



AMERICA'S PEDIATRIC DENTISTS
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AAPD Survey on Childhood Obesity and Sugared Beverages

Consent Form

Project Title: Assessing the Attitudes and Actions of Pediatric and General Dentists About Sugar-Sweetened Beverages and Childhood Obesity

Primary Investigators: Dr. Paul S. Casamassimo, Director, Nationwide Children's Hospital; Dr. Robin Wright, Assistant Director, Pediatric Oral Health Research and Policy Center, American Academy of Pediatric Dentistry

Purpose: You are being asked to participate in a research study to discover your perspective, interest and current services related to health weight counseling and prudent consumption of sugar-sweetened beverages.

Procedures: As a participant in this study, you will be asked to complete an online survey. It should take you no longer than 15 minutes to complete the survey.

Risks: There are no foreseeable risks or discomforts to subjects.

Benefits: There will be no direct benefit to you by your participation in this research study. However, your participation will aid in our understanding of potential roles that dental professionals can play in encouraging healthy nutrition and promoting health weight in US children.

Confidentiality: Information about you will be kept confidential to the extent permitted or required by law. We are not recording any demographic information that could identify you. People who have access to your information include the study investigators and members of the investigator's staff. They are required to maintain confidentiality regarding subject pools. Representatives of such agencies as the Office of Human Research Protections may access our records to make sure the study is being run correctly and that information is collected properly.

Results of this study may be used for teaching, research, publications or presentations at scientific meetings. All research material will be held in strictest confidence until the study is completed, at which point all research material will be destroyed.

Subjects' Rights: Your participation in this study is voluntary and you are free to withdraw at any

time.

Contact Person: Any questions about this study may be directed to Robin Wright via email at rwright@AAPD.org or by telephone at 312-337-2169.

Questions concerning the rights of research subjects may be directed to National Children's Hospital, Office of Human Research Protections.

1. I agree to participate in the research study described above. If I have questions, I have been told whom to contact.

- Yes, I consent.
- No, I do not consent.



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General Attitudes and Opinions

The American Academy of Pediatric Dentistry and Nationwide Children's Hospital want to know about your attitudes, interests and experiences in terms of providing information and services to the parents of your child patients about obesity and sugar-sweetened beverages. Thank you in advance for your contribution to research that can help encourage healthy weight and healthy smiles in children.

To begin, we would like to know about your attitudes about providing information or other interventions targeted to the goals of a healthy weight or a prudent consumption of sugar-sweetened beverages for child patients ages 0 – 11.

2. Rate how effective you are in your ability to:

	Very effective	Effective	Neither effective nor ineffective	Ineffective	Very ineffective
Weigh children and measure their height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculate and interpret a body mass index (BMI) score for children ages 2 and older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify a child patient at risk for obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give parents advice about their child's weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer a child to a specialist to help with weight management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get parents to follow advice on weight management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Rate how strongly you agree or disagree with the following statements:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Dentists have a role in helping children achieve a healthy weight because of the importance of weight to general health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to discuss childhood obesity issues without parents initiating the conversation for a child patient who would benefit from the effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a link between obesity and dental disease is found, I would be interested in advising parents about weight management for their children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists have a role in helping children have a prudent consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to discuss consumption of sugar-sweetened beverages without parents initiating the conversation for a child patient who would benefit from the effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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General Attitudes and Opinions

4. Please indicate whether you agree or disagree with the following statements:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
A dentist who appears physically fit is more credible when providing obesity counseling to parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are receptive to obesity counseling in the dental office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents think it is important for dentists to screen children for obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a dentist provides screening for obesity, parents will consider the dentist more professional/knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are willing to pay more for a dental visit that includes childhood obesity screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are receptive to advice about consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents think it is important for dentists to provide counseling about consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a dentist provides advice about consumption of sugar-sweetened beverages, parents consider the dentist more professional/knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are willing to pay more for a dental visit that includes advice about consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Have parents asked you for advice about obesity and maintaining a healthy weight for their child?

Yes	No
<input type="radio"/>	<input type="radio"/>

6. Have parents asked you for advice about consumption of sugar-sweetened beverages for their child?

Yes	No
<input type="radio"/>	<input type="radio"/>



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Your Current Delivery of Information and Services

This section of the survey asks about any services performed in your office, such as providing information or counseling, with the goal of helping patients ages 0 – 11 achieve a healthy weight or a prudent consumption of sugar-sweetened beverages.

7. Are you currently offering childhood obesity information or other healthy weight interventions for patients?

Yes	No
<input type="radio"/>	<input type="radio"/>



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Your Current Delivery of Information and Services

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

	Always	Sometimes	Never
I weigh children and measure their height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I calculate and interpret a Body Mass Index (BMI) score for children ages 2 and older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My practice provides educational materials on childhood obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are provided a self-administered screening tool for childhood obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a child shows signs of being overweight or obese, I note it in the chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a child shows signs of being overweight or obese, I talk to parents about my observations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a child shows signs of being overweight or obese, parents are offered motivational interviewing or another behavior-modification program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients identified as being overweight or obese are offered a referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity information and other interventions are followed up with additional communication, such as phone calls, text messages, or emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)



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Your Current Delivery of Information and Services

9. Are you currently offering information or other interventions on the consumption of sugar-sweetened beverages to parents?

Yes

No



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Your Current Delivery of Information and Services

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

	Always	Sometimes	Never
My practice provides educational materials on the consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are provided a self-administered screening tool about their child's consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a child is at risk for caries, I note it in the chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a child is at risk for caries, I talk to parents about sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a child is at risk for caries, parents are offered motivational interviewing or other behavior-modification programs to reduce consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children who have high consumption of sugar-sweetened beverages are referred to a dietitian or nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and other interventions about sugar-sweetened beverages are followed up with additional communication, such as phone calls, text messages, or emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>		



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Your Current Delivery of Information and Services

11. If you are not currently offering obesity interventions, are you interested in establishing a plan to advise parents on healthy weight goals for children?

Yes	No	Not applicable; I do provide them
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Which of the following obesity intervention methods would you consider using? (Mark all that apply.)

- Weigh children and measure their height
- Calculate and interpret a BMI score for children ages 2 and older
- Provide educational materials on childhood obesity
- Provide parents with a self-administered screening tool for childhood obesity
- Note signs of being overweight or obese in the child's chart
- Talk to parents about observations if a child shows signs of being overweight or obese
- Offer weight-related dietary counseling in my practice
- Offer weight-related motivational interviewing or other behavior-modification programs in my practice
- Offer a referral for children identified as overweight or obese
- Follow up weight counseling and other interventions with additional communication, such as phone calls, text messages, or emails

Other (please specify)



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Your Current Delivery of Information and Services

13. If you are not currently providing information or other interventions about children's consumption of sugar-sweetened beverages, are you interested in establishing a plan to advise parents about prudent consumption of sugar-sweetened beverage consumption?

Yes

No

Not applicable; I do provide them

14. Which of the following methods would you consider using? (Mark all that apply.)

- Provide educational materials on sugar-sweetened beverages
- Provide parents with a self-administered screening tool for consumption of sugar-sweetened beverages
- Note signs of high caries risk in the child's chart
- Talk to parents about my observations if a child shows signs of high risk for caries
- Offer information or counseling about the consumption of sugar-sweetened beverages to parents
- Offer motivational interviewing or other behavior-modification programs about the consumption of sugar-sweetened beverages in my practice
- Offer a referral to a dietitian or nutritionist for children who have high consumption of sugar-sweetened beverages
- Follow-up information and other interventions about consumption of sugar-sweetened beverages with additional communication, such as phone calls, text messages, or emails

Other (please specify)



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Barriers to Providing Information and Services

We are interested in barriers you face in your office related to the provision of information or other interventions that have the goal of helping parents achieve a healthy weight or a prudent consumption of sugar-sweetened beverages for child patients ages 0 – 11.

A barrier is any factor or circumstance that prevents the performance of a behavior. A major barrier has considerable influence on your actions; a minor barrier has little influence on your behavior.

15. Below are potential barriers to offering information or other services about obesity and weight management to parents of child patients. Please indicate the degree to which you perceive each as a barrier to offering this service in your practice.

	Major barrier	Minor barrier	Not a barrier
Fear of offending the parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of appearing judgmental of parents and/or child patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of parental acceptance of advice about weight management from a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May be seen by state dental board as practicing medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May create parent dissatisfaction with my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of trained personnel in my office to perform this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of personal knowledge or training about childhood obesity/weight counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of time in the daily clinical schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of parental motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No additional fees charged to parents for the additional services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of reimbursement from 3rd-party payers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietary recommendations about childhood obesity are ambiguous and/or confusing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern over legal risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of appropriate referral options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about how to start the conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of training in communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of available patient education materials on childhood obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low income level of parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low educational level of parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other barriers (please specify)



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Barriers to Providing Information and Services

16. Below are potential barriers to providing information or other interventions about patient's consumption of sugar-sweetened beverages. Please indicate the degree to which you perceive each as a barrier to offering this service in your practice.

	Major barrier	Minor barrier	Not a barrier
Fear of offending the parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of appearing judgmental of parents and/or child patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of parental acceptance of advice about nutrition from a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May be seen by state dental board as practicing medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
May create parent dissatisfaction with my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of trained personnel in my office to perform this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of personal knowledge/training about the consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough time in the daily clinical schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of parental motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No additional fees charged to parents for the additional services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of reimbursement from 3rd-party payers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern over legal risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of appropriate referral options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about how to start the conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of training in communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of available patient education materials on consumption of sugar-sweetened beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low income level of parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low educational level of parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other barriers (please specify)



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Incentives for Providing Information and Services

You are almost done! We are interested in any factors that might encourage you to provide information or other interventions related to obesity and achieving a healthy weight for child patients ages 0 – 11.

17. Which of the following factors would encourage you to provide information or other interventions related to childhood obesity issues with parents? (Please check all that apply.)

- More continuing education courses on childhood obesity for dentists
- More continuing education courses on childhood obesity for dental staff
- More possible approaches that add little or no time to a dental visit
- More parents asking for information about childhood obesity and healthy weight counseling
- Increased parent willingness to pay additional fees for the service
- Increased reimbursement from 3rd-party payers
- Clearer clinical guidelines on diet, nutrition, and obesity
- Stronger clinical evidence of a link between childhood obesity and dental disease
- Increased availability of appropriate referral options
- Increased availability of patient education materials on childhood obesity
- Increased opportunity to market my practice
- Greater parent satisfaction with my practice
- Increased credibility/professionalism in the opinion of parents

Other incentives (please specify)



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Demographic Characteristics: Tell Us a Little About Yourself

18. Practice location

- Urban
- Suburban
- Rural

19. Practice type

- Private practice
- Academia/research
- Public health/community clinic
- Hospital-based clinic
- Government
- Corporate

Other (please specify)

20. Current employment situation

- Sole proprietor – the only owner
- Partner – two or more owners
- Employee
- Independent contractor
- Family/medical/other leave

Other (please specify)

21. Number of years practicing pediatric dentistry

- Less than 8 years
- 8 - 21 years
- More than 21 years

22. In what country do you practice? (Please choose only one answer.)

23. In what state or U.S. territory do you practice? (Please choose only one answer; the state or territory you practice in most.)

24. Age

- Under 30 years old
- 30 - 44 years old
- 45 - 59 years old
- 60 + years old

25. Gender

- Female
- Male
- Prefer not to say

26. Self-described weight status

- Overweight
- Appropriate weight
- Underweight
- Prefer not to say



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Thank You!

Thank you for your time and insights on these topics that are so crucial to the overall health of children.

27. We welcome any comments you would like to provide in the space below.