INSTRUMENT UNDER DEVELOPMENT: NOT VALIDATED



Weight Stigma in Health Care Inventory

below:		YEAR, how do you			
	Agree	Mildly Agree	Mildly	Disagree	
Overall Ex	periences of S	Stigma:			
		on or discriminated a the University of Io			
Please circl Doctors	e who made you	ou feel this way (you dietitians	u may choose more nental health provi	,	er (describe job)
I felt the people with I felt the overweight	nat UIHC healt n lower weight nat most UIHC	are providers at UIH h care providers did . health care provide ond-class citizen at l	n't treat overweighrs didn't understan	nt people as nic	ely as they do
Communic	cation with He	ealth Care Provide	rs:		
	health care pro	viders recommende	d a diet even if I di	id not come in t	to discuss weight
I was a	ble to speak fr	er at UIHC blamed u eely with UIHC hea nd regained it, UIHC	Ith care providers	about my weigl	nt.
harder.	haalth aara rr	viders have said crit	tical or insulting th	inas to mo abo	ut my yyaiaht
I have	-	et by comments that	_	_	
weight.	health care pro	viders believed me	when I told them a	hout how much	ı İ eat
	nearm care pre	viacis ociic ved ille	mich i wid mem a	Sout How Hidel	ıı cuı.

Weight Stigma in Health Care Inventory

In reference below:	e to the <u>PAST</u>	YEAR, how do yo	u rate the following	statements? U	se the scale
1	2	3	4	5	6
	Agree	Mildly	Mildly Disagree	Disagree	Strongly
Physical Ex	xamination:				
Health my weight. Health Health	care providers care providers care providers	s at UIHC did not co s at UIHC provided	I did not want to be onduct adequate physappropriate and resed my physical examweight.	ysical examinat	al examinations.
verbally) w		g my physical exan	d disgust with my wnination.	eight (either ve	erbally or non-
Equipment	i anu Duni Ei	ivii omment.			
UIHC ₁	provided chair	s, furniture, and/or	easily accessible bu	ildings suitable	e for people of my
	provided exam of my weight.	nination gowns, exa	mination tables, and	d/or medical eq	uipment suitable
UIHC 1	provided trans ded help getti	ng on to an examina	dations suitable for ation table, walking	, or transferring	weight. g to the toilet,
Spaces	such as waitin		n a kind and courted ion rooms, elevators		at UIHC were an
Signs a Due to	nd public mes my weight, pe	saging at UIHC cou	ald be offensive to p es at UIHC treated		
negative bo	dy language.				

Weight Stigma in Health Care Inventory

below:		YEAR, how do you			
		3 Mildly			
Agree	119100	Mildly Agree	Disagree	Disagree	Disagree
Consequen	ces of Discri	nination:			
of how my I avoid I am th to my weigh I feel w I have o weight.	ed or delayed weight will be ed or delayed inking of switht. Forse about my discouraged per second contract the edge of the ed	cancer screenings, so negatively addresses seeking medical careching hospitals/heal-vself because my negople from going to king care of all my leading to the second street of th	ed. e at UIHC because leth care systems due gative experiences r UIHC due to negati	I did not want to negative ex elated to my w ve experience	to be weighed. periences related
What term	do you prefe	r when discussing	weight?		
Obese	High Body	Mass Index	Overweight	Wei	ght
Person with	overweight	Other (please s	pecify)		



Demographics						
What is your age? _						
What is your gende	r? Male	Female	Other (please specify)			
Please enter your: I	leight	Weight				
How many people li	ve in your hon	ne?				
0	•	, ,	and all the family members living year (before taxes)?			
<\$25,000 \$25,00	00- \$75,000	\$75,000- \$125,000	\$125,000-\$175,000 >\$175,000			
What is the highest level of schooling you completed?						
Less than high school		High School	Some College			
2 year College Degree		4 year College Degree				
Trade School Degree		Graduate Work				
Race (Please circle a	all that apply):					
African American Asian (or Pacific Islander) Caucasian Native American						
Other (Please describe)						
Ethnicity (Please cir	cle):					
Hispanic	Non-Hispanic	Other (Pleas	e describe)			
Are you from a rural area? Yes No What is your zip code?						
In general, how wou	ıld you describ	e your health?				
Poor Fair	Good	Very Good	Excellent			
Have you had weight loss surgery in the past? Yes No						

If not, are you considering weight loss surgery? Yes No

^{1 =} Subset 1 of Questions

^{2 =} Subset 2 of Questions

^{3 =} Subset 3 of Questions

D = Demographics, completed by all respondents