



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


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?
