

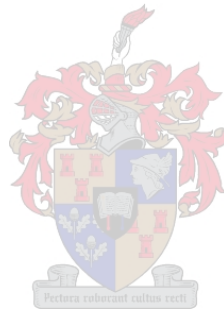
RESEARCH ASSIGNMENT

PROJECT TITLE: Exploring lifestyle advice on healthy living given to obese patients by their obese doctors.

PRINCIPAL INVESTIGATOR: OGUNS TAIYE KEMI

RESEARCH ASSISTANT: KAREN HICKS

SUPERVISOR: PROFESSOR JULIA BLITZ



DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my original work and that I have not previously submitted it, in its entirety or in part, at any university for a degree. I also declare that ethical approval for the study was obtained from the Health Research Ethics Committee of Stellenbosch University (Reference number: S11/11/021) and the Queensland Health Human Research Ethics Committee, Australia (Reference number: HREC/12/QPCH/4)

Signature:

Date: 17th February, 2014

Copyright © 2014 Stellenbosch University
All rights reserved

ABSTRACT

Objective: The lifestyle choices of doctors can impact on their health promotion activities thereby influencing the health outcome of their patients. Doctors are a relevant source of information for patients about the health implications of lifestyle. This study was designed to explore and describe the lifestyle choices of obese doctors and also relate their lifestyle choices to the advice they give their obese patients.

Study Design: A qualitative research study using in depth interview of 10 obese doctors in the Fraser Coast district of Queensland, Australia. From a local database, the names and contact information of all doctors in the district was obtained and a data sheet was sent to them to obtain information on their height, weight, age and gender. The BMI was calculated using $\text{weight (kg)}/ \text{height x height (m)}^2$ and of those who fell into the category of $\text{BMI} \geq 30 \text{ kg/m}^2$, 10 were systematically selected and interviewed. These in-depth interviews were audio recorded.

Participants: The study group comprised of ten obese doctors systematically selected from an initial 15 respondents who fell into the obese category. Each of them volunteered information about their lifestyle activities and their counselling advices as well as expressed their perception of patients' outcomes.

Main outcome measures: Lifestyle of the doctors, content of lifestyle advices, confidence with patient counselling and the opinion of doctors on using themselves as example with respect to lifestyle

Results: The lifestyle of most obese doctors is not completely healthy. They also engage in unhealthy lifestyle activities including high intake of alcohol and fizzy drinks, unhealthy eating habits and lack of exercise which is attributed to their busy schedule. Their lifestyle choices are not healthy although they were all confident in counselling their patients and reported positive outcome with many patients. The doctors however believe they can better motivate their patients to make conscious effort to live healthier if they adopt a healthier lifestyle

Conclusion: Obese doctors are confident in counselling obese patients about lifestyle modification and most of them will use themselves as examples in an attempt to motivate their patients.

BACKGROUND

Obesity is defined as body mass index (BMI) of $\geq 30 \text{ kg/m}^2$ which is based on a calculation of weight (in kilograms) divided by the square of height (in metres).¹ Obesity is posing a growing risk to health in Australia. Out of a total population of 21.6 million people as at 2008, 4 million had BMI over 30 with 25.6% of men and 24% of women falling into this category.¹ Between 1995 and 2008, the percentage of obese men rose from 19% to 25.6% and from 19% to 24% among women within the same period². Obesity rate is higher in the rural areas (31%) compared to major cities (23%).²

Obesity is a risk factor for multiple health problems including several of the major causes of death and disability in the developed world; cardiovascular disease, diabetes and some of the most common cancers.³

Obesity has become one of the of the most pressing public health problems. Its prevalence has reached an epidemic proportion ($>15\%$) in many countries.⁴ Obesity is consistently more prevalent among low socio-economic groups especially in women in developed countries.⁵

Family physicians play an important role in health promotion by counselling and educating patients⁶ and patients have greater confidence in receiving medical counsel from non obese physicians than those who are obese.⁷

The health of health care workers is crucial to their availability for service delivery and should not be overlooked by them.⁸ Doctors have knowledge regarding health implications of obesity and are expected to assist their patients in leading healthy lives.⁹

Research done by Oguz et al in Istanbul, Turkey revealed low levels of awareness about metabolic syndrome and abdominal obesity among healthcare workers.¹⁰ Another study done in Taiwan showed that non medical workers (administrative staff) had the highest prevalence of obesity (21.9%) among healthcare workers.⁸

Not many studies have been done to explore health care advice and counsel from obese physicians. This study therefore seeks to explore the lifestyle of an obese physician and how this affects his approach to counselling obese patients.

METHOD

The study was approved by the Health Research Ethics Committee, University of Stellenbosch South Africa and the Queensland Health Human Research Ethics Commission, Australia.

Study Population

All 144 doctors practising within the Fraser coast district of Queensland, Australia were identified from the database of the Fraser coast health service district.

The inclusion criteria were being a doctor with a BMI ≥ 30 kg/m².

Participant information sheet and consent forms were sent out along with data collection sheets for initial information gathering with advice that some doctors will subsequently be interviewed. This is to acquire more information about their lifestyle and lifestyle advices given to their obese patients. Each data sheet was allocated a code such that the respondent was not identifiable but was traceable. The codes were held in a password protected computer by the principal researcher. Some participants who did not respond to the questionnaires after 2 weeks were sent reminder letters.

After compiling information from the initial data sheet administered to the doctors, 14 obese doctors were identified. These doctors were interviewed in depth and audio recorded. The interviews were held in each doctor's consulting room conducted by the principal researcher and research assistant. The research assistant is a nurse with background knowledge on research interviews. The interviews were transcribed verbatim.

A data collection sheet was used to obtain information on the physician's age, gender, weight and height. An interview topic guide was used and this was designed to obtain detailed information about the physician's lifestyle, their counselling practices, perceived responses of patients and the doctor's opinion about using themselves as example with respect to lifestyle choices.

In assessing the doctors' lifestyles, information was obtained regarding factors that can influence their weight including frequency and intensity of exercise, the type of food eaten whether carbohydrate predominant, protein or fat, quantity of coffee or tea intake and sugar content, quantity of alcohol and fizzy drinks as well as asking about type of snacks between meals.

In assessing their counselling practices, doctors were asked about their subjective confidence in counselling patients on healthy lifestyle. The doctors self reported perception of patient motivation was subjective and the patient response to doctor's advice was measured by weight loss.

The doctor's were asked if they used themselves as example by asking "Do you use yourself as example to motivate your patient to change?" The doctors were also asked if they thought using their lifestyles as an example of how to live will be an advantage to motivate their patients to live healthier. This was done by asking the question: "Do you think using yourself as an example will be an advantage?"

Analysis:

Analysis was done by utilising a framework approach of data familiarization.¹¹ The audio recording was listened to several times and the transcription was also read and re-read. Data was arranged into categories and associations were identified and collated into results. Derived data was re-assessed and compared to the original information gathered by cross checking the results with doctors interviewed to validate their recorded opinion.

RESULTS

In this study, the average BMI of the obese doctors interviewed ranged between 30.2 and 34.7 which was in the mild obesity category (BMI= 30-35). Age range is between 32 and 66 and the median age was 41.5years with 1 female and 9 male doctors

The following themes were covered during the interview conducted:

1. Lifestyle of doctors
2. Counselling practices
3. Perceived responses of patients to counselling
4. Doctors using themselves as example

Themes and subthemes

1. Lifestyle of doctors

<ul style="list-style-type: none"> - Frequency and intensity of exercise - Diet - Sugar content of coffee /tea intake - Alcohol and fizzy drinks
<p>2. Counselling practices</p> <ul style="list-style-type: none"> - Confidence in giving lifestyle advice - Types of lifestyle advice given
<p>3. Perceived responses of patients to counselling</p> <ul style="list-style-type: none"> - Perceived motivation of patients - Perceived outcome of counselling
<p>4. Doctors using themselves as example</p> <ul style="list-style-type: none"> - Do you use yourself as example? - Reasons for/ against using self as example - Is it an advantage for doctors to use themselves as examples?

Lifestyle of doctors

Doctors do not acknowledge their own obesity with most of them stating during the interviews that they are overweight as opposed to referring to themselves as obese despite their calculated BMI of > 30.

“Even though I know I am overweight, that doesn’t stop me from giving advice to my patients” [4]

“I am fairly overweight. Actually I am obese by BMI standard” [6]

“I’ve got problems too. I’m overweight, I need to lose weight myself, and I find that difficult” [10]

Doctors attributed their obesity to external factors such as busy schedule and inadequate time for exercise.

“I rarely exercise because I don’t really have much time to exercise. Most of the time, I am at work and the rest of the time, I am resting”[1]

“For exercise, I can say I don’t get enough time” [8]

Only three participants indicated that they had time for exercise; one works part-time, another attends a 24 hour gym and the third takes walks with his 6 year old daughter every day.

In regards to dietary intake, the doctors did not particularly eat healthily.

“I get to eat whatever kind of food is available in the coffee shops. Especially fast food which include a lot of the so called junk but sometimes I get choosy and tell them not to include things like cheese”[1]

“Probably too much fatty intake. Yeah, like lots of fried things, you know, pretty fatty” [7]

Few others eat food served by pharmaceutical drug representatives

“Who bring lunch which were not always healthy”[2].

A few of the doctors acknowledged they had high calorie intake in the evening

“My breakfast and afternoon meals are healthy but the only reservation will be the evening meal” [3]

“I really don’t take breakfast, lunch yes sometimes but my heavy meal is usually dinner when I come back” [4]

“We Africans, we eat a little bit heavier in the evening, compared to others. So it can be made up of semolina, made up of something we make from cassava and things like that” [9]

One doctor completely changed his diet in an attempt to lose weight

“I became a vegetarian which I have been before. I used it as a will power so I don’t eat red meat”[5]

Most of the doctors on average had 3 cups of coffee a day with sugar intake varying between 0 to 3 teaspoons per cup

“Back in the emergency, I would probably have been taking about 4-5 cups of coffee a day, probably about 6-7. With these cups of coffee I had, I put about 2-3 spoons of sugar”[6]

“I take tea. Generally three to four cups a day, with enough milk, not very strong. I use only two teaspoon sugar in one cup”[8]

The lifestyle of obese doctors did not reflect their advice to obese patients.

“ Sometimes when I see patients and I want him to do what I have not been practising, I tell them that this is what is supposed to be done even though I am guilty of the same thing”[1]

”I can advice more than I am doing; my lifestyle is very simple but full of work”[2].

Despite advice to obese patient to cut down on alcohol, some of doctors still drink alcohol excessively.

“I drink too much as all doctors do, excessively on average of about 3L of wine a week (30 standard units) mixed up with water”[5].

A few of the participants admitted to high intake of fizzy drinks

“I do take a fair bit of soft drinks and relatively sugary drinks which I know is a bit of a pain and is not really very good in trying to drop a bit of some weight. But unfortunately, they are actually the kind of things that are within the immediate reach and I find myself just waiting to take more” [6]

Not having a chronic disease may be a significant factor for obese doctors to continue their present lifestyle. One of the doctors believes that

”if I ever developed a chronic disease, then that may motivate me to lose weight”[4]

Counselling practices

All the doctors were confident to counsel their patients and used each patient’s unique circumstances to initiate counselling. The general advice given by the doctors are similar as they address healthy diet with low glycaemic index, daily intake of fruits and vegetables, moderate exercise, and reducing alcohol intake. Few doctors reported that diet was important in losing weight

“Diet is the major determinant of weight as exercise just helps keep people in tune with lifestyle changes and can help maintain weight loss”.[3]

The doctors believe the type of exercise advised should be individualised and based on identified individual co-morbidities to help achieve realistic lifestyle changes, the types of exercise advice varied based on age, co morbidities and work.

“For the elderly, walking 3-5km a day five times a week is sufficient if there is no restriction or risks to walking. For a few with musculoskeletal or cardio-respiratory issues, it is advisable for them to walk 2-3km a day. I encourage the physically fit to join the gymnasium and the busy parents, I encourage them to do walking, swimming, doing sports like basketball, anything to get active” [3]

Most of the doctors counselled their obese patients at every opportunity they had as well as evaluated their cardiovascular or diabetes risks. Other health care workers also play a role in lifestyle modification.

“Patients are referred to dietician or diabetic educators for dietary counselling particularly the diabetic obese patients”[2]

Perceived responses of patients to counselling

All the doctors perceived that their patients had increased motivation from their counselling.

“The response after counselling is quite good and encouraging. A large percentage of about 90-95% responds pretty well” [3]

“but I will probably say that out of about 10 patients I advise regarding this, I will confidently say about 60-70% I get positive outcome or feedback from”[6]

“I’ve seen people who’ve lost weight, and have improved their diets, and improved their exercise patterns” [10]

Some doctors believe patients are more motivated about lifestyle changes when they present with an acute emergency as a result of their lifestyle.

“They are very sober, they have seen the complications of their poor lifestyle, and they are more receptive at that level to counselling offered by doctors” [9]

Some obese doctors didn’t display empathy with their obese patients with some trying to motivate by

“scaring them with their blood test result or worsening health conditions” [2]

All the doctors attest to the positive effect of counselling on their patients with most of them making plans to change.

“I have had some good ones, some surprising ones. Sometimes some people who I don’t expect to have success, who have had success” [5]

Doctors using themselves as example

With the exception of two, all doctors reported they use themselves as example. The reasons given for not using themselves as examples were

“I am not very happy with myself”[2]

“I don’t involve my lifestyle in my clinical practice”[9].

Despite this, all the doctors agree that it can be an advantage for them to use their own experience with losing weight as examples if they have achieved positive outcomes themselves.

“Whenever we use that, it’s more or less motivates them and it is obvious on their face that they just want to do what I did”[3]

“Yes, when you do that, they take you serious. When you use yourself as example, they know that whatever they can do is close to reality” [4]

DISCUSSION

The doctors counsel their patients not to have erratic eating habit, skipping meals and eating between meals as they are all associated with obesity,^{12,13} but to rather engage in caloric restriction and physical exercise which have health benefits.¹² Also, lunch from canteens, excessive tea drinking with added sugar and snacks between meals are contributing factors for obesity amongst physicians.¹³ In this study, most participants said they have a busy schedule and hardly found time to exercise. They believe with more effort, they could increase their level of exercise. Some obese doctors believe that weight is significantly dependent on diet. Therefore one will expect that the doctors will eat healthier to keep within a normal BMI. This is not the case with obese doctors in this study showing that behaviour is not determined by knowledge alone. Excessive coffee intake was also a contributing factor

considering refined sugar associated with their coffee drinking. Some of the doctors take unhealthy snacks in between meals with coffee or tea.

It is expected that doctors with a personal habit of exercising will counsel their patients also on physical activity.⁶ This was found to be true in this study where doctors who exercised regularly, readily shared their experience with their patients.

All the doctors subjectively felt that patients responded well to their advice and reported that they had some patients with significant improvement in weight at subsequent clinic visits.

A commentary by Reilly J.M suggested that physicians with poor personal lifestyle habits are less likely to counsel patients about a healthy lifestyle¹⁴ and their lifestyle will most likely affect their attitude and efforts to modify their patients' lifestyle.^{14,15} Also, a study carried out on lifestyle, obesity and insulin resistance stated that obese physicians will less likely diagnose obesity and be less comfortable providing obesity counselling.¹⁵ Non obese physicians are believed to be more pro-active in addressing obesity and its related co-morbidity before they develop.¹⁵ The finding of this study is different to the above findings as all of the physicians in this study reported that they readily counselled their patients on lifestyle modification. Obese doctors in Australia may be more involved in lifestyle advice than elsewhere in the world due to government incentives to doctors involved in the care of patients at risk of chronic disease.¹⁶

Both obese and normal weight doctors have the same belief about the causes and outcomes of obesity.^{17, 18} Non obese physicians have more positive outcome expectations and more negative attitudes towards obese individuals than the obese physicians.¹⁸ When asked if it was an advantage for a doctor to use himself as an example, one of the doctors specifically stated

“ I had a client the other day who walked in and said to me that this issue I am talking to you about right now, I wasn't really ready to talk about it with the last doctor. In fact, that doctor looked so healthy and trim she will not have the first idea of what I am talking about. So I really wasn't ready to talk about it and that is how it has been for the last 10 years. I have not been ready to talk about all these issues because everyone that I have been seeing so far looked like they have been on a diet”[6]

All the participants in this study reported discussing lifestyle modification with their patients.

Recommendations

1. Obese doctors should adopt a healthy lifestyle as their commitment to this can help motivate their patients.
2. Obese doctors should create an office environment with cues that will encourage patients to talk about issues relating to adopting a healthy lifestyle. For example use of posters.
3. Drug representatives should be encouraged to supply healthy food options during meetings with doctors

Limitations to this study include:

1. Self reported body weight and height by the study population which could potentially have failed to identify some obese doctors who may have wrongly reported their weight and height.
2. A study design that did not explore patients' opinion about their response to their obese doctors' counselling.
3. Despite sending out reminder letters, eighteen doctors did not respond to data sheet sent out to them thus there could have been some potentially unidentified obese doctors

CONCLUSION

Doctors that are obese are confident in counselling obese patients about lifestyle modification and most of them will use their lifestyles as examples in an attempt to motivate their patients to live healthy. Some of the reasons cited by obese doctors for not adopting a healthy lifestyle included time constraint, type of food available at work place and absence of chronic disease.

REFERENCES

1. <http://www.who.int/topics/obesity/en/>. Accessed August 2011
2. Australian Bureau of Statistics. Overweight and obesity in adults in Australia: A snapshot, 2007-08. Latest issue 27 May 2011
3. Oğuz A, Temizhan A, Abaci A, Kozan O, Erol C, Ongen Z, Celik S. Obesity and abdominal obesity; an alarming challenge for cardio-metabolic risk in Turkish adults. The Anatolian Journal of Cardiology. 2008;8(6):401-6.

4. Onyebukwau C. The Prevalence of Obesity and Overweight amongst Healthcare Workers in Mafikeng Provincial Hospital, Mafikeng, South Africa. *African Journal of PHC and Fam Med.*2010.
5. Lin CM, Li CY. Prevalence of cardiovascular risk factors in Taiwanese healthcare workers. *Ind Health.* 2009;47(4):411-8.
6. Abramson S, Stein J, Schaufele M, Frates E, Rogan S. Personal exercise habits and counseling practices of physicians: a national survey. *Clin J Sport Med.* 2000; 10:40–8
7. Hash RB, Munna RK, Vogel RL, Bason JJ. Does physician weight affect perception of health advice? *Prev Med.* 2003;36: 41–4.
8. Maddah M, Solhpour A. Obesity in relation to gender, educational levels and living area in adult population in Rasht, Northern Iran *International Journal of Cardiology.* 2010;145 (2):310-311
9. Maddah M. Obesity and dyslipidemia among young general physicians in Iran. *International Journal of Cardiology,* 2007;118(1):111-112.
10. Oğuz A, Sağun G, Uzunlulu M , Alpaslan B, Yorulmaz E, Tekiner E, Sarişik A. Frequency of abdominal obesity and metabolic syndrome in healthcare workers and their awareness levels about these entities. *Arch Turk Soc Cardiol* 2008;36(5):302•309
11. Smith J, Firth J. Qualitative data analysis: the framework approach. *Nurse Res.* 2011;18 (2):52-62.
12. Vorona RD, Winn MP, Babineau TW et al. Overweight and obese patients in a primary care population report less sleep than patient with a normal BMI. *Arch internal med.* 2005; 165: 25-30.
13. Mahmood S, Najjad MK, Ali N, Yousuf N, Hamid Y. Predictors of obesity among post graduate trainee doctors working in a tertiary care hospital of public sector in Karachi, Pakistan. *J Pak Med Assoc.* 2010;60 (9):758-61.
14. Reilly JM, Commentary: Are obese physicians effective at providing healthy lifestyle counseling. *Am Fam Physician* 2007;75(5):738-741.

15. Shigeta H, Shigeta M, Nakazawa A, Nakamura N, Yoshikawa T. Lifestyle, obesity and insulin resistance. *Diabetes care* 2001;24: 608
16. Mark Harris, Jane Lloyd. The role of Australian primary health care in the prevention of chronic disease. 2012 Australian National Preventive Health Agency.
17. Zhu D, Norman I.J, While A.E. The relationship between health practitioner weight status and attitudes towards weight management: a systemic review. *Obesity reviews* 2011;12 (5):324-337
18. Wells KB, Lewis CE, Leake B, Ware JE Jr. Do physicians preach what they practice? A study of physicians' health habits and counseling practices. *JAMA*. 1984;252:2846–8.

APPENDIX 1

PARTICIPANT INFORMATION SHEET

HREC NO	(HREC/12/QPCH/4)
PROJECT TITLE	Exploring the various lifestyle advices given to obese patients on healthy living by their obese doctors
NAME OF RESEARCHERS	Dr. Ogunrinola Taiye Mrs Hicks Karen

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask me any question about any part of this project that you do not fully understand. It is very important that you are fully satisfied and that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

Background: This study will be conducted amongst doctors in medical centres and hospitals in the Fraser Coast district of Queensland. This project aims to explore the lifestyle advice given to obese patients by their doctors on lifestyle modification. You will be asked to complete a data sheet from which your BMI will be calculated. Some doctors will later be interviewed to acquire more information about their lifestyle and lifestyle advice they give to their obese patients. This interview will be conducted with the use of an audio recorder and will last for 15 minutes.

Benefit: This research is wholly for the benefit of doctors and patients as the outcome of this research should create a self-evaluation for the doctors to explore the relationship between what he preaches and practices which will impact on their overall care of their patients.

Risks and Side Effect: You will not be liable to any risk as there is no intervention.

Confidentiality and Privacy: Information collected will be treated confidentially and the identity of the participants will be anonymized in the transcript.

Further Details: Dr Ogunrinola Taiye

+61 46 915 3264

Independent Contact: If you wish to discuss your involvement with someone not connected with this study, you may contact the executive officer, Research and Ethics on 07 3139 4500 who will forward your concerns to the chair, Human Research and Ethics Committee.

Yours sincerely

Dr Ogunrinola Taiye.

PARTICIPANT CONSENT FORM

HREC NO	(HREC/12/QPCH/4)
PROJECT TITLE	Exploring the various lifestyle advices given to obese patients on healthy living by their obese doctors
NAME OF RESEARCHERS	Dr. Ogunrinola Taiye Mrs Hicks Karen

I agree to participate in the above named project and in so doing acknowledge that:

- I have been informed as to the nature and extent of any risk to my health or well-being.
- I am aware that, although the project is directed to the expansion of medical knowledge generally, it may not result in any direct benefit to me.
- I have been informed that my refusal to consent to participate in the study will not affect me in any way.
- I have been informed that I may withdraw from the project at my request at any time and that this decision will not affect me in any way.
- I have been advised that the Executive Director, The Prince Charles Hospital, on recommendation from The Prince Charles Hospital Metro North Human Research Ethics Committee has given approval for this project to proceed.
- I am aware that I may request further information about the project as it proceeds.
- I understand that, in respect of any information (which may consist of records outside of this hospital) including audiovisual records obtained during the course of the project; confidentiality will be maintained to the same extent as for my Hospital medical records. In the event of any results of the project being published, I will not be identified in any way.

Participant's name: Signature:Date: _ _ / _ _ _ / _
_ _ _

DD/ MMM/YYYY

Name of Investigator:Signature: Date: _ _ / _ _ _ / _ _ _
_

YYYY

DD / MMM /

REVOCAATION OF CONSENT FORM - Participant

HREC NO	(HREC/12/QPCH/4)
PROJECT TITLE	Exploring the various lifestyle advices given to obese patients on healthy living by their obese doctors
NAME OF RESEARCHERS	Dr. Ogunrinola Taiye Mrs Hicks Karen

- I hereby wish to WITHDRAW my consent to participate in the research project described above and understand that such withdrawal WILL NOT jeopardise my relationship with The Prince Charles Hospital Metro North Health Service District.

Participant's name (please print):

(Signature).....

Date: __ / __ / __

DD / MMM / YYYY

REMINDER LETTER

Dear Doctor

Subsequent to a recent invitation sent out requesting you to consider participating in the study outlined below, this is a reminder that we're yet to receive your feedback.

Find attached a copy of the participant information sheet, consent form and data collection sheet.

Your early response will be most appreciated.

Thanks.

HREC NO	(HREC/12/QPCH/4)
PROJECT TITLE	Exploring the various lifestyle advices given to obese patients on healthy living by their obese physicians
NAME OF RESEARCHERS	Dr. Ogunrinola Taiye Mrs Hicks Karen

APPENDIX II

DATA SHEET

Age	
Gender	
Height (Metres)	
Weight (Kg)	

APPENDIX III

INTERVIEW GUIDE

Introduction	
Questions	<p>Exploratory question 1:</p> <p>Lifestyle:</p> <p>1) Exercise: What form of exercise? How many times in a week? What duration? (Minutes)</p> <p>2) Eating: Do you eat out? Do you snack between meals? How frequent?</p> <p>3) Alcohol- How many bottles per day/week? How many years have you been drinking? Have you tried reducing your intake?</p> <p>Exploratory question 2</p> <p>What are the lifestyle advices you give to your obese patients?</p> <p>Subjective assessment of patient's response to counsel.- Acceptance or Rejection?</p> <p>Has any patient achieved remarkable weight loss attributable to the lifestyle advice?</p> <p>Do you use yourself as example of an ideal role model?</p>
Additional comments	