Survey of weight-sensitive health care practices

Below is a series of questions that ask you about the health care services that you receive, specific to your weight. Thinking about the place that you go to for your regular health care (your medical group), how do you rate the items listed below? Please rate the quality of care you receive for each of the following items, by circling one number for each question.

1. Does your provider address concerns about your weight appropriately?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2                 3                   4                  5
2. Does your provider ask your permission before discussing your weight with you?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2                 3                   4                  5
3. Does your provider use sensitivity when discussing your weight to make you feel at ease?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2                 3                   4                  5
4. Does your provider offer useful information to you about healthy eating and weight loss?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2                 3                   4                  5
5. Does your provider give you materials or suggestions for resources on healthy eating and weight loss?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2                 3                   4                  5
6. When you are weighed on a scale, is the scale located in a private setting of the medical office?
   a) Yes, the scale is located in a private setting
   b) No, the scale is not located in a private area
7. When you are weighed on a scale, is the scale large enough to accommodate your weight?
   a) Yes, the scale can accommodate my weight
   b) No, the scale is not large enough
8. When you are weighed on a scale, is the medical staff sensitive and appropriate towards you during this procedure?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2                 3                   4                  5
9. Is your provider supportive of your weight concerns and efforts to become healthy?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2                 3                   4                  5
10. Does your provider understand the physical challenges faced by individuals who are overweight or obese?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2       3       4       5

11. Does your provider understand the emotional challenges faced by individuals who are overweight or obese?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2       3       4       5

12. In the waiting room, are there weight-friendly appropriate reading materials available?
   Always  Most of the time  About half of the time  Sometimes  Rarely/Never
   1       2       3       4       5

13. Do you feel that the medical staff treat you the same way as patients who are not overweight?
   a) Yes, I am treated the same
   b) No, I am treated worse than patients who are not overweight
   c) No, I am treated better than patients who are not overweight
   d) I'm not sure

14. Do you feel that your primary doctor treats you the same way as patients who are not overweight?
   a) Yes, I am treated the same
   b) No, I am treated worse than patients who are not overweight
   c) No, I am treated better than patients who are not overweight
   d) I'm not sure

Please indicate whether the following medical equipment is the appropriate size for your body type when you visit the doctor. Circle the number that best reflects your experience:

<table>
<thead>
<tr>
<th>Medical Equipment</th>
<th>Too small</th>
<th>Appropriate size</th>
<th>Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Gowns</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blood Pressure Cuffs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Speculum (for pap smears)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Scale</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Examination table</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chairs in the exam room</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chairs in the waiting room</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>