

**Participate in a Short Survey for a Chance to Win a Free iPad!**  
**Perception and Awareness of Bariatric Surgery Among Ontario Primary Care Physicians**

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**What is your age?** \_\_\_\_\_

**What is your gender?**

☐ Male ☐ Female

**Years in practice:** \_\_\_\_\_

**Patient load per week:**

☐ <25 ☐ 26-50 ☐ 51-100 ☐ >100

**Practice Type:**

- ☐ University Affiliated Institution  
☐ Non-University Affiliated Institution  
☐ Hospital Based  
☐ Non-Hospital Based

**Location of Practice:**

☐ Rural ☐ Urban

**How frequently do you weigh your patients?**

☐ Each visit ☐ Every year ☐ Every 3 years ☐ Every 5 years ☐ Never

**When weight is measured, which do you determine? (Select all that apply):**

- ☐ BMI  
☐ Waist circumference  
☐ Other (please specify) \_\_\_\_\_

**At what minimum BMI would you consider bariatric surgery appropriate for a patient WITHOUT weight related comorbidities?**

☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ >50

**In the past 12 months, what percentage of patients with morbid obesity (BMI>35) have you seen?**

☐ <21% ☐ 21-30% ☐ 31-40% ☐ 41-50% ☐ >50%

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**Are you supportive of bariatric surgery (“metabolic surgery”) for patients with diabetes who have BMI<35?**

- ☐ Yes      ☐ No      ☐ Unsure

**In your opinion, what is the ideal bariatric surgical procedure in the average patient?**

- ☐ Laparoscopic Roux-en-Y gastric bypass  
☐ Laparoscopic sleeve gastrectomy  
☐ Laparoscopic adjustable gastric band  
☐ Duodenal Switch/Biliopancreatic Diversion  
☐ Other (please specify) \_\_\_\_\_  
☐ Unsure

**What type of bariatric surgery do your patients show most interest in?**

- ☐ Laparoscopic Roux-en-Y gastric bypass  
☐ Laparoscopic sleeve gastrectomy  
☐ Laparoscopic adjustable gastric band  
☐ Not specified  
☐ More than two of the above

**How many patients in your current practice have had bariatric procedures?**

- ☐ 0      ☐ 1-5      ☐ 6-10      ☐ 11-15      ☐ 16-20      ☐ >20

**What do you estimate as the 30-day mortality rate for the following bariatric procedures?**

**Laparoscopic Roux-en-Y gastric bypass:**

- ☐ <0.1%    ☐ 0.1-0.2%    ☐ 0.3- 1.0%    ☐ 1.1-2.0%    ☐ 2.1–4%    ☐ >4.0%    ☐ Don't Know

**Laparoscopic sleeve gastrectomy:**

- ☐ <0.1%    ☐ 0.1-0.2%    ☐ 0.3- 1.0%    ☐ 1.1-2.0%    ☐ 2.1–4%    ☐ >4.0%    ☐ Don't Know

**Laparoscopic adjustable gastric band:**

- ☐ <0.1%    ☐ 0.1-0.2%    ☐ 0.3- 1.0%    ☐ 1.1-2.0%    ☐ 2.1–4%    ☐ >4.0%    ☐ Don't Know

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**What do you estimate as the 30-day morbidity rate (significant complication) for the following bariatric procedures?**

**Laparoscopic Roux-en-Y gastric bypass:**

☐ 0-5%    ☐ 5-10%    ☐ 10-15%    ☐ 15-20%    ☐ >20%    ☐ Don't Know

**Laparoscopic sleeve gastrectomy:**

☐ 0-5%    ☐ 5-10%    ☐ 10-15%    ☐ 15-20%    ☐ >20%    ☐ Don't Know

**Laparoscopic adjustable gastric band:**

☐ 0-5%    ☐ 5-10%    ☐ 10-15%    ☐ 15-20%    ☐ >20%    ☐ Don't Know

**Do you initiate conversations with your patients about bariatric surgery?**

☐ Yes    ☐ No

**How many of your morbidly obese patients inquire about bariatric surgery?**

☐ <10%    ☐ 10-20%    ☐ 21-30%    ☐ 31-40%    ☐ >40%

**Which of the following influence your decision to refer them to bariatric surgery? (Select all that apply):**

- ☐ BMI
- ☐ Comorbidities
- ☐ Age
- ☐ Number of attempts at dieting
- ☐ Use of pharmacotherapy for obesity

**Have you ever referred your patients for bariatric surgery?**

☐ Yes    ☐ No

**If yes, what percentage of your morbidly obese patients (BMI >35 with related comorbidities) did you refer in the past 12 months?**

☐ <1%    ☐ 1-5%    ☐ 6-10%    ☐ 11-20%    ☐ >20%

**If no, why not? (Select all that apply):**

- ☐ Lack of resources
- ☐ Limited benefits from procedure
- ☐ Disagree with procedure
- ☐ Lack of awareness about procedure or benefits
- ☐ Concerns with follow up
- ☐ Discomfort within own setup to manage patients
- ☐ Medical issues
- ☐ Psychosocial issues
- ☐ Other (please specify) \_\_\_\_\_

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**In your opinion, is cost of surgery a significant barrier?**

☐ Yes      ☐ No      ☐ Unsure

**Which of the following procedures are covered by OHIP? (Select all that apply):**

- ☐ Laparoscopic Roux-en-Y gastric bypass  
☐ Laparoscopic sleeve gastrectomy  
☐ Laparoscopic adjustable gastric band  
☐ Duodenal Switch/Biliopancreatic Diversion  
☐ Unsure

**Do you have the appropriate resources and equipment at your centre to manage morbidly obese patients?**

☐ Yes      ☐ No      ☐ Unsure

**If you have difficulties managing morbidly obese patients, do you know who to contact?**

☐ Yes      ☐ No      ☐ Unsure

**Hypothetically, would you refer a family member or a friend for gastric bypass surgery?**

☐ Yes      ☐ No

**Do you agree or disagree with the following statements?**

***“Morbidly obese patients should attempt dieting for at least 6 months before considering surgery”***

☐ Strongly Disagree      ☐ Disagree      ☐ Neutral      ☐ Agree      ☐ Strongly Agree

***“I have had morbidly obese patients who were successful at losing weight without surgery”***

☐ Strongly Disagree      ☐ Disagree      ☐ Neutral      ☐ Agree      ☐ Strongly Agree

***“Bariatric surgeries result in sustained weight loss”***

☐ Strongly Disagree      ☐ Disagree      ☐ Neutral      ☐ Agree      ☐ Strongly Agree

***“I feel comfortable explaining the procedural options to a patient”***

☐ Strongly Disagree      ☐ Disagree      ☐ Neutral      ☐ Agree      ☐ Strongly Agree

***“I feel comfortable providing care to patients who have received bariatric surgery”***

☐ Strongly Disagree      ☐ Disagree      ☐ Neutral      ☐ Agree      ☐ Strongly Agree

***“Additional continuing medical education resources in bariatric surgical care would be useful to primary care physicians in Ontario”***

☐ Strongly Disagree      ☐ Disagree      ☐ Neutral      ☐ Agree      ☐ Strongly Agree

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**Other Comments:**

**Would you like to be considered for the draw to win an iPad?**

☐ Yes      ☐ No

**Thank you!**