

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: _____



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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

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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

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16. Integrate strategies to reduce weight bias into your practice

Strongly Agree		Agree		Strongly Disagree
5	4	3	2	1

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:

Excellent	Very Good	Satisfactory	Fair	Poor
5	4	3	2	1

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.