**Appendix 1**

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| **Attitude Survey Items** | Original Design Construct | Component Inclusion after Factor Analysis |
| 1. Physical therapy should take a lead role in the exercise programs for obese children
 | PT | PT Factor |
| 1. Schools should take on the primary responsibility for helping children to achieve better fitness and combat childhood obesity
 | School |  |
| 1. It is the school-based physical therapist’s role to help establish health and wellness policies for the school district
 | PT | PT Factor |
| 1. Childhood obesity is better dealt with in an outpatient clinic (opposite)
 | School |  |
| 1. Schools should stick with academic education and leave fitness to outside sources (opposite)
 | School | School Factor |
| 1. Fitness and obesity prevention fall within the scope of practice of physical therapy
 | PT | PT Factor |
| 1. School-based physical therapists across the country are NOT adequately addressing childhood obesity
 | Seriousness |  |
| 1. Obesity by itself is a disability
 | Seriousness | Seriousness Factor |
| 1. Physical therapists have an obligation to participate in school wellness programs
 | PT | PT Factor |
| 1. Obesity is too sensitive of a topic to be handled in the public schools (opposite)
 | School | School Factor |
| 1. It requires the expertise of a physical therapist to address exercise programs for obese children
 | PT | PT factor |
| 1. Schools should provide funds for specialized exercise programs for obese children
 | School | School Factor |
| 1. Our society places too much emphasis on being thin and children should not have to worry about their weight (opposite)
 | Seriousness |  |
| 1. If physical therapists concentrate on obesity, children with real disabilities might be neglected (opposite)
 | Seriousness | PT Factor |