

*Health Center Knowledge and Attitudes Assessment (Post-Training) (WHAM) Women's Health
And Mindfulness Program*

FOR THE FOLLOWING STATEMENTS, PLEASE INDICATE WHETHER YOU AGREE OR DISAGREE

Please circle one number for each statement.

1= strongly disagree

2= disagree

3 = not sure

4= agree

5= strongly agree

1. Lesbians and bisexual women may avoid healthcare because they don't trust the practitioner to be culturally competent.	1	2	3	4	5
2. Overweight and obese women often delay or avoid healthcare if they feel their health care provider holds a bias against women who are large.	1	2	3	4	5
3. Most lesbian/bisexual women would appreciate intake forms that ask patients if they are heterosexual/lesbian/bisexual/transgender.	1	2	3	4	5
4. I don't believe I should ask my patients about their sexual Identity.	1	2	3	4	5
5. Lesbian and bisexual women are more likely than other women to overuse alcohol.	1	2	3	4	5
6. Most overweight/obese patients are not motivated to achieve a healthy weight.	1	2	3	4	5
7. Physicians/nurses should always instruct their overweight/obese patients to lose weight.	1	2	3	4	5
8. Asking if a patient is motivated to lose weight is an important component to helping a patient to lose weight in order to improve her health.	1	2	3	4	5
9. Patients who are advised by their physician how to modify their behavior to lose weight are more likely to lose weight than those who do not get this advice.	1	2	3	4	5

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-xxxx . The time required to complete this information collection is estimated to average 4 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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10. Setting long-term goals is helpful in encouraging a patient to lose weight.	1	2	3	4	5
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11. What about the training did you find most valuable?

12. What did you find least valuable?

13. How could the workshop be improved?

Thank you for participating in the workshop and taking the time to answer these questions.

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REFERENCES AND NOTES for questions related to obesity:

Note for #2: Drury, C.A.A.D. and Louis, M., "Exploring the Association Between Body Weight, Stigma of Obesity, and Health Care Avoidance. Journal of the American Academy of Nurse Practitioners, 14:12, Dec 2002.

Note for #3 Seaver, M.R et al, "Healthcare Preferences Among Lesbians: A Focus Group Analysis" Journal of Women's Health 17:2, 2008.

Note for #6 Befort, C.A. et al, "Weight-Related Perceptions Among Patients and Physicians: How Well do Physicians Judge Patients' Motivation to Lose Weight?" Journal Gen Internal Medicine 2006; 21: 1086-1090 cites BRFSS data that 70% of obese women are trying to lose weight.

Note for #7 Befort, C.A., et al. *ibid.* Weight reduction can be approached as a partnership b/w the client and provider, rather than as a directive such as "Lose weight" aimed at the client.

Note for #8 Befort, C.A. et al, *ibid.* motivational interviewing is a communication style emphasizing reflective listening and direct questioning whereby the provider refrains from drawing conclusions but rather first assesses patient motivation and expectations in a collaborative manner that both validates and provides guidance that the patient may be more likely to accept and act upon."

Note for #9 Bleich, S.N. et al, "Physician practice patterns of obesity diagnosis and weight-related Counseling". Patient Education and Counseling 82 (2011) 123-129. "Patients who are advised by their physician to modify their behavior are generally more confident and motivated to engage in lifestyle modifications (e.g. dietary changes, increased physical activity). "

Note for #10 Franklin, B.A. and Vanhecke, T.E., "Counseling Patients to Make Cardioprotective Lifestyle Changes: Strategies for Success." Preventive Cardiology, Winter 2008. "A modest weight loss over a 2- month period is easier to focus on than the full weight loss needed to get the patient to their ideal body weight." "The easier you make it for patients to act, the easier it will be to overcome inertia."