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**Pre-Training Survey**

**Health Messenger Pre-Training Survey**

Thank you for participating in the Special Olympics Health Messenger Training!  This survey will ask you questions about the things that you do to be healthy. There are no right or wrong answers. You can skip any questions you don't want to answer.

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**Your Name:**

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

**Today’s Date:** **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** **What is the date you were born?** **\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Are you male or female?** *Please circle* Male (Boy) Female (Girl)

**Circle an answer for each question below. You can skip any questions you do not want to answer.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | Great  Grinning Face With Big Eyes on Samsung Experience 9.5 | Good  Slightly Smiling Face on Samsung Experience 9.5 | | Okay  Neutral Face on Samsung Experience 9.5 | | Not Good  Disappointed 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. **A close up of a bottle

   Description automatically generatedHow 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 Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I make good choices about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **Other people make choices for me about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **It is hard for me to speak up about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I am a leader in my community.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I choose what to eat, like at lunchtime or dinner.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I choose how to be physically active, like running or biking.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I feel confident talking with my doctor about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I feel confident talking to my parent or caregiver about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I feel confident talking to my peers about making healthy choices.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A 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. **A close up of a bottle

   Description automatically generatedYesterday, 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 |