Supplemental Material S1. Description and results of two verification comparisons of the rank order of overall attitudes on the POSHA–S, POSHA–Ob, and POSHA–MI.

Two additional comparisons to verify the consistency of attribute differences observed among the 500 randomly selected respondents who completed the POSHA–S, POSHA–Ob, and POSHA–MI were carried out. The first was from approximately 1000 respondents who had filled out the first protocol version of all three POSHAs with its quasi-continuous 0–100 scale (St. Louis et al., 2008). These respondents filled out one demographic section, one general section, and then three different detailed sections, with one of the latter relating to stuttering. The other two detailed sections, assigned at random and in counterbalanced orders, were for obesity, mental illness, wheelchair use, old, left handed, multilingual, good talking, and intelligent. (As explained, the attributes or "anchors" for obesity, mental illness, left handedness, and intelligent were retained for all later POSHA versions; St. Louis, 2012.) Of the approximately 1,000 respondents, 163 had filled out all three POSHAs for stuttering, obesity, and mental illness as well as the general item series for these three attributes. Accordingly, the three POSHAs could be compared from the *same* respondents. The 163 respondents represented samples from five states in the US (West Virginia, Pennsylvania, New Jersey, Arizona, and North Carolina) and from four other countries (Turkey, Bulgaria, South Africa, and Canada).

The second comparison was carried out with samples of 50 American adult respondents, nearly all of whom were from West Virginia, Pennsylvania, or Maryland. One sample had filled out slightly revised versions of both the POSHA–OB and POSHA–MI in counterbalanced order. Both POSHAs contained numerous detailed items as in the first prototype but utilized simpler rating scales (1–5 for general and demographic items and a converted 1–3 scale for the obesity or mental illness items, which also characterizes the final POSHA–S version). The obesity and mental illness POSHA summary ratings of these 50 adults were compared to another 50-repondent sample who filled out essentially an adaptation of the second prototype of the POSHA–S using a 9-point scale. The prototype was referred to as the POSHA-E2 in St. Louis (2012) but thereafter was modified with the addition of one item. Even though it contained a different rating scale than the obesity and mental illness versions, it was used in this comparison because it contained nearly all of the items as the original version. As noted, approximately half of those items had been deleted after a careful item analysis to finalize the POSHA–S. Even so, it must be noted that the second prototype and final POSHA–S generate very similar summary ratings even though there are 89 stuttering-related items in the second prototype and 39 in the POSHA–S that are averaged for the same components, subscores, and Overall Stuttering Scores (St. Louis et al., 2016).

A table of the results of these verification comparisons is provided in Supplemental Material S2. Means for the three 500 randomly selected respondents in columns 1–3 are compared to (a) the 163 same respondents who filled out the first versions of the POSHAs in columns 4–6 and (b) the 50 American respondents who filled out the POSHA–S and the 50 Americans who filled out both the POSHA-Ob and POSHA-MI in columns 7–9.

The 163-respondent international sample were 3–5 years younger, and the 50-respondent American samples were 9–10 years older than the 500-respondent international samples, although the male-to-female sex ratios were similar. Small to moderate differences were observed for relative income, marital or parental status, and student or work status. Predictably, the American samples were less likely to self-identify as multilingual than the international

samples; otherwise, self-identification for other attributes as well as ratings for health, abilities, and life priorities were generally comparable.

The summary POSHA scores, although far from uniform, confirm the general trend observed for the 500 randomly selected respondents, namely, that obesity attitudes were the most positive, followed by intermediate values for stuttering attitudes, and then by the least positive attitudes for mental illness. The figure in Supplemental Material S3 shows the subscores and Overall Scores. The Other Two Attributes subscores were similar but somewhat idiosyncratic for the three comparisons. Importantly, however, the above trend was obvious for Beliefs. Progressively worse attitudes were recorded for obesity, then stuttering, and then mental illness. The only exception occurred for Self Reactions of stuttering wherein the 50-respondent samples had attitudes 9 units lower than for mental illness. Thus, the Overall Scores that were only 1 unit more negative for mental illness compared to stuttering in these samples. Overall, these consistency comparisons support the main findings of the 500-respondent random samples.

References

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