



## “Attitude Of Physiotherapy Students Towards Obesity”

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<p>Received: 1 Feb 2024</p> <p>Revised: 10 Feb 2024</p> <p>Accepted: 26 Feb 2024</p>	<p style="text-align: center;"><b>Abstract</b></p> <p><b>Background :</b> Obesity is a multifaceted disorder that is a result of genetic, behavioral, environmental, and physiological factors. It develops as a complex interaction between a person’s genes and the long-term energy imbalance attributable to excessive caloric consumption and insufficient energy expenditure<sup>1</sup> According to the World Health Organization definition of obesity, usually the amount of dietary energy, metabolism, and physical activity in cases where the amount of energy consumed by the body as a result of excess accumulation of fat is a disease that should be treated, In this project ‘The fat phobia scale’ is a screening tool designed to assess the attitude of person towards obesity, That is the Fat Phobia Scale (FPS) was developed and validated by Bacon, Scheltema, and Robinson (2001), and was used to determine students attitudes towards obese people.</p> <p><b>Objective:</b></p> <ol style="list-style-type: none"><li>1. To find out various factors affecting Physiotherapy management for obese patients</li><li>2. To assess the difference about fat phobia between male and female Physiotherapy students.</li></ol> <p><b>Methodology:</b> 208 participant was selected for the study by convenient sampling according to the inclusion and exclusion criteria, questionier was given to all the participants</p> <p><b>Result:</b></p> <ol style="list-style-type: none"><li>1. Results by considered first to final year students in which the final average is <math>2.91 \pm 0.40</math> Also, the result of first-year physiotherapy students having very high fat phobia that is <math>3.01 \pm 0.32</math> and final year students having less fat phobia that is <math>2.81 \pm 0.29</math>.</li><li>2. Results by considered age of physiotherapy students in which most of students of DR.A.P.J. ABDUL KALAM COPT In which we considered students of 18 to 23 years of age, the final result of this is <math>3.891 \pm 0.471</math> the highest fat phobia is in age of 20 years old students i.e., <math>5.93 \pm 1.34</math> and less fat phobia is in 22years old students i.e, <math>2.87 \pm 0.3</math>.</li></ol>
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<p>CC License CC-BY-NC-SA 4.0</p>	<p><b>3.</b> Results by considered gender males and females in which males are 47 and females are 167, in percentage 22% are males students and 78% females final score of males is <math>2.06 \pm 0.4</math> and females is <math>2.94 \pm 0.82</math>.  <b>Conclusion :</b> This study proved that the German short form of the FPS can be considered as a reliable and valid instrument for measuring the negative attitudes towards obese individual, Future investigations should address the calculation of reference values for other samples and settings including different occupational groups in healthcare.</p>
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## INTRODUCTION

Obesity is a multifaceted disorder that is a result of genetic, behavioral, environmental, and physiological factors. It develops as a complex interaction between a person's genes and the long-term energy imbalance attributable to excessive caloric consumption and insufficient energy expenditure<sup>1</sup>

According to the World Health Organization definition of obesity, usually the amount of dietary energy, metabolism, and physical activity in cases where the amount of energy consumed by the body as a result of excess accumulation of fat is a disease that should be treated, and do

View of the perception of the body, the brain of people feeding the negative thoughts, negative impact on the young people. Therefore, the effect of body perception has a huge impact on nutrition. This negative effect for the lives and future health problems, unhealthy and obese teens live in a society that is obese.<sup>2</sup>

Now a days the epidemic of obesity has become pandemic. The rise in obesity rates was first noted in the United States, but has spread to other industrialized nations and it is even now being documented in developing countries. Indeed, the global extent of the obesity pandemic was formally recognized by the World Health Organization (WHO) in 1997, and worldwide obesity rates are increasing dramatically. On the global scale, more than one billion adults are estimated to be overweight with at least 300 million of them qualifying as obese. From 1960 to 2004, the prevalence of obesity in the United States has more than doubled among adults from 13.3% to 32.1%, while the percentage of Americans overweight during the same period has increased from 44.8% to 66%, with most of this rise occurring since 1980. The prevalence of overweight-obesity increased substantially in all countries. Comparing the first to the latest survey in Bangladesh, the prevalence of overweight-obesity increased from 2.7 to 8.9%, in Nepal, from 1.6 to 10.1% and in India, from 10.6 to 14.8%.

A BMI value in the range of  $< 18.5$  kg/m<sup>2</sup> is defined as underweight, a BMI of 18.5-24.9 kg/m<sup>2</sup> is normal weight, 25-29.9 kg/m<sup>2</sup> is overweight, 30-34.9 kg/m<sup>2</sup> is obese class 1, 35-39.9 kg/m<sup>2</sup> is obese class 2 and 40 or  $>40$  kg/m<sup>2</sup> is obese class 3 or morbidly obese. Relation between BMI and the percentage of body fat depends on age and sex, and differs across ethnic groups.<sup>3</sup>

Obesity is a multifaceted disorder that is a result of genetic, behavioral, environmental, and physiological factors. It develops as a complex interaction between a person's genes and the long-term energy imbalance accountable to excessive caloric consumption and insufficient energy expenditure.

Disorder of obesity has been recognized as a risk factor for non-communicable diseases now a days it is a very big problem as we are facing due to because of increase of fast food we are eat. Obese and overweight individuals experience a number of problems which may contribute to a lack of function, such as muscle weakness, joint pain, difficulty with walking -and climbing stairs. There is a concern that this negative attitude towards people who are obese among the healthcare professionals will not compromise their clinical judgement.

In this project 'The fat phobia scale' is a screening tool designed to assess the attitude of person towards obesity, That is the Fat Phobia Scale (FPS) was developed and validated by Bacon, Scheltema, and Robinson (2001), and was used to determine students attitudes towards obese people. The Fat phobia consists of 14 items using a 5-point Likert scale ranging from 1 to 5. Based on the score design, a score of 2.5 indicates neutral attitudes towards obese individuals. A score of more or less than 2.5 indicates a more negative or positive attitude respectively.<sup>4</sup>

## NEED FOR THE STUDY

Nowadays, the importance given to physical appearance is increasing pressure from the media and society. By this study we know about the attitude and fat phobia related to obesity. The negative attitudes towards obese people observed in this study. Also, this study may highlight the fact that education related to obesity for physiotherapy students should be more focused on their role in the management of obesity and its associated conditions. This is important as there is evidence of the effectiveness of Physiotherapy management in musculoskeletal and cardiovascular conditions in obese patients.

## AIM AND OBJECTIVES

**AIM-** The aim of this study was to assess the perception of college students about obesity and to examine their fat phobia.

### Objectives:

1. To find out various factors affecting Physiotherapy management for obese patients
2. To assess the difference about fat phobia between male and female Physiotherapy students.

## REVIEW OF LITERATURE

**1]** A study was described by **S. Sack, RD, MS University of Medicine and Dentistry of New Jersey**, A prospective paper mail survey was designed to obtain demographic characteristics, attitudes, knowledge, and practice approaches regarding obesity. Participants were randomly selected members of the American Physical Therapy Association. Descriptive statistics were used to explore physical therapist's attitudes, knowledge, and practice approaches regarding obesity.

As a result of this study was that the response rate was 34.5%. Physical therapists indicated that physical inactivity (92.8%, n320) and overeating (78.5%, n270) are the most important causes of obesity and that diet modifications and exercise are the most effective treatments for this. The researcher results suggested that physical therapists have neutral attitudes toward people who are obese. Physical therapists appropriately indicated that lack of physical activity and poor nutritional habits contribute to obesity. <sup>(1)</sup>

**2]** Study was conducted by **SARIKAYA , Huseyin OZTURK , Yakup Akif AFYON, Emre TUREGUN 2013** : title of the study is Examining university students' attitudes towards fat phobia . At the time of spring semester of the 2012-2013 academic research in which education and studying parts of the total of 219 students participated in the study were included on a voluntary basis. The research group is gathered with 120 men and 99 women, who's the mean age is  $22.19 \pm 2.26$ . Data collected by "Fat Phobia Scale" it was used to determine the level of university students' fat phobia. The necessary information was given to students who participated to research and it is applied to volunteer students. Statistical significance was accepted as 0.05. Statistical analysis of the study data was performed using SPSS 15.0 statistical software package. The study found that students have very strong negative attitudes to more body weight and obese individuals in the result of the study conducted with 136 undergraduate and 110 graduate students. There are the negative attitudes and behaviors against to excess body weight and obese individuals in almost every country of the world. American society under the 35-74 age group to determine the attitudes of adult individuals for the negative results of the surveys conducted in 1995-1996 and in 2004-2006 the negative connotations associated with weight and height by 7% between 1995-1996, and 12% between 2004-2006 have revealed the increasing rate. Fat phobia obtained moderate, negative attitudes of students toward obese and overweight people can be considered as an indication. It declared that there was no significant difference between the attitude of fat phobia and attitudes are not different from those of segments displaced. <sup>(2)</sup>

**3]** A study was conducted by **A Awotidebe (MSc), JS Phillips (PhD) 2009**: Studied about the need to determine knowledge and attitudes towards obese people among physiotherapy students, as they are well suited to address the complication of obesity and its related conditions. His study employed a cross-sectional, quantitative design. The population included 220 full time undergraduate and postgraduate physiotherapy students registered for the 2008 academic year at a university in the Western Cape, South Africa. Of these students, 79.5% were undergraduates and 2.5% were postgraduates. All students were invited to participate in the study. Data were collected by means of a structured, self-administered questionnaire consisting of two scales for measuring knowledge and attitudes towards obese people. The first scale, Obesity Risk Knowledge and second one is fat phobia scale. As a result of study in which 175 students was participated in this study. The overall response rate was thus 77.3%. The final sample consisted of 73.5 % (n = 125) females and 26.5% (n = 45) males. The participants age ranged from 17-49 years with a mean age of 21.5 years (SD = 4.9). More than half of the participants (56%) had a normal weight using a self-reported body weight and height for body

mass index (BMI). Overall, the majority of the study participants (85%) reported that they did not receive education regarding obesity and about 23% were confident in treating and counselling obese clients. Therefore, the study result showed that the education should also emphasize the vital role of physiotherapy in the management and treatment of obese individuals <sup>(4)</sup>

**4]** A study was described by **Napoleon Perez-Farinos Fat phobia among first- and fifth-year year medical students in Tijuana, México** in this study a national sample of medical students that demonstrated changes in understood and external bias toward people with obesity. Results said that intervention during medical training might be promising in curving this bias. Very few or none of the results from these studies have been reported in Latin America. The purpose of this study was to assess fat phobia among first- and fifth-year medical students in Mexico. A cross-sectional study was conducted among 278 first- and fifth-year medical students. The results of this study suggest that Mexican medical student in their fifth year have not yet learned the origin and effects of weight bias. Therefore, this study explain that Mexican medical schools should address weight bias as part of a comprehensive obesity curriculum. <sup>(5)</sup>

**5]** **J G Bacon, KE Scheltema and BE Robinson** studied the “Fat phobia scale: the short form” the objective was to develop a shortened form of the original 50-item fat phobia scale. In this study they compared both the scale old 50 item scale and new 14 item scale. Checked the reliability of the 14 items scale and as a result the fat phobia scale short form demonstrated excellent reliability in both samples and was strongly correlated with the 50-item scale. Mean and 90th percentile scores are given for both the long and short versions of the scale. Hence it concluded that the shortened fat phobia scale is expected to increase the utility of the measure in a diverse array of research and clinical settings. <sup>(6)</sup>

## **METHODOLOGY: -**

**Source of Data:** Students of Dr. A. P. J. Abdul Kalam College of Physiotherapy

**Study Setting:** Dr. A. P. J. Abdul Kalam College of Physiotherapy

**Study design:** Descriptive study

**Study type:** Cross-sectional Study

**Target population:** Physiotherapy students

**Sampling method:** Convenient sampling

**Sample size:** 208

### **Materials:**

- (1) Fat phobia scale questionnaire
- (2) Pen
- (3) Diary
- (4) Laptop
- (5) Consent form

## **SELECTION CRITERIA:**

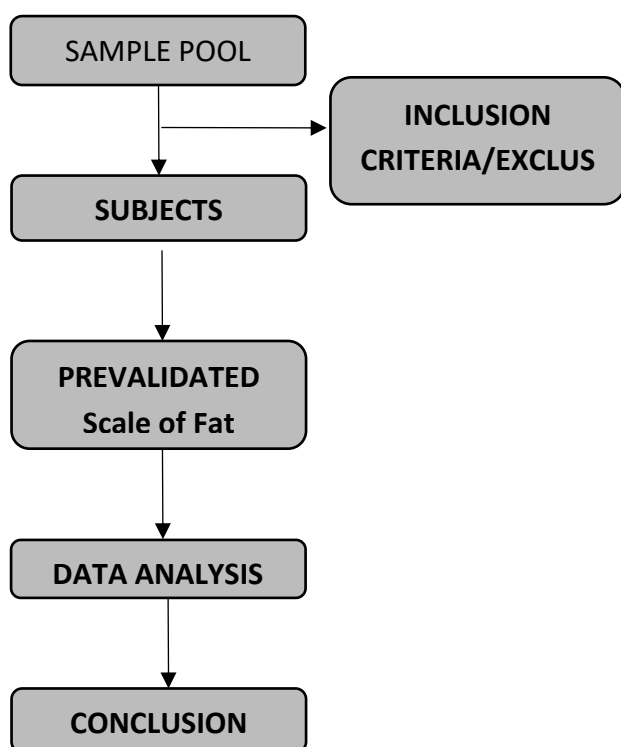
### **Inclusion criteria**

- (1) Students/ Interns /post graduates of Dr. A. P. J. ABDUL KALAM COLLEGE Of Physiotherapy PIMS
- (2) Age within 18 to 25 years
- (3) Those willing to participate and provide written consent form

### **Exclusion criteria-**

- (1) Students who are not present during study period
- (2) Students who are not comfortable with English language
- (3) Students those are under any psychological counseling or treatment

**Outcome Measures:** Scoring of Fat phobia scale the outcome measure will be determined by deriving the score from scale the entire data will be configured and analyzed by percentage and statistical presentation augmenting the conclusion/interference to be drawn.

**Flow Diagram****Procedure:**

The study design is been decided and the sample pool is designated. The sample size is drawn, where inclusion and exclusion criteria are applied and from that the subjects are obtained. Informed consent will be collected from each and every subject before the participation and complete study.

The subjects will be given a questionnaire (i.e., the fat phobia scale) which they will fill according to their attitude which are present at that time. The questionnaire will be given to all the subjects using a paper form. The data analysis process includes studying the data collected from various subjects and using analytical and logical reasoning to determine the patterns and Inter relationship between the subject's encouraging derivation of conclusion.

In order to develop conclusion.

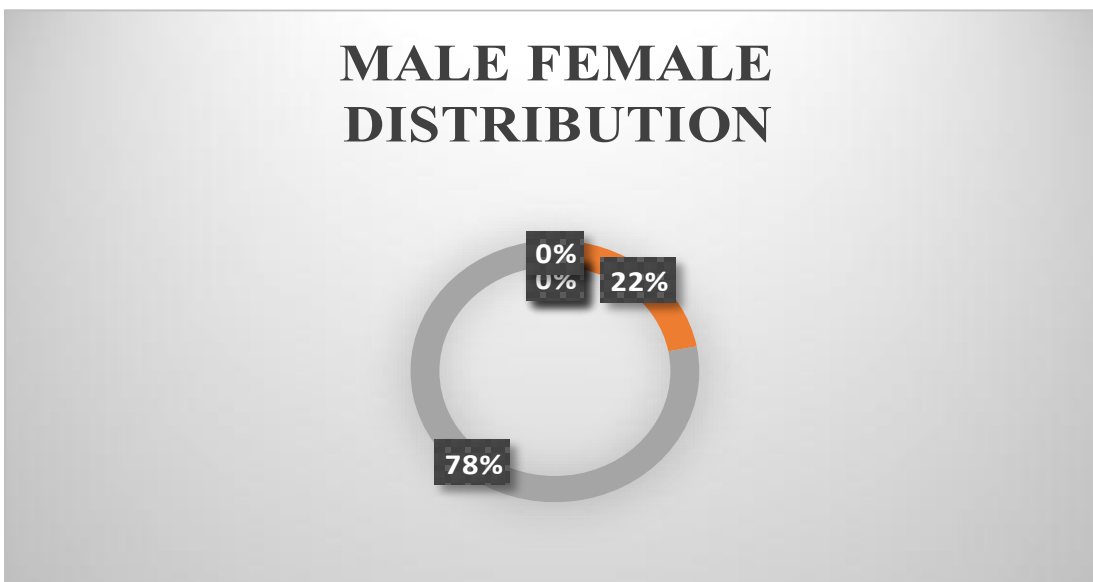
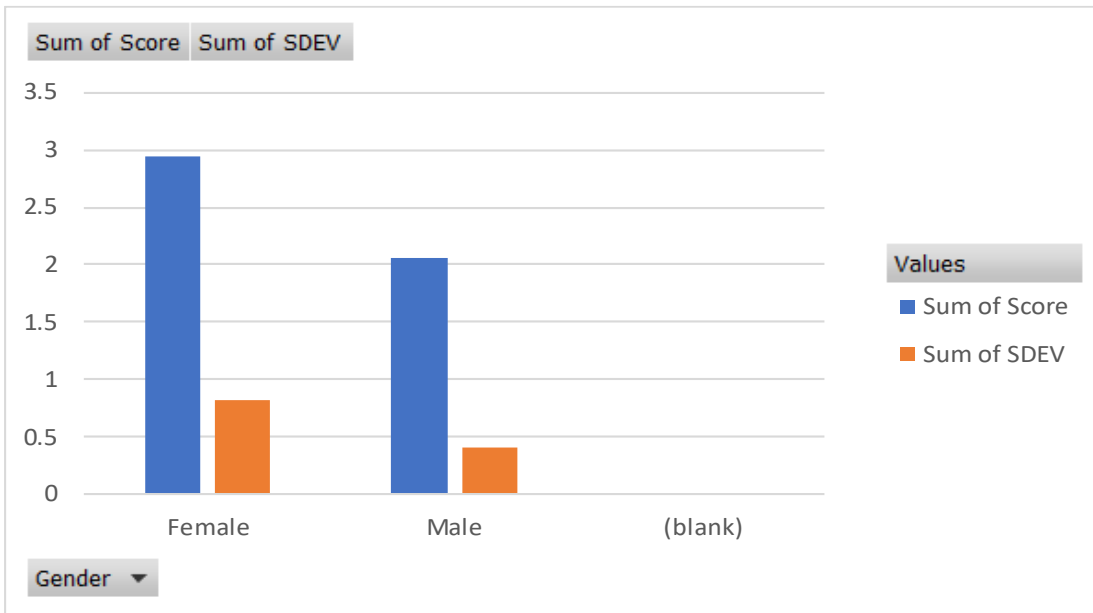
**DATA ANALYSIS AND RESULTS**

Result: From this study, we know the attitude of Physiotherapy students towards obesity in which the results comes in 3 way.

1. Results by considered first to final year students in which the final average is  $2.91 \pm 0.40$  Also, the result of first-year physiotherapy students having very high fat phobia that is  $3.01 \pm 0.32$  and final year students having less fat phobia that is  $2.81 \pm 0.29$ .
2. Results by considered age of physiotherapy students in which most of students of DR.A.P.J. ABDUL KALAM COPT In which we considered students of 18 to 23 years of age, the final result of this is  $3.891 \pm 0.471$  the highest fat phobia is in age of 20 years old students i.e.,  $5.93 \pm 1.34$  and less fat phobia is in 22years old students i.e,  $2.87 \pm 0.3$ .
3. Results by considered gender males and females in which males are 47 and females are 167, in percentage 22% are males students and 78% females final score of males is  $2.06 \pm 0.4$  and females is  $2.94 \pm 0.82$ .

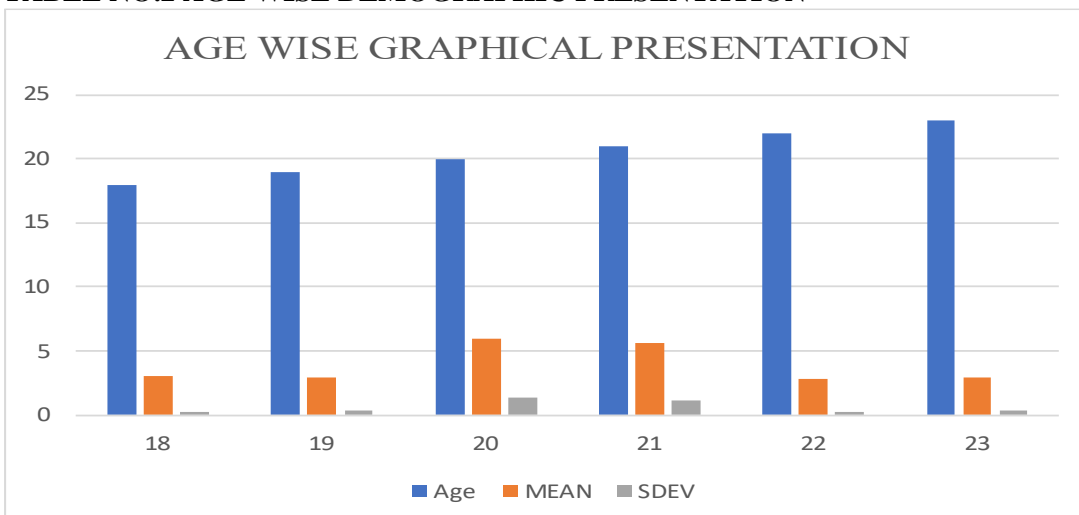
**TABLE NO.1 GENDER WISE DEMOGRAPHIC PRESENTATION**

GENDER	NO. PARTICIPANTS
FEMALES	167
MALES	47



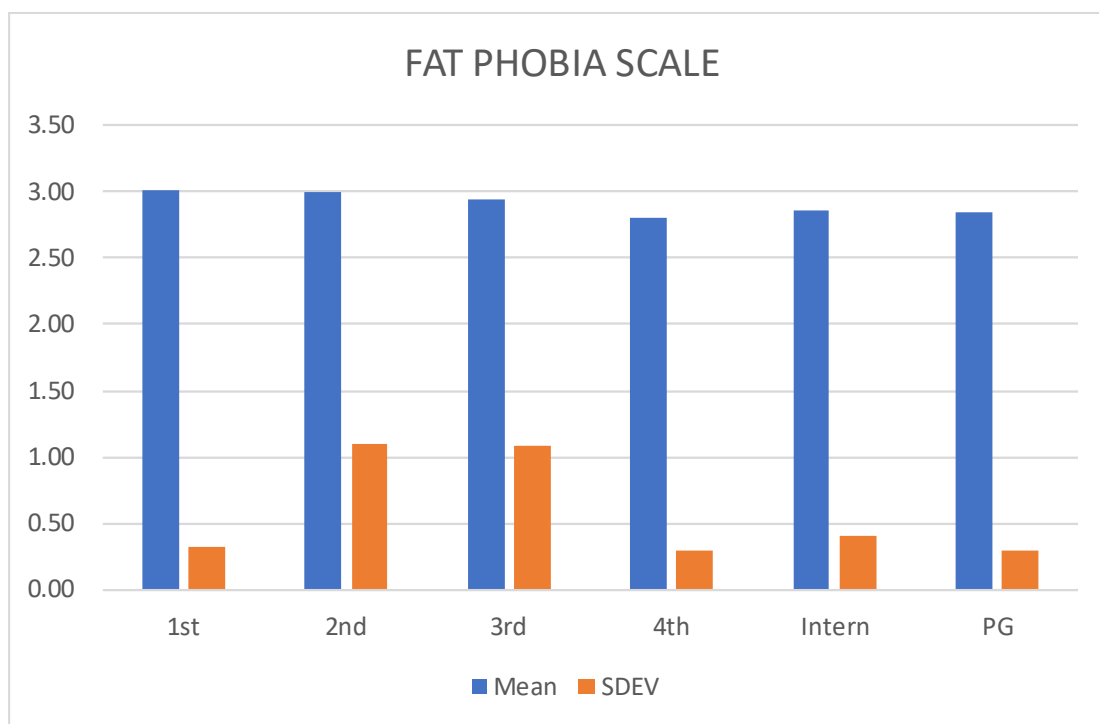
**CHART NO.1) SHOWS GENDER WISE DISTRIBUTION OF 214 PARTICIPANTS INCLUDED IN THE STUDY**

**TABLE NO.2 AGE WISE DEMOGRAPHIC PRESENTATION**



**TABLE NO.3 DEMOGRAPHIC PRESENTATION FAT PHOBIA SCALE**





## DISCUSSION

In this study the short form of fat phobia scale was used to know the attitude of Physiotherapy students. In which I considered first to final year students, Interns, Post graduate students. Also, we considered students age group.

There is total 214 students were considered in which 47 males' students and 167 females' students was participated in this study.

The aims of the present study were to evaluate the psychometric quality and the determination of reference values based on a representative population-based sample for the German short version of the Fat Phobia Scale (FPS) for the assessment of negative attitudes towards obese people. To our knowledge this type of study was discussed further, in Germany April 2014.

This scale having 14 points there grading as 1 to 5, according to this scale we know that the students average is more than 2.5 having high fat phobia and students average less than 2.5 having less fat phobia. We calculated firstly MEAN and then SDEV of whole the sample in this study we know that 1<sup>st</sup> year students having high fat phobia i.e.,  $3.01 \pm 0.32$ , 4<sup>th</sup> year students having less fat phobia i.e.,  $2.81 \pm 0.29$ .

From this study we are getting one more thing that there is a high rate of fat phobia in the students due to because of now a days students are more conscious towards their health as well as weight, and all peoples wants a well-toned Physique. That's the reason students having fear for fat.

This type of study was done also previously discuss at study at University of Çanakkale Onsekiz . University of Mart's male and female students in the School of Physical Education and Sports, the attitude they have emerged fat phobia moderate (Mean =  $3.06 \pm 0.44$ ). Although the criteria for scoring scale is not very high values of the attitude of thekale Onsekiz Mart students who are studying at the School of Physical Education and Sports attitudes and perspectives are examined to fat phobia. Participating students' fat phobia overweight and obese can be said that negative attitudes towards individuals with moderate this study was done in 2013 (TUREGUN).

Many studies suggest students have very strong negative attitudes to more body weight and obese individuals in the result of the study conducted with 136 undergraduate and 110 graduate students There are the negative attitudes and behaviors against to excess body weight and obese individuals in almost every country of the world. American society under the 35-74 age group to determine the attitudes of adult individuals for the negative results of the surveys conducted in 1995-1996 and in 2004-2006 the negative connotations associated with weight and height by 7% between 1995-1996, and 12% between 2004-2006 have revealed the increasing rate.

The results of the present study demonstrated that the physical therapists believed behavioral and environmental factors were more important causes of obesity than genetic or metabolic factors. The

respondents ranked physical inactivity and dietary habits as the most important causes of obesity. The nutritional aspects that were ranked most frequently as moderately or very important causes of obesity were overeating (78.5%), poor knowledge about nutrition (70.4%), and consuming a high-fat diet (62.0%). Foster et al 18 found that 85.3% of physicians surveyed believed that physical inactivity was a very or an extremely important cause of obesity and that more than 50% believed that overeating and consuming a high-fat diet also were very or extremely important causes. In comparison, in a study of registered dietitians, the majority of the respondents indicated that important causes of obesity were physical inactivity (95%).

## CONCLUSION

This study proved that the German short form of the FPS can be considered as a reliable and valid instrument for measuring the negative attitudes towards obese individual, Future investigations should address the calculation of reference values for other samples and settings including different occupational groups in healthcare.

## REFERENCES

1. Sack S, Radler DR, Mariella KK, Touger-Decker R, Khan H. Physical therapists' attitudes, knowledge, and practice approaches regarding people who are obese. *Physical Therapy*. 2009 Aug 1;89(8):804-15.
2. SARIKAYA R, OZTURK H, AFYON Y, Turgeon E. Examining university students' attitude towards fat phobia. *Turkish Journal of Sport and Exercise*. 2013;15(2):70-4.
3. Uddin MS, Hossain MM, Islam MS, Haque MO, Kul sum U, Rahman E, Rahman MH, Patwari MF. Prevalence of obesity among musculoskeletal patients. *International Journal of Physiotherapy and Research, Musculoskeletal disorders among rural population in South India–Cross sectional analysis” Int J Physiotherapy Res*. 2015;3(1):889-93.
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6. Bacon JG, Scheltema KE, Robinson BE. Fat phobia scale revisited: the short form. *International journal of obesity*. 2001 Feb;25(2):252-7.

## ANNEXURE I : IEC APPROVAL LETTER

Ref. No. PIMS/DR.APJAKCOPT/IEC/2022/188

Date: 15/05/2022

To,  
Dhawal Girish Palan  
Intern,  
Dr. APJ Abdul Kalam College of Physiotherapy

The institutional Ethical committee in its meeting held on 14<sup>th</sup> May 2022 has reviewed and discussed your research proposal.

Registration No:	COPT/BPT/INTERN/2022/10
Title of study:	Attitude of Physiotherapy student towards obesity.
Decision of committee	Approved
Approved period	15/05/2022 to 19/09/2022
Committee's recommendation:	Nil

### Please Note:

- > The research is to be carried out in line with the information provided in the forms submitted by the candidate
- > Inform IEC immediately in case of any Adverse events and serious adverse events
- > Inform IEC immediately in case of any change in study procedure/ Protocol, site and investigator
- > This permission is only for period mentioned above. Six month/ final reports are to be submitted to IEC
- > Members of IEC have right to monitor the progress with prior intimation

  
Signature,  
Secretary IEC for UG & PG Research,  
DR. APJ ABDUL KALAM COPT.





## APPENDIX II: FAT PHOBIA SCALE

PREVENTING WEIGHT BIAS HELPING WITHOUT HARMING IN CLINICAL PRACTICE

MODULE  
1

INCREASING SELF-AWARENESS OF WEIGHT BIAS

## Fat Phobia Scale

Listed below are 14 pairs of adjectives sometimes used to describe obese or fat people. For each adjective pair, please place an X on the line closest to the adjective that you feel best describes your feelings and beliefs.

- |                      |       |       |       |       |       |                     |
|----------------------|-------|-------|-------|-------|-------|---------------------|
| 1. lazy              | _____ | _____ | _____ | _____ | _____ | industrious         |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 2. no will power     | _____ | _____ | _____ | _____ | _____ | has will power      |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 3. attractive        | _____ | _____ | _____ | _____ | _____ | unattractive        |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 4. good self-control | _____ | _____ | _____ | _____ | _____ | poor self-control   |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 5. fast              | _____ | _____ | _____ | _____ | _____ | slow                |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 6. having endurance  | _____ | _____ | _____ | _____ | _____ | having no endurance |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 7. active            | _____ | _____ | _____ | _____ | _____ | inactive            |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 8. weak              | _____ | _____ | _____ | _____ | _____ | strong              |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 9. self-indulgent    | _____ | _____ | _____ | _____ | _____ | self-sacrificing    |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 10. dislikes food    | _____ | _____ | _____ | _____ | _____ | likes food          |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 11. shapeless        | _____ | _____ | _____ | _____ | _____ | shapely             |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 12. undereats        | _____ | _____ | _____ | _____ | _____ | overeats            |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 13. insecure         | _____ | _____ | _____ | _____ | _____ | secure              |
|                      | 5     | 4     | 3     | 2     | 1     |                     |
| 14. low self-esteem  | _____ | _____ | _____ | _____ | _____ | high self-esteem    |
|                      | 5     | 4     | 3     | 2     | 1     |                     |

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**Scoring**

- 1) For items 3, 4, 5, 6, 7, 10, and 12: score as 1 2 3 4 5
- 2) For items 1, 2, 8, 9, 11, 13, and 14: score as 5 4 3 2 1
- 3) Add up the score for each item to get the total score. Then divide by 14 (or the number of items answered, whichever is less). The range of scores is 1 – 5. High scores = more “fat phobia”. Low scores = less “fat phobia”.

For more information on the Fat Phobia Scale (short form):

Bacon JG, Scheltema KE, Robinson BE. Fat phobia scale revisited: the short form. *International Journal of Obesity*. 2001; 25: 252-257.

**ANNEXIRE III : PARTICIPANT CONSENT FORM**

I Mr. / Miss \_\_\_\_\_ of my own free will of choice, hereby give my consent to be included in the study-of Attitude of physiotherapy student towards obesity at PRAVARA INSTITUTE OF MEDICAL SCIENCES LONI, USING A SELF RATING SCALE. I have been clearly informed to my satisfaction the purpose of the study and thus, I agree to fully co-operate and participate in the study.

I have been informed that no part of my information shall be revealed except the data which will be used for the study and adequate secrecy will be maintained.

I am also assured that no part of the information will be used against me.

I am also aware of my right to opt out at any time and prevent my data to be utilized at any phase of the study if I desire.

Participant's Signature \_\_\_\_\_

I confirm that I have explained about the purpose of the study and answered all the questions related to my study.

Physiotherapist's Signature \_\_\_\_\_

**ANNEXIRE IV : PARTICIPANT CONSENT RESULT**

Sr. No.	Age	Academic Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total	Mean	SDEV	GENDER
1	17	1st	5	4	3	3	2	4	3	3	3	2	3	3	3	3	44	3.14	0.77	M
2	18	1st	3	2	4	4	3	6	2	4	3	2	3	2	4	4	44	3.29	1.14	M
3	18	1st	1	4	1	2	3	4	5	3	2	3	1	4	5	4	42	3.00	1.41	M
4	18	1st	1	2	3	4	5	3	4	2	3	1	2	4	1	3	38	2.71	1.27	M
5	18	1st	1	2	5	5	5	5	5	1	1	1	1	2	1	2	37	2.64	1.86	M
6	19	1st	1	1	4	3	4	3	4	3	4	3	4	2	4	3	43	3.07	1.07	M
7	19	1st	2	3	1	2	1	5	5	3	5	1	1	1	1	5	36	2.57	1.74	M
8	19	1st	1	1	4	3	4	5	5	2	3	1	1	1	3	1	35	2.50	1.56	M
9	20	1st	3	2	4	4	3	4	2	4	3	2	3	4	4	4	46	3.29	0.83	M
10	20	1st	2	2	4	4	4	3	4	2	3	1	3	3	2	2	39	2.79	0.97	M
11	20	1st	4	2	4	4	3	4	4	3	3	2	3	3	4	4	48	3.36	0.74	M
12	20	1st	1	1	3	5	4	5	5	1	1	1	1	3	1	1	33	2.36	1.74	M
13	23	1st	3	1	5	5	4	4	4	2	3	3	2	3	1	1	41	2.93	1.38	M
14	18	1st	3	2	2	4	3	3	3	3	3	3	4	1	4	4	42	3.00	0.88	F
15	18	1st	4	3	3	3	2	3	4	2	3	2	3	2	4	4	42	3.00	0.78	F
16	18	1st	3	5	1	5	3	2	5	4	5	5	2	2	4	3	48	3.50	1.40	F
17	18	1st	3	5	1	4	3	2	4	4	5	5	1	2	4	3	47	3.29	1.38	F
18	18	1st	5	4	3	4	4	3	5	3	4	3	2	2	3	1	46	3.29	1.14	F
19	18	1st	1	3	3	2	1	3	1	4	2	5	5	3	3	2	39	2.71	1.33	F
20	18	1st	3	4	3	5	4	3	4	3	4	5	4	3	2	4	50	3.64	0.84	F
21	18	1st	3	2	4	4	3	4	2	4	3	2	3	2	4	4	44	3.14	0.86	F
22	18	1st	3	3	3	2	2	3	2	2	4	3	3	3	3	3	39	2.79	0.58	F
23	18	1st	3	1	3	2	3	5	3	1	1	1	3	3	3	1	33	2.36	1.22	F
24	18	1st	5	4	3	4	4	3	5	2	4	3	3	2	3	1	46	3.29	1.14	F
25	18	1st	3	4	3	5	1	3	2	2	1	3	3	4	3	3	40	2.86	1.10	F
26	18	1st	3	2	3	4	3	4	3	2	5	2	4	3	5	4	47	3.36	1.01	F
27	18	1st	2	3	5	3	4	3	4	1	4	2	1	3	1	3	39	2.79	1.25	F
28	18	1st	1	2	3	4	4	4	3	3	2	4	4	3	5	5	47	3.36	1.15	F
29	18	1st	3	2	2	4	3	3	3	3	3	3	4	1	4	4	42	3.00	0.88	F
30	19	1st	3	3	3	2	2	3	3	3	2	4	3	3	2	3	39	2.79	0.58	F
31	19	1st	3	2	4	3	2	1	3	1	5	1	5	1	5	3	39	2.79	1.53	F
32	19	1st	3	1	3	3	2	4	4	3	2	4	3	5	2	4	43	3.07	1.07	F
33	19	1st	3	2	4	4	4	4	3	3	4	3	3	3	3	2	45	3.21	0.70	F
34	19	1st	2	1	4	5	4	4	4	1	3	1	4	1	4	1	39	2.79	1.53	F
35	19	1st	3	5	1	4	3	2	3	2	2	1	4	3	2	5	40	2.86	1.29	F
36	19	1st	3	2	4	4	3	4	2	4	3	2	3	2	4	4	44	3.14	0.86	F
37	19	1st	3	2	4	4	3	4	2	4	3	2	3	2	4	4	44	3.14	0.86	F
38	19	1st	3	2	4	4	3	4	4	3	3	2	3	3	4	4	46	3.29	0.73	F
39	19	1st	3	2	3	4	4	3	4	3	3	3	2	2	4	2	42	3.00	0.78	F
40	19	1st	2	1	4	5	4	4	4	1	3	1	4	2	3	2	40	2.86	1.35	F
41	19	1st	5	4	3	4	3	4	4	3	3	3	3	2	4	3	48	3.43	0.76	F
42	19	1st	5	2	3	2	1	1	4	3	2	1	3	4	3	4	38	2.71	1.27	F
43	19	1st	3	2	3	3	2	2	3	2	3	2	2	3	4	3	37	2.64	0.63	F
44	19	1st	3	2	3	4	4	3	4	3	4	2	3	4	2	3	44	3.14	0.77	F
45	20	1st	5	2	3	5	5	3	5	5	4	1	3	3	4	2	49	3.57	1.34	F
46	20	1st	3	2	4	4	3	4	4	3	3	2	3	3	4	4	46	3.29	0.73	F
47	20	1st	3	1	4	4	4	4	4	2	3	1	3	3	3	2	41	2.93	1.07	F
48	20	1st	4	3	3	3	4	4	2	3	3	2	4	2	3	2	42	3.00	0.78	F
49	20	1st	3	3	4	3	2	2	3	3	3	5	2	3	3	3	42	3.00	0.78	F
50	20	1st	3	2	4	3	3	2	4	2	4	2	2	3	3	3	40	2.86	0.77	F
51	22	1st	4	3	2	3	3	3	4	5	3	1	2	4	5	1	43	3.07	1.27	F
52	23	2nd	4	1	5	5	3	4	5	2	4	5	1	4	5	3	51	3.64	1.45	M
53	23	2nd	3	1	4	3	5	5	5	1	1	1	3	4	1	3	40	2.86	1.61	M
54	20	2nd	2	2	4	4	4	3	4	1	3	1	2	3	3	2	38	2.71	1.07	F

Sr. No.	Age	Academic Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total	Mean	SDEV	GENDER
55	20	2nd	1	2	1	5	5	3	5	4	2	2	2	3	2	2	37	2.79	1.42	F
56	20	2nd	1	1	5	4	5	4	5	1	2	2	2	3	2	2	39	2.79	1.53	F
57	20	2nd	3	4	3	4	4	4	4	2	2	2	3	4	2	33	42	5.29	8.02	F
58	20	2nd	4	3	3	5	4	3	4	2	3	3	3	3	2	3	43	3.21	0.80	F
59	21	2nd	3	1	5	5	4	4	4	2	3	3	2	3	1	1	41	2.93	1.38	F
60	21	2nd	3	2	4	4	4	4	5	3	3	3	2	2	2	2	44	3.07	1.00	F
61	21	2nd	2	2	4	4	4	3	4	1	3	1	2	3	3	2	38	2.71	1.07	F
62	22	2nd	3	1	5	5	5	5	5	2	1	1	1	5	1	1	41	2.93	1.94	F
63	19	2nd	2	1	2	4	4	4	4	3	3	1	3	5	2	5	43	3.07	1.33	M
64	20	2nd	3	2	4	4	4	5	4	1	2	2	2	3	2	2	40	2.86	1.17	M
65	20	2nd	2	1	5	5	4	5	4	1	3	1	1	3	1	1	37	2.64	1.69	M
66	20	2nd	3	3	3	3	3	2	3	3	2	3	4	3	4	3	42	3.00	0.55	M
67	20	2nd	2	1	2	1	5	4	5	1	5	1	3	4	1	2	37	2.64	1.65	M
68	20	2nd	3	3	5	5	5	5	5	1	2	2	1	3	3	3	46	3.29	1.49	M
69	22	2nd	3	3	5	5	3	3	3	3	2	2	3	3	3	3	44	3.14	0.86	M
70	18	2nd	4	5	4	5	4	3	4	1	3	4	1	3	1	1	43	3.07	1.49	F
71	19	2nd	3	2	4	4	4	3	4	2	4	2	3	3	4	3	45	3.21	0.80	F
72	19	2nd	3	1	5	5	4	4	4	2	3	3	2	3	1	1	41	2.93	1.38	F
73	19	2nd	3	5	5	5	4	4	4	2	3	3	2	3	1	1	45	3.21	1.37	F
74	19	2nd	2	2	4	4	4	4	5	1	1	1	1	1	2	2	34	2.43	1.45	F
75	19	2nd	4	5	4	5	4	5	4	1	3	4	2	3	1	1	46	3.29	1.49	F
76	19	2nd	3	2	5	5	4	2	5	2	3	5	2	3	4	1	46	3.29	1.38	F
77	19	2nd	3	2	2	3	5	2	2	2	4	1	4	1	5	5	41	2.93	1.44	F
78	19	2nd	3	3	2	4	3	4	4	3	2	1	2	3	3	3	40	2.86	0.86	F
79	19	2nd	2	2	2	3	3	3	2	3	2	2	3	2	2	2	33	2.36	0.50	F
80	19	2nd	4	2	5	5	4	2	4	1	3	1	1	3	1	2	38	2.71	1.49	F
81	19	2nd	4	2	2	2	2	3	2	1	3	1	2	2	3	1	30	2.14	0.86	F
82	19	2nd	2	1	3	3	3	4	4	2	2	3	3	3	4	2	39	2.79	0.89	F
83	19	2nd	3	2	5	5	5	4	3	3	3	3	3	3	2	2	46	3.29	1.07	F
84	19	2nd	3	2	3	4	4	4	4	2	3	2	3	3	2	2	41	2.93	0.83	F
85	19	2nd	3	2	4	4	3	4	2	4	3	2	3	2	4	4	44	3.14	0.86	F
86	20	2nd	2	2	4	4	4	4	4	3	3	3	2	2	2	2	41	2.93	0.92	F
87	20	2nd	3	2	4	3	4	3	4	2	4	2	3	3	4	3	44	3.14	0.77	F
88	20	2nd	3	2	3	4	4	4	4	2	3	2	3	3	2	2	39	2.93	0.83	F
89	20	2nd	3	3	5	4	3	3	3	4	3	2	3	4	3	3	46	3.29	0.73	F
90	20	2nd	2	3	4	4	3	2	3	3	2	2	3	3	2	3	39	2.79	0.70	F
91	20	2nd	3	3	3	4	3	4	3	2	2	1	4	2	4	2	40	2.86	0.95	F
92	20	2nd	3	4	4	5	4	4	5	4	5	4	5	3	3	4	58	4.07	0.73	F
93	20	2nd	5	3	2	3	2	2	3	1	2	3	2	1	2	1	32	2.29	1.07	F
94	23	2nd	3	2	4	3	2	4	4	2	3	2	4	2	3	2	40	2.86	0.86	F
95	22	2nd yr	3	4	3	3	3	3	4	2	3	2	3	3	2	3	41	2.93	0.62	F
96	21	3rd	3	2	3	3	3	3	2	3	2	3	4	3	3	3	40	2.86	0.53	M
97	21	3rd	3	2	3	2	4	4	4	2	2	2	4	2	2	3	39	2.79	0.89	M
98	21	3rd	2	2	4	4	4	4	4	2	3	1	2	3	1	2	38	2.71	1.14	M
99	21	3rd	3	2	3	4	3	4	2	2	4	3	2	4	3	2	41	2.93	0.83	M
100	21	3rd	2	1	4	4	5	4	5	3	3	2	1	3	2	1	40	2.86	1.41	M
101	21	3rd	4	3	3	2	3	4	4	1	3	1	1	1	3	3	36	2.57	1.16	M
102	21	3rd	1	1	1	1	1	5	5	1	3	1	1	2	5	1	29	2.07	1.69	M
103	21	3rd	4	2	5	3	4	4	3	1	5	3	1	2	1	2	40	2.86	1.41	M
104	22	3rd	2	2	4	5	4	4	4	2	3	1	2	3	1	2	39	2.79	1.25	M
105	22	3rd	3	4	5	4	4	3	3	3	5	1	4	4	4	3	50	3.57	1.02	M
106	23	3rd	3	3	3	4	2	4	3	3	2	1	4	3	2	2	39	2.79	0.89	M
107	20	3rd	3	3	3	2	3	4	4	4	3	4	2	1	2	4	42	3.00	0.96	F
108	21	3rd	4	3	4	3	4	3	4	2	4	3	3	4	3	3	47	3.36	0.63	F
109	21	3rd	2	1	3	2	3	3	3	4	3	1	3	2	3	2	35	2.50	0.85	F
110	21	3rd	3	2	4	3	3	3	3	2	3	3	3	3	2	2	39	2.79	0.58	F
111	21	3rd	4	4	3	5	5	4	4	5	3	4	3	4	3	3	54	3.86	0.77	F
112	21	3rd	3	3	4	4	3	2	3	3	3	3	3	2	4	2	42	3.00	0.68	F
113	21	3rd	3	3	2	3	4	4	4	3	3	3	3	3	2	2	42	3.00	0.68	F
114	21	3rd	3	3	2	1	3	2	2	2	3	1	5	5	5	5	42	3.00	1.47	F
115	21	3rd	3	3	4	2	3	2	2	3	3	3	2	2	3	3	38	2.71	0.61	F
116	21	3rd	3	2	3	3	3	2	3	3	3	2	3	3	3	3	39	2.79	0.43	F
117	21	3rd	3	2	3	4	3	3	3	4	2	3	2	2	3	3	39	2.79	0.70	F
118	21	3rd	3	2	3	3	3	2	3	3	3	2	3	3	3	3	39	2.79	0.43	F

Sr. No.	Age	Academic Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total	Mean	SDEV	GENDER
119	21	3rd	3	2	3	4	3	3	3	3	3	3	3	3	3	3	42	3.00	0.39	F
120	21	3rd	3	2	5	4	4	3	3	5	1	4	4	4	4	3	49	3.50	1.09	F
121	21	3rd	3	2	4	5	2	4	5	2	4	1	2	4	2	3	43	3.07	1.27	F
122	21	3rd	2	1	3	3	5	4	4	3	3	1	1	3	3	3	39	2.79	1.19	F
123	21	3rd	1	1	2	2	4	3	4	2	5	1	3	3	2	2	35	2.50	1.22	F
124	21	3rd	3	2	3	3	3	4	4	2	4	1	3	3	2	2	39	2.79	0.89	F
125	21	3rd	3	1	3	1	3	4	4	2	4	1	3	3	2	2	39	2.57	1.09	F
126	21	3rd	2	1	4	4	4	5	5	2	5	4	1	3	1	2	43	3.07	1.54	F
127	21	3rd	1	1	4	4	3	5	5	2	2	4	1	3	1	2	38	2.71	1.49	F
128	21	3rd	3	1	3	4	3	4	4	2	3	1	3	2	3	2	38	2.71	0.99	F
129	21	3rd	3	2	5	4	3	3	3	4	4	1	2	3	2	2	37	2.93	1.07	F
130	21	3rd	2	1	5	5	5	5	4	4	3	2	5	2	2	2	47	3.36	1.50	F
131	21	3rd	3	3	3	3	2	2	3	1	3	1	4	2	3	3	36	2.57	0.85	F
132	21	3rd	2	2	3	4	3	4	4	3	3	2	3	1	3	3	40	2.86	0.86	F
133	21	3rd	2	1	4	3	3	4	4	2	4	1	1	3	2	2	36	2.57	1.16	F
134	21	3rd	4	3	4	3	3	3	4	33	3	3	1	3	4	3	44	5.29	8.01	F
135	21	3rd	3	3	3	4	3	3	3	3	3	4	3	1	3	4	43	3.07	0.73	F
136	21	3rd	5	4	3	4	3	3	3	2	3	5	1	1	3	1	41	2.93	1.33	F
137	22	3rd	1	1	4	4	4	3	3	3	3	1	2	2	2	1	34	2.43	1.16	F
138	22	3rd	3	2	4	4	4	4	4	2	3	2	2	4	2	2	42	3.00	0.96	F
139	22	3rd	2	5	5	4	4	3	5	2	4	1	4	3	2	2	46	3.29	1.33	F
140	23	3rd	3	4	4	4	4	4	4	2	2	2	1	2	2	1	38	2.79	1.19	F
141	21	4th	3	1	1	1	2	2	2	1	3	1	1	3	1	1	26	1.64	0.84	M
142	22	4th	1	1	5	5	5	4	5	2	3	5	2	3	4	3	48	3.43	1.50	M
143	22	4th	2	3	2	3	3	2	3	3	2	3	3	2	2	2	35	2.50	0.52	M
144	22	4th	3	1	4	4	3	4	4	2	2	1	3	3	3	4	39	2.93	1.07	M
145	22	4th	5	4	3	2	1	3	2	4	3	4	3	3	4	2	43	3.07	1.07	M
146	22	4th	3	2	2	3	1	1	3	3	2	1	3	2	2	3	33	2.21	0.80	M
147	24	4th	3	1	2	3	4	3	4	2	1	1	4	1	2	1	32	2.29	1.20	M
148	21	4th	3	1	3	2	3	3	4	2	3	1	2	3	4	2	36	2.57	0.94	F
149	22	4th	1	1	3	4	4	4	4	2	4	2	2	3	2	1	39	2.64	1.22	F
150	22	4th	3	2	3	2	2	3	2	3	2	1	3	2	3	3	34	2.43	0.65	F
151	22	4th	3	3	2	5	3	4	4	2	3	4	4	3	2	2	44	3.14	0.95	F
152	22	4th	4	3	4	2	4	3	2	3	3	1	4	3	5	5	46	3.29	1.14	F
153	22	4th	2	1	4	4	3	4	5	2	2	1	3	3	3	2	39	2.79	1.19	F
154	22	4th	3	1	4	4	3	3	3	3	3	4	3	3	3	2	43	3.00	0.78	F
155	22	4th	3	3	4	3	2	2	3	3	3	2	3	3	4	3	41	2.93	0.62	F
156	22	4th	3	1	4	3	4	3	4	2	3	2	4	3	2	2	40	2.86	0.95	F
157	22	4th	2	1	4	5	4	4	4	2	2	1	2	3	1	2	36	2.64	1.34	F
158	22	4th	4	2	5	2	3	3	4	2	3	2	2	3	3	1	39	2.79	1.05	F
159	22	4th	3	3	3	2	2	2	2	4	3	2	3	2	3	2	36	2.57	0.65	F
160	22	4th	3	3	4	4	4	3	4	2	3	2	2	3	3	3	43	3.07	0.73	F
161	22	4th	3	2	5	5	4	3	2	2	2	2	1	3	1	1	36	2.57	1.34	F
162	22	4th	3	2	4	4	4	3	4	2	3	3	4	2	4	4	46	3.29	0.83	F
163	22	4th	4	3	4	3	2	3	4	2	3	3	3	2	2	3	41	2.93	0.73	F
164	22	4th	3	2	3	2	2	3	3	2	2	3	3	3	3	3	37	2.64	0.50	F
165	22	4th	3	3	3	5	2	3	2	2	3	2	3	3	4	4	42	3.00	0.88	F
166	22	4th	3	2	4	3	4	4	4	2	4	1	1	3	1	1	37	2.64	1.28	F
167	22	4th	3	3	2	3	2	2	2	3	3	4	3	2	3	2	37	2.64	0.63	F
168	22	4th	3	2	1	5	4	4	4	3	3	2	3	3	3	3	43	3.07	1.00	F
169	22	4th	3	2	5	4	3	3	3	4	4	1	2	3	2	2	41	2.93	1.07	F
170	22	4th	3	2	3	3	2	2	2	2	2	2	2	4	2	2	33	2.36	0.63	F
171	22	4th	3	3	4	2	2	3	2	2	2	3	2	3	2	2	35	2.50	0.65	F
172	22	4th	1	1	5	3	5	2	3	3	2	3	2	3	3	2	38	2.71	1.20	F
173	22	4th	4	3	4	2	3	3	3	3	3	2	2	3	3	3	41	2.93	0.62	F
174	22	4th	3	3	4	2	2	3	2	3	2	2	3	4	3	2	38	2.71	0.73	F
175	22	4th	2	3	3	2	4	3	4	2	3	2	3	1	4	4	39	2.86	0.95	F
176	22	4th	3	3	4	5	4	4	3	3	3	2	3	3	4	3	47	3.36	0.74	F
177	22	4th	4	3	3	5	5	1	1	4	4	1	3	3	3	1	42	2.93	1.44	F
178	23	4th	2	3	3	3	2	2	3	3	3	2	1	2	2	4	35	2.50	0.76	F
179	23	4th	2	1	5	5	5	5	5	1	4	3	2	3	1	1	43	3.07	1.73	F
180	23	4th	3	4	4	3	4	3	3	3	2	3	3	4	3	2	44	3.14	0.66	F
181	23	4th	3	2	5	5	2	3	2	3	2	3	3	4	4	4	43	3.07	1.07	F
182	23	4th	3	2	5	4	4	4	4	3	3	2	3	3	4	3	47	3.36	0.84	F

Sr. No.	Age	Academic Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total	Mean	SDEV	GENDER
183	23	Intern	3	2	4	2	3	4	3	2	4	1	4	2	4	2	40	2.86	1.03	M
184	23	Intern	5	3	5	2	2	4	3	3	4	4	4	3	4	3	49	3.50	0.94	M
185	23	Intern	4	5	5	5	1	1	1	5	5	1	5	1	5	5	49	3.50	1.95	M
186	22	Intern	3	2	4	3	4	4	3	3	2	1	4	3	2	2	40	2.86	0.95	F
187	22	Intern	2	2	3	5	4	3	3	2	3	1	3	3	3	4	41	2.93	1.00	F
188	23	Intern	3	3	2	3	4	4	4	2	2	3	3	3	2	4	42	3.00	0.78	F
189	23	Intern	3	1	2	2	2	2	3	2	3	3	2	4	3	3	35	2.50	0.76	F
190	23	Intern	3	1	2	2	2	3	3	2	3	3	3	4	3	3	37	2.64	0.74	F
191	23	Intern	4	1	2	5	1	3	3	2	5	1	1	5	5	5	43	3.07	1.73	F
192	23	Intern	3	3	3	3	3	3	3	3	3	3	2	2	2	3	39	2.79	0.43	F
193	23	Intern	3	3	3	2	1	3	3	3	3	1	3	1	3	2	34	2.43	0.85	F
194	23	Intern	2	3	4	4	3	3	3	3	3	2	3	2	3	3	41	2.93	0.62	F
195	23	Intern	3	3	2	1	1	1	1	3	1	1	5	1	5	2	30	2.14	1.46	F
196	23	Intern	4	4	2	1	2	3	1	4	3	2	5	2	4	3	40	2.86	1.23	F
197	23	Intern	5	3	4	3	1	4	3	3	3	4	4	2	4	3	46	3.29	0.99	F
198	23	Intern	5	4	1	1	1	2	1	4	3	1	5	2	5	5	40	2.86	1.75	F
199	24	Intern	4	3	4	4	3	3	4	3	3	1	4	1	3	3	43	3.07	1.00	F
200	24	Intern	4	3	3	1	3	2	2	2	2	2	3	4	5	3	39	2.79	1.05	F
201	24	Intern	5	3	3	1	1	1	1	3	3	1	5	1	3	5	36	2.57	1.60	F
202	24	intern	3	2	3	3	3	4	4	3	2	4	2	3	3	2	41	2.93	0.73	F
203	24	intern	4	2	3	3	3	4	3	3	3	1	5	1	3	3	41	2.93	1.07	F
204	25	Intern	3	2	2	2	2	3	3	2	3	3	2	2	2	2	33	2.36	0.50	F
205	24	MPT 2nd	4	3	4	1	3	2	2	2	4	1	3	2	5	2	38	2.71	1.20	M
206	26	MPT 2nd	3	1	3	2	3	4	3	2	2	2	2	3	4	2	32	2.57	0.85	F
207	25	MPT 2nd	4	3	3	3	4	2	4	1	2	3	2	4	3	3	39	2.93	0.92	F
208	25	MPT 2nd	3	1	4	4	4	3	3	2	3	1	3	3	3	1	38	2.71	1.07	F
209	24	MPT2nd	3	2	4	2	3	4	2	4	3	2	4	2	3	3	41	2.93	0.83	M
210	25	MPT2nd	4	3	3	4	3	4	4	3	3	3	4	3	4	4	49	3.50	0.52	M
211	23	MPT2nd	2	1	4	4	3	3	3	2	3	2	2	3	2	2	36	2.57	0.85	F
212	24	MPT2nd	2	3	3	3	3	2	3	2	2	2	2	1	3	3	34	2.43	0.65	F
213	26	MPT2nd	1	1	5	5	5	5	5	3	3	3	3	3	2	2	46	3.29	1.49	F