

SOWI Lifestyle Survey

SOfit

Name _____ Date _____

Date of Birth _____

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

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

What are your current Special Olympics Sports (please mark all that apply)?

- | | | |
|----------------------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Athletics (Track & Field) | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Basketball Skills | <input type="checkbox"/> Golf | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Basketball (Team) | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Snow Shoeing | <input type="checkbox"/> Volleyball |
-

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



Yesterday, how many **vegetables** did you eat?



0	1	2	3	4	5 or more
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Yesterday, how many **fruits** did you eat?



0	1	2	3	4	5 or more
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Yesterday, about how many **cups of water** did you drink, in total?



0 or 1	2 or 3	4 or 5	6 or 7	8 or 9	10 or more
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Yesterday, did you drink **enough water** to stay healthy and hydrated?



Yes



No



Not Sure

Yesterday, about how many **alcoholic beverages** (beer, wine, cocktails) did you drink?



0	1	2	3	4	5 or more
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Do you currently smoke cigarettes?



Yes



No



Not Sure



Do any of your family or friends smoke near you?



Yes



No



Not Sure



Yesterday, did you take a nap during the day?



No

Yes: What time did you go to bed? _____am/pm

What time did you wake up? _____am/pm

Did you sleep last night?



No

Yes: What time did you go to bed? _____am/pm

What time did you wake up? _____am/pm

~ Do you typically have trouble sleeping?



Yes, usually



Sometimes



No, not really



Not Sure



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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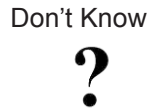


I did not exercise/play sports that made my heart beat fast and made me breathe hard

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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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**)?



If yes, what is your goal?

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



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



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



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



**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

Thank you for completing this survey!