

**Qualitative research to understand consumer opinions and preferences for emerging  
HIV prevention products among MSM in Atlanta, Houston, and Miami**

**Attachment 2e: Survey on PrEP**

**Emerging Prevention Products for MSM  
Survey for Participants Currently on PrEP**

**Respondent ID:** \_\_\_\_\_

Form Approved  
OMB No: 0920-1091  
Exp. Date: 09/30/2021

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This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); which discuss authority to maintain data and provide privacy for health research and related activities (42 U.S.C. 242 b, k, and m(d)). This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will only be used by the Centers for Disease Control and Prevention (CDC) staff to advance understanding of consumer preferences about emerging biomedical products designed to prevent HIV transmission among men who have sex with men.

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**Thank you for agreeing to participate in this survey. Your input is very important to us.**

**STUDY ID NUMBER:** \_\_\_\_\_

**Section 1: Questions about You**

**D1. How old are you?**

\_\_\_\_\_ years

**D2. Which of the following best describe your ethnicity?**

- 1  Hispanic or Latino
- 0  Not Hispanic or Latino

**D3. Which race or races, do you consider yourself to be?**

**Select all that apply**

- 1  American Indian or Alaska Native
- 2  Asian
- 3  Black or African American
- 4  Native Hawaiian or Other Pacific Islander
- 5  White

**D4. What is your country of birth?**

- 1  United States
- 2  Other Specify: \_\_\_\_\_

**D5. What is the highest level of education that you have completed?**

- 1  Less than high school
- 2  High school diploma or GED
- 3  Some College, Associate's Degree, or Technical Degree
- 4  Bachelor's/4-year College Degree
- 5  Any post-graduate degree

**D6. Which of the following best represents how you think of yourself?**

- 1  Lesbian or gay
- 2  Straight, that is not lesbian or gay
- 3  Bisexual
- 4  Something else
- 7  I don't know the answer

**D7. Do you currently have health insurance or health care coverage (including Medicare or Medicaid)?**

- 1  Yes
- 0  No
- 7  I don't know
- 9  I prefer not to answer

**Section 4: Questions about PrEP**

**P1. In the past 7 days, on how many days did you take your dose of PrEP?**

\_\_\_\_\_ days

**P2. If you missed any PrEP doses in the past 7 days, why did you miss your PrEP dose?**

**Select all that apply**

- I forgot
- I was busy
- I didn't want to take it
- My prescription ran out
- I didn't miss any doses
- Other. Specify: \_\_\_\_\_

**P3. Where have you heard about PrEP the most?**

**Select one response**

- Sex partners
- Friends or family
- Health providers or counselors
- Sex or dating websites
- Other social media (e.g. Facebook, Instagram, Snapchat).
- News media
- Advertisements around town
- Other. Specify: \_\_\_\_\_

**P4. Have you ever stopped taking PrEP on purpose?**

- 0  No (GO TO P6)
- 1  Yes (GO TO P5)

**P5. What was the most important reason you stopped taking PrEP?**

**Select one response**

- My insurance wouldn't cover it
- I couldn't afford it
- I decided I didn't need it for protection anymore
- My relationship status changed
- I don't think it worked very well to protect me
- I didn't like the side effects
- I was worried about the safety of PrEP
- It was too hard taking the pills
- My doctor decided to take me off it
- I don't have anybody to prescribe it to me
- Other. Specify: \_\_\_\_\_

**P6. Which one of the following statements best reflects your thoughts about taking PrEP in the future.**

**Select one response**

- I am planning to continue to use PrEP **(END OF SURVEY)**
- I plan to stop PrEP in the coming weeks **(GO TO P7)**
- I plan to stop taking PrEP in the next 1-5 months **(GO TO P7)**
- I plan to stop taking PrEP in the next 6-12 months **(GO TO P7)**
- I am not sure

**P7. If you plan to stop taking PrEP, what is the most important reason for stopping?**

**Select one response**

- My insurance doesn't cover it
- I can't afford it
- I don't think I need it for protection anymore
- My relationship status has changed
- I don't think it works very well to protect me
- I don't like the side effects
- I am worried about the safety of PrEP
- It is too hard taking the pills
- My doctor plans to take me off it
- I don't have anybody to prescribe it to me
- Other. Specify: \_\_\_\_\_

***Thank you for your valuable input on this survey!***