Appendix
Weight Management Referrals Survey

Please identify the most frequent type of referral you make when referring patients to Weight Management Clinics?

- Consult (no transfer of responsibility for management of patient’s obesity and related comorbidities)
- Referral with shared management of patient’s obesity and related comorbidities
- Referral with complete transfer of management of patient’s obesity and related comorbidities

Accessibility is a concern in referring patients to Weight Management Clinics.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Cost is a concern in referring patients to Weight Management Clinics.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Weight Management Clinics offer resources to patients that may be lacking in primary care settings.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

There are other resources in the community that provide similar services as Weight Management Clinics.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
What patient factors are important to you when referring patients to Weight Management Clinics? (Check all that apply)

- Patient preference
- Severity of obesity
- Presence of comorbid conditions
- Age of patient
- Distance from Weight Management Clinics
- Insurance coverage

What practice factors are important to you when referring patients to weight management clinics? (Check all that apply)

- Medical skill of physician
- Availability for consultation
- Physician's relationship to you
- Previous positive experience
- Professional network affiliation
- Ease of communication
- Shared medical record system
- Accessibility for appointments
- Coordinated and multidisciplinary care
- Availability of resources

Resources that Weight Management Clinics offer that primary care clinics may not (check all that apply):

- Weight management physician
- Psychologist
- Dietitian
- Exercise physiologist
- More frequent visits
- Increased time for counseling
- Monitoring of labs
- Personal training
- Management of comorbid conditions

I also refer my patients to: (check all that apply)

- YMCA/other recreational centers
- Community dietitian
- Behavioral specialist
• Weight watchers or other diet programs
• Other subspecialists for weight (Endocrine, Cardiology, etc.)

**Demographic Information**

Please indicate your sex: (drop down)
Male  Female

Please indicate your race/ethnicity: (drop down)

Are you a (n): (drop down)
• Attending Physician
• Resident

How many years have you been out of training? (write in)

Where is your primary practice location? (drop down)
• New Castle County
• Kent County
• Sussex County

The percentage of obese patients that I refer to weight management clinics is:

I have received specific training related to the management of obesity
• Yes
• No