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UNIVERSIDADE DE COIMBRA

Portuguese Dentists' attitudes towards their role in addressing obesity

Integrated Master in Dentistry

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ABSTRACT

Aim or purpose: as the incidence of obesity continues to rise in Portugal, health care providers must coordinate prevention and interventional efforts for maximum effect.

Materials and methods: to translate and validate the original version of the *Dentists' Role In Addressing Obesity* questionnaire from English into Portuguese, provide cultural adaptation for Portuguese dentists and apply the questionnaire to a random sample of 400 Portuguese dentists.

Results: in all, 141 dentists responded. Overall, 22.0 percent of respondents offered a form of counseling services and 58.9 percent reported that they were interested in offering obesity-related services. A paucity of trained personnel (58.9 percent) was cited by the respondents as a major barrier, followed by patients' rejection of weight-loss advice (32.6 percent) and fears of offending patients (29.1 percent). Ninety-two percent of respondents agreed that dentists would be more willing to intervene if obesity was linked to oral disease.

Conclusions: health care providers must coordinate prevention and interventional efforts for maximum effect.

Given the positioning of dentists willing to assist in such an effort, it appears reasonable for experts in obesity intervention in conjunction with dental educators, to develop intervention models to be implemented within the scope of dental practice.

KEYWORDS

Obesity; survey; weight loss; questionnaire; translation and validation.

INTRODUCTION

Overweight and obesity is a major public health problem in adults and children in the US and around the world. According to the World Health Organization (WHO) “obesity is one of today’s most blatantly visible – yet most neglected – public health problems. Paradoxically coexisting with undernutrition, an escalating global epidemic of overweight and obesity, ‘globesity’ is taking over many parts of the world. If immediate action is not taken, millions will suffer from an array of serious health disorders”.⁽¹⁾ In 2008, 21.6 percent of Portuguese men and 26.3 percent of Portuguese women were obese and 61.8 percent of Portuguese men and 56.6 percent of women were overweight.⁽²⁾

Obesity is an unhealthy accumulation of body fat with an excessively high amount of adipose tissue in relation to lean body mass. It is the end result of an imbalance between food eaten and energy expended.^(3,4) There are various factors contributing to obesity in those ingesting more calories than they are expending. Both genetics and environment appear to play a role. Environmental causes include the increased accessibility of high fat foods, increased consumption of soft drinks, decrease in exercise, and increase in sedentary work situations, among others.^(4,5)

This metabolic imbalance is responsible for the onset of multiple health complications. Among the most pertinent conditions caused by excessive weight is metabolic syndrome (characterized by the presence of insulin resistance, hypertension, abnormal lipid profile and obesity), a relevant risk factor for cardiovascular disease.⁽⁶⁻⁸⁾ Moreover, obesity is associated with many diseases: some forms of cancer^(4,7,9) (breast, endometrial, prostate, pancreatic, kidney and colon)⁽¹⁰⁾, sleep apnea^(4,11,12) and other respiratory problems^(7,12), type 2 diabetes mellitus^(4,6,7,9,11), elevated levels of liver enzymes associated with fatty liver (steatosis)^(11,12), gallstones^(10,11), osteoarthritis^(4,13) and oral diseases like xerostomia⁽¹⁰⁾, caries^(10,14) and periodontitis.^(3,7,9) Obesity can be connected to stress, anxiety, and depression, all situations which can cause an impaired immune response⁽⁵⁾ and a lower quality of life.⁽¹¹⁾

The most convenient and commonly used tool to screen for overweight/obesity is the *body mass index* - BMI (Kg/m^2), a measure of body weight adjusted for height.⁽¹¹⁾ BMI is computed from weight in kilograms (kg) divided by square height in meters (m).⁽¹²⁾ There are four categories: underweight ($< 18,5 \text{ kg/m}^2$), normal ($18,5$ to $24,9 \text{ kg/m}^2$), overweight ($25,0$ to $29,9 \text{ kg/m}^2$), and obese ($> 30,0 \text{ kg/m}^2$).⁽³⁾ BMI values should be interpreted with caution in individuals who are very muscular, as it may overestimate their degree of fatness since BMI does not differentiate between body fat and muscle.⁽¹⁾ Weight status in children is measured

by assessment of BMI corresponding to gender and age-ranked percentages. Children are considered at risk of being overweight if they are between the 85th and 95th percentile of age and gender-related BMI and are considered overweight if they are at or beyond the 95th percentile of age and gender-related BMI according to Centers for Disease Control and Prevention guidelines.⁽⁸⁾

Because obesity is a public health concern and because a multidisciplinary approach is highly desirable in tackling the problem, dentists can incorporate into their patient encounters some modest interventions geared specifically to this problem.⁽⁹⁾ Through their periodic contact with patients, the dental team have the opportunity to contribute to the battle against obesity (and all of its associated comorbidities).^(9,11)

Taking into account the need for the interest in offering obesity prevention and intervention in Portugal, the purposes of this paper were to: to translate and validate the original version of the *Dentists' role in addressing obesity* questionnaire from English into Portuguese, to provide cultural adaptation for Portuguese dentists and apply the questionnaire to a random sample of Portuguese dentists.

MATERIALS AND METHODS

The questionnaire *Dentists' Role In Addressing Obesity* (appendix 1) is a self-administered questionnaire that applied social cognitive theory and is divided into nine sections covering six domains: personal characteristics, practice characteristics, attitudes and opinions, outcome expectations, self-evaluated efficacy and barriers.⁽¹⁵⁾

This instrument was developed by four researchers from the University of North Carolina at Chapel Hill, United States of America. The principal investigator, (Alice E. Curran, DMD, MS) was contacted and approved our use of it in Portugal, after translation and validation (appendix 2).

Translation and Validation

The method of translation and validation followed the criteria described by Guillemin et al.⁽¹⁶⁾ The original instrument was translated from the original language (English) into Portuguese by two independent Portuguese translators, aware of the purpose of the study. The translated versions were synthesized into one version by a third independent translator. Thereafter the synthesized version was back-translated and reviewed by an expert committee. This committee review was constituted by an endocrinologist, an stomatologist and an expert in social investigation. Modifications were made accordingly after a consensus was reached.

Final version of the questionnaire (appendix 3)

Pre-testing

The Portuguese questionnaire was replied to by ten Portuguese dentists, randomly distributed. For each question answered by the respondents, their opinion was given about their understanding of the questions and the choice of answers. In 100.0 percent of the dentists, the opinion was favourable.

Sample

We distributed the questionnaire among 400 actively practicing members of the Ordem dos Médicos Dentistas. There was an consecutive non-probabilistic sample performed in the period of November 2012 to May 2013. All the questionnaires were delivered personally

along with a cover letter describing the survey and a statement that they consenting respondents' answers would be confidential (appendix 3).

141 of the 400 dentists returned the surveys. Thus, as it is a descriptive analysis and the aim was also to validate the questionnaire we consider this study as a pilot study.

Statistical analysis

We used the statistical software *SPSS Statistics 20* to account for the survey sampling design relatively to assess respondents' attitudes and opinions, outcome expectations and self-efficacy both as ordinal variables and dichotomized variables. The analysis was a descriptive statistic based on frequencies.

RESULTS

Response rate

Data collection began on November 2, 2012, and ended on May 16, 2013, when 141 of the 400 completed surveys were returned and considered eligible for the study. Thus, the overall national response rate was 35.3 percent.

Sample characteristics

Most respondents included in the study were females (61.0 percent). 14.9 percent of 141 did not specify the location where they exercised their clinical practice. 24.8 percent exercise in the north region, 53.9 percent in the central region and 5.7 percent in the south region. Most respondents (99.3 percent) were Caucasians and only one was Multi-racial. The median age was 34 years and 42.6 percent had less than six years of clinical practice. Most respondents are included in a city private group and 19.9 percent of the participants identified themselves as overweight. Many of the respondents have post-graduate training. (Table I).

Characteristic	N (number of respondents)	%
Sex		
Male	55	39.0
Female	86	61.0
Race		
White	140	99.3
Multiracial	1	0.7
Self-Classified as Obese or Overweight	28	19.9
Years in Practice		
1-5	60	42.6
6-9	30	21.3
10-20	32	22.7
> 21	19	13.5
Ownership in Practice	50	35.5
Practice Type		
Solo private	23	16.3
Group private	109	77.3
Dental school faculty practice	5	3.5
Location of Practice		
Urban	116	82.3
Suburban	30	21.3
Rural	7	5.0

Region		
North	35	24.8
Central	76	53.9
South	8	5.7
Accept Medicaid-Enrolled Patients	104	73.8
Graduate program certificate	80	56.7
Orthodontics	21	14.9
Oral Surgery	12	8.5
Operative Dentistry	11	7.8
Endodontics	14	9.9
Pediatric Dentistry	7	5.0
Prosthodontics	13	9.2
Implantology	11	7.8

Table I - Demographic and practice characteristics of respondents.

Perceived changes in patients' weight and dental disease

In all, 32.6 percent of dentists noted increases in the number of patients who were overweight and obesity since they began practising. However, although respondents reported that they had diagnosed more gingivitis and periodontal problems in their overweight patients (31.9 percent), fewer dentists reported diagnosing more caries in these patients since they began practicing (24.8 percent) (Figure 1).

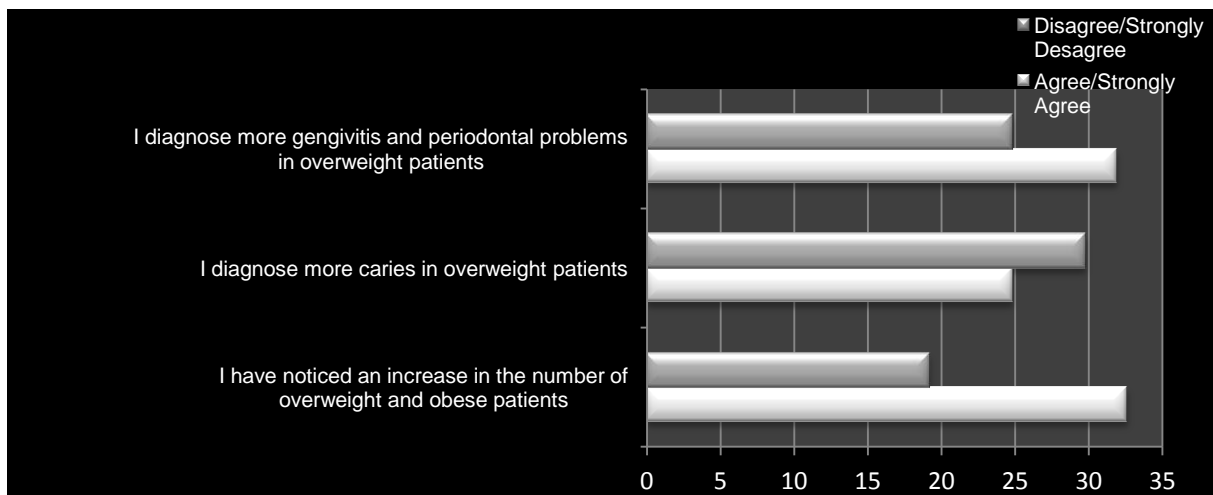


Figure 1 – Level of agreement about patients oral condition (%).

Attitudes and opinions

Figure 2 shows results summarizing dentists’ agreement and strong agreement about various statements.

92.2 percent of dentists agreed or strongly agreed that if specific oral health problems were linked to obesity, they will be more likely to advise their patients about weight loss.

There is a large percentage (71 percent) of respondents considering that overweight people lack willpower to control their diet compared with people of normal weight and only 24.8 percent of respondents think most weight problems are inherited.

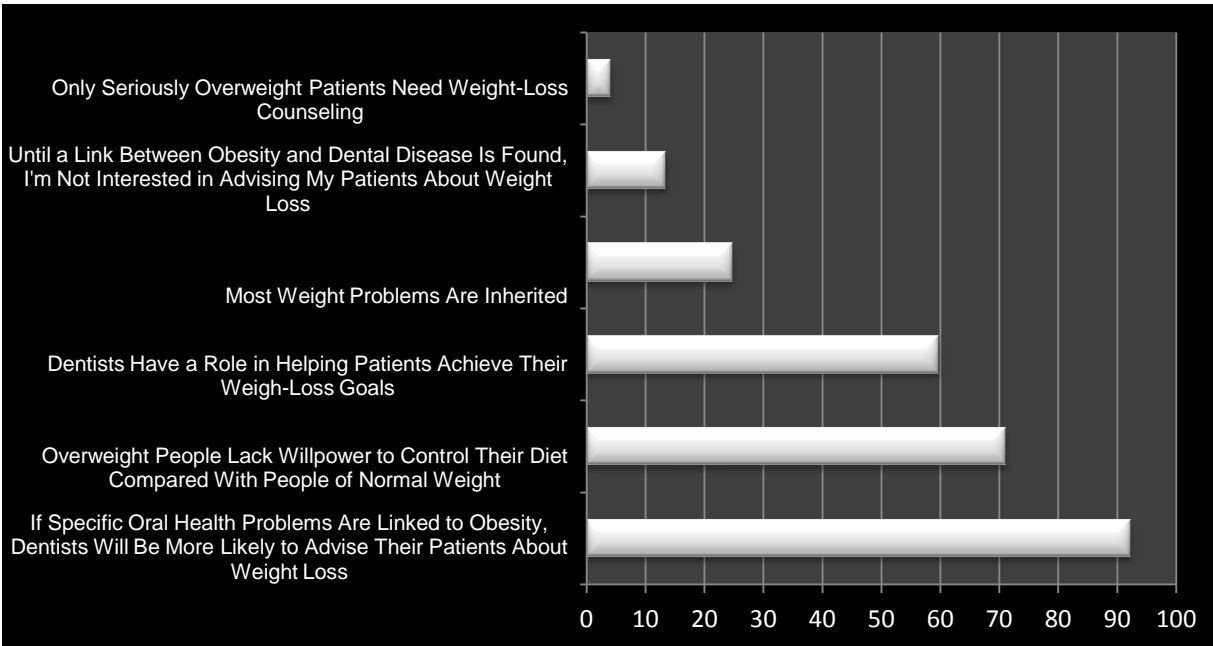


Figure 2 – Respondents who agreed or strongly agreed with some statements (%).

Outcome expectations and self-efficacy

73.0 percent of dentists relate that in their training during dental school, they were never taught how to weigh patients, 55.3 percent indicate that did not learn how to refer a patient to a specialist to help with weight loss and 63.1 percent note that they were not taught behaviour modification skills that can be applied to weight loss (Table II).

More than half feel confident or very confident in calculating and interpreting a Body Mass Index score (61.0 percent). 47.5 percent feel confident or very confident in giving a patient advice about their personal weight loss and 33.3 percent and 28.4 percent feel confident or

very confident in applying behaviour modification or nutritional counselling skills to weight loss, respectively (Figure 3).

Taught Subjects	N (number of respondents)	%
Nutritional or dietary counselling	70	49.6
How to weigh patients	103	73.0
How to obtain height measurements	101	71.6
How to calculate and interpret BMI score	54	38.3
How to refer a patient to a specialist to help with weight loss	78	55.3
Behaviour modification skills that can be applied to weight loss	89	63.1

Table II - Respondents who had not received training during their dental course.

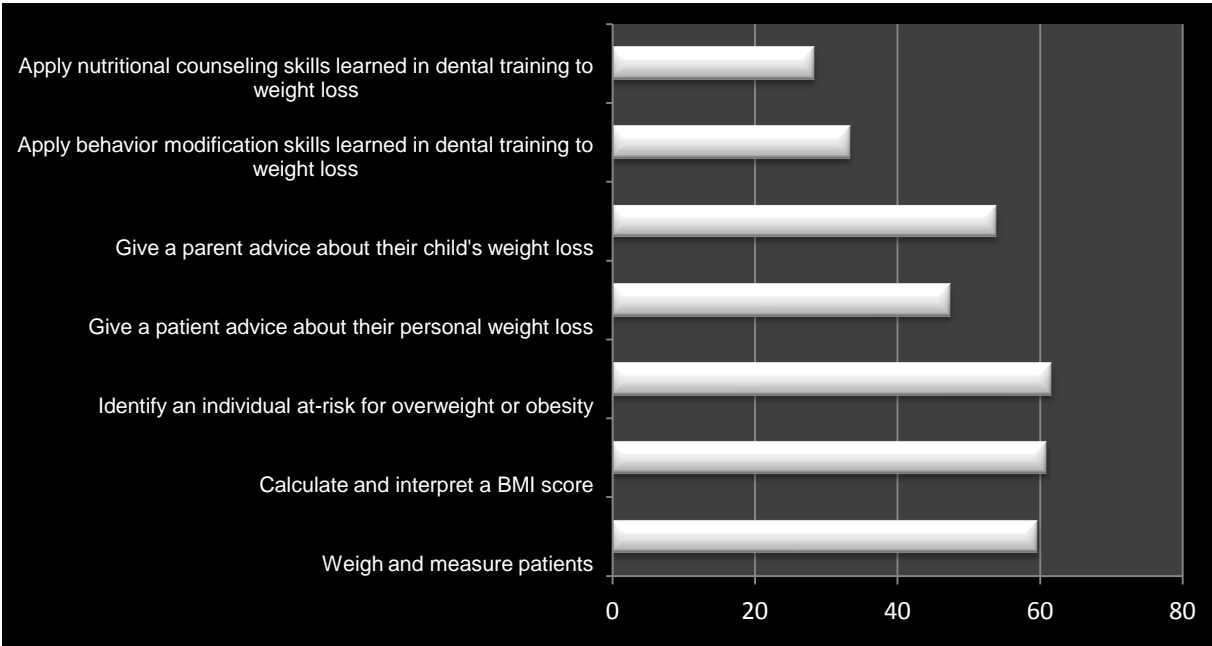


Figure 3 - Respondents who feel confident or very confident about their skills (%).

In respect to the ability to offer counselling services about weight management in practice the results showed that opinions are divided.

The main capacity reported by respondents was referring a patient to a specialist and the main difficulty was counselling overweight patients in practice (Table III).

	Highly effective	Effective	Neither	Ineffective	Very ineffective
	N (%)	N (%)	N (%)	N (%)	N (%)
Counsel overweight patients in your practice	5 (3.5)	41 (29.1)	38 (27.0)	42 (29.8)	15 (10.6)
Get patients to follow your advice on nutrition and weight loss	9 (6.4)	42 (29.8)	38 (27.0)	36 (25.5)	16 (11.3)
Get parents to follow your advice on nutrition and weight loss for their child	10 (7.1)	51 (36.2)	31 (22.0)	35 (24.8)	14 (9.9)
Refer a patient to a specialist who will help with weight management	23 (16.3)	80 (56.7)	17 (12.1)	13 (9.2)	8 (5.7)

Table III - Degree of preparation that respondents believe they have.

Among all respondents, 31 (22.0 percent) reported that they offered weight-related screening or counseling services to their patients. The most common intervention was referral to a medical specialist for weight loss, followed by a brief discussion initiated by the dentist during an appointment (Table IV).

Service	N (number of respondents)	%
Any Service	31	22.0
Distribute Pamphlets in Waiting Room	4	2.8
Dentists Initiates Brief Discussion About Weight Loss	15	10.6
Dental Hygienist Provides Weight-Loss Nutritional Counselling	4	2.8
Other Nutrition Specialist Provides Counseling	7	5.0
Dentist Initiates Referral to Medical Specialist for Weight Loss	16	11.3

Table IV – Respondents who offered weight-related screening and counselling services.

Of respondents who do not offer an obesity intervention, 58.9 percent are interested in establishing a plan to advise their patients on healthy weight goals. The main intervention method was initiating a referral to a medical specialist to help with weight loss, followed by distributing pamphlets on weight loss in the waiting room (Figure 4).

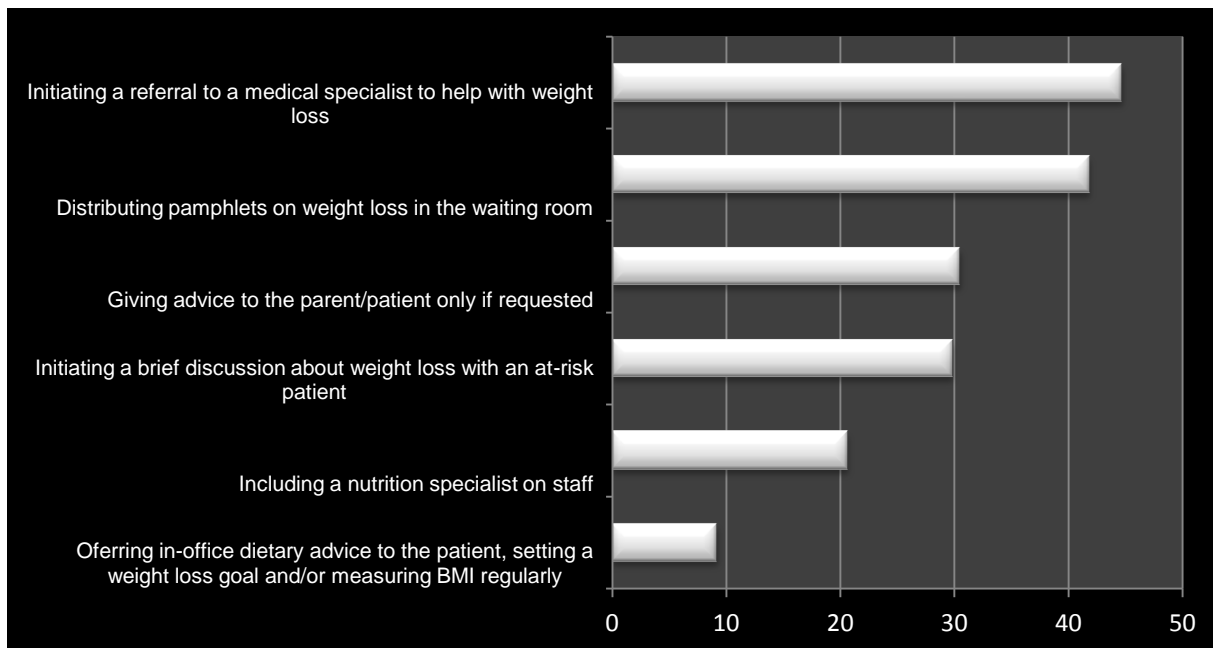


Figure 4 - Interest in establishing a plan to help patients on healthy weight goals (%).

Intervention in paediatric patients

68.1 percent of respondents routinely treat children in their practice. Of the dentists who routinely treat children in their practice, 28.4 percent noted increases in the number of paediatric patients who were overweight and obese since they began practising. 19.8 percent diagnosed more gingivitis and periodontal problems and 17.8 percent more caries in these children since they began practising (Figure 5).

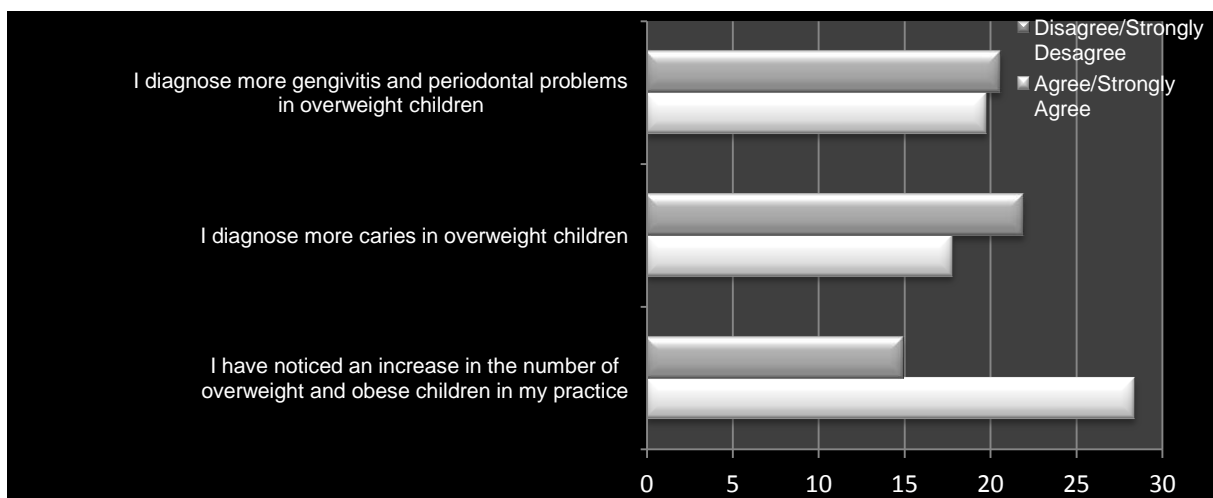


Figure 5 – Level of agreement about patients' condition (%).

Below are listed some actions taken by respondents in their paediatric practice.

No dentist noted new paediatric patients' weight in office or in each recall visit but talking with parents or the child about their overweight or obesity seems to be the most common practice (Figure 6).

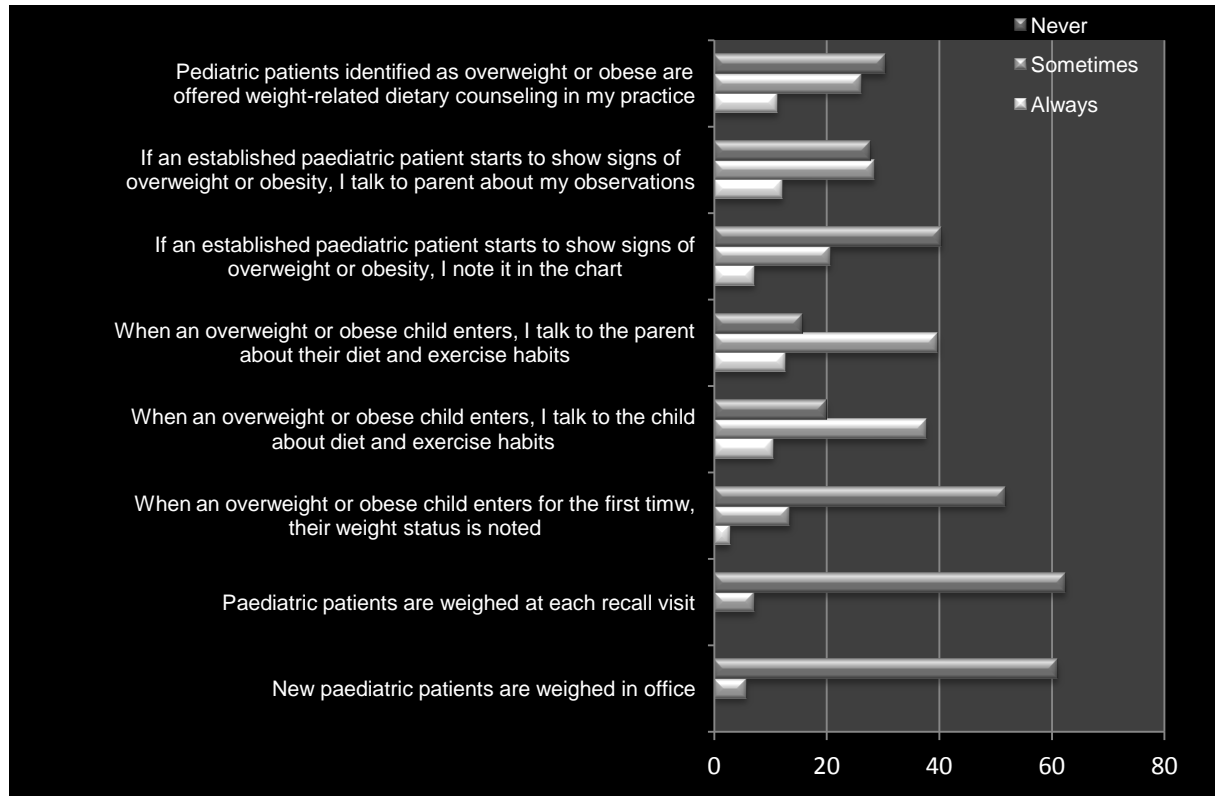


Figure 6 – Actions done in office with paediatric patients.

Barriers to offering obesity interventions

Figure 7 shows respondents' perceived major and minor barriers to providing obesity-related intervention to patients.

A *major barrier* completely prevents the dentist from providing the service and is not readily overcome. A *minor barrier* may prevent the dentist from offering the service but is easy to overcome.

Lack of trained personnel is the major barrier in this case, and minors barriers which are possible identify are: not enough time in daily schedule; insufficient knowledge about obesity for dentists; and lack of training about weight loss counselling.

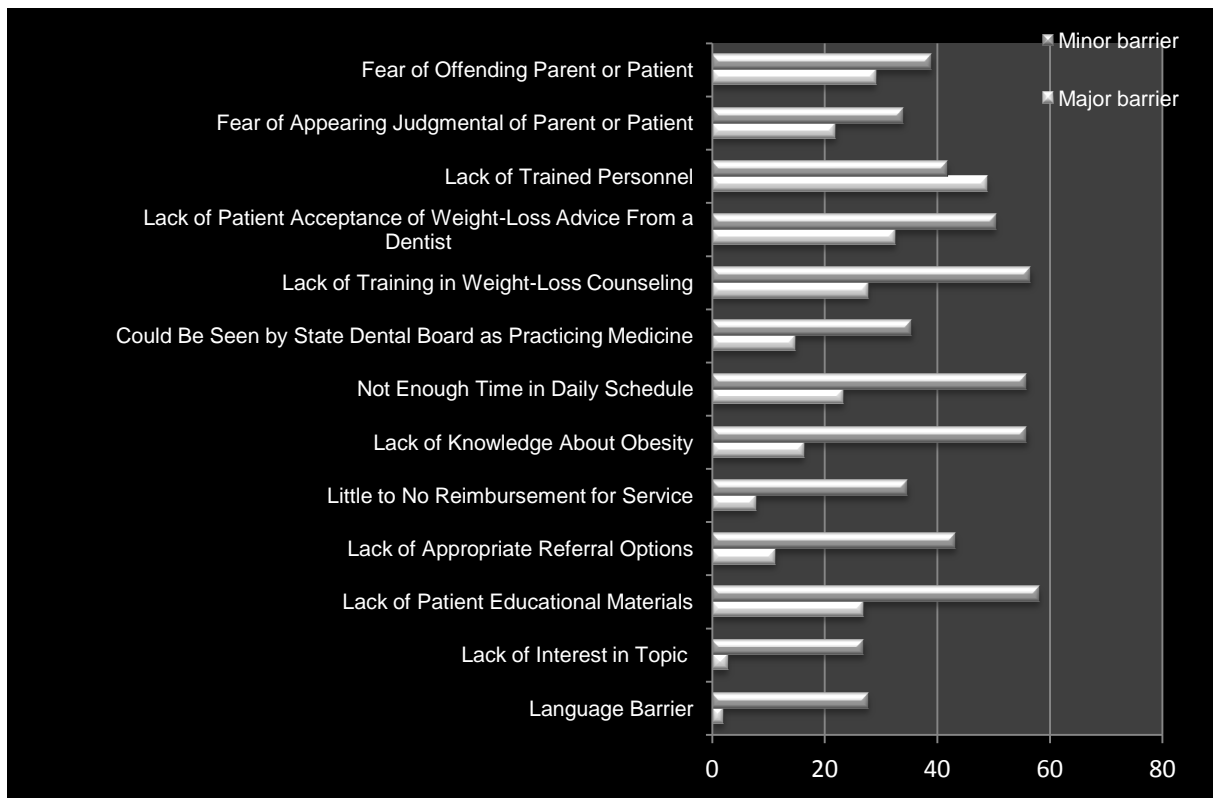


Figure 7 – Perceived major and minor barriers to offering obesity-related interventions (%).

DISCUSSION

In Portugal, according Carmo, et al. (2003/2005) 53.6 percent of the Portuguese population between 18 and 64 years of age had a weight problem.⁽¹⁷⁾ In response to the high number of obese individuals reported, a recent development of primary, secondary, and tertiary prevention measures aiming to stop this epidemic has been observed.⁽¹⁸⁾

According to Budd et al., this scenario might be improved by eliminating the bias of healthcare providers' beliefs, suggesting that the first step would be characterizing and understanding beliefs, attitudes, and practices of healthcare providers regarding obesity.⁽¹⁸⁾

Dental settings, given the paradigm of their standard of care, offer an excellent opportunity for healthy weight interventions. There is a synergy between food recommendations of dental providers and those for overweight prevention. Sweets and refined carbohydrates are not only implicated in tooth decay, they are also calorie-intensive foods. In addition, dental care includes two visits per year. In 2005, Dr. Michael Glick expressed the view that dentists should institute and monitor behavioural obesity interventions, not only for oral health reasons, but to impact their patients' general health. Because weight status can be associated with oral health, Hague and Touger-Decker advocate weight screening as part of comprehensive dentistry.⁽¹⁹⁾

Whether dentists are prepared or willing to address this major health concern with their patients is unknown, however. To our knowledge, this study represents the first examination of this topic in Portugal.

With a few exceptions all the measures so far developed are in the English language and are intended for use in English-speaking countries. There is nonetheless a need for measures specifically designed to be used in non-English-speaking countries and also among immigrant populations, since cultural groups vary in disease expression and in their use of various health care systems. If the transposition of a measure from its original cultural context is done by simple translation it is unlikely to be successful because of language and cultural differences.⁽¹⁶⁾

The correct translation and cultural adaptation of *Dentists' Role In Addressing Obesity* questionnaire based at the study from Guillemin et al. showed that this questionnaire is suitable for use in Portugal.

In this survey 31 respondents (22.0 percent) reported that they were offering obesity-related interventions to patients, and another 58.9 percent indicated an interest in offering such services. The major barriers to offering obesity-related services reflected a lack of trained personnel, as well as a lack of patient acceptance of weight-loss advice from a dentist. This lack of trained personnel can be justified by the lack of training in obesity education in the degree and, as seen in the results, a lack of continued training. 73.0 percent of dentists relate that in their training during dental school they were never taught how to weigh patients, 55.3 percent indicate that they did not learn how to refer a patient to a specialist to help with weight loss and 63.1 note that they were not taught behaviour modification skills that can be applied to weight loss.

Overall, 92.2 percent of respondents indicated a much greater willingness to offer weight-related interventions if a definitive link were found between obesity and oral health. Current research in dental medicine trends towards exploring the link between oral health and systemic health, an effective way of underscoring the public health impact of oral care and influencing health care policy. Recent evidence has shed light on the importance of oral health in the management of systemic health, and a myriad of diseases have been linked to indicators of oral disease. Obesity's direct adverse effects on general health have been identified including altered blood pressure, insulin resistance, dyslipidemia and a state of low-grade inflammation. Based upon the hypothesis that the systemic inflammation associated with obesity may affect susceptibility to chronic infections, the question of an association between obesity and periodontitis has arisen.⁽²⁰⁾ A modest positive association between obesity and prevalent periodontal disease is supported by the outcomes of two systemic reviews.^(21,22)

In this study 31.9 percent of respondents indicated that they observed more periodontal disease among patients with obesity or overweight, which may be a signal of the relationship between obesity and periodontitis.

Results reveal that most general and family clinicians characterize obese individuals as lazy people who are highly unwilling and unmotivated to lose weight, demonstrate no self-control, and often do not take the blame for their condition.⁽¹⁸⁾ In this study, 100 dentists (71.0 percent) responded that overweight people lack willpower compared with normal weight people, whereas 35 dentists (24.8 percent) responded that most overweight problems are inherited.

Obesity has also been described in terms of responsibility, namely, who should assume control of the disease. Some professionals think the issue is within their scope; others disagree, considering that the disease does not have a medical cause, but results from individual behaviour, and that the obese patient should be held accountable (blaming the victim model).⁽¹⁸⁾ To overcome the effects of this stigma, dentists may benefit from additional education regarding the social implications of obesity and appropriate behavioural strategies for overcoming bias.

Esmeli et al. reported that the formal training of dentists may result in increasing dentists' involvement in addressing diabetes in the dental setting and such training may also change the belief system of dentists who initially do not see their role as important in addressing this issue in a dental setting.⁽²³⁾ In the case of obesity the same thinking can be applied because the principal *major* barriers identified in this study were the lack of trained personnel to perform this service, the fear of offending the patient or parent, a lack of patient acceptance of weight loss advice from a dentist and a lack of training about weight loss counseling.

The fact that 22.0 percent of Portuguese dentists were already offering obesity-related interventions is of considerable interest. Further investigation into these provider-initiated practices, including protocols and outcomes, may help inform feasible approaches for other dental practices to investigate and implement.

CONCLUSIONS

This study contributes to initiating the approach to this health public problem in Portuguese Dentistry. The survey results show the training of dentists in this area is limited, which leads to less referencing, providing of counseling and monitoring of patients with this condition. A greater investment should be made in academic training at dental school, post-graduate courses and congresses/conferences.

However, availability and willingness to address these questions seems great and may be used as a platform for screening, counseling and referral of patients to medical specialists for weight loss when necessary. Partnerships with multidisciplinary teams can also help to investigate the relationship between obesity and oral health.

Applying the questionnaire to more dentists will be an asset to realize some questions with more explicitness in terms of training differences between age groups and/or regions and about the interventions that are already in place. Subsequently protocols can be drawn up to develop intervention models to be implemented within the scope of dental problems in daily practice, as dentists have a privileged position of proximity and periodicity with the population.

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APPENDIX 1:

Questionnaire in English



SUPPLEMENTAL DATA
 This material is an online-only supplement to the following article: Carmo AJ, Caplan DJ, Lee J, Dwyer L, Gidycz Z, Champagne C, Arnsperman A, Agans R. Dentists' Attitudes About Their Role in Addressing Obesity: A National Survey. JADA 2010;141(11):1307-1316. Reprinted with permission of the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill.

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DENI v. 1.0

Dentists' Role In Addressing Obesity

How to complete this form:

Use a blue or black pen—do NOT use a pencil.

Do not make stray marks or "doodle" on the page.

Answer all the questions by filling in the bubble completely like this: \rightarrow No Yes

Mark only one choice unless the instructions indicate it is okay to choose more than one.

If you mark the wrong bubble, fill in the right bubble, circle it and write "correct" next to the right answer: \rightarrow No Yes

Today's date:

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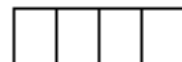
month day year

1. Please fill in the appropriate bubble to indicate your level of agreement with each of the following statements.

	<i>strongly agree</i>	<i>agree</i>	<i>neutral</i>	<i>disagree</i>	<i>strongly disagree</i>
a. I have noticed an increase in the number of overweight and obese patients in my practice since I first started practicing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I diagnose more caries in overweight patients than in normal weight patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I diagnose more gingivitis and periodontal problems in overweight patients than in normal weight patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Most weight control problems are inherited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Overweight people lack willpower to control their diet compared to normal weight people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Dentists have a role in helping patients achieve their weight loss goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. If specific oral health problems are found to be associated with obesity, dentists will be more likely to give their patients advice on weight loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am interested in helping overweight patients in my practice achieve their weight loss goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Only seriously overweight patients need weight loss counseling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I would not discuss weight issues with my patient unless the patient brings it up first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Until a link between obesity and dental disease is found, I am not interested in advising my patients on weight loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUPPLEMENTAL DATA

This material is an online-only supplement to the following article: Curran AJ, Caplan DE, Lee J, Poynter L, Orlina Z, Champagne C, Arnesman A, Agost R. Dentists' Attitudes About Their Role in Addressing Obesity: A National Survey. JADA 2009;140(11):1307-1316. Reprinted with permission of the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill.



Dentists' Role In Addressing Obesity

2. In my dental training, the following were taught:

- | | | | |
|--|---------------------------|--------------------------|-------------------------------------|
| a. nutritional or dietary counseling | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> do not recall |
| b. how to weigh patients | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> do not recall |
| c. how to obtain height measurements | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> do not recall |
| d. how to calculate and interpret Body Mass Index (BMI) score | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> do not recall |
| e. how to refer a patient to a specialist to help with weight loss | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> do not recall |
| f. behavior modification skills that can be applied to weight loss | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> do not recall |

3. Rate how confident you feel in your ability to:

- | | <i>very
high
confidence</i> | <i>confident</i> | <i>not sure</i> | <i>not
confident</i> | <i>very
low
confidence</i> |
|---|-------------------------------------|-----------------------|-----------------------|--------------------------|------------------------------------|
| a. weigh and measure patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. calculate and interpret a BMI score | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. identify an individual at-risk for overweight or obesity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. give a patient advice about their personal weight loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. give a parent advice about their child's weight loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. apply behavior modification skills learned in dental training to weight loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. apply nutritional counseling skills learned in dental training to weight loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Do you offer any counseling services to patients in your practice?

yes → 4a. If yes, which services do you offer? [Mark all that apply.]

- | | | |
|--------------------------|---|---|
| <input type="radio"/> no | <input type="radio"/> oral cancer screening | <input type="radio"/> weight-related dietary counseling |
| | <input type="radio"/> tobacco cessation counseling | <input type="radio"/> advice on alcohol consumption |
| | <input type="radio"/> blood pressure monitoring | <input type="radio"/> referral for domestic violence counseling |
| | <input type="radio"/> caries-related dietary counseling | <input type="radio"/> other intervention or counseling service |

Please list these in the box below. ↓

Dentists' Role In Addressing Obesity

5. Rate how effective you believe you currently are in your ability to:

	highly effective	effective	neither	ineffective	very ineffective
a. counsel overweight patients in your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. get patients to follow your advice on nutrition and weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. get parents to follow your advice on nutrition and weight loss for their child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. refer a patient to a specialist who will help with weight management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of this study, an *obesity intervention* is any structured counseling and/or monitoring of an individual's progress toward achieving normal weight.

6. Are you **currently** offering any obesity interventions to your patients?

- yes no → If no, skip to Q. 7 on page 4

6a. If yes, which of the following obesity interventions are you **currently** offering? [Mark all that apply.]

- distributing pamphlets on obesity in the waiting room
- the dentist initiates a brief discussion about weight loss during the dental appointment
- the dental hygienist provides weight-loss nutritional counseling
- a nutrition specialist other than the dental hygienist provides counseling
- the dentist initiates a referral to a medical specialist for weight loss
- other → specify

6b. If you provide in-office service, what is your basic fee for this service? \$

6c. Are you reimbursed by the patient with fee-for-service? yes no

6d. Are you reimbursed by a third party payor? yes no

[If you answered "yes" to Q 6, and have responded to 6a-6d, please skip to Q. 8 on page 4.]

SUPPLEMENTAL DATA

This material is an online-only supplement to the following article: Cernes AJ, Caplan DJ, Lee J, Poynter L, Ordice Z, Champagne C, Amosman A, Agans R. Dentists' Attitudes About Their Role in Addressing Obesity: A National Survey. JADA 2010;141(11):1307-1316. Reprinted with permission of the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill.

Dentists' Role In Addressing Obesity

7. If you are not currently offering an obesity intervention, are you **interested in establishing a plan** to advise your patients on healthy weight goals?

no



If no, skip to Q. 8 below

yes → 7a. If yes, which of the following obesity intervention methods would you consider using? *[Mark all that apply.]*

- distributing pamphlets on weight loss in the waiting room
- giving advice to the parent/patient **only** if requested
- initiating a brief discussion about weight loss with an at-risk patient
- initiating a referral to a medical specialist to help with weight loss
- offering in-office dietary advice to the patient, setting a weight loss goal and/or measuring BMI regularly
- including a nutrition specialist on staff
- other → *specify*



8. Do you routinely treat **children** in your practice?

yes



no → *skip to Q 9 on page 5.*

- a. On average, approximately how many children do you treat per week?

Please indicate your level of agreement for each statement:

strongly agree agree neutral disagree strongly disagree

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| b. I have noticed an increase in the number of overweight and obese children in my practice since I first started practicing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I diagnose more caries in overweight children than in normal weight children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I diagnose more gingivitis and periodontal problems in overweight children than in normal weight children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SUPPLEMENTAL DATA

This material is an online-only supplement to the following article: Caran AH, Caplan DJ, Lee J, Poynter L, Grilice Z, Champagne C, Ammerman A, Agost R. Dentists' Attitudes About Their Role in Addressing Obesity: A National Survey. JADA 2009;140(11):1307-1316. Reprinted with permission of the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill.

Dentists' Role In Addressing Obesity

Please indicate how often the following are performed in your office:

	always	sometimes	never
e. New pediatric patients are weighed in my office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Pediatric patients are weighed at each recall visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. When an overweight or obese child enters my practice for the first time, their weight status is noted in the chart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. When an overweight or obese child enters my practice, I talk to the child about diet and exercise habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. When an overweight or obese child enters my practice, I talk to the parent about their child's diet and exercise habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. If an established pediatric patient starts to show signs of overweight or obesity, I note it in the chart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. If an established pediatric patient starts to show signs of overweight or obesity, I talk to the parent about my observations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Pediatric patients identified as overweight or obese are offered weight-related dietary counseling in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Below are potential **barriers** to offering obesity intervention to any of your adult or pediatric patients. Please indicate the degree to which you perceive each as a barrier to offering this service in your practice.

A **major barrier** completely prevents you from providing the service and in your opinion the barrier is **not** readily overcome.

A **minor barrier** may prevent you from offering this service but, in your opinion, the barrier is easy to overcome.

	major barrier	minor barrier	not a barrier
a. little or no reimbursement for this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. not enough time in daily schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. not enough trained personnel to perform this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. fear of offending parent or patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. fear of appearing judgmental of parent/patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. insufficient knowledge about obesity on my part	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. lack of training on my part about weight loss counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dentists' Role In Addressing Obesity

	major barrier	minor barrier	not a barrier
h. lack of available patient education materials on obesity/weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. language barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. lack of interest in the subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. lack of patient acceptance of weight loss advice from a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. lack of appropriate referral options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. may be seen by state dental board as practicing medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. other barriers → <i>If there are other barriers, please list them in the box below and indicate whether they are major or minor. If you do not have barriers to list, please mark the bubble for "not a barrier."</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Practice Information:

a. Which of the following describes your **primary** practice? *[Mark only one choice.]*

- | | |
|---|---|
| <input type="radio"/> retired/no longer in practice | <input type="radio"/> Department of Corrections |
| <input type="radio"/> solo private practice | <input type="radio"/> dental school faculty practice |
| <input type="radio"/> group private practice | <input type="radio"/> residency clinic |
| <input type="radio"/> public health clinic (national, state or local) | <input type="radio"/> other → <i>specify</i> <input style="width: 150px; height: 20px;" type="text"/> |
| <input type="radio"/> hospital dentistry | |

b. The state in which this practice is located *[use standard 2-letter state abbreviation]:*

--	--

c. Do you have ownership in this practice?

- yes no

d. In which setting do you consider the location of this practice?

- urban suburban rural

Dentists' Role In Addressing Obesity

- e. Does your practice accept patients covered by Medicaid or other forms of public medical/dental assistance? yes no

11. Please describe yourself:

- a. What is your age?

- b. What is your gender? male female

- c. What is your race?
[Mark all that apply.]

Multi-racial

Pacific Islander

African-American

White

Asian

Other →

American Indian

- d. What is your ethnicity? Hispanic Non-Hispanic

- e. What is the year you graduated from dental school?

- f. What is the total number of years you have been in active dental practice?

- g. Have you earned a residency/graduate program(s) certificate or degree?

yes → *Mark all that apply.*

no

Pediatric Dentistry

General Practice Residency (GPR)

Orthodontics

Hospital Dentistry

Advanced General Dentistry

Other →

- h. How would you classify your own weight? obese overweight normal weight underweight

Thank you for completing this questionnaire.

APPENDIX 2:

Authorization from Dr. Alice Curran



July 9, 2012

Frederico Gomes
Eunice V. Carrilho, DDS, MDS, PhD
Department of Operative Dentistry
Medicine Faculty of Coimbra, Portugal

Dear Mr. Gomes and Dr. Carrilho;

Thank you for your letter and for your kind words about our work "*Dentists' Role in Addressing Obesity*". One of our goals was to create interest in this topic among other dentists. So I am pleased about your request.

I give you my permission to translate the questionnaire and conduct a survey. In return, I ask you to share with me your results. Also, if your results are published, I ask that I be listed as an author, since you will be using my original material.

Good luck with your project. I look forward to learning your results.

Sincerely,

Alice E. Curran, DMD, MS

Alice E. Curran, DMD, MS
Associate Professor
Department of Diagnostic Sciences

APPENDIX 3:

Questionnaire in Portuguese

Atitude dos Médicos Dentistas Portugueses no Combate à Obesidade

A obesidade é uma questão de saúde pública cada vez mais relevante nas sociedades atuais. Segundo a Organização Mundial da Saúde, nos Estados Unidos, mais de um terço da população adulta é obesa (35,7%). Em Portugal 21,6% dos homens e 26,3 % das mulheres sofrem de obesidade.

Neste sentido inúmeros estudos têm sido efetuados para que se perceba qual ou quais as medidas a adotar pelos profissionais de saúde de modo a diminuir esta prevalência.

Tendo o médico dentista uma posição privilegiada no contacto com os seus doentes enquanto prestador de cuidados de saúde, percebe-se o enorme potencial que existe para o reconhecimento de pessoas em risco de desenvolver esta patologia.

O presente questionário surge inserido no projeto de investigação de dissertação do Mestrado Integrado em Medicina Dentária da Faculdade de Medicina da Universidade de Coimbra do aluno Frederico José da Silva Gomes como uma tradução e adaptação do *“Dentists’ attitudes about their role in addressing obesity in patients”* publicado na revista JADA em Novembro de 2010 de modo a perceber qual a atitude dos médicos dentistas portugueses no combate à obesidade. Tem o propósito de avaliar o interesse dos médicos dentistas em prestar aconselhamento sobre a obesidade, bem como as barreiras existentes à prestação desse serviço.

Obrigado pela colaboração!

Atitude dos Médicos Dentistas Portugueses no Combate à Obesidade

Instruções de preenchimento do questionário:

Utilize uma caneta azul ou preta – NÃO utilize lápis

Não faça marcas ou “rabiscos” nas páginas

Responda a todas as questões preenchendo a totalidade do círculo. Exemplo: Não Sim

Escolha apenas uma opção, exceto se for referido na pergunta para assinalar várias opções.

Caso se engane, preencha a opção que acha correta e em seguida faça um círculo à sua volta. Exemplo: Não Sim

Data de preenchimento: / / 2 0

1. Refira o seu grau de concordância com cada uma das seguintes afirmações, assinalando o círculo que acha mais conveniente.

	Concordo plenamente	Concordo	Não concordo nem discordo	Discordo	Discordo plenamente
a. Tenho notado um aumento do número de doentes com excesso de peso e obesidade desde que iniciei a minha prática clínica.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diagnostiquei mais lesões de cárie nos doentes com excesso de peso comparativamente aos doentes com o peso normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnostiquei mais gingivites e problemas periodontais em doentes com excesso de peso comparativamente aos doentes com o peso normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A maioria dos problemas do controlo de peso é hereditária.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. As pessoas com excesso de peso têm falta de força de vontade para controlar a sua dieta comparativamente às pessoas com peso normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Os médicos dentistas desempenham um papel no auxílio da perda de peso dos doentes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Se for demonstrado que alguns problemas específicos da saúde oral estão relacionados com a obesidade, os médicos dentistas estarão mais empenhados em dar os seus conselhos relativos à perda de peso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Durante a minha prática clínica estou interessado em ajudar os doentes com excesso de peso a alcançar as suas metas de perda de peso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Apenas os doentes com excesso de peso grave precisam de aconselhamento sobre a perda de peso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Eu não abordaria as questões relacionadas com o peso com os meus doentes sem que eles o fizessem primeiro.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Até que seja encontrada uma associação entre patologia oral e a obesidade, não estarei interessado em aconselhar os meus doentes acerca da perda de peso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Atitude dos Médicos Dentistas Portugueses no Combate à Obesidade

2. Durante a minha formação académica, foram desenvolvidos os seguintes assuntos:

- | | | | |
|--|---------------------------|---------------------------|--------------------------------------|
| a. Aconselhamento nutricional ou dietético | <input type="radio"/> Sim | <input type="radio"/> Não | <input type="radio"/> Não me recordo |
| b. Como pesar um doente | <input type="radio"/> Sim | <input type="radio"/> Não | <input type="radio"/> Não me recordo |
| c. Como determinar a altura | <input type="radio"/> Sim | <input type="radio"/> Não | <input type="radio"/> Não me recordo |
| d. Como calcular e interpretar o IMC (índice de massa corporal) | <input type="radio"/> Sim | <input type="radio"/> Não | <input type="radio"/> Não me recordo |
| e. Como encaminhar um doente para um especialista que o possa ajudar a perder peso | <input type="radio"/> Sim | <input type="radio"/> Não | <input type="radio"/> Não me recordo |
| f. Estratégias modificadoras de comportamentos que possam ser aplicadas na perda de peso | <input type="radio"/> Sim | <input type="radio"/> Não | <input type="radio"/> Não me recordo |

3. Avalie o quão **confiante** se sente em relação à sua capacidade para:

- | | <i>Muito confiante</i> | <i>Confiante</i> | <i>Não estou certo</i> | <i>Pouco confiante</i> | <i>Muito pouco confiante</i> |
|---|------------------------|-----------------------|------------------------|------------------------|------------------------------|
| a. Pesar e medir os doentes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Calcular e interpretar o IMC | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Identificar um indivíduo em risco de excesso de peso ou obesidade | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Aconselhar os doentes sobre a sua perda de peso | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Aconselhar os pais sobre a perda de peso dos seus filhos | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Aplicar as competências de modificação de comportamentos aprendidas durante o ensino pré-graduado relativamente à perda de peso | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Aplicar as competências de aconselhamento nutricional aprendidas durante o ensino pré-graduado em relação à perda de peso | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Oferece alguns serviços de aconselhamento aos doentes durante a sua prática clínica?

Sim → 4 a. Se sim, que serviços oferece? [marcar todos os que se aplicam.]

Não

- | | |
|---|---|
| <input type="radio"/> rastreio do cancro oral
<input type="radio"/> aconselhamento de cessação tabágica
<input type="radio"/> monitorização da pressão arterial
<input type="radio"/> aconselhamento sobre dieta cariogénica | <input type="radio"/> aconselhamento sobre a relação da dieta com o peso
<input type="radio"/> aconselhamento sobre o consumo de álcool
<input type="radio"/> aconselhamento referenciado sobre violência doméstica
<input type="radio"/> outro tipo de intervenções ou aconselhamento |
|---|---|

qual?

Atitude dos Médicos Dentistas Portugueses no Combate à Obesidade

5. Classifique o quão **preparado** acredita estar **atualmente** em relação à sua capacidade de:

	<i>Muito preparado</i>	<i>Preparado</i>	<i>Nem uma coisa nem outra</i>	<i>Pouco preparado</i>	<i>Muito pouco preparado</i>
a. Aconselhar os doentes com excesso de peso na sua prática clínica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Motivar os doentes para seguir os seus conselhos nutricionais e de perda de peso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Motivar os pais a seguir os seus conselhos nutricionais e de perda de peso em relação aos seus filhos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Encaminhar o doente para um especialista que o ajudará com a gestão do seu peso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considerando o propósito deste estudo, uma **intervenção em obesidade**, com vista a um aconselhamento estruturado e/ou uma monitorização do progresso de um indivíduo para alcançar o peso normal, responda às seguintes questões:

6. **Atualmente** oferece algum tipo de intervenção em obesidade aos seus doentes?

Sim → 6a. Se sim, quais das seguintes intervenções oferece **atualmente**? [marcar todos os que se aplicam.]

Não



Se não, passe para a Q. 7 na página 4

- Distribuição de panfletos na sala de espera
- O médico dentista iniciar uma breve discussão sobre a perda de peso durante a consulta
- O higienista oral fornecer aconselhamento nutricional para a perda de peso
- Em vez dos profissionais referidos, um especialista nutricional providenciar aconselhamento
- O médico dentista iniciar o encaminhamento para um médico especialista em perda de peso

Outro →
especifique

6b. Se providencia este serviço no consultório, qual o preço base do mesmo?

				€
--	--	--	--	---

6c. O pagamento é feito pelo doente? **Sim** **Não**

6d. O pagamento é feito por terceiros? **Sim** **Não**

[Se respondeu “sim” na Q. 6 e respondeu às alíneas 6a-6d, então passe para a Q. 8 na página 4]

Atitude dos Médicos Dentistas Portugueses no Combate à Obesidade

7. Se atualmente não oferece uma intervenção em obesidade, está **interessado em estabelecer um plano** para aconselhar os seus doentes a atingir os seus objetivos de saúde relacionados com o peso?

Sim → 7a. Se sim, qual dos seguintes métodos interventivos em obesidade pondera utilizar? [marcar todos os que se aplicam].

Não
 ↓
Se não, passe para a Q. 8

- Distribuir panfletos na sala de espera sobre a perda de peso
- Aconselhar os pais/doentes apenas quando o solicitem
- Iniciar uma breve abordagem acerca da perda de peso com os doentes em risco
- Iniciar o encaminhamento para médicos especialistas em perda de peso
- Oferecer, em consulta, aconselhamento dietético aos doentes, fixando objetivos para a perda de peso e avaliando regularmente o IMC
- Incluir um nutricionista na equipa clínica
- Outro → **especifique**

8. Na sua prática clínica consulta **crianças** regularmente?

Sim **Não** → **Passe para a Q. 9 na página 5.**

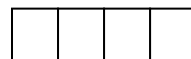


a. Em média, aproximadamente, quantas crianças consulta por **semana**?

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Por favor, indique o seu grau de concordância para cada uma das seguintes questões:

	Concordo plenamente	Concordo	Não concordo nem discordo	Discordo	Discordo plenamente
b. Tenho observado um aumento do número de crianças com excesso de peso ou obesidade na minha prática clínica desde que comecei a trabalhar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnostico mais lesões de cárie em crianças com excesso de peso em comparação com as crianças de peso normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Diagnostiquei mais gengivites e problemas periodontais em crianças com excesso de peso relativamente às crianças com o peso normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Indique, por favor, quantas vezes realiza as seguintes ações no seu consultório:

	Sempre	Às vezes	Nunca
e. Os doentes pediátricos são pesados, na primeira consulta no consultório.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Os pacientes pediátricos são pesados em cada segunda consulta.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Quando uma criança com excesso de peso ou obesa vem à consulta pela primeira vez, o seu peso é escrito no processo clínico.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Quando uma criança com excesso de peso ou obesidade vem à minha consulta eu falo com ela acerca da sua dieta e hábitos de exercício.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Quando uma criança com excesso de peso ou obesidade vem à minha consulta eu falo com os pais acerca da sua dieta e hábitos de exercício.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Se um doente pediátrico começa a demonstrar sinais de excesso de peso ou obesidade, anoto no processo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Se um doente pediátrico começa a demonstrar sinais de excesso de peso ou obesidade, falo com os pais acerca da minha observação.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Aos doentes pediátricos que estão identificados com excesso de peso e obesidade são oferecidos conselhos dietéticos durante a minha prática clínica.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Em seguida estão as potenciais **barreiras** implicadas na intervenção em obesidade a qualquer adulto ou doente pediátrico. Por favor, indique a sua perceção acerca de cada item, valorizando o modo como estes poderão ser potenciais barreiras à oferta deste serviço na sua prática clínica.

Uma **barreira major** impede-o completamente de prestar o serviço e na sua opinião não é facilmente ultrapassada.

Uma **barreira minor** pode impedi-lo de prestar o serviço mas, na sua opinião, é facilmente ultrapassada.

	Barreira major	Barreira minor	Não é barreira
a. Pouco ou nenhum reembolso por este serviço	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Falta de tempo na programação diária das consultas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Falta de pessoal treinado para prestar este serviço	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Medo de ofender os doentes ou os pais	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Medo de ser julgado pelos pais ou pelo doente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Falta de conhecimento sobre a obesidade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Falta de treino no aconselhamento sobre a perda de peso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<i>Barreira major</i>	<i>Barreira minor</i>	<i>Não é barreira</i>
h. Falta de materiais pedagógicos disponíveis para educar os doentes sobre a obesidade/perda de peso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Barreiras linguísticas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Falta de interesse neste assunto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Falta de aceitação por parte do doente acerca dos conselhos sobre perda de peso transmitidos por médicos dentistas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Falta de opções de encaminhamento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Poder ser considerado pela ordem dos médicos dentistas como sendo uma prática médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

n. Outras barreiras <div style="text-align: center; margin: 5px 0;">↓</div> <p style="font-size: small; margin: 0;"><i>Se houver outras barreiras, por favor indique-as e diga quais são major ou minor. Se não tem outras barreiras, por favor preencha o item "não é barreira".</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Informação clínica:

a. Qual das seguintes descreve a sua prática clínica **principal**? [Escolha apenas uma opção.]

- | | |
|---|--|
| <input type="radio"/> reformado
<input type="radio"/> prática privada solitária
<input type="radio"/> prática privada integrada num grupo de médicos dentistas
<input type="radio"/> clínica de prestação de cuidados pública (nacional ou local)
<input type="radio"/> hospital de medicina dentária | <input type="radio"/> departamento de correcção
<input type="radio"/> faculdade de medicina dentária
<input type="radio"/> estudante em residência clínica
<input type="radio"/> outro →
<div style="text-align: center; font-size: x-small; margin-top: -10px;">especifique</div> |
|---|--|

b. Código postal do local onde realiza esta prática clínica: -

c. É o proprietário do espaço onde exerce a sua prática clínica? Sim Não

d. Em que tipo local exerce a sua prática clínica? cidade vila aldeia

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- e. O seu consultório aceita doentes provenientes de seguros ou subsistemas de saúde? Sim Não

11. Por favor, descreva-se:

a. Idade:

b. Sexo: masculino feminino

c. Raça: Multi-racial Caucasiano

Afro-Americano

Asiático

Índio - Americano

Outra →
especifique

d. Qual o ano em que se formou?

e. No total, há quantos anos exerce medicina dentária?

f. Tem alguma especialidade ou pós-graduação?

Sim → *Selecione todas as que se aplicam.*

Não

Ortodontia

Odontopediatria

Cirurgia oral

Periodontologia

Dentisteria operatória

Prostodoncia

Endodontia

Outras →

g. Como se classifica relativamente ao seu peso?

Obeso

Excesso de peso

Peso normal

Baixo do peso

Muito obrigado por ter preenchido este questionário.