FEEDBACK SURVEY

We would be grateful if you would complete the following brief survey so that we can learn from your opinions and feedback about this resource. We appreciate any comments and suggestions you have about our materials.

1. Gender:
   - □ Male
   - □ Female

2. Age:
   _______ years

3. Which of the following best describes your practice setting?
   - □ Clinic
   - □ Managed Care Organization
   - □ Hospital
   - □ Private Practice
   - □ University/Teaching Hospital
   - □ Government (VA, Military)
   - □ Other: ____________________________

4. Please indicate your degree(s)
   (Please check all that apply)
   - □ MD
   - □ DO
   - □ PhD
   - □ Pharm D
   - □ PsyD
   - □ MSN
   - □ RN
   - □ NP
   - □ PA/PA-C
   - □ RT
   - □ RD
   - □ MPH
   - □ BA
   - □ BS
   - □ Other: ____________________
5. What is your occupation?
   - Administrator
   - Bariatric Surgeon
   - Gynecologist
   - Managed Care
   - Medical Student
   - Nurse
   - Nurse Practitioner
   - Nutritionist
   - Pediatrician
   - Physician
   - Physician Assistant
   - Professor
   - Psychologist
   - Psychiatrist
   - Registered Dietitian
   - Resident
   - Student (please indicate major: _______________________)
   - Other: ____________________________

6. How long have you been in practice?
   - < 5 years
   - 5-10 years
   - 10-15 years
   - 15-20 years
   - 20+ years

7. Which Module Did You Read?
   (Please check all that apply)
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
8. Prior to reading these materials, were you familiar with the issue of weight bias?
   □ Yes
   □ No

9. (a) If you answered yes, do you already integrate strategies to reduce weight bias in your practice?
   □ Yes
   □ No

9. (b) What additional useful information did you learn from the materials provided?
   ________________________________________________________________
   ________________________________________________________________

10. If you answered no, do you now plan to incorporate strategies to reduce weight bias in your practice?
    □ Yes
    □ No

Please check the number that best corresponds to your opinions:

11. I will apply the knowledge and skills that I learned from this resource:
    Strongly Agree    Agree    Strongly Disagree
    5      4      3      2      1

12. The materials provided fulfilled my educational needs on this issue
    Strongly Agree    Agree    Strongly Disagree
    5      4      3      2      1

After reading the materials, how likely are you to do one of the following?

13. Do more reading on the topic of weight bias
    Strongly Agree    Agree    Strongly Disagree
    5      4      3      2      1

14. Talk to a colleague about this issue
    Strongly Agree    Agree    Strongly Disagree
    5      4      3      2      1

15. Find more educational activities on this subject
    Strongly Agree    Agree    Strongly Disagree
    5      4      3      2      1
16. Integrate strategies to reduce weight bias into your practice

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

17. What degree of confidence do you have that you will apply your “new” learning in your practice?

(check one) 100% 75% 50% 25% 0%

18. Overall, how would you rate the quality and educational value of the resources provided:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

19. Please list the things that you liked best about the resources provided:

1) __________________________________________________________

2) __________________________________________________________

3) __________________________________________________________

20. Please list any suggestions for improvements to these resources:

1) __________________________________________________________

2) __________________________________________________________

3) __________________________________________________________

21. Please comment on particular topics or materials that you would like to see incorporated into future resources on this topic, or deleted from the existing resources:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

22. If you obtained the internet version of these materials (from www.yaleruddcenter.org), please answer the following questions:

a) Did you have any problems opening links or files?
   - Yes
   - No
   Please explain: _______________________________________________________

b) Was the website organization and web page layout easy to follow?
   - Yes
   - No
   Please explain: _______________________________________________________

Thank you for taking the time to complete this survey. We will use your comments and feedback to refine and improve our resources.