

Table 2 [Corrected[†]]

NEW (Nutrition, Exercise, and Weight Management) Attitudes Scale With Thurstone Weights, Medical Students' Responses, and Factor Loading by Item, 2011

Item*	Weight [†]	No. (%) of students who agree	No. (%) of students who are neutral	No. (%) of students who disagree	No. of students who did not respond	Factor [‡]
1. There is no excuse for a patient to be overweight/obese.	−3	17/111 (15.3)	14/111 (12.6)	80/111 (72.1)	0	1
2. It is usually sufficient to give a person brief, clear advice about weight management.	1	16/110 (14.5)	8/110 (7.3)	86/110 (78.2)	1	1
3. People can eat a healthy diet if they choose to do so.	−2	76/111 (68.5)	11/111 (9.9)	24/111 (21.6)	0	1
4. Counseling about nutrition does not change behavior.	−2	12/110 (10.9)	16/110 (14.5)	82/110 (74.6)	1	2
5. I believe if I eat a healthy diet it would make me an effective role model.	2	89/111 (80.2)	19/111 (17.1)	3/111 (2.7)	0	1
6. I find it rewarding to talk to someone about nutrition.	2	71/111 (64)	30/111 (27.0)	10/111 (9)	0	2
7. I have a personal desire to counsel patients about nutrition.	2	63/111 (56.7)	30/111 (27.0)	18/111 (16.2)	0	2
8. Patients understand the connection between nutrition and cancer.	0	4/109 (3.7)	6/109 (5.5)	99/109 (90.8)	2	3
9. The American food culture contributes to the overweight/obese problem.	1	109/111 (98.2)	1/111 (0.9)	1/111 (0.9)	0	3
10. Patients are likely to follow an agreed-upon plan to increase their exercise.	1	24/111 (21.6)	33/111 (29.7)	54/111 (48.6)	0	1
11. Even if I counsel them, patients will continue their poor exercise habits.	−3	42/110 (38.2)	46/110 (41.8)	22/110 (20)	1	1
12. I have a personal desire to counsel patients about exercise.	2	72/108 (66.7)	21/108 (19.4)	15/108 (13.9)	3	2
13. Overweight individuals tend to be lazy about exercise.	−4	48/111 (43.2)	33/111 (29.7)	30/111 (27)	0	1
14. Patients understand the connection between exercise and cancer.	0	3/109 (2.8)	6/109 (5.5)	100/109 (91.7)	2	3
15. Patients think lack of exercise can be a serious health risk.	0	44/110 (40.0)	20/110 (18.2)	46/110 (41.8)	1	1
16. I believe patients can maintain weight loss.	2	96/110 (87.3)	10/110 (9.1)	4/110 (3.6)	1	1
17. I think obese patients are motivated to change their lifestyle.	2	33/111 (29.7)	56/111 (50.5)	22/111 (19.8)	0	1
18. I feel effective in helping overweight/obese patients manage their weight.	2	37/111 (33.3)	46/111 (41.4)	28/111 (25.2)	0	2
19. I believe that my patients will follow through with a weight management program.	2	16/111 (14.4)	60/111 (54.1)	35/111 (31.5)	0	1
20. I feel confident treating overweight/obese patients.	2	41/111 (36.9)	34/111 (30.6)	36/111 (32.4)	0	2
21. I think treating overweight/obese patients is not worth the time.	−5	3/111 (2.7)	4/111 (3.6)	104/111 (93.7)	0	1
22. Weight management counseling takes too much time.	−3	18/111 (16.2)	21/111 (18.9)	72/111 (64.9)	0	1
23. I do feel a bit disgusted when treating a patient who is obese.	−5	21/111 (18.9)	22/111 (19.8)	68/111 (61.3)	0	1
24. If a patient is overweight/obese, I feel awkward discussing his/her weight.	−2	43/109 (39.4)	19/109 (17.4)	47/109 (43.1)	2	2
25. The person and not the weight is the focus of weight management counseling.	2	77/109 (70.6)	23/109 (21.1)	9/109 (8.3)	2	1
26. Patients know the health risks related to their weight.	0	36/111 (32.4)	21/111 (18.9)	54/111 (48.6)	0	3
27. Patients take their weight seriously.	1	34/111 (30.6)	36/111 (32.4)	41/111 (36.9)	0	1

(Continues)

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28. Patients understand the connection between weight and cancer.	0	4/110 (3.6)	8/110 (7.3)	98/110 (89.1)	1	3
29. I have a personal desire to counsel patients about weight management.	2	59/109 (54.1)	30/109 (27.5)	20/109 (18.3)	2	2
30. Overweight/obese individuals lack will power.	−4	17/110 (15.5)	30/110 (27.3)	63/110 (57.3)	1	1
31. Patients think being overweight/obese is a serious health risk.	0	49/110 (44.5)	27/110 (24.5)	34/110 (30.9)	1	3

*Student responses to negative items were reverse-coded.

[†]Item weight reflects average direction and magnitude of 201 judges who rated the item in terms of its positivity toward obese patients. [The weights for items 4 and 5 have been corrected in this version of the table.][‡]Factor analysis was conducted subsequent to Thurstone judges' rating. A varimax-rotated factor analysis revealed three factors: (1) antifat, (2) self-efficacy and propensity to provide counseling to patients who are obese, and (3) belief about how others understand obesity.