DESCRIPTION

Special Olympics (SO) would like your help to learn about the health behaviors of youth athletes and how they feel about physical activity. For younger athletes and those with low literacy, please read the survey questions out loud and involve them in selecting responses. Ask athletes to respond the best they can and provide guidance to get the most accurate information.

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 tha | at apply. |
| Autism Cerebral Palsy Down syndro | me Epilepsy Fetal Alcohol Syndrome |
| Fragile X syndrome Marfan syndrome | Spina Bifida Unknown |
| Other: | |
| Do you use any of the following devices to help you r | |
| Wheelchair Walker | Prosthetic Brace or crutches |
| Other: | I don't know I do not use a mobility device |
| Are you taking this survey at the beginning or end of | your fitness program? |
| At the beginning At the end | 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? | | | | | |
|---|-------|--|--|--|--|
| High 5 for Fitness SOfit Unified Fitness Club Other: | | | | | |
| UNIFIED Examples: Fit Families and Friend walking clubs, fitness challenges the Special Olympics fitness app | s on | | | | |
| My fitness is: SPECIAL OLYMPICS SPECIAL OLYMPICS | | | | | |
| Good Average Poor I don't know | | | | | |
| | | | | | |
| There are many different kinds of fitness. One type is called endurance or aerobic fitness. | | | | | |
| Endurance exercises | | | | | |
| Help you lift, push Help you stay active Help you move I don't know or carry heavy longer without easier and things getting tired reach farther | | | | | |
| One type of fitness is called muscular strength. Strength exercises | | | | | |
| Help you lift, push Help you stay active Help you move I don't know | | | | | |
| or carry heavy longer without easier and | | | | | |
| ☐ things | | | | | |
| One type of fitness is called muscle flexibility. <u>Flexibility</u> exercises | | | | | |
| Help you lift, push Help you stay active Help you move or carry heavy longer without easier and things getting tired reach farther | | | | | |
| PHYSICAL ACTIVITY Physical activity is about moving your body to have fun and stay healthy, like running, jumping, riding bikes, swimming, dancing, playing on the playground, and doing sports. | | | | | |
| How much do you like doing physical activity? | | | | | |
| I don't like it I like it a little bit I like it a lot | | | | | |
| | | | | | |
| What motivates you to do physical activity? Pick all the ones for you. | | | | | |
| Having fun Being with friends Learning new activities Improving my s | kills | | | | |
| Working hard and being challenged Working towards a goal Getting fit | | | | | |
| Having a choice of activities People encouraging me | | | | | |

| PHYSICAL ACTIVITY Think about the LAST WEEK (7 days), how many days did you exercise, play a sport, or do physical activity for 60 minutes or more? Count all of the days you spent doing activities that made your heartbeat faster and made you breathe hard. | | | | | | | | | | |
|--|---|------------------------|-------------------|----------------|--------------------|--------------------|---------|----------|--------------------|----------|
| o | days | 1 day | 2 c | lays | 3 days | I don't k | 'DOW | | 7 | 7 |
| 4 | days | 5 days | 6 c | lays | 7 days | ☐ ? | | G | 5 | * 7 |
| tablet, co | Think about the LAST WEEK (7 days), about how many hours per day did you spend in front of a TV, tablet, computer, cellphone or other electronic device watching programs, playing video games, using the internet or social media? | | | | | | | | | |
| Ŀ | | | Les | s than 2 | ? hours | 2-4 hours | s 🗌 | 5-7 hou | ırs I don't kno | w |
| | q. | | 8-1 | 0 hours | | More tha | an 10 h | ours | | |
| HYDRATION Think about water? | | TRITION AST WEEK (7 | <u>days)</u> , ab | out <u>how</u> | <u>r many time</u> | <u>s per day</u> d | lid you | drink a | glass or bo | ottle of |
| | | <u> </u> | 1 | 2 | 3 | 4 | 5 oi | r more | I don't kn | ow |
| Think abo | ut the <u>L/</u> | AST WEEK <u>(7</u> | <u>days</u>), ab | out <u>how</u> | many time | <u>s per day</u> d | lid you | eat frui | t? | |
| | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | <u> </u> | 5 or m | ore l | don't kn | ow | |
| Think about the LAST WEEK (7 days), about how many times per day did you eat vegetables? | | | | | | | | | | |
| | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 or m | nore I | don't kr | | |

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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 | n or challenge make you m | ore 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 somethin | g new about nutrition in t | he fitness program or challenge? | | | | |
| No | Maybe | Yes | | | | |
| | | | | | | |
| Did you make friends in | n the fitness program or cl | nallenge that will help you be healthy? | | | | |
| No | Maybe | Yes | | | | |
| | | | | | | |
| How much did you like | participating in the fitness | s program or challenge? | | | | |
| I did not like it | I liked it a little bit | I liked it a lot | | | | |
| | | | | | | |
| Would you do the fitne | ess program or challenge a | gain? | | | | |
| No | Maybe | Yes | | | | |
| | | | | | | |
| | | | | | | |