# PAL – Peer Assisted Lifestyle



PAL – The Peer Assisted Lifestyle Intervention is a VA-funded and IRB-approved research study (MIRB #1607) to assess the effectiveness of a technology-assisted intervention to promote weight loss, behavior change, and participation in intensive weight management programs among our patients. We also hope to learn whether the program promotes primary care provider weight counseling for patients to make healthier lifestyle choices.

The purpose of this before and after survey is to assess the impact of the intervention so research staff can understand implementation issues. We will follow up with you in 1 year with a similar survey. Your survey participation is entirely voluntary; you can choose not to complete this survey or participate in the trainings if you are invited. Your decision will not impact your employment or status at the Department of Veterans Affairs in any way. **Completing the survey implies your consent to allow us to use your responses in this study.** If you participate now, you can choose to withdraw your participation at any time.

Your decision to participate and your individual responses will not be viewed by anyone other than the PAL Study staff. The main risk of participating is a slight chance of the loss of confidentiality; however, we take steps such as storing files in locked cabinets and using password-protected computers, to minimize this risk. Once your responses are entered into a study table, we will replace your name with a study ID number. Only one PAL Study staff member will retain access to the file linking your study ID number and your name. Your data will only be reported in the aggregate, without any personally identifying information. If you have any questions about this survey, please contact Laura Wong at laura.wong1@va.gov or 212-686-7500 x5098 or the New York Harbor VA Research Compliance Officer, Marna Abarientos at marna.abarientos@va.gov or 212-686-7500 x7443.

We know how busy you are and we appreciate you taking the time to complete this questionnaire. Thank you in advance for your participation and valuable insight.

Melanie Jay, MD, Principal Investigator

Melanie.Jay@va.gov

## Part I

#### Please choose the response that best characterizes your CURRENT ABILITYTO PERFORM (OR TEACH) each of the following 5A recommended tasks.

	Know very little about it and NOT ABLE TO PERFORM IT AT ALL	Know something about it and SOMEWHAT ABLE TO PERFORM IT	ABLE TO PERFORM IT WELL	ABLE TO TEACH OTHERS HOW TO DO IT	Decline to Answer
Obtain diet history (e.g., 24-hour recall, food record, or food frequency).					
Assess and interpret body mass index (BMI) from weight and height measurements.					
Assess diet for common unhealthy behaviors associated with obesity (e.g., sweetened beverages, nutritional quality of snacks, frequent meals from fast food restaurants, etc.).					
Assess current level of physical activity.					
Assess each patient's readiness and ability to work on weight loss according to health beliefs and stage of change.					
Discuss the effect of obesity on present and future health and personalize risk to each patient.					
Advise patients on ways to improve diet.					
Advise patients on ways to improve physical activity.					
Address patients' concerns and answer questions regarding treatment options for obesity including medications and bariatric surgery.					
Describe the MOVE! Program to my patients and answer questions.					

	Know very little about it and NOT ABLE TO PERFORM IT AT ALL	Know something about it and SOMEWHAT ABLE TO PERFORM IT	ABLE TO PERFORM IT WELL	ABLE TO TEACH OTHERS HOW TO DO IT	Decline to Answer
Assist patients in setting realistic goals for weight loss.					
Work with patients to agree on sustainable behavioral / lifestyle goals (e.g., diet and physical activity).					
Work with patients to agree on goals for health outcomes (e.g., improve mood).					
Help make patients' weight management goals into SMART goals (specific, measurable, attainable, relevant, and timely).					
Use motivational interviewing skills to activate patients to change behavior.					
Provide brief counseling intervention to help patient lose weight.					
Address patient barriers to weight management.					
Prescribe medications for weight loss.					
Choose medications that are less likely to cause weight gain in individuals at risk for obesity or who are already obese.					
Recognize which patients should be sent for a bariatric surgery evaluation based on the NIH Conference Criteria.					
Counsel patients about the risks and benefits of the different procedures for weight loss surgery.					
Refer to clinic-based weight management programs (e.g., MOVE! Program).					

	Know very little about it and NOT ABLE TO PERFORM IT AT ALL	Know something about it and SOMEWHAT ABLE TO PERFORM IT	ABLE TO PERFORM IT WELL	ABLE TO TEACH OTHERS HOW TO DO IT	Decline to Answer
Refer patients to community- based weight management programs and weight management resources.					
Refer patients with obesity to the appropriate ancillary healthcare provider for care (e.g., mental health worker, dietician, exercise specialist, bariatric specialist).					
Collaborate with registered dieticians and other providers to support weight management.					
Monitor patient's progress with regards to weight management.					

## Part II

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	Decline to Answer
I feel uncomfortable when examining a patient with obesity.					
It is difficult for me to feel empathy for a patient with obesity.					
I have negative reactions towards the appearance of patients with obesity.					
I feel qualified to treat patients with obesity.					
I have been successful in treating patients for obesity.					
The best role for a physician in weight management is to provide treatment rather than referral.					
Most obese patients could reach a normal weight (for height) if motivated.					

4

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	Decline to Answer
Obesity is primarily caused by behavioral factors.					
Obesity is a treatable condition.					
Most patients with obesity will not lose a significant amount of weight.					
Treating patients with obesity is very frustrating.					
Most patients with obesity are well aware of the health risks of obesity.					
Bariatric surgery is a SAFE option for weight loss in patients with class III (extreme) obesity.					
I feel comfortable referring patients for bariatric surgery.					
When there are alternatives available, it is important to choose medications that are less likely to cause further weight gain in individuals with obesity.					
Medications can play a significant role in a patient's risk of developing obesity.					
Providing weight management counseling is a priority when I am caring for a patient with obesity.					
I receive adequate support from other members of the Primary care team (e.g. nurses, dietitians, health coaches) to provide weight management to patients.					
I have a personal desire to counsel patients about weight management.					
If a patient is overweight/obese, I feel awkward discussing his/her weight.					
I feel confident treating overweight/obese patients.					

5

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	Decline to Answer
I feel effective in helping overweight/obese patients manage their weight.					
I have a personal desire to counsel patients about exercise.					
I have a personal desire to counsel patients about nutrition.					
I find it rewarding to talk to someone about nutrition.					
Counseling about nutrition does not change behavior.					

### Part III

Your Name: \_\_\_\_\_

Do you identify as:

- □ female
- □ male
- $\Box$  other
- □ decline to answer

What is your degree:

- □ MD
- □ NP
- □ RN
- □ LPN
- □ decline to answer

How many years have you been practicing at this site?

How many years have you been with the VA? \_\_\_\_\_