

I liked it a lot



Would you do the fitness program or challenge again?

No 

Maybe 

Yes 