

Pediatric Overweight Treatment Services Evaluation Questionnaire

Dear Colleague:

Thank you for taking the time to complete an evaluation of the enclosed *Pediatric Overweight Treatment Referral Directory*. The directory was developed as part of the Massachusetts Overweight Control and Prevention Initiative at the Massachusetts Department of Public Health in response to health care providers request for information on programs where they could refer pediatric patients and their families for a multidisciplinary approach to treatment of overweight.

The purpose of the questionnaire is to collect information and views of practitioners and to continually provide an improved and reliable referral directory. We are disseminating this guide to many different types of providers, so please let us know what is helpful, and if it can be enhanced, please specify how it can be improved.

Please respond to each of the following questions:

1. You work in which of the following programs or agencies where you will be using this guide:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Private/medical practice | <input type="checkbox"/> Community health center |
| <input type="checkbox"/> School | <input type="checkbox"/> School-based health center | |
| <input type="checkbox"/> WIC Program | <input type="checkbox"/> Other _____ | |

a. In what town is your organization or medical practice located?

b. What age groups does your organization, practice or program serve? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Preschool (3-5 year old) | <input type="checkbox"/> Children (6-12 year old) |
| <input type="checkbox"/> Teen (13-19 year old) | <input type="checkbox"/> Other _____ |

2. Where is your practice/agency located?

- | | | |
|---|---|--|
| <input type="checkbox"/> Private office | <input type="checkbox"/> Community health center | <input type="checkbox"/> HMO |
| <input type="checkbox"/> School | <input type="checkbox"/> Early Intervention Program | <input type="checkbox"/> Extension Service |
| <input type="checkbox"/> Growth & Nutrition Program | <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (specify) _____ | | |

3. Do you work with children ages 6-18 yrs old who are overweight?

- Yes No

(If you do not work with this population, then feel free to pass the directory on to a colleague who works with this population)

4. You practice as a:

- | | | |
|--|---|---|
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Family Practitioner | <input type="checkbox"/> Nurse/Nurse Practitioner |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Other _____ |

5. What resource(s) do you currently use to refer patients for obesity treatment?

(Check all that apply)

In-house resource/referral directory (Please describe)

Electronic/On-line Print

Other (specify) _____

6. Do you find that the enclosed obesity treatment guide:

a. Is clear and easy to use? Yes No

b. Contains all fields you need? Yes Partially No

If "No" to either, please specify why. _____

7. To the best of your knowledge, how complete is the listing of obesity treatment providers in your area?

All are included Most are not included I do not know

Please list any provider(s) that were not included, and a contact person:

8. What information contained in the resource directory was most useful?

Program location Program hours Type of staff Languages spoken

Educational material in languages Payment types

Other (specify) _____

9. Will people in your organization/office have direct and immediate access to the obesity treatment referral directory?

Yes No I do not know

10. How many of your staff do you think will be using the directory?

Only one 2 –5 More than 5

11. Do you have any suggestions to improve the resource directory?

Please fax back the completed survey at the following number: 617-624-5075. If you have any questions, or you would like to receive and respond to the survey via email please email

Cynthia.Bayerl@state.ma.us. **Thank You.**