



## Special Olympics Fitness- Lifestyle Survey (Youth Version)

### 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.

**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

*Scan the QR code below to complete*

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

*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



**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?**

☐ High 5 for Fitness ☐ FAMILY HEALTH FORUM ☐ UNIFIED FITNESS CLUB ☐ Other (Please describe) \_\_\_\_\_

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

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

*Examples include Healthy Leap, Fit for Life, walking clubs, etc.*

# 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.



My physical fitness is:

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 or carry heavy things

☐ Help you stay active longer without getting tired

☐ Help you move easier and reach farther.

I don't know


☐

One type of fitness is called muscular strength. Strength exercises...

☐ Help you lift, push or carry heavy things

☐ Help you stay active longer without getting tired

☐ Help you move easier and reach farther.

I don't know


☐

One type of fitness is called muscle flexibility. Flexibility exercises...

☐ Help you lift, push or carry heavy things

☐ Help you stay active longer without getting tired

☐ Help you move easier and reach farther.

I don't know


☐

## 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 skills

☐

Working hard and being challenged

☐

Having a choice of activities

☐

People encouraging me

☐

Working towards a goal

☐

Getting fit

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 time you spent doing activities that made your heart beat faster and made you breathe hard.



I don't know


☐
☐

0 Days

☐

1 Day

☐

2 Days

☐

3 Days

☐

4 Days

☐

5 Days

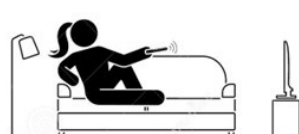
☐

6 Days

☐

7 Days

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 games, using the internet or social media?



I don't know


☐
☐

Less than 2 hours

☐

2-4 hours

☐

5-7 hours

☐

8-10 hours

☐

More than 10 hours

**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?**

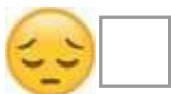
No   Maybe   Yes 

**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 