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**Post-Training Survey**

**Your Name:**

**Today’s Date:** **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

1. **How did you feel about the Athlete Health Messenger training today?**

 Not good  Okay  Good

1. **Which Health Messenger leadership role(s) did you do (check all that apply)?**
	* + Health Spokesperson and Advocate
		+ Healthy Athletes Coordinator
		+ Healthy Habits Teacher
		+ Fitness Leader
		+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle an answer for each question below.**

1. **How many FRUITS and VEGETABLES *should a healthy person* eat every day?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

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1. **How many BOTTLES of WATER *should a healthy person* drink every day?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

1. **How many days each week *should a healthy person* EXERCISE?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |



**Please indicate whether you agree with the following statements. Circle an answer for each.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I feel more comfortable speaking about Special Olympics.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I feel more comfortable talking about the health challenges people with intellectual disabilities face.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I have a better understanding of Special Olympics’ health work.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I want to become a health role model to athletes in my community.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I know how to share my health story.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I feel ready to do my practicum health project when I go home.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I feel confident talking to athletes in my community about eating healthy.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **I feel confident helping athletes in my community be more physically active.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |

**What was your favorite part of Health Messenger training?**

**What could we do to make the athlete Health Messenger training better?**

**What is the most important thing you learned at the Health Messenger training?**

**What are you most likely to share with athletes in your community?**