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Thank you for agreeing to participate in this survey research to help CDC and [clinic name] understand the beliefs and attitudes of clinicians about implementing HIV preexposure prophylaxis (PrEP) with patients in this clinic. We want your perspectives on what helps or hinders the introduction of this clinical intervention in community health centers serving populations with high rates of HIV infection.

The survey will take about 30 minutes. We will repeat the survey of clinicians in another 12 months and then again in another 24 months from today. We are not offering you any money or gifts to take this survey.

The survey will not ask for your name or any other information that would identify you as an individual. You have been assigned a study-specific provider ID number that is used only to determine the proportion of eligible providers who respond to the survey. All answers you give to survey questions will be confidential. They cannot be linked to you as a person by CDC and will not be provided to anyone at the clinic by provider ID.

Taking this survey is completely voluntary. You are free to decide not to participate. If you decide to participate, you are free to stop answering survey questions at any time for any reason. You can refuse to answer any individual question. Because they are not linked to any identifying information, your individual responses to this survey cannot be disclosed to, and will not affect, your employment,

Although this study will not benefit you personally directly, we hope that our results will help us improve HIV prevention services at your and other community health centers.

If you have any questions about this study, you may contact [name, email, phone of site PI].

If you have any questions about your rights as a study participant, you may contact [name, email, phone of chair of the local IRB].

If you feel you have been harmed in any way by participating in this interview, you may contact Dr. Dawn K. Smith at 404.639.5166 or dsmith1@cdc.gov.

*** 1. Please enter your confidential ID number**

ID number

*** 2. Please enter the city in which your clinic is located**

- Chicago - Access
- Washington, DC
- Philadelphia
- Chicago - HB
- Jackson, MS

* 3.

Do you agree to complete the survey?

- I agree to participate in the survey
- I do not agree to participate in the survey this year.



Thank you for taking time to answer these questions. The first questions are about your professional training and role in this clinic.

4. Which best describes your profession/occupation? (Choose one)

- Physician
- Nurse Practitioner
- Registered Nurse
- Physician's Assistant
- Medical Assistant
- Pharmacist
- Other (please specify profession/occupation)

5. Which best describes your professional training or specialization? (Choose one)

- General Adult Medicine
- Pediatrics/Adolescent Health
- Women's Health/Obstetrics/Gynecology
- Infectious Disease/STI
- HIV Medicine
- Other (please specify training/specialization)

6. Year first licensed to practice in the US (if not licensed, enter 9999)



The next set of questions will help us understand the demographic characteristics of clinicians responding to this survey. Remember that your responses to these questions are not linked to any information that would identify you as an individual. You can refuse to answer any individual questions. but answering these demographic questions will help us understand the perspectives of clinicians.

7. How old are you today?

8. What was your sex at birth?

- Male
- Female

9. Do you consider yourself to be...?

- Heterosexual or "Straight"
- Homosexual, Gay, or Lesbian
- Bisexual
- Other (please specify)



10. Do you consider yourself Hispanic or Latino(a)?

Yes

No

11. Which race you consider yourself (choose any):

White

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

12. In what country were you born?

United States (including Puerto Rico, Guam, US Virgin Islands, or Northern Marianas)

Other country (please specify)

13. What year did you come to live in the United States?

Year



The next set of questions are about your clinical practices, knowledge, and attitudes related to HIV prevention and treatment. Please give us your best estimate of numbers and percentages of patients in the questions that follow.

14. What percentage of the patients you provide direct clinical care do you estimate are:
(the totals do not need to equal 100%)

Adult women (18 years or older)

Adult heterosexual men (18 years or older)

Adult men who have sex with men (18 years or older)

Adolescents (13-17 years)

Injecting drug users (currently injecting)

15. In an average month, for approximately how many HIV-infected patients do you prescribe antiretrovirals or provide other clinical care?

Number HIV+ patients

16. For approximately what percentage do you know the HIV status of their current sexual partner(s)?

Percent of HIV+ patients with known status of partner(s)

17. For approximately how many HIV-uninfected patients have you ever prescribed 28 days of antiretrovirals for nonoccupational postexposure prophylaxis (nPEP)

Number patients ever prescribed nPEP

18. For approximately how many HIV-uninfected patients have you ever prescribed/provided antiretrovirals for PrEP

Number patients ever prescribed PrEP



19. When doing an initial clinical care visit with a person not known to have HIV infection, for which patients do you do the following: (Choose one response per row)

	All new patients	Any patients I feel are at moderate risk for getting HIV infection	Any patients that I suspect are at high risk for getting HIV infection	Only for patients who bring it up	For no patients
Take a sexual activity history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a substance abuse history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about prior HIV tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct an HIV test (unless refused)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about HIV status of sexual partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



20. How would you manage the following patients if their reported risk behaviors indicated potential utility for PrEP?

(Choose one response per row)

	Provide PrEP with Truvada	Provide PrEP with an alternative drug regimen	Adjust the dose of Truvada for PrEP	Withhold PrEP until specific conditions met	Discontinue PrEP with Truvada	Not Sure/Don't Know
Patient has an estimated creatinine clearance <60 ml/min before initiating PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient has an estimated creatinine clearance <60 ml/min 8 months after initiating PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient reports a negative HIV test 3 months ago at a confidential testing site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient has a negative rapid test for HIV and reports having a fever and mild diarrhea for several days 2 weeks ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's spouse is HIV-positive but is not on antiretroviral therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient has hepatitis C infection and is not currently on treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient has chronic active hepatitis B infection and is not currently on treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient is pregnant, her husband is HIV-positive and has an undetectable viral load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Provide PrEP with Truvada	Provide PrEP with an alternative drug regimen	Adjust the dose of Truvada for PrEP	Withhold PrEP until specific conditions met	Discontinue PrEP with Truvada	Not Sure/Don't Know
Patient has been on PrEP for 6 months, is reporting consistent daily pill adherence and less condom use than when PrEP was initiated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient has been on PrEP for 6 months, is reporting consistent daily pill adherence, but has filled only 2 of 5 monthly refills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient is actively injecting heroine and doesn't want to enter treatment right now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient is actively injecting methamphetamines and doesn't want to enter treatment right now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



We are interested in your views about changes in medical practice based on new evidence. Please rate your agreement or disagreement with each statement on the following scale.

21. Please rate your agreement or disagreement with each statement.

(One response per row)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Clinical experience is more important than randomized controlled trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable practicing in ways different than other doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-based medicine makes a lot of sense to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have the time to read up on every practice decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is best to change the way I treat a certain problem when my local colleagues are making the same changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I follow practice guidelines if they are not much hassle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The opinions of respected authorities should guide clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am too busy taking care of patients to keep up with the recent literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical experience is the most reliable way to know what really works	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am uncomfortable doing things differently from the way I was trained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often critical of accepted practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient care should be based where possible on randomized controlled trials, rather than the opinions of respected authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My colleagues consider me to be someone who marches to my own drummer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I follow practice guidelines as long as they don't interfere too much with the flow of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not prudent to practice out of step with other physicians in my area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The best practice guidelines are based on the results of randomized controlled trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-based medicine is not very practical in real patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



The next set of questions are about your assessment of changes in clinical practice related to implementing PrEP at your clinic

22. Please rate the strength of evidence for this statement:

Practice goals for providing PrEP will improve outcomes for patients with high risk for acquiring HIV infection.

Very weak Weak Neither weak nor strong Strong Very Strong Don't know/NA

Based on your own assessment, the evidence basis for this statement is

Based on your assessment of how respected clinical experts in your institution feel about the strength of the evidence, this statement is

23. Please rate the strength of your agreement with the following statements:
(one response per row)

The proposed practice changes or guideline implementation for providing PrEP:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
are(is) supported by RCTs or other scientific evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
should be effective, based on current scientific knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are supported by clinical experience with patients in community health centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
conform to the opinions of clinical experts in practice settings similar to ours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have been well-accepted by patients in a pilot study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
are consistent with clinical practices that have been accepted by patients in community health centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
take into consideration the needs and preferences of community health center patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appear to have more advantages than disadvantages for community health center patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



24. Please rate the strength of your agreement with the following statements:

Senior leadership/clinical management in your organization

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Reward clinical innovation and creativity to improve patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solicit opinions of clinical staff regarding decisions about patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek ways to improve patient education and increase patient participation in treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Please rate the strength of your agreement with the following statements:

Staff members in your organization

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Have a sense of personal responsibility for improving patient care and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperate to maintain and improve effectiveness of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are willing to innovate and /or experiment to improve clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are receptive to change in clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Please rate the strength of your agreement with the following statements:

Senior leadership/clinical management in your organization

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Provide effective management for continuous improvement of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly define areas of responsibility and authority for clinical managers and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote team building to solve clinical care problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote communication among clinical services and units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide staff with information on community health center performance measures and guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish clear goals for patient care processes and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide staff members with feedback/data on effects of clinical decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hold staff members accountable for achieving results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



27. The PrEP project clinical champion

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
accepts responsibility for the success of this project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has the authority to carry out the implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is considered a clinical opinion leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
works well with the intervention team and providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Senior leadership/clinical management/staff opinion leaders

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Agree on the goals for this intervention (PrEP delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will be informed and involved in the intervention (PrEP delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree on adequate resources to accomplish the intervention (PrEP delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set a high priority on the success of the intervention (PrEP delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



29. The PrEP delivery implementation team members

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
share responsibility for the success of the project (PrEP delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have clearly defined roles and responsibilities (for PrEP delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have release time or can accomplish intervention tasks (for PrEP delivery) within their regular work load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have staff support and other resources required for the project (PrEP delivery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. The implementation plan for this intervention (PrEP delivery)

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Identifies specific roles and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly describes tasks and timelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Includes appropriate provider/patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acknowledges staff input and opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



31. Communication about PrEP delivery will be maintained through

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Regular project meetings with the project champion and team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of quality management staff in project planning and implementation (of PrEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular feedback to clinical management on progress of (PrEP delivery) project activities and resource needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular feedback to clinicians on effects of practice changes on patient care/outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Progress of the PrEP project will be measured by

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Collecting feedback from patients regarding implemented changes to provide PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting feedback from staff regarding proposed/implemented changes to provide PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing and distributing regular performance measures to clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing a forum for presentation/discussion of results and implications for continued improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



33. The following are available to make the selected plan for PrEP delivery work

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Staff incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment and materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient awareness/need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider buy-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervention team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Plans for evaluation and improvement of this intervention (PrEP delivery) include

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Periodic outcome measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff participation/satisfaction survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient satisfaction survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissemination plan for performance measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of results by clinical leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



The last few questions are about your overall assessment of readiness to implement PrEP in your clinic

35. For each of the following statements, please rate the strength of your agreement with the statement.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
I am confident about my ability to implement PrEP where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that I can overcome barriers in implementing PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sure about how to measure the outcomes of PrEP clinical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to implement PrEP sufficiently enough to make practice changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sure that I can access the best resources in order to implement PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sure that implementing PrEP will improve the care that I deliver to my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that critically appraising evidence is an important step in the PrEP process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am clear about the steps of PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am sure that evidence-based guidelines can improve PrEP clinical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that EBP results in the best clinical care for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the care that I deliver is evidence-based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe PrEP is difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that PrEP takes too much time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Thank you for completing this survey