Page Break

Q69 | Click to write the question text

Please select if you agree to participate.

- I agree to participate

Q70

*Please note: in order to ensure your privacy is protected, we recommend you **do not** complete the survey using a shared computer. We advise that you complete the survey using your own personal device.*

Q1

1. To which DA Branch do you belong?

- NT
- QLD
- NSW
- VIC
- SA
- TAS
- WA
- ACT
- Overseas

Q2

2. What is your membership status?

- Member with dietetic qualifications and APD
- Member with dietetic qualifications and no APD

Q4

3. How would you describe your geographical location?

- Metropolitan or large urban area (>100 000 pop)
- Regional
- Rural/remote

Q5

4. How many years since graduation?

- <3yr
- 3-5yr
- 6-10yr
- >10yr

Q6

5. How many years have you been practising a Dietitian?

- <5yr
- 5-10yr
- 11-15yr
- 16-20yr
- 21-25yr
- >25yr

Q72

6. Are you currently working?

- Full time (>20hrs/wk)
- Part time (up to 20hrs/wk)
- Not currently working

Q7

7. What is your current employment status?

- Employed in Australia as a dietitian
- Employed in Australia but not in nutrition or dietetics
- Overseas
- Not employed but looking for work
- Not employed & not looking for work
- If other, please specify:

Q8

8. In what area is your MAJOR nutrition and/or dietetic practice? (Select all that apply)

- [ ] Community nutrition
- [ ] Food service
- [ ] Government department/NGO
- [ ] Industry (incl Consultants/Marketing/Public Relations)
- [ ] Inpatient/outpatient hospital (incl public, private, aged care, psych)
- [ ] Mixed practice (3+ areas of work incl private practice)
- [ ] Public health
- [ ] Private Practice/Consultancy (excl industry)
- [ ] Research/Education
- [ ] Do not work in nutrition and/or dietetics

Q9

9. In what area of practice do you MANAGE clients with overweight and obese? (Select all that apply)

- ○ Community nutrition
- ○ Government department/NGO
- ○ Public hospital
- ○ Private hospital
- ○ Aged care facility
- ○ Private practice
- ○ Research/Education
- ○ If other, please specify:

Q10

10. What proportion of work do you spend time working in the area of overweight or obesity?

- ○ <10%
- ○ 10-25%
- ○ 26-50%
- ○ 51-75%
- ○ 76-100%

Q11

Skip to

13. Does your service use the clinica... if No Is Selected

11. Are you a member of any obesity interest groups (DA or other?)

- ○ No
- ○ Yes

Q12

12. If yes, what obesity interest groups are you a member of? (Select all that apply)

- [ ] DA National Obesity Interest Group
- [ ] Australian and New Zealand Obesity Society (ANZOS)
- [ ] Obesity Surgery Society of Australia & New Zealand (OSSANZ)
- [ ] Other

Show Discussion (0)

Q13

Skip to

15. Have you read and accessed the DA... if No Is Selected

Skip to

15. Have you read and accessed the DA... if Unsure Is Selected

Skip destination Go to skip origin

13. Does your service use the clinical guidelines for obesity management?

- ○ Yes
- ○ No
- ○ Unsure

Q14

14. What year did your service start using clinical guidelines for obesity management?

- ○ 1980-1985
- ○ 1986-1990
- ○ 1991-1995
- ○ 1996-2000
- ○ 2001-2005
- ○ 2006-2011
- ○ 2012-2017
- ○ 2018-2020
- ○ Do not know

Q15

Skip destination Go to skip origin

Skip destination Go to skip origin

15. Have you read and accessed the DA Best Practice Guidelines for the Treatment and Prevention of people with Overweight & Obesity in Adults?

- Yes, I have accessed and completely read the guidelines
- Yes, I have accessed and partly read the guidelines
- Yes, I have accessed but not read the guidelines
- No, I have not accessed nor read the guidelines

Q16

16. Did you find the DA Best Practice Guidelines for the Treatment and Prevention of people with Overweight and Obesity in Adults and 10-point plan useful in your practice?

- Yes, both
- Yes, guidelines only
- Yes, 10-point plan only
- Neither

Q17

Skip to

19. In which areas have you made chan... if Yes Is Selected

17. Have you changed your practice as a result of the DA Best Practice Guidelines for the Treatment and Prevention of Overweight and Obesity in Adults?

- Yes
- No

Q18

18. Was the reason your practice was not changed because your practice was aligned with the DA Best Practice Guidelines already?

- Yes
- No

Q19

Skip destination Go to skip origin

19. In which areas have you made changes to your practice as a result of the DA Best Practice Guidelines for the Treatment and Prevention of people with Overweight and Obesity in Adults? (You may choose more than one answer)

- [ ] Assessment
- [ ] Management or treatment strategies
- [ ] Monitoring and follow-up
- [ ] Evaluation
- [ ] Documentation
- [ ] If other, please specify:

Q20

20. Which change has made the MOST improvement to your practice?

- ○ Assessment
- ○ Management or treatment strategies
- ○ Monitoring or follow up
- ○ Evaluation
- ○ Documentation
- ○ If other, please specify:

Q21

21. Have you attended a DA CPD event related to the DA Best Practice Guidelines for the Treatment and Prevention of people with Overweight and Obesity in Adults?

- ○ Yes
- ○ No

Q22 *

22. For each client category please estimate what percentage of your entire caseload they would represent

0
Adult, male %

0
Adult, female %

0
Paediatric (<13yr) %

0
Adolescents (13-17yr) %

0
Families %

Q74

Skip to

26. Where do the majority of your ref... if No Is Selected

Skip to

26. Where do the majority of your ref... if Unsure Is Selected

23. Does your work place provide a specialised obesity service?

- Yes
- No
- Unsure

Q23

Skip to

26. Where do the majority of your ref... if No Is Selected

24. Is this obesity service provided within a specialist medical service?

- No
- Yes

Q24

25. If yes, what type of specialist services are provided? (You may choose more than one answer)

- [ ] Specialist obesity clinic
- [ ] Type 2 Diabetes
- [ ] Type 1 Diabetes
- [ ] Endocrine clinic
- [ ] Hyperlipidaemia/CHD
- [ ] Sleep Apnoea
- [ ] Bariatric surgery
- [ ] Other, please specify

Q25

Skip destination Go to skip origin

Skip destination Go to skip origin

Skip destination Go to skip origin

26. Where do the majority of your referrals come from? Please rank the options with 1 indicating the source of the most referrals, down to 6 being the source of the least referrals. (Only number those you receive referrals from).

- [ ] Hospital
- [ ] GP
- [ ] Community Health Centre
- [ ] Word of mouth
- [ ] Specialist medical clinics
- [ ] Other, please specify

Q26

Skip to

29. What is the average number of cli... if No Is Selected

27. Is there a waiting list for your obesity services?

- ○ No
- ○ Yes

Q27

28. How long is the waiting period for your obesity services?

- ○ <2 weeks
- ○ 2-4 weeks
- ○ 1-2 months
- ○ 3-4 months
- ○ 5-6 months
- ○ >6 months

Q28

Skip destination Go to skip origin

29. What is the average number of clients *referred* to you for obesity?

- None
- <1 per week
- 1-2 per week
- 3-4 per week
- 5-6 per week
- 7-8 per week
- 9-10 per week
- >10 per week
- If other, please specify:

Q29

30. What is the average number of clients *seen by you* for obesity?

- None
- <1 per week
- 1-2 per week
- 3-4 per week
- 5-6 per week
- 7-8 per week
- 9-10 per week
- >10 per week
- If other, please specify:

Q30

31. What is the average number of clients you *refer to other services* for treatment?

- None
- <1 per week
- 1-2 per week
- 3-4 per week
- 5-6 per week
- 7-8 per week
- 9-10 per week
- >10 per week
- If other, please specify:

Q31

32. What are the services you refer clients to *who are not placed on a waiting list? (select all that apply)*

- [ ] None
- [ ] Private practice dietitian
- [ ] Community Group
- [ ] Commercial Program
- [ ] GP
- [ ] Self-management
- [ ] Specialist medical clinic
- [ ] Exercise physiologist/physiotherapist
- [ ] Psychologist/psychiatrist
- [ ] Other, please specify:

Q32

33. What types of obesity related consultations do you provide? (Select all that apply)

- [ ] Individual
- [ ] Family
- [ ] Care planning with GP
- [ ] Group (dietitian only)
- [ ] Group (multidisciplinary)
- [ ] Commercial program (please provide name)
- [ ] Other, please specify:

Q33

34. What best describes the focus of your services?

- ○ Primary Prevention/Health Promotion (working with organisations to prevent development of overweight)
- ○ Secondary Treatment/Prevention (working with 'at risk' individuals/organisations to prevent progression of overweight to obesity)
- ○ Tertiary treatment (working with obese/overweight individuals or groups to manage health related outcomes)
- ○ Other, please specify:

Q34

35. What is the philosophical approach of your obesity service? *(select one only)*

- ○ Diet only
- ○ Diet and exercise
- ○ Behaviour modification
- ○ Diet, exercise, and behaviour modification
- ○ Other, please specify

Q35

36. What is the dietary approach of your service? (Select all that apply)

- ☐ General Healthy Eating Advice
- ☐ Set Energy Level Plan (e.g. 5000kJ)
- ☐ Formulated Meal Plan (e.g. Lite 'n' Easy)
- ☐ General advice on low fat eating
- ☐ Specific Low Fat Eating Plan (<30% energy)
- ☐ Non-diet approach but identifying specific ways to reduce energy intake
- ☐ Non-diet approach with eating behaviour goals
- ☐ VLED
- ☐ Meal replacements
- ☐ HAES (Health at Every Size) Approach
- ☐ Other, please specify

Q36

37. How are specific dietary strategies or interventions selected for clients? *(Select all that apply)*

- ☐ Client preference
- ☐ Client past dieting experience
- ☐ Dietitian practitioner experience
- ☐ Based on the program/service philosophy
- ☐ As requested by medical referral
- ☐ Method negotiated by practitioner with client
- ☐ Other, please specify

Q37

Skip to

40. Do you work with other members of... if No Is Selected

38. Have you or are you currently evaluating the effectiveness of different dietary interventions in your service?

- ○ Yes
- ○ No

Q38

39. How have you evaluated the effectiveness of dietary interventions? *(Select all that apply)*

- ☐ Weight or BMI or BMI percentiles
- ☐ Waist circumference
- ☐ Waist to hip ratio
- ☐ Metabolic indicators (e.g. lipids, glucose, insulin)
- ☐ Diet improvements (e.g. diet quality, fruit and vegetables, energy intake, energy density)
- ☐ Exercise levels (e.g. duration, frequency, sedentary changes)
- ☐ Quality of life (incl. self esteem, motivation)
- ☐ CBT related changes or psychological or body image
- ☐ Psychological (including mindfulness) or body image changes
- ☐ Achievement of patient set goals
- ☐ Clothing size
- ☐ Blood pressure
- ☐ Fitness level, aerobic capacity, muscle mass, VO2 max
- ☐ Patient attendence
- ☐ Patient satisfaction
- ☐ Medication
- ☐ Other, please specify:

Q39

Skip to

42. After an initial consultation/ses... if No Is Selected

Skip destination Go to skip origin

40. Do you work with other members of a multidisciplinary team?

- ○ No
- ○ Yes

Q40

41. What other services are provided within your multidisciplinary team? (Select all that apply)

- [ ] Psychologist
- [ ] Physiotherapist
- [ ] Gym instructors
- [ ] GP
- [ ] Exercise physiologist
- [ ] Social worker
- [ ] Other, please specify

Q41

Skip destination Go to skip origin

42. After an initial consultation/session, how many times is the client reviewed before discharge from your service?

- ○ They are not reviewed
- ○ 1-2 times
- ○ 3-5 times
- ○ 6-9 times
- ○ 10 times
- ○ Other, please specify
- ○ Variable/dependent on client needs

Q42

43. After an initial consultation/session, over what period of time would clients be followed up or reviewed?

- ○ Initial consultations given only
- ○ <2wks
- ○ 2wk-1mth
- ○ 2-3 months
- ○ 4-6 months
- ○ 7-12 months
- ○ >1 year
- ○ Other, please specify

Q43

44. What client outcome measures do you use to monitor progress (up to 6 months follow up)? *(Select all that apply)*

- [ ] Weight or BMI or BMI percentiles
- [ ] Waist circumference
- [ ] Waist to hip ratio
- [ ] Metabolic indicators (e.g. lipids, glucose, insulin)
- [ ] Diet improvements (e.g. diet quality, fruit and vegetables, energy intake, energy density)
- [ ] Exercise levels (e.g. duration, frequency, sedentary changes)
- [ ] Quality of life (incl. self esteem, motivation)
- [ ] CBT related changes or psychological or body image
- [ ] Psychological (including mindfulness) or body image changes
- [ ] Achievement of patient set goals
- [ ] Clothing size
- [ ] Blood pressure
- [ ] Fitness level, aerobic capacity, muscle mass, VO2 max
- [ ] Patient attendence
- [ ] Patient satisfaction
- [ ] Medication
- [ ] Other, please specify:

Q44

45. Is there a fee for the obesity service?

- ○ No
- ○ Yes

Q45

46. Does your service have a protocol, policy or clinical pathway for the dietetic management of the overweight/obesity service?

- ○ No
- ○ Yes

Q46

Skip to

51. What features in your work enviro... if No Is Selected

47. Have you undertaken a recent audit of your obesity services for the purpose of quality assurance?

- ○ No
- ○ Yes

Q47

48. If yes, what constituents of care were assessed during this audit for the purpose of quality assurance? (Select all that apply)

- [ ] Structure (the resources, personnel, and organisation of services)
- [ ] Process (the referral, appointment systems, clinical assessment and care planning procedures)
- [ ] Outcome (the results of the care provided, either short-term or long-term)
- [ ] Other type of evaluation, please specify

Q48

Skip to

51. What features in your work enviro... if No Is Selected

49. Have these results been published?

- ○ No
- ○ Yes

Q49

50. If yes, in what form have the results been published?

- [ ] Report
- [ ] Workshop presentation
- [ ] Conference presentation
- [ ] Journal publication
- [ ] Not published
- [ ] Publication in progress
- [ ] Other, please specify

Q50

Skip destination Go to skip origin

Skip destination Go to skip origin

51. What features in your work environment support your ability to provide effective dietetic treatment in obesity? (Select all that apply)

- [ ] Resources e.g. scales, food models, pedometers, anthropometrics equipment
- [ ] Access to multidisciplinary teams e.g physio, psychologist, outreach workers
- [ ] Supportive referrers and/or medical staff
- [ ] CPD activities done or personal level of experience
- [ ] Physical environment, access, and aesthetics
- [ ] Length of time available for each session, including follow up sessions
- [ ] Referral system/mechanism/accessible with respect to costs
- [ ] Patient's characteristics or patient support related e.g. patients family
- [ ] Access to data for patient management (e.g. pathology) that supports best practice, including evaluation practices
- [ ] Other, please specify

Q51

52. Please indicate the barriers in your work environment that may prevent you from becoming involved in obesity management. (Select all that apply)

- [ ] Time (relative to workload)
- [ ] Resources e.g. referral system, facilities, tools
- [ ] Lack of staff either dietitian or multidisciplinary
- [ ] Management related e.g. not a priority of the service
- [ ] Characteristics of the population group
- [ ] Lack of knowledge with regard to best practice management
- [ ] Referrer related issues
- [ ] Lack of skills either psychological, counselling or physical activity
- [ ] No evidence of treatment effectiveness
- [ ] There are no barriers
- [ ] Other, please specify

Import from library Add new question

Please rate the following with regard to best practice for obesity treatment.

Q52

53. My *knowledge* of best practice management of obesity:

Poor	Fair	Good	Very Good	Excellent
○	○	○	○	○

Q53

54. My *level of skill* in best practice management of obesity:

Poor	Fair	Good	Very Good	Excellent
○	○	○	○	○

Q54

55. What are the gaps in skills that you feel may limit your ability to provide effective dietetic treatment in obesity? (Select all that apply)

- ☐ Behavioural therapy/modification or psychological assessment or motivation or stages of change
- ☐ Knowledge of best practice - guidelines, follow-up, dealing with specific populations
- ☐ Resource related e.g. time, computer, facilities
- ☐ Physical activity related
- ☐ Client assessment prior to and during therapy, including anthropometric assessment OR goal setting
- ☐ Personal interest (lack of)
- ☐ No perceived gaps
- ☐ If other, please specify

Q77

56. What activities have you undertaken to enhance your skills in obesity management? *(Select all that apply)*

- ☐ Conference/seminar/lecture
- ☐ Books
- ☐ Journals including literature search, reviews, reports
- ☐ Skills based workshops/course on Dietetic issues
- ☐ Counselling or CBT related workshops/course
- ☐ Member of ANZOS or other obesity interest groups
- ☐ Discussions with Dietitian's/multidisciplinary teams
- ☐ Involvement in obesity research or postgrad study
- ☐ Work related training case studies/experience
- ☐ Information distributed through DA mailouts
- ☐ Obesity related websites e.g. ANZOS, IOFT
- ☐ Clinical guidelines/ review of clinical programs
- ☐ Exercise skills related
- ☐ If other, please specify

Q58

57. What continuing education programs could DA provide to help improve your ability to provide effective treatment of people with overweight and obesity? (Select all that apply)

- [ ] Evidence based practice/practical strategies/clinical guidelines/DA endorsed document/case studies
- [ ] Counselling skills for behaviour change/motivation/barriers to change/CBT/stage of change/psychology
- [ ] Resources to support practice/information/literature review/web links/research updates
- [ ] Exercise prescription
- [ ] Sharing of expertise within DA/multidisciplinary
- [ ] How to evaluate your practice/evaluation skills
- [ ] Public health strategies/prevention/promotion
- [ ] Group process skills or managing subgroups e.g morbid obesity, geriatric obesity, compulsive overeaters
- [ ] Paediatric obesity course/workshop
- [ ] Management issues/process issues, including database management to facilitate long-term follow up
- [ ] Body image
- [ ] Research skills
- [ ] Media presence writing to correct message delivery
- [ ] If other, please specify

Q75 *

58. Please rank your preferred method of delivery for this type of CPD activity (Refer to the question above). *Please rank from 1 MOST PREFERRED to 8 LEAST PREFERRED*

- [ ] Conference
- [ ] Workshop
- [ ] Short course (1 day)
- [ ] Video Conference
- [ ] Journal article with CPD activity
- [ ] Literature review report
- [ ] Webinar/Webpresent CPD event
- [ ] Recommended reading list

Q60 *

59. In judging success in the treatment/management of people with overweight/obesity how important do you consider the following outcomes? *(Please rank from 1 MOST IMPORTANT to 6 LEAST IMPORTANT)*

- [ ] Improved body image and self confidence irrespective of weight loss
- [ ] Adoption of improved food and exercise irrespective of weight loss
- [ ] Weight loss to the normal weight range (BMI 20-25kg/m2)
- [ ] Modest weight loss which is likely to be sustained over time
- [ ] Improvement in clinical indicators of health and disease (e.g. BP, lipid profile)
- [ ] Maintenance of body weight over time

Import from library Add new question

Block 4

Q61

60. Below are a series of statements reflecting on experiences of treating/managing people with overweight or obesity. Please indicate how much you agree or disagree with each of them by selecting the appropriate answer on the scale.

	Strongly disagree	Disagree	Neutral	Agree
I usually achieve successful outcomes with adult clients who are overweight (BMI 25-30kg/m^2)	○	○	○	○
I usually achieve successful outcomes with children/adolescents at risk of overweight (BMI percentile >85th to < 95th)	○	○	○	○
I usually achieve successful outcomes with clients who are obese (BMI>30kg/m2).	○	○	○	○
I usually achieve successful outcomes with overweight children/adolescents (BMI percentile >95th)	○	○	○	○
I am professionally well prepared to treat/manage clients who are overweight (BMI 25 - 30kg/m2)	○	○	○	○
I am professionally well prepared to treat/manage children/ adolescents who are at risk of overweight (BMI percentile >85th to < 95th)	○	○	○	○
I am professionally well prepared to treat/manage clients who are obese (BMI>30kg/m2)	○	○	○	○
I am professionally well prepared to treat/manage overweight children/ adolescents (BMI percentile >95th)	○	○	○	○

Page Break

Q62

61.Consider your approach in the area of weight management. How frequently would you perform the following activities? For each statement please interpret *client* as the individual receiving treatment *OR* for children, their caregivers.

	Never	Rarely	Sometimes	Often	Always
How often do you assess weight history?	○	○	○	○	○
How often do you assess the weight history of the clients family?	○	○	○	○	○
How often do you assess the clients exercise habits?	○	○	○	○	○
How often do you assess the clients readiness for change at the time of first contact?	○	○	○	○	○
How often do you assess the clients values and beliefs regarding his/her ability to lose weight?	○	○	○	○	○
How often do you assess the home environment for structures supportive of weight management/loss?	○	○	○	○	○
How often do you assess the client's expectations of weight management/loss?	○	○	○	○	○
How often do you assess the client's preferred style of consultation/method of intervention?	○	○	○	○	○
How often do you assess the client's definitions of successful outcomes in weight management?	○	○	○	○	○
How often do you assess the client's anticipation of regaining weight lost?	○	○	○	○	○
How often do you review your client's progress for more than two years?	○	○	○	○	○
How often do you assess the client's expectations of the number of consultations he or she will have with you?	○	○	○	○	○
How often do you see clients on a one to one basis?	○	○	○	○	○
How often do you see clients in a group format?	○	○	○	○	○
How often do you see clients in a combined one to one counselling/group format?	○	○	○	○	○
How often would your clients be accompanied by a significant other?	○	○	○	○	○
How often do you refer your clients to another member of the health care team?	○	○	○	○	○
When a client does not lose weight using one weight management strategy how often do you offer another weight management strategy?	○	○	○	○	○
How often do you review your client's progress for more than 6 months?	○	○	○	○	○

Page Break

Q63

62. When advising your clients on weight loss/ management, how often do you recommend the following strategies?

	Never	Rarely	Sometimes	Often	Always
Specific advice to eat fewer kilojoules.	○	○	○	○	○
Specific advice to reduce total fat intake.	○	○	○	○	○
General advice to do more exercise.	○	○	○	○	○
Specific advice regarding opportunities for increasing incidental daily activity.	○	○	○	○	○
Specific advice regarding incorporating low intensity, long duration exercise such as walking into present lifestyle.	○	○	○	○	○
Specific advice regarding ways of incorporating other forms of exercise into daily living.	○	○	○	○	○
Practical advice regarding shopping and cooking to achieve dietary goals.	○	○	○	○	○
Behaviour modification techniques.	○	○	○	○	○
Keeping a hunger awareness diary.	○	○	○	○	○
Keeping a food diary.	○	○	○	○	○
Keeping a weight diary.	○	○	○	○	○
Planning for follow up in the short term.	○	○	○	○	○
Planning for follow up in the long term.	○	○	○	○	○
Joining of a commercial or community-based "slimming group".	○	○	○	○	○

Page Break

Q64

63. Do you use any of the following additional strategies? *(Select all that apply)*.

- ☐ Other dietary manipulation e.g. energy density, meal spacing, low GI, VLCD, nutritional adequacy
- ☐ Cognitive behavioural therapy (dietitian provided) or review of self-view of body image, self talk, personal goals, eating enjoyment
- ☐ Pedometer or other exercise monitoring device
- ☐ Referral to psychologist for behavioural therapy or stress management
- ☐ Medication
- ☐ Enlist support from other family members (including parents)
- ☐ Surgical intervention
- ☐ Supermarket tour
- ☐ None of the above
- ☐ If other, please specify

Q65

64. Do you or your department have a policy/strategy for formally reviewing the outcomes of your weight management activities over time?

- ○ No
- ○ Yes
- ○ Not Applicable

Q66

65. What research questions do you consider need to be answered in terms of the role of the dietitian in obesity management? *(Select all that apply)*.

- [ ] Process issues e.g. frequency of client visits, recidivism, strategy type (group vs individual)
- [ ] Effectiveness of dietitian-provided intervention
- [ ] Issue already addressed by the current evidence base
- [ ] Prevention issues
- [ ] Non-dietetic issues e.g. hereditary, surgery
- [ ] If other, please specify:

Q67

66. Would you like to make any other comments regarding the treatment/management of overweight and obesity by dietitians?

Q73

67. This is the end of the survey. If you would like to receive a copy of the study report via email, please enter your email address below. Your email address will be stored separately from any survey data. Email:

Import from library | Add new question

Add Block

End of Survey

We thank you for your time spent taking this survey.

Your response has been recorded.