

# Lifestyle Survey

(To be administered to athletes by coach/volunteer)

**Special Olympics**



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Special Olympics Program Name: \_\_\_\_\_

Athlete     Unified Partner     Sport Coach     Other: \_\_\_\_\_

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

1. Would you say that, in general, your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- I don't know

2. How many fruits did you eat yesterday? \_\_\_\_\_  I don't know

2a. Is that how many you usually eat each day? (Yes/No) \_\_\_\_\_

Include additional information the athlete shared about this here:

3. How many vegetables did you eat yesterday? \_\_\_\_\_  I don't know

3a. Is that how many you usually eat each day? (Yes/No) \_\_\_\_\_

Include additional information the athlete shared about this here:

4. How many water bottles did you drink yesterday? \_\_\_\_\_  I don't know

4a. Is that how many you usually drink each day (Yes/No) \_\_\_\_\_

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

Include additional information the athlete shared about this here:

5. In the last week, how many days were you physically active for at least 30 minutes? \_\_\_\_  I don't know
- 5a. How many of those days did your physical activity happen at a Special Olympics sport practice? \_\_\_\_\_  I don't know
- 5b. How many of those days did your physical activity happen outside of a Special Olympics sport practice? \_\_\_\_\_  I don't know
6. Did you set a goal to improve your sport performance (e.g. fast time, strong player, etc.) or fitness (physical activity, nutrition, or hydration)?
- Yes  No (skip questions 7, 8, & 9)  I don't know (skip questions 7, 8, & 9)
- If yes, what was your goal? \_\_\_\_\_
- 
- If no, what would you like your goal to be? \_\_\_\_\_
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7. Did setting a goal help you stay motivated?
- Yes  No  I don't know
8. As you worked on your goal, did you see your sports performance or fitness change?
- Yes  No  I don't know
9. As you worked on your goal, did you feel healthier?
- Yes  No  I don't know
10. Do you feel confident making healthy choices about your physical activity?
- Always  Sometimes  Never  I don't know
11. Do you feel confident making healthy choices about your nutrition?
- Always  Sometimes  Never  I don't know
12. Do you feel confident making healthy choices about your hydration?
- Always  Sometimes  Never  I don't know