Appendix 1 (as supplied by the authors): Interview Guide and Questionnaires

A. Semi-structured interview guide for PCN practitioners

Following standard qualitative practice, interview guides will be informed by study analysis and will therefore be subject to change as needed. As semi-structured interviews deliberately allow for participants and interviewers to adjust interview focus according to responses and participant interests, not all interviews will follow the same format. Interviews will be led by the same general areas and questions of focus as given below, time sensitivity may mean not all of these areas are covered in interviews. (Duration approximately 1 hour.)

1. Background information:
- Tell me about your role in the PCN?
- How long have you been working with the PCN?
- Can you tell me about a typical work week, what kind of tasks you do, what work do you do with other PCN staff?
- What was your experience with the 5As program previous to this study?

2. 5As Questions:
- Can you describe your experience with the 5As framework?
- How do you feel about the 5As framework and tool kit? (is there a need?)
- Tell me about your experience of the 5As training day? How have you found the sessions?
- What have been your experiences with 5As implementation?
- Do you anticipate this influencing how you interact with patients who are actively managing their weight? (ask to expand)
- What would influence your use of the 5As, or increase the usefulness of the intervention? (do you have everything you need? Skills, resources, information?)
- When appropriate, do you routinely ask patients to discuss their weight? (Why? not?)
- How confident are you at discussing the root causes or obesity with patients?
- How would they recommend that we change the 5As (external to this interview can we go through this with you)

3. Team Effectiveness:
- Do and your coworkers have the skills and information necessary to implement this framework?
- Do you think you share an understanding with your coworkers regarding an approach to obesity management?
- Do you notice a difference in how providers at the clinics you attend deal with weight management? (does this influence your work?)
- How is the communication between members of your clinic who are working with the 5As framework?

4. Innovations Questions:
- How does the 5As framework fit your own values/priorities, or with the values/priorities of your clinic?

- How does the 5As framework fit with existing programs and support? Are there any conflicting components of the 5As framework?
- What are some of the underlying barriers to in-clinic weight management that you are aware of?
- How have you tried to address these barriers in the past?

5. Implementation Questions:
How would you describe the support you receive by PCN management and your own clinic?

Authors' Note: For this qualitative paper, the long-form answers from this end of intervention, and 6-month post intervention questionnaires were the relevant data source, as well as the field notes and activity charts of the sessions. The quantitative results about the intervention were reported in Ogunleye A, Osunlana A, Asselin J, Cave A, Sharma AM, Campbell-Scherer DL. The 5As team intervention: bridging the knowledge gap in obesity management among primary care practitioners. BMC Res Notes. 2015;8(1):1–13; and the tools assessment was reported in Osunlana AM, Campbell-Scherer DL, Asselin J, Anderson R, Ogunleye AA, Cave A, et al. 5As Team obesity intervention in primary

care:development and evaluation of shared decision-making weight management tools. Clin Obes. 2015;5(4):219–225.

B. 5AsT Evaluation Questionnaire

Date (mm/dd/year): ………………………

Provider role at SSPCN (circle the one that applies):
- Registered Nurse
- Nurse Practitioner
- Mental Health Practitioner
- Registered Dietitian

How old (age range) are you?
- <25 years
- 25-34 years
- 35-44 years
- 45-64 years
- >65 years

In the following questions please rate each of the handouts/tools given at the sessions for overall usefulness in your practice: *(Please tick the one that most apply).*

Session one on Weight Bias:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Weight bias resources from the Yale center for food policy:

○	○	○	○	○	○	○

Session two on Emotional eating:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Learning collaborative- Emotional eating resources

○	○	○	○	○	○	○

Tool 2: Stress and eating

○	○	○	○	○	○	○

Tool 3: What's driving your hunger?

○	○	○	○	○	○	○

Session three on Assessment tools:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Assessment tool and technique from weight wise.

○   ○   ○   ○   ○   ○   ○

Tool 2: 4Ms patient assessment worksheets.

○   ○   ○   ○   ○   ○   ○

Tool 3: 4Ms cards

○   ○   ○   ○   ○   ○   ○

Session four on pregnancy and postpartum obesity:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Video of the 4Ms-evaluation card

○   ○   ○   ○   ○   ○   ○

Tool 2: Gestational weight-gain charts

○   ○   ○   ○   ○   ○   ○

Session five on exercise and weight management:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Appropriate physical activity intervention- special article

○   ○   ○   ○   ○   ○   ○

Tool 2: Guidelines for physical activity in different chronic disease

○   ○   ○   ○   ○   ○   ○

Tool 3: Thera band and the instruction manual.

○   ○   ○   ○   ○   ○   ○

Session six on culture, food and the body:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Culture food and body resources

○   ○   ○   ○   ○   ○   ○

Session seven on 5As of weight management:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1, conversation card:

○   ○   ○   ○   ○   ○   ○

Session eight on weight gain prevention:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Weight gain risk: medication

○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

Session nine on how to sustain the change:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: 4m for interdisciplinary team weight management care

○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

Tool 2: Sedentary behavior guidelines

○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

Tool 3: Expectation and benefits in weight loss: graph

○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

Tool 4: My relapse prevention tool

○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

Session ten on depression, anxiety and obesity:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○　Tool 1: Weight gain

risk: Mental

Session 11 critical conversations:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Goal sheet Example

Session 12 communication process:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: Obesity fact sheets

○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

Tool 2: Hormone, brain and Gut

5As of obesity management tools:

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Tool 1: The 5As Dodecahedron:

Tool 2: The 5As of obesity management booklet

○   ○   ○   ○   ○   ○   ○

Tool 3: Best Weight practical guide to office-based obesity management book

○   ○   ○   ○   ○   ○   ○

Tool 4: 5As Obesity facts

○   ○   ○   ○   ○   ○   ○

Tool 5: 5As Checklist

○   ○   ○   ○   ○   ○   ○

Tool 6: Provider goal sheets

○   ○   ○   ○   ○   ○   ○

Tool 7: The translated French version of 5As

○   ○   ○   ○   ○   ○   ○

Do you have any suggestions as to how the tools and handouts could be improved?
……
……
……………………………………………………….

C. 5AsT Final Evaluation Questionnaire

Date (mm/dd/year): ………………………

Provider role at SSPCN (circle the one that applies):
- Registered Nurse
- Nurse Practitioner
- Mental Health Practitioner
- Registered Dietitian

How old (age range) are you?
- <25 years
- 25-34 years
- 35-44 years
- 45-64 years
- >65 years

With your best estimate, how many sessions were you able to attend?

0-3 sessions	4-6 sessions	7-9 sessions	10-12 sessions

Did you review any of the 5AsT videos on YouTube channel?

Yes	No

If you answered yes above: was any of the video(s) you reviewed useful?

Do you have any suggestions as to how the videos could be improved?
………………………………………………………………………………………………………
………………………………………………………………………………………

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

How would you rate the first session on weight bias?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the second session on emotional eating?

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

How would you rate the third session on assessment tools?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the fourth session on pregnancy and postpartum obesity?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the fifth session on exercise?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the sixth session on culture, food & the body?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the seventh session on 5As of weight management?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the eighth session on weight gain prevention?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the ninth session on sustaining the change?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the tenth session on Mood and food?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the eleventh session on critical conversation?
○　　　　○　　　　○　　　　○　　　　○　　　　○　　　　○

How would you rate the twelfth session on Communication process?

   ○   ○   ○   ○   ○   ○   ○

How would you rate the intervention as a whole?

   ○   ○   ○   ○   ○   ○   ○

Would you recommend this intervention to other providers?

Yes	No

Strongly comfortable	Somewhat comfortable	Neither comfortable nor uncomfortable	Somewhat uncomfortable	Strongly uncomfortable

How can the intervention be improved?

………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………….

Have you made any changes to your practice as a result of the 5AsT intervention?

Yes	No

If yes what changes have you made?

………………………………………………………………………………………………………

Yes	No

………………………………………………………………
…………………………………………………………
…………………………………………………………
………………………………………………….

Do you feel patient weight management is part of your job?

Following the 5Ast intervention, *how comfortable* **are you in advising patient on the following?**

Asking patient permission to talk about their weight:

   ○   ○   ○   ○   ○

Assessing patient's obesity related risk and root causes of weight gain:

   ○   ○   ○   ○   ○

Advising patients on obesity risks, discuss the benefit and treatment options available:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Agreeing with patient on realistic weight-loss expectations and on a sustainable behavioral goal plan:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Assisting patient in addressing drivers and barriers or offer resources on weight management:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Exercise and weight management:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Weight gain prevention:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Weight gain during pregnancy:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Emotional eating:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Depression and anxiety:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Addressing difference that may come up in your consultation due to culture, food and body image:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

I feel comfortable using the 5As of obesity management in my consultation:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

I feel more comfortable discussing weight issues with patients following the 5AsT intervention:

<div style="text-align:center">◯   ◯   ◯   ◯   ◯</div>

Please comment why or why not:
………………………………………………………………………………………………………
……………………………………………………………………………………………

How helpful do you find the 5As of obesity management in your own practice?

Very helpful	Fairly helpful	Not very helpful	Not at all helpful	I don't know

How would you rate the breakout portion of each session (when two groups divided to discuss the day's topic)?

Excellent	Very good	Good	Satisfactory	Poor	Very poor	Unable to comment

Comments please
………
………………………………………………………………………………………………

During the intervention did you consistently set goals?

Never	Rarely	Sometimes	Often	Always

How often did you meet those goals?

Never	Rarely	Sometimes	Often	Always

Was the goal setting helpful?

Very helpful	Fairly helpful	Not very helpful	Not at all helpful	I don't know

How could the goal setting be improved?
………
……………………

Was the six months, biweekly (once in two weeks) learning collaboration format suitable?

Yes	No

What format would you have preferred?...
....

D. 5AsT Final Evaluation Questionnaire

The purpose of this questionnaire is to gather information on how the 5AsT intervention has affected your practice. Please fill out the following questions to the best of your ability. We are available to help you with any questions you might have.

1) **What is your role? (circle the one that applies):**
- Registered Nurse
- Nurse Practitioner
- Mental Health Practitioner

- Registered Dietitian

Strongly comfortable	Somewhat comfortable	Neither comfortable nor uncomfortable	Somewhat uncomfortable	Strongly uncomfortable

2) O ver the last 6 months have you reviewed any of the 5AsT videos on YouTube?

Yes	No

Yes	No

3) Over the last six months have lessons learned from the 5Ast project impacted your practice?

If yes in what way?

……………………………………………………………………………………………
……………………………………………………………………………………………
…………………………………………………………………………….

How would you rate your *current* comfort level in advising patient on the following?

4) Asking patient permission to talk about their weight:
5) ○   ○   ○   ○   ○
6)

5) Assessing patient's obesity related risk and root causes of weight gain:
6) ○   ○   ○   ○   ○
7)

6) Advising patients on obesity risks, discuss the benefit and treatment options available:
7) ○   ○   ○   ○   ○
8)

7) Agreeing with patient on realistic weight-loss expectations and on a sustainable behavioral goal plan:
8) ○   ○   ○   ○   ○
9)

8) Assisting patient in addressing drivers and barriers or offer resources on weight management:
9) ○   ○   ○   ○   ○
10)

9) Exercise and weight management:
10) ○   ○   ○   ○   ○
11)

10) Weight gain prevention:
11) ○   ○   ○   ○   ○

12)

11) Weight gain during pregnancy:

12) ◯   ◯   ◯   ◯   ◯

12) Emotional eating:

13) ◯   ◯   ◯   ◯   ◯

14)

13) Depression and anxiety:

14) ◯   ◯   ◯   ◯   ◯

15)

14) Addressing difference that may come up in your consultation due to culture, food and body image:

15) ◯   ◯   ◯   ◯   ◯

15) Using the 5As of obesity in your consultation:

◯   ◯   ◯   ◯   ◯
15)

16) Is there anything else relating to the 5AsT project you would like to add?

………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………