



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)

Is anyone helping you to complete all of these forms? *Please circle*

I am completing these forms totally by myself

Someone is helping me to complete these forms

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

I am a(n):

Athlete

Unified Partner

Coach

Caregiver

Parent

Other: \_\_\_\_\_

I describe myself as:



White

Black

Hispanic or Latino

Asian or Pacific Islander

American Indian

Alaskan Native

Other: \_\_\_\_\_

I live:



In a group home

With my family

In my own home or apartment

Other - I live in: \_\_\_\_\_

I communicate by:



Talking or using spoken words

Using a communication device or assistive technology (like a Dynavox)

Gestures

Other: \_\_\_\_\_

I move around:

By myself



Using a wheelchair, walker or cane



Only with help from someone else



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



Good



Okay



Not Good



**Please circle an answer for each question below**  
**There is no right or wrong answer**

1. **Yesterday, how many times did you eat VEGETABLES?** (Vegetables are 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
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2. **Yesterday, how many times did you eat FRUITS?** Do not include fruit juice

0	1	2	3	4	5 or more
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3. **Yesterday, how many CUPS of WATER did you drink?**

0	1	2	3	4	5 or more
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4. **LAST WEEK, on what 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 aerobics)?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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5. **How much time do you usually spend exercising on the days you circled above?**

30 minutes	1 hour	1 hour and 30 minutes	2 hours	3 or more hours
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6. **Do you have a GOAL as a Special Olympics athlete** (things like a **personal best record** you want in bowling, swimming, or fitness, etc., a **health goal**, or a **competition goal**)?

Yes



No



Don't Know



**If yes, what is your goal?**

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**Please circle your answer for the questions below**

On a regular day (most days), do you eat or drink the following?:



**Sweet snacks**

(like candy, chocolate, cupcakes)

Every Day or  
Almost Every Day

3 or 4 Times per  
Week

1 or 2 Times per  
Week

Hardly Ever  
(less than 4 times  
a month)

Never

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**Salty Snacks**

(like chips, pretzels)

Every Day or  
Almost Every Day

3 or 4 Times per  
Week

1 or 2 Times per  
Week

Hardly Ever  
(less than 4 times  
a month)

Never

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**Sports Drinks**

(like Gatorade, Powerade)

Every Day or  
Almost Every Day

3 or 4 Times per  
Week

1 or 2 Times per  
Week

Hardly Ever  
(less than 4 times  
a month)

Never

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**Soda or Pop**

(like Coke, Sprite, Pepsi)

Every Day or  
Almost Every Day

3 or 4 Times per  
Week

1 or 2 Times per  
Week

Hardly Ever  
(less than 4 times  
a month)

Never

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**Fast Food Meals or  
Drive-Thru Meals**

(like Burgers, French Fries,  
Chicken Nuggets)

Every Day or  
Almost Every Day

3 or 4 Times per  
Week

1 or 2 Times per  
Week

Hardly Ever  
(less than 4 times  
a month)

Never

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