

## Measures to Assess Weight Bias

The following are validated measures used to assess weight bias, which may be used for self-assessment or in group training sessions to initiate discussions about weight bias in clinical practice.

- Anti-fat Attitudes Questionnaire (AFA)<sup>1</sup>
- Anti-fat Attitudes Scale (AFAS)<sup>2</sup>
- Anti-fat Attitudes Test (AFAT)<sup>3</sup>
- Attitudes toward Obese Persons Scale (ATOP)<sup>4</sup>
- Beliefs about Obese Persons Scale (BAOP)<sup>5</sup>
- Fat Phobia Scale – short form<sup>6</sup>
- Universal Measure of Bias-Fat Scale (UMB-FAT)<sup>7</sup>
- Weight Bias Internalization Scale (WBIS)<sup>8</sup>
- Weight Bias Internalization Scale – Modified (WBIS-M)<sup>9</sup>
- Stigmatizing Situations Inventory (SSI)<sup>10</sup>

Because these tools ask direct questions about attitudes toward obese persons, providers may be reluctant to share their survey results with others. It may be best not to focus on actual responses to the questions in group discussions. Rather, the intention of these tools is to generate discussion and awareness about beliefs and stereotypes which could reinforce bias or prejudice toward patients.

### **The Implicit Association Test**

Biased attitudes can sometimes exist outside of conscious awareness – meaning that they can operate automatically and even be contrary to the attitudes we consciously express. Researchers developed the Implicit Association Test (IAT) to identify implicit or automatic preferences and bias. For example, when assessing attitudes towards overweight or obese persons, we may sometimes have beliefs or attitudes that we are either unable or unwilling to report. Through a timed word association task, the IAT can uncover our unconscious associations toward a target group, which are sometimes at odds with our conscious attitudes.

The IAT was developed by researchers at Harvard University and has been used to study bias in a range of disciplines, including gender, race, religion, and sexuality. To assess implicit attitudes towards overweight and obese persons, the test asks you to pair the terms “Fat People” and “Thin People” with both positive and negative attributes, such as good- bad, lazy-motivated, or smart-stupid. For most people, it is more difficult to pair “Fat People” with positive attributes than it is to pair “Thin

People” with positive attributes, indicating an implicit bias against fat people and a preference for thin people.

Rather than being unaware of our unconscious biases, learning about them can help us to consciously alter our behaviors to avoid acting in a biased way. Recognizing that our implicit negative attitudes towards obese people can manifest themselves in our day-to-day interactions is an important step toward challenging negative stereotypes and assumptions.

[Take](#) the IAT and become aware of your own implicit attitudes. When the Project Implicit site appears, click on ‘**Go to Demonstration Tests**’, then choose **Weight IAT**.

\* The paper and pencil version of the IAT can be downloaded [here](#).

<b>Fat People</b>		<b>Thin People</b>
fat		slim
obese		thin
large		skinny
<b>Lazy</b>		<b>Motivated</b>
slow		determined
lazy		motivated
sluggish		eager
<b>Fat People</b>		<b>Thin People</b>
<b>Lazy</b>		<b>Motivated</b>
<input type="radio"/>	obese	<input type="radio"/>
<input type="radio"/>	sluggish	<input type="radio"/>
<input type="radio"/>	slim	<input type="radio"/>
<input type="radio"/>	eager	<input type="radio"/>
<input type="radio"/>	large	<input type="radio"/>
<input type="radio"/>	lazy	<input type="radio"/>
<input type="radio"/>	fat	<input type="radio"/>
<input type="radio"/>	motivated	<input type="radio"/>
<input type="radio"/>	thin	<input type="radio"/>

For additional information about measures for evaluating experiences of weight stigmatization, please refer to:

DePierre, J. A., & Puhl, R. M. (2012). Experiences of weight stigmatization: A review of self-report assessment measures. *Obesity facts*, 5(6), 897-918.

**Background:** Overweight and obese persons are vulnerable to frequent stigmatization and discrimination because of their weight. Despite widespread prejudice towards obese persons, many questions remain regarding the nature, extent, and impact of weight-based stigmatization experienced by so many people. However, improving our knowledge in this area will only be as good as the measures we have to study this phenomenon. Our paper is the first to provide a comprehensive summary of published quantitative self-report measures available for assessing experiences of weight stigmatization in children and adults.

**Methods:** This review examined 22 measures of self-reported weight stigmatization and highlights the strengths and limitations of existing assessment.

**Results:** Existing measures contain a number of limitations and have been assessed in samples lacking diversity. Improvements in measurement are needed to achieve a clearer understanding of the nature and extent of self-perceived weight stigmatization and to develop measures that accurately reflect this type of stigmatization.

**Conclusions:** Specific directions for future research that will help improve measurement of self-perceived weight stigmatization and advance this area of study are highlighted.

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- 1 Crandall, C.S. (1994). Prejudice against fat people: Ideology and self-interest. *Journal of Personality and Social Psychology*, 66, 882-894.
  - 2 Morrison, T.G., & O'Connor, W.E. (1999). Psychometric properties of a scale measuring negative attitudes toward overweight individuals. *Journal of Social Psychology*, 139, 436-445.
  - 3 Lewis, R.J, Cash, T.F, Jacobi, L., & Bubb-Lewis, C. (1997). Prejudice toward fat people: The development and validation of the Anti-fat Attitudes Test. *Obesity Research*, 5, 297-307.
  - 4 Allison, D.B., Basile, V.C., & Yunker, H.E. (1991). The measurement of attitudes toward and beliefs about obese persons. *International Journal of Eating Disorders*, 10, 599-607.
  - 5 Allison, D.B., Basile, V.C., & Yunker, H.E. (1991). The measurement of attitudes toward and beliefs about obese persons. *International Journal of Eating Disorders*, 10, 599-607.
  - 6 Bacon, J.G., Scheltema, K.E., & Robinson, B.E. (2001). Fat Phobia Scale revisited: The short form. *International Journal of Obesity*, 25, 252-257.
  - 7 Latner, J. D., O'Brien, K. S., Durso, L. E., Brinkman, L. A., & MacDonald, T. (2008). Weighing obesity stigma: the relative strength of different forms of bias. *International Journal of Obesity*, 32(7), 1145-1152.
  - 8 Durso, L. E., & Latner, J. D. (2008). Understanding Self-directed Stigma: Development of the Weight Bias Internalization Scale. *Obesity*, 16(S2), S80-S86.
  - 9 Pearl, R. L., & Puhl, R. M. (2014). Measuring internalized weight attitudes across body weight categories: Validation of the Modified Weight Bias Internalization Scale. *Body image*, 11(1), 89-92.
  - 10 Myers A, Rosen JC: Obesity stigmatization and coping: Relation to mental health symptoms, body image, and self-esteem. *Int J Obes Relat Metab Disord* 1999; 23: 221-230