Lifestyle Survey

Name: ___________________________ Special Olympics Program Name: ___________________________

Today’s Date: ___/___ Date of Birth: ___/___ Gender (please circle one): Male / Female

Special Olympics Sports (please list all): ______________________________________________________________

Please complete the questions below. There is no right or wrong answer.

1. Do you have an intellectual disability?

2. How is your health? Circle the face that shows your answer.

3. How many fruits/vegetables did you eat yesterday? ________

Check here if not sure __

4. Do you feel like you can make healthy choices about nutrition right now? Circle the hand that shows your answer.

5. How many water bottles did you drink yesterday? ________

Note: 1 water bottle = 2 glasses of water or 16 ounces

Check here if not sure __

6. Do you feel like you can make healthy choices about hydration right now? Circle the hand that shows your answer.

7. Last week, how many days did you exercise or play sports? ________

Check here if not sure __
8. Last week, how many days did you exercise or play sports outside of a Special Olympics sport practice? 

Check here if not sure ☐

9. Do you feel like you can make healthy choices about exercise and sports? Circle the hand that shows your answer.

This is Jerry. Jerry likes bowling. Jerry’s best score in bowling is 215.

If you have a best score or time in a sport like Jerry does, please list it below.
Sport: ___________________________________________
Best score/time: ________________________

Jerry also loves swimming. Jerry trains 5 days a week so he can reach his goal of getting a new personal best record in the 50 meter freestyle.

9. Did you set a goal to improve your sport or fitness like Jerry did? Circle the hand that shows your answer.

What was your goal?

________________________________________

________________________________________

10. Did setting a goal make you want to work harder? Circle the hand that shows your answer.

11. As you worked on your goal, did you see your sports or fitness change? Circle the hand that shows your answer.

12. As you worked on your goal, did your health change? Circle the hand that shows your answer.