Lifestyle Survey
(To be administered to athletes by coach/volunteer)

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? ______________________________________________

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]