



Special Olympics Lifestyle Survey for Fitness Evaluation

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): ___/___/___ **Birthday (mm/dd/yyyy):** ___/___/___

What sports are you doing this season? _____

I am an: Athlete Unified Partner

What is your gender?

Male (Boy) Female (Girl) Other: _____ Prefer not to answer

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

Do you have any of the following conditions?

- Down syndrome
 Autism Spectrum Disorder
 Fetal Alcohol Syndrome
 Fragile X
 Cerebral Palsy
 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 aids
 I don't know

What Special Olympics fitness program or challenge are you participating in?

-  FIT5
  SOfit
  UNIFIED FITNESS CLUB
 Other (Please describe) _____

Are you taking this survey before or after a fitness program or challenge?:

- Before
 After
 I don't know

In general, my physical fitness is:

- Good 
 Average 
 Poor 
 I don't know 

Which one of the following best describes your physical activity for the last week (7 days)?

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), which days you did moderate physical activity for at least 30 minutes? (Check all that apply)

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), which days you did strength exercises? (Check all that apply)

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 you were sedentary during the day? Do not include the time you sleep at night.

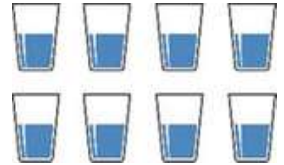


Being sedentary is when you are sitting or lying down doing things that don't use much energy like watching television, riding in a car, using a computer /tablet/ phone, playing board games, or visiting friends.

_____ Hours (0-24 hours)
 I don't know

Think about the LAST WEEK (7 days), how many times a day do you usually 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), when did you usually eat fruit? Do not include fruit juice.

(Check all that apply)

Breakfast
 Morning Snack
 Lunch
 Afternoon Snack
 Dinner
 Bedtime Snack

I don't know



Think about the LAST WEEK (7 days), when did you usually eat vegetables? Do not include french fries or potato chips. (Check all that apply)

Breakfast
 Morning Snack
 Lunch
 Afternoon Snack
 Dinner
 Bedtime Snack

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 