

Lifestyle Survey



Name: _____ Today's Date: _____

Date of Birth: _____ Gender: _____

Special Olympics Program Name: _____

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

1. How is your health? Circle the face that shows your answer.



Good



Okay



Not Good



Not Sure

2. How many fruits/vegetables did you eat yesterday? _____



Check here if not sure

3. Do you feel like you can make healthy choices about nutrition right now? Circle the hand that shows your answer.



Yes



No



Not Sure

4. How many water bottles did you drink yesterday? _____

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



Check here if not sure

5. Do you feel like you can make healthy choices about hydration right now? Circle the hand that shows your answer.



Yes



No



Not Sure

6. Last week, how many days exercise or play sports? _____



Check here if not sure

6a. Last week, how many days did you exercise or play sports outside of a Special Olympics sport practice? _____

Check here if not sure

7. Do you feel like you can make healthy choices about exercise and sports? Circle the hand that shows your answer.



Yes



No



Not Sure



*This is Jerry. Jerry likes swimming. Jerry trains 5 days a week so he can reach his **goal** of getting a new personal best record in the 50 meter freestyle.*

8. Did you set a goal to improve your sport or fitness like Jerry did? Circle the hand that shows your answer.



Yes



No



Not Sure

If no (thumbs down), please skip questions 9-11.

If yes (thumbs up), what was your goal? _____

9. Did setting a goal make you want to work harder? Circle the hand that shows your answer.



Yes



No



Not Sure

10. As you worked on your goal, did you see your sports or fitness change? Circle the hand that shows your answer.



Yes



No



Not Sure

11. As you worked on your goal, did your health change? Circle the hand that shows your answer.



Yes



No



Not Sure

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