

your

PASSPORT to Health



***Special
Olympics***
*Northern California
Nevada*

Healthy Athletes®



Special Olympics
*Northern California
Nevada*

Healthy Athletes®



Special Olympics
Northern California
Nevada

Healthy Athletes® is a Special Olympics program that provides free health screenings and health education in a fun, welcoming environment with a focus on removing the anxiety people with intellectual disabilities often experience when faced with a visit to a medical professional. The impact of Healthy Athletes on the health and wellness of Special Olympics athletes around the world is significant! Since 1997, Healthy Athletes has discovered undetected health problems, alleviated pain and provided health services that otherwise would not be available.

Healthy Athletes® is not only a program for athletes but, through training and hands-on experience at screenings, it is a program for health care students and professionals to increase knowledge of best practices in caring for people with intellectual disabilities.



Special Olympics Health is made possible by the Golisano Foundation in collaboration with the U.S. Centers for Disease Control and Prevention.

We'd like to thank Della Norton, Director, Health Programs of Special Olympics Washington, for sharing the content of their Passport and for inspiring the creation of this one.



To Parents, Caregivers and Coaches

COVID-19 and the subsequent stay at home order

has made life difficult for everyone, especially our athletes. Here are some ways you can motivate and encourage your athlete(s) to continue to stay fit and active during this time.

- **Join in!** Help your athlete with the activities and participate in exercise. The more you join in, the better example you are setting.
- **Make fitness fun!** Put on your athlete's favorite music, go on walks to your athlete's favorite park, or dance around the house for aerobic exercise!
- **Stay positive!** It can be easy to get down in our current situation, but it is important that athletes see you making the most of this weird time.
- **Practice self care!** You can't be the best caregiver for your athlete if you don't have anything to give! Take breaks, use meditation and calming techniques, and set boundaries for yourself.
- **Structure your day!** Set aside a time of day to do these activities with your athlete. Leave room in your schedule for rest, extra play, and creativity.
- **Help your athlete with activities!** Athletes may need help reading instructions, completing activities, or finding the motivation to start an activity. Help by supporting them through activities and providing some external motivation. Remind your athlete that they will want to be fit and healthy when sports start again!

Visit our **Health & Fitness @ home** program on the web:

SONC.org/athome | SONV.org/athome



The **Health & Fitness @ Home** program helps Special Olympics athletes and supporters to stay healthy, motivated, engaged, and connected—@ home!

This program includes the **FIT 5 CHALLENGE**. The **FIT 5 CHALLENGE** encourages and motivates athletes to work toward 5 days of physical activity (30 minutes or more), 5 servings of fruits and vegetables per day and 5 bottles of water (16 oz. or more) per day.

Join our Health & Fitness @ Home **Facebook Group** for workouts, fitness and nutrition tips, and tons of social interaction! Also check out a full video library with tons of fun at-home workouts, exercise classes, dance activities and more.

your **PASSPORT to Health** Instructions

1 Check off, color in, or place a sticker in each box when you complete the challenge!

2 Remember: Just because you finish your passport doesn't mean healthy behaviors have to stop! Stay healthy by completing these challenges all year long!

Here's an example of what a week might look like for you:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1 Healthy Hearing Activity	1 FUN Fitness Activity	1 Fit Feet Activity	1 Special Smiles Activity	1 Health Promotion Activity	1 Strong Minds Activity	1 Opening Eyes Activity
+ 30 min walk	+ 10 min stretch	+ 15 min dance	+ 30 min walk	+ 20 min strength	+ 30 min walk	+ 20 min balance

3 Remember, it is important to have a daily schedule. Try writing a daily to-do list, or keep track of your schedule in a day planner!



KNOW HOW COVID-19 SPREADS

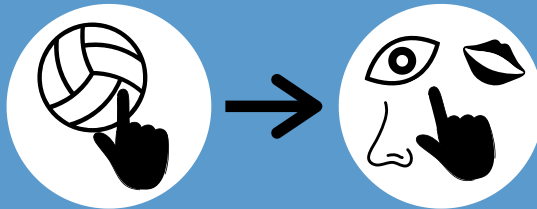
THE CORONAVIRUS IS
SPREAD FROM
PERSON TO PERSON



THROUGH TINY DROPLETS
MADE WHEN AN INFECTED
PERSON COUGHS, SNEEZES
OR TALKS.



IT'S POSSIBLE, BUT NOT LIKELY,
THAT A PERSON CAN GET
COVID-19 BY TOUCHING A
SURFACE OR OBJECT THAT HAS
THE VIRUS ON IT AND THEN
TOUCHING THEIR OWN MOUTH,
NOSE, OR POSSIBLY EYES.



IT'S IMPORTANT TO WASH YOUR HANDS
OFTEN WITH SOAP AND WATER FOR AT
LEAST 20 SECONDS.

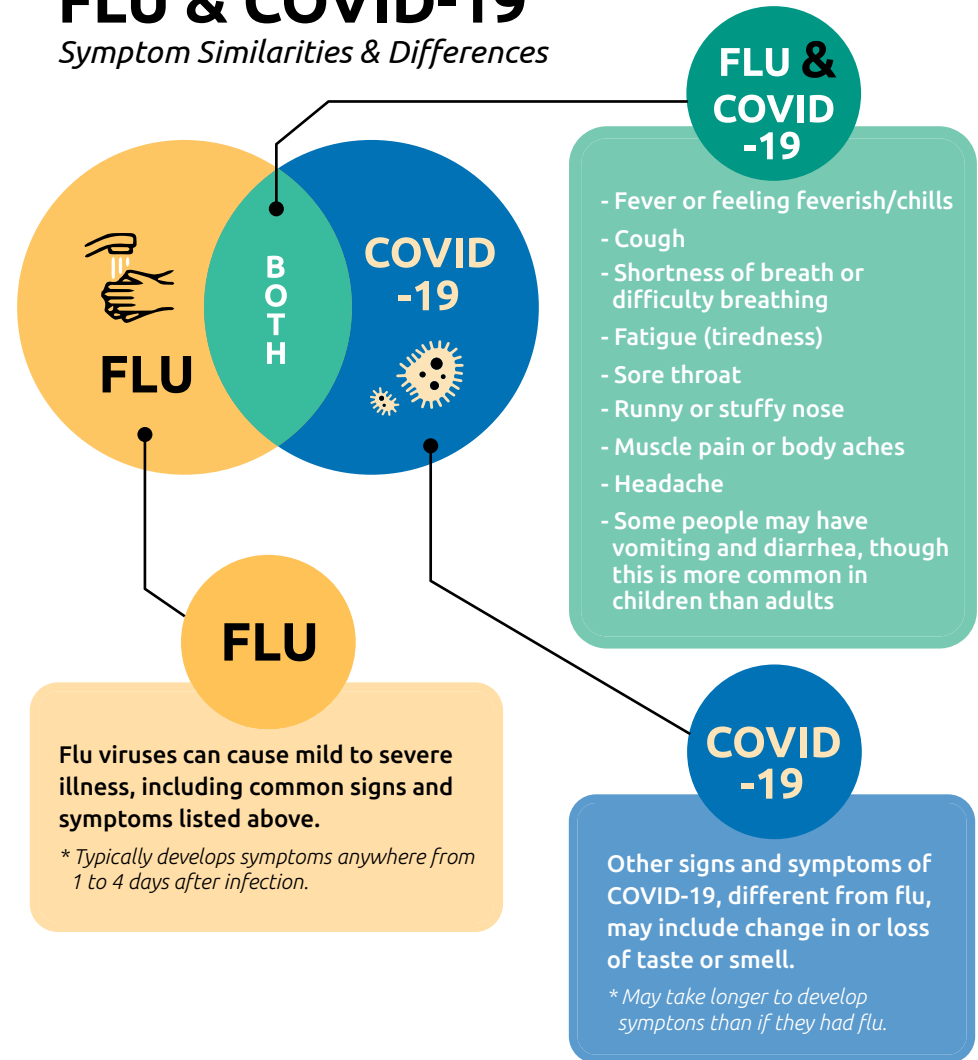


SOURCE: CDC (CDC.GOV)

*subject to change based on new information from local and national health authorities

FLU & COVID-19

Symptom Similarities & Differences



Please note that COVID-19 is a new disease and we are still learning every day about it and how to treat and manage it.

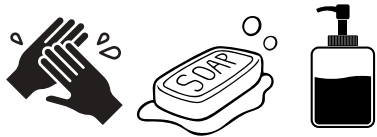
We also highly recommend getting your regular flu shot this Fall!

**Content source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)*

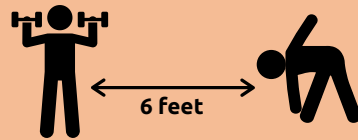


Reduce the Spread of **COVID-19**

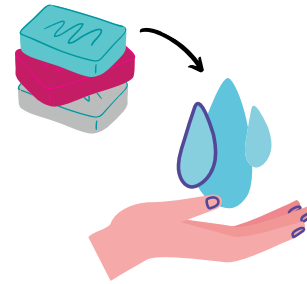
How to **USE A MASK**



WASH YOUR HANDS FREQUENTLY
 Regularly and thoroughly clean your hands with soap and warm water for at least 20 seconds or use an alcohol-based (minimum of 60% alcohol) hand sanitizer.



MAINTAIN PHYSICAL DISTANCING
 Maintain at least 6 feet distance between yourself and others in public.



Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.



Cover mouth and nose with the mask and make sure there are no gaps between your face and the mask.



AVOID TOUCHING YOUR FACE
 Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth.



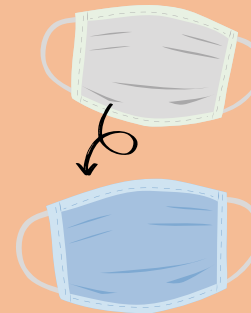
WEAR A CLOTH FACE COVERING
 Wear a face covering when you're outside of your home or if you have symptoms of a respiratory illness such as cough, runny nose, or shortness of breath.



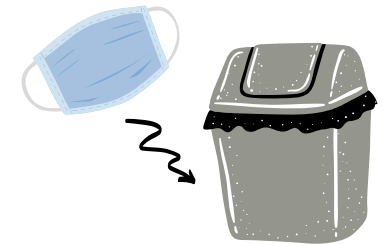
COVER YOUR COUGHS AND SNEEZES
 Cover your mouth and nose with tissue when coughing or sneezing, dispose of tissue in the trash and wash your hands or use hand sanitizer after coughing or sneezing.



FREQUENTLY DISINFECT SURFACES
 Frequently clean commonly touched surfaces (sports equipment, doorknobs, keys, cell phone, keyboards) with antiseptic cleaner.



Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.



To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.



When you complete a task, check or color in the box.

Hand Washing

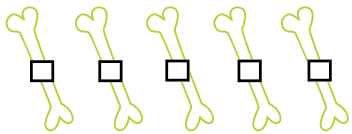
1. Wet your hands
2. Apply soap
3. Wash hands for 20 seconds
4. Rinse well
5. Dry hands
6. Turn off water with paper towel



Bone Health

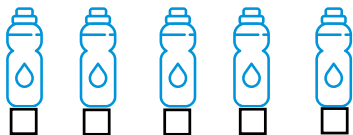
Color in the bone when you eat a high-calcium food.

Milk, dark leafy greens, yogurt, & soy milk are great options!



Hydration

Fill in the bottle for each day you drink 5 bottles or glasses (16oz) of water.



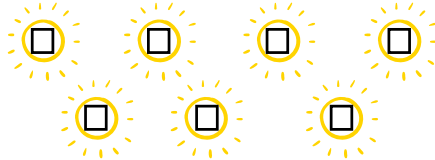
Sun Safety

Check the expiration date on your sunscreen and throw away if expired!



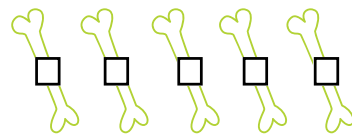
Sun Safety

Color in the shape each time you go into the sun for 10 minutes to help your body produce Vitamin D!



Bone Health

Color in the bone when you do a strength exercise on your training plan.



Activity

Color in each activity when you complete it!







Food Labels

Find two food labels to compare and fill in the blanks.

Nutrition Facts	
Serving Size	
Servings Per Container	
Amount Per Serving	
Calories	Calories from Fat
% Daily Value*	
Total Fat	
Saturated Fat	
Trans Fat	
Cholesterol	
Sodium	
Total Carbohydrate	
Dietary Fiber	
Sugars	
Protein	
Vitamin	
*Percent Daily Values are based on a 2,000 calorie diet.	

Food #1

Nutrition Facts	
Serving Size	
Servings Per Container	
Amount Per Serving	
Calories	Calories from Fat
% Daily Value*	
Total Fat	
Saturated Fat	
Trans Fat	
Cholesterol	
Sodium	
Total Carbohydrate	
Dietary Fiber	
Sugars	
Protein	
Vitamin	
*Percent Daily Values are based on a 2,000 calorie diet.	

Food #2

- 1 Which food has more sugar?
- 2 Which food has more fat?

Weight

I am this tall: _____
I weigh this much: _____

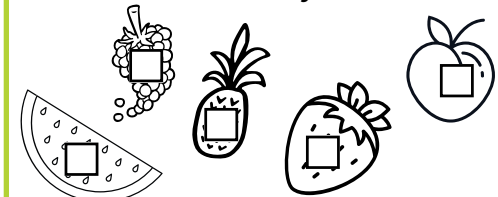
You can check your BMI using Google.
A healthy BMI is 18.5 - 25

Try tracking your weight for 4 weeks!

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week 1	Week 2	Week 3	Week 4

Fruits

Color in the fruit each time you eat 2 servings of fruit in one day!



Vegetables

Color in the vegetable each time you eat 3 vegetables in one day!



Special Olympics Healthy Hearing



Special Olympics
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Nevada

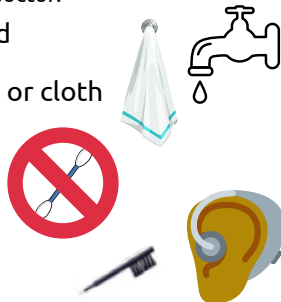


When you complete a task, check or color in the box. 

Tips to Safely Clean Ears

There are many ways to keep ears clean! If you are concerned about earwax, it is best to talk to your doctor.

- 1 Visit your doctor and ask to have earwax removed
- 2 Clean the outside of your ears with a damp towel or cloth
- 3 Do not insert cotton swabs (Q-tips) into your ear
- 4 Ask your doctor about earwax softener
- 5 Ear wax can accumulate on hearing aids.




Ask your doctor about a pick & brush to help clean your hearing aids.

Listen!

Color in the headphones each time you listen to music on a low volume!



Keep your headphone volume LOW when walking or running near cars. 

Hearing Evaluations

It's important to have your hearing checked by a doctor or audiologist.



	YES	NO	UNSURE
I have had a hearing evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor asked me questions about my hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor looked in my ear with a special tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor performed a hearing test where I heard beeps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My hearing was: (select one) Good Not Good

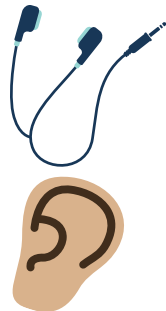
Why is Ear Health Important?

Ear health is part of our overall health.



Good hearing can help you:

- Hear cars and bikes while outside
- Hear conversations with friends and family
- Hear your doctor and health care providers



Ear Protection

Protect your ears in loud environments by using:






Earmuffs



Ear plugs

How to wear earplugs:

- 1 Roll the foam earplug down to a tight cylinder 
- 2 Gently pull the outer ear up and back 
- 3 Insert the earplug fully into the canal and hold for 30-60 seconds 

Do You Need a Hearing Check?

Work with your family, staff or caretaker if you need assistance completing this section.

Check when complete.

Select One:

- | | | |
|--|---------------------------|--------------------------|
| It is hard for me to hear what people are saying. | Yes <input type="radio"/> | No <input type="radio"/> |
| It is hard for me to understand people on the phone. | Yes <input type="radio"/> | No <input type="radio"/> |
| Noises sound muffled or too quiet. | Yes <input type="radio"/> | No <input type="radio"/> |
| I have ringing in my ears. | Yes <input type="radio"/> | No <input type="radio"/> |

If you answered 'yes' to one or more questions, ask your doctor, family, caretaker or staff if you need your hearing checked.

Healthy Hearing provides hearing examinations to detect possible ear and hearing problems.



When you complete a task, check or color in the box.

Mental Health

This is a very stressful time. If you are feeling down, anxious, or experiencing negative emotions, talk to someone you trust, like a friend, family member, or coach.

RESOURCES:
24-Hour Hotline: 1-888-847-3209
Find a therapist: finder.psychiatry.org
Online therapy: Talkspace.com
Suicide Prevention Hotline: 1-800-273-8255

Sharing

Sharing our feelings can help! Color in an emoji for every time you share your feelings with someone you trust!

Stress Ball

Squeezing a stress ball can help you feel more relaxed and calm. You can also squeeze a towel, pillow, stuffed animal or pair of socks!

- Squeeze the ball or object for 3 seconds.
- Release the ball and any tension in your body.
- Repeat for 5 minutes.

Letter Writing

Color in an envelope for every letter you write to a friend or family member!

Support

- Think of a family member, friend, or coach who has supported you.
- Call them or write them a letter to thank them.
- Choose someone you can support and call them or write them a letter.

Positivity

Write something you love about yourself!

Sleep

Color in the cloud for every night you sleep for 8+ hours.

Racism & Resources

Special Olympics Northern California & Nevada has a zero tolerance policy for racism. Racism can negatively affect your mental & physical health.

MENTAL

depression, anxiety, less self-confidence, behavioral issues

PHYSICAL

increased stress hormones, increased blood pressure, increase risk of heart disease and breast cancer.

Phone a Friend

Color in a phone every time you call a loved one.

Deep Breathing

Work with a family member or caretaker on this activity. Deep breathing can help reduce stress and make you feel calm.


- Place one hand on belly and one hand on your chest
- Breathe in for 3 seconds, then out for 3 seconds
- Repeat 10 times



When you complete a task, check or color in the box.


Balance

Check off each balance exercise after you complete it!




Walking On a Line

Find or make a straight line on the floor. Walk on the line for 20 steps.



Leg Swings

Stand on one leg, swinging the other leg front to back. Do 10 swings on each side.





Single Leg Stance


Stand on one leg with your arms out to the side. Work up to holding this position for 30 seconds.


Stretching


Try these different stretches!



calf


lunge


hamstring


quad


triceps


shoulder

Safe Homes

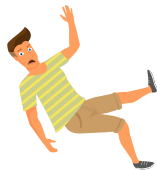
Having a safe home can prevent accidents.

- Turn on lights in rooms
- Pick up all trip hazards off the floor
- Add no-slip mats to the shower or bath 

Falls

What causes falls?

- Poor balance
- Poor eyesight
- Effects of medications
- Weak muscles
- Worn out shoes
- Uneven surfaces



A fall is a loss of balance.

How can we prevent falls?

- Strength exercises
- Balance exercises
- Get your eyes checked
- Make your home safe
- Take medicine correctly
- Be aware of obstacles


Strength

Strength is the ability of your body to do work. Strength gives you the ability to jump higher, throw farther, and sprint faster.




Wall Push-Ups

20 repetitions



Side Leg Lifts

20 repetitions each side




Curl Ups

20 repetitions

Aerobic




Aerobic exercise is movement that makes your heart beat faster.

Color each person for every day you do 30-60 minutes of aerobic activity.



- Dancing
- Biking
- Running
- Brisk Walking
- Swimming

Fun Facts!

- Strength training can protect your bones! 
- Regular exercise can help lower blood pressure. 
- You use up to 200 muscles to take a single step! 

Aerobic FUN

Aerobic activity is good for your body! Aim for 30-60 minutes, 4 times per week. Aerobic activity helps strengthen your heart and lungs!

Write out the aerobic activities you did this week:

Day 1: _____

Day 2: _____

Day 3: _____

Day 4: _____

Special Olympics Fit Feet



Special Olympics
Northern California
Nevada



When you complete a task, check or color in the box.  

Healthy Feet

- Do not** ignore foot pain!
- Don't wear shoes that are too tight
- Don't share shoes



- Do roll a tennis ball under sore feet
- Do stretch feet after a workout
- Protect your feet by wearing socks that keep feet dry



To Do List



- | | |
|---|--|
| <input type="checkbox"/> Throw away socks with holes | <input type="checkbox"/> Check soles of shoes for holes |
| <input type="checkbox"/> Wash feet at every shower or bath | <input type="checkbox"/> Apply lotion to dry, cracked skin |
| <input type="checkbox"/> Dry feet thoroughly after bathing | <input type="checkbox"/> Make sure shoes are not overly worn |
| <input type="checkbox"/> Wear clean socks | <input type="checkbox"/> Dry feet thoroughly after showers |
| <input type="checkbox"/> Check feet for scrapes, cuts, and sore areas regularly | |



Are My Shoes The Right Size?

Did you know foot size can change with time?

Make sure you are wearing the right size by asking these questions:

- Are my shoes pinching my toes?
- Do I get blisters after I walk/run in my shoes?
- Do my shoes slip off at the heel?
- Do my shoes feel too tight?

Select One:

- | | |
|---------------------------|--------------------------|
| Yes <input type="radio"/> | No <input type="radio"/> |
| Yes <input type="radio"/> | No <input type="radio"/> |
| Yes <input type="radio"/> | No <input type="radio"/> |
| Yes <input type="radio"/> | No <input type="radio"/> |

if you answered "yes" to any of these questions, you may need a different size of shoes.

How to Cut Your Nails

Work with a family member or caretaker on this activity.

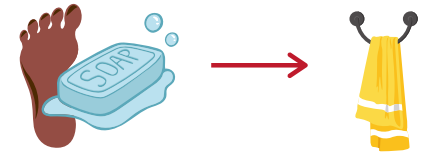
1

- Get your toe nail clippers. Make sure they are clean and dry. Use different clippers than the ones you use for your fingers.



2

- Make sure your feet are clean and completely dry.



3

- Cut toenails straight across. Do not cut nails at an angle.



4

- Make sure all your nail cuts make it into the trash. Cut toenails every 6-8 weeks



Fungus

If your nails are discolored or thick, talk to your caretaker, then contact your doctor.



Toenails

Work with a family member or caretaker on this activity.

Color in a foot every time you cut your toenails this summer! Trim nails straight across.



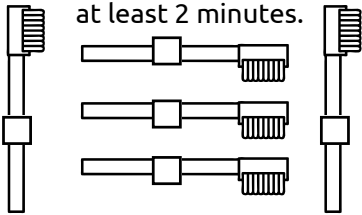
Fit Feet provides podiatric screenings for ankles, feet, biomechanics, and proper shoe & sock wear.



When you complete a task, check or color in the box.

Brushing

Color 1 toothbrush each time you brush your teeth twice a day for at least 2 minutes.



Brushing

Today I cleaned my mouth:

Yes No (select one)

You should clean your teeth for



I cleaned my teeth for ____ minutes today.

Dentists

Work with a family member or caretaker on this activity.

My dentist is:

My last appointment was:

My next appointment is:

If you don't have an appointment scheduled, call your dentist's office today!

Mouth Guards

Mouth guards can help protect teeth during some sports!



Check the box if you use a mouth guard!

Flossing

Today I flossed my teeth:

Yes No (select one)

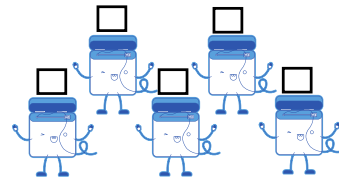
You should floss your teeth for



I flossed my teeth for ____ minutes.

Flossing

Color the floss every time you floss your teeth for 2 minutes!



Eating for Oral Health



Some foods are **not so good** for our oral health.

Here are some foods to AVOID for a healthy mouth:

- Sugary drinks like soda or fruit juice
- Gummy and sour candy
- Hard candy and lollipops
- Starchy, refined foods that stick to your teeth like potato chips and white bread



Some foods are **good** for our oral health.

Here are some foods to promote a healthy mouth:

- Cheese, milk, and yogurt
- Water
- Celery, carrots, and other crunchy veggies
- Leafy greens (spinach, lettuce, kale)
- Apples and pears

Pain?



Do you have pain in your mouth?

Call your Dentist or learn more about Denti-Cal at:

www.MouthHealthy.org



Choose Water!

Check a box each day you choose water instead of a sugary beverage!

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



When you complete a task, check or color in the box.  

Sunglasses

Color in the shapes every time you wear sunglasses to protect your eyes in the sun!



Screen Time

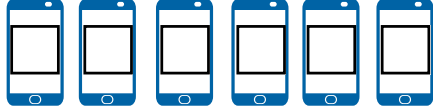
Our devices give off **BLUE LIGHT**.

7.4 HOURS
Most Americans' daily screen time

BLUE LIGHT can be harmful.

1. EYE STRAIN 2. POOR SLEEP 3. MACULAR DEGENERATION

Color in the phone every time you take a 1-hour break from looking at a screen.



Prescriptions

If you check more than one box, it's time to talk to your eye doctor!

I often squint to see things

I get headaches a lot, especially after reading

My eyes feel tired at the end of the day

I have blurry vision

I have not gotten my prescription checked in over a year

Dry Eyes?

Work with a family member or caretaker on this activity.

Are your eyes often dry and uncomfortable? Try these tips!

1. Use eye drops! Look for eye drops labeled as "artificial tears" or "lubricating." Make sure to wash your hands before using.

2. Try a warm compress. Wet a washcloth with slightly warm water and place on your closed eyes

3. Talk to your eye doctor



Sports Goggles

Did you know basketball is the leading cause of eye injury in the US?

If you check 1+, you may need sports goggles!

I play basketball

I wear glasses

My glasses fall off when I play my sport or exercise

My eye has been injured while playing my sport



My Eyes

My eye doctor is: _____

My last eye exam was: _____

I got new glasses (select one):

Yes No

Eyeglass Maintenance

1. **Rinse**

Always rinse your glasses off with water before wiping or cleaning them. Dust and dirt can scratch your lenses.

2. **Wash Carefully**

Only use sprays or cleansers that are specifically made to clean eyeglass lenses or dish soap. **NEVER** use spit or household cleaners like Windex.

3. **Use the Right Cloth**

NEVER use paper towels, tissue, or napkins to dry your lenses. **ONLY** use a microfiber glasses cloth or allow glasses to air-dry.

4. **Store Properly**

Store glasses and sunglasses in a hard case any time you are not wearing them.

5. **Place Carefully**

NEVER lay your glasses lens down.

6. **Wash Often**


Wash glasses at least once per day.

7. **Use Two Hands**

Use both hands to put glasses on and take them off. Ask for assistance if you need.

8. **Fogging Up?**

Glasses fogging up while wearing a mask? Make sure you have a tight seal around your nose.





6-Week Fitness Challenge

INDOOR EDITION

Welcome to the **SONC/V 6-Week Fitness Challenge!** Complete **at least 5 squares each week.** When you complete a day, cross it off. At the end of the challenge, take a picture of your challenge sheet, and send to **AmandaY@sonc.org** for a chance to win a prize. Good luck, and have fun!

You can break up the exercises for the day—it doesn't have to be done all at once! OR If you need an extra challenge, do the exercises TWICE!

COUNTY:

NAME:

Week 1

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
20 ARM CIRCLES 5 SIT UPS 10sec. WALL SIT 10 SECOND PLANK STRETCH	20 LEG SWINGS 5 SIT UPS 5 SQUATS 10 SECOND PLANK STRETCH	60sec. JOG IN PLACE 5 SIT UPS 3 PUSH UPS 10 SECOND PLANK STRETCH	20 ARM CIRCLES 5 SIT UPS 10sec. WALL SIT 10 SECOND PLANK STRETCH	20 LEG SWINGS 5 SIT UPS 5 SQUATS 10 SECOND PLANK STRETCH	60sec. JOG IN PLACE 5 SIT UPS 3 PUSH UPS 10 SECOND PLANK STRETCH	30min Walk or Jog

Week 2

20 QUICK PUNCHES 10 SIT UPS 15sec. WALL SIT 15 SECOND PLANK STRETCH	20 JUMPING JACKS 10 SIT UPS 10 SQUATS 15 SECOND PLANK STRETCH	60sec. JOG IN PLACE 10 SIT UPS 5 PUSH UPS 15 SECOND PLANK STRETCH	20 QUICK PUNCHES 10 SIT UPS 15sec. WALL SIT 15 SECOND PLANK STRETCH	20 JUMPING JACKS 10 SIT UPS 10 SQUATS 15 SECOND PLANK STRETCH	30min Walk or Jog	60sec. JOG IN PLACE 10 SIT UPS 5 PUSH UPS 15 SECOND PLANK STRETCH
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Week 3

20 ARM CIRCLES 15 SIT UPS 20sec. WALL SIT 20 SECOND PLANK STRETCH	20 LEG SWINGS 15 SIT UPS 15 SQUATS 20 SECOND PLANK STRETCH	60sec. JOG IN PLACE 15 SIT UPS 10 PUSH UPS 20 SECOND PLANK STRETCH	20 ARM CIRCLES 15 SIT UPS 20sec. WALL SIT 20 SECOND PLANK STRETCH	30min Walk or Jog	20 LEG SWINGS 15 SIT UPS 15 SQUATS 20 SECOND PLANK STRETCH	60sec. JOG IN PLACE 15 SIT UPS 10 PUSH UPS 20 SECOND PLANK STRETCH
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Week 4

20 QUICK PUNCHES 10 MOUNTAIN CLIMBERS 10 FLUTTER KICKS 10 SIDE TO SIDES STRETCH	20 ARM CIRCLES 3 BURPEES 10 FLUTTER KICKS 5 LUNGES STRETCH	60sec. JOG IN PLACE 10 STEP UPS 5 CHAIR DIPS (TRICEP) 5 LUNGES STRETCH	30min Walk or Jog	20 QUICK PUNCHES 10 MOUNTAIN CLIMBERS 10 FLUTTER KICKS 10 SIDE TO SIDES STRETCH	20 ARM CIRCLES 3 BURPEES 10 FLUTTER KICKS 5 LUNGES STRETCH	60sec. JOG IN PLACE 10 STEP UPS 5 CHAIR DIPS (TRICEP) 5 LUNGES STRETCH
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Week 5

20 ARM CIRCLES 5 BURPEES 15 LUNGES 15 FLUTTER KICKS STRETCH	20 LEG SWINGS 15 MOUNTAIN CLIMBERS 20 SIDE TO SIDES 15 FLUTTER KICKS STRETCH	30min Walk or Jog	60sec. JOG IN PLACE 20 STEP UPS 10 CHAIR DIPS (TRICEP) 10 LUNGES STRETCH	20 ARM CIRCLES 5 BURPEES 15 LUNGES 15 FLUTTER KICKS STRETCH	20 LEG SWINGS 15 MOUNTAIN CLIMBERS 20 SIDE TO SIDES 15 FLUTTER KICKS STRETCH	60sec. JOG IN PLACE 20 STEP UPS 10 CHAIR DIPS (TRICEP) 10 LUNGES STRETCH
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Week 6

20 JUMPING JACKS 5 BURPEES 10 LUNGES 20 FLUTTER KICKS STRETCH	30min Walk or Jog	20 QUICK PUNCHES 20 MOUNTAIN CLIMBERS 30 SIDE TO SIDES 20 FLUTTER KICKS STRETCH	60sec. JOG IN PLACE 30 STEP UPS 15 CHAIR DIPS (TRICEP) 15 LUNGES STRETCH	20 JUMPING JACKS 5 BURPEES 10 LUNGES 20 FLUTTER KICKS STRETCH	20 QUICK PUNCHES 20 MOUNTAIN CLIMBERS 30 SIDE TO SIDES 20 FLUTTER KICKS STRETCH	60sec. JOG IN PLACE 30 STEP UPS 15 CHAIR DIPS (TRICEP) 15 LUNGES STRETCH
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WEEKLY EXERCISE, NUTRITION, AND HYDRATION TRACKER



Athlete name: _____ Week: _____

HOW TO GET YOUR FIT 5: Complete **5** types of exercise each WEEK, and eat **5** fruits & veggies, and drink **5** bottles of water each DAY.

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
EXERCISE: How many times did you exercise each day? Write it in the box below!								
	ENDURANCE <small>Ex. 45min Walk</small>							
	STRENGTH <small>Ex. 20min Weight Lifting</small>							
	FLEXIBILITY <small>Ex. 30min Stretching</small>							
	BALANCE <small>Ex. 60min Yoga Session</small>							
NUTRITION: How many fruits & vegetables did you eat each day? Fill in the bubble below. If you ate more, take extra credit!								
	FRUITS	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○	○ ○
	VEGETABLES	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
	EXTRA CREDIT	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
HYDRATION: How many bottles of water did you drink each day? Fill in the bubble below. If you drank more, take extra credit!								
	A BOTTLE OF WATER <small>= 16oz.</small>	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○

Fill in the star if you reached your FIT 5 **at least 5 DAYS** this week:



EAT A RAINBOW OF FRUITS & VEGETABLES

Special Olympics
Northern California
Nevada



Remember to eat at least 5 fruit & vegetable servings each day!

RED

Bell Pepper
Onion
Tomato
Swiss Chard
Strawberry
Raspberry
Watermelon
Grapes
Radicchio
Radish
Apple
Cherries

ORANGE

Pumpkin/Squash
Mango
Carrot
Cantaloupe
Bell Pepper
Peach
Nectarine
Orange
Papaya
Sweet Potato

YELLOW

Onion
Summer Squash
Corn
Potato
Tomato
Bell Pepper
Grapefruit
Lemon
Cherries
Melon
Pear
Pineapple
Banana
Spaghetti Squash

GREEN

Cabbage
Broccoli
Lettuce
Kale
Celery
Cucumber
Avocado
Asparagus
Honeydew
Kiwi
Bok Choy
Green Beans
Lime
Parsley
Basil
Cilantro
Grapes
Peas
Apple
Brussel Sprouts

BLUE

Blueberry
Eggplant
Corn
Boysenberry
Currants

PURPLE

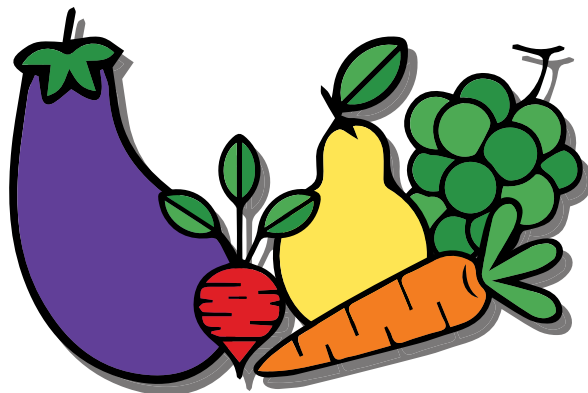
Cabbage
Potato
Carrot
Grapes
Eggplant
Beets
Plum
Figs

BLACK

Radish
Date
Prune
Blackberry

WHITE

Cabbage
Onion
Garlic
Cauliflower
Potato
Jicama
Mushroom
Bok Choy
Fennel
Endive
Leeks
Parsnip
Eggplant
Turnip
Daikon Radish



State Clinical Directors

Healthy Athletes®



NORTHERN CALIFORNIA | CLINICAL DIRECTORS

Fit Feet

Dr. Diane Mitchell-Pray, Dignity Health (Sacramento)
Dr. Tim Dutra, Samuel Merritt University (Oakland)

FUNfitness

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Health Promotion

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Chelsy Pham, Eye Designs Optometry (Roseville)

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Dr. Isaac Navarro, Pacific Dental (Visalia)
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Dr. Jeanine Nordeen, University of the Pacific (San Francisco)

Strong Minds

Lauren Mahakian, MS, The Whole Soul Counseling (Fair Oaks)

NEVADA | CLINICAL DIRECTORS

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FUNfitness

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Dr. Courtney D'Agostino, Renown (Reno)

Health Promotion

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Healthy Hearing

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MedFest®

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Dr. Kate Martin, UNLV (Las Vegas)
Dr. Michael Elliot, Renown (Reno)

Opening Eyes®

Dr. Jacqueline Anne Julio, Sahara Eye Center (Las Vegas)

Special Smiles®

Dr. Antonina Capurro, UNLV (Las Vegas)
Dr. Civon Gewelber, UNLV (Las Vegas)

Strong Minds

Christy Butler, MS, Washoe County Human Services Agency (Reno)

Athlete Health Survey

Next Page

Fill out this survey **AFTER** you complete as much of the passport as you can for a chance to **win a prize!** You can fill it out online at sonc.org/healthpassport or sonv.org/healthpassport. Or fill out the front and back of this page, cut it out, and mail it back. Email any questions to HealthyAthletes@sonc.org or HealthyAthletes@sonv.org






First Name: _____ Last Name: _____ Today's Date: ___/___/____
 Your Birthday: ___/___/____ Phone #: _____ Email: _____
 State Program (Nevada or NorCal): _____ City: _____
 Special Olympics Sports You Play (please list all): _____


 Do you have foot pain? (select one) Yes No
 If you answered yes, have you talked to your doctor? (select one) Yes No


 Last week, how many days did you exercise or play sports? (select one)
 1 2 3 4 5 6 7


 How many days did you STRETCH?
 1 2 3 4 5 6 7


 How many Health Promotion activities did you do? (select one):
 All Most Half One None
 My favorite Health Promotion activity was: _____

 After doing the Strong Minds activities, how do you feel? (select one)
    

 How many water bottles did you drink yesterday? (select one)
 Note: 1 water bottle = 2 glasses of water or 16 ounces
 1 2 3 4 5 6 7+ Not sure

 How many fruits/vegetables did you eat yesterday? (select one)
 1 2 3 4 5 6 7+ Not sure

 Do you have trouble hearing? (select one) Yes No
 If yes, have you talked to your doctor? (select one) Yes No

 Do you have mouth pain? (circle one) Yes No
 If you answered yes, have you talked to your dentist? (select one) Yes No

? Did you enjoy doing this Passport to Health? (select one)
 Yes No Not sure

Healthy Athletes Preferred Provider Survey

Do you currently see a care provider you would recommend to other Special Olympics Athletes? We want to know!

Name of Provider: _____

Type of service provided: (Circle one or more)

- | | | | | |
|---|---|---|--|---------------------------------|
| <input type="checkbox"/> Nutrition/Diet | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Dental | <input type="checkbox"/> Audiology (hearing) | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Podiatry (foot care) | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Mental Health/Counseling | | |

Other: (Please Specify) _____

Location: _____

County: _____

Type of Insurance Accepted: _____

Healthy Athletes Preferred Provider Survey

Do you currently see a care provider you would recommend to other Special Olympics Athletes? We want to know!

Name of Provider: _____

Type of service provided: (Circle one or more)

- | | | | | |
|---|---|---|--|---------------------------------|
| <input type="checkbox"/> Nutrition/Diet | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Dental | <input type="checkbox"/> Audiology (hearing) | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Podiatry (foot care) | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Mental Health/Counseling | | |

Other: (Please Specify) _____

Location: _____

County: _____

Type of Insurance Accepted: _____

Submit Survey for Prizes

Additional Resources

2 WAYS TO SUBMIT SURVEY

1

MAIL

Special Olympics NorCal & Nevada
Attn: Amanda Young
3480 Buskirk Avenue #340
Pleasant Hill, CA 94523



2

EMAIL

HealthyAthletes@sonc.org
OR
HealthyAthletes@sonv.org



CUT OUT THE
ATHLETE
HEALTH SURVEY
PAGE



FITNESS SEASON



SONC.org/fitness | SONV.org/fitness

The **Fitness Season webpage** offers resources and programs designed to keep our athletes fit while typical activities are suspended. Find resources such as SONA Unified Fitness Activity Cards, 49ers PREP presented by U.S. Bank Virtual Fitness Program, workouts from the Las Vegas Raiders, Healthy LEAP into Fitness, WWE School of Strength, Fitness Bingo, and more!

Win these prizes!

- T-shirt
- Tote Bag
- Water Bottle
- Socks

