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**3-Month Follow-Up Survey**

**Health Messenger 3-Month Follow-Up Survey**

Thank you for participating in the Special Olympics Health Messenger Training!

This is a follow-up survey that will ask you about the things that you do to be healthy. There are no right or wrong answers. You can skip any questions you do not want to answer.

**Athlete’s First Name: Athlete’s Last Name:**

**Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is today’s date: Please select:** **Month/Day/Year**

|  |  |  |  |
| --- | --- | --- | --- |
| **Which leadership role did you take on as a Health Messenger?** | Health Spokesperson and Advocate | Healthy Athletes Coordinator | Healthy Habits Teacher |
| Fitness Leader | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I live:** | In a group home | With my family | In my own home or apartment |
|  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you work?** | Yes | No |
| **When you work:** | It is full time | It is part time | I do not work right now |
| **My health is:** | GreatGrinning Face With Big Eyes on Samsung Experience 9.5 | GoodSlightly Smiling Face on Samsung Experience 9.5 |  OkayNeutral Face on Samsung Experience 9.5 | Not GoodDisappointed Face on Samsung Experience 9.5 |

**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 each statement. Circle an answer for each question below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have what it takes to reach my health goals.** | 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 make good choices about my health.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **Other people make choices for me about my health.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |
| **It is hard for me to speak up about my health.** | 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 am a leader 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 choose what to eat, like at lunchtime or dinner.** | 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 choose how to be physically active, like running or biking.** | 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 with my doctor about my health.** | 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 my parent or caregiver about my health.** | 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 my peers about making healthy choices.** | Most of the TimeA picture containing drawing  Description automatically generated | Not Sure | None of the TimeA close up of a logo  Description automatically generated |

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

**There is no right or wrong answer.**

1. **Yesterday, how many VEGETABLES did you eat?** (Like salads, boiled/baked/mashed potatoes, and all cooked and uncooked vegetables) Do not include French fries or chips.

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



1. **Yesterday, how many FRUITS did you eat?** Do not include fruit juice.

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

1. **Yesterday, how many BOTTLES of WATER did you drink?**

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

1. **LAST WEEK**, **on which DAYS did you exercise/play sports that made your heart beat fast and made you breathe hard** (things like: basketball, jogging, skating, fast dancing, swimming laps, tennis, fast bicycling, or aerobic)**?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |



1. **How much TIME do you usually spend exercising on the days you circled above?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 minutes | 30 minutes | 1 hour | 1 hour and 30 minutes | 2 hours | 3 or more hours |

**Select an answer for each question below.**

1. **Since your Health Messenger training, have you been activated as a Health Messenger?**
* Yes
* No
1. **Which leadership role did you take on as a Health Messenger?**
* Health Spokesperson and Advocate
* Healthy Athletes Coordinator
* Healthy Habits Teacher
* Fitness Leader
* Other (please describe):

**Select an answer for each question below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Did the Health Messenger training make you feel ready for your Health Messenger activation | YesA picture containing drawing  Description automatically generated | Not Sure | NoA close up of a logo  Description automatically generated |
| Did you feel comfortable speaking about Special Olympics during your Health Messenger activation? | YesA picture containing drawing  Description automatically generated | Not Sure | NoA close up of a logo  Description automatically generated |
| Did you feel comfortable answering questions during your Health Messenger activation? | YesA picture containing drawing  Description automatically generated | Not Sure | NoA close up of a logo  Description automatically generated |

Please answer the following questions

**What part of the Health Messenger training was most helpful for your Health Messenger activation?**

**What was most challenging about your Health Messenger activation?**

**Is there anything you wish we had talked about more during the Health Messenger training?**

**If you had a mentor, how did they support you during your Health Messenger activation? What additional support would have helped you?**

We thank you for your time spent taking this survey.

Your response has been recorded.