Form Approved OMB No. 0920-New

Expiration Date: XX/XX/XXXX

### **Expanding PrEP in Communities of Color (EPICC+)**

Attachment 4c
Aim 1 Provider Pre-Training Survey

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

# **Pre-Training Provider Survey**

### TABLE OF CONTENTS

INT

RO

DU

CTI

ON

**TEX** 

Т

DE

МО

GRA

PHI

CS

MOTIVATIONAL INTERVIEWING

FAMILIARITY PrEP FAMILIARITY

& ATTITUDES

PrEP USE &

**INTENTIONS** 

**CONCLUSION TEXT** 

### Welcome to EPICC+!

Thank you for your participation in this important project. *This survey will take approximately 15 minutes to complete.* 

In this survey, we will ask some questions about your demographics and your knowledge and comfort around prescribing and talking with patients about HIV pre-exposure prophylaxis (PrEP). This survey includes questions around sensitive topics. Before beginning, please consider your surroundings and the privacy of your device and internet connection.

All the information you enter in this survey is encrypted and kept completely confidential. Your answers are private--the information you provide us will be kept secure and known only to study staff. You may choose "Decline to answer" on any questions that make you feel uncomfortable, or you are unsure of the answer.

### A Note about Language

We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist. Although we do our best to use measures that reflect

emerging language, at times the items available in research are not where they need to be and are drawn from items developed ten (or more) years ago. Wherever possible, we have updated the language or are working with developers to get new versions. Please remember that you can always decline to answer items that do not reflect you.

If you have any questions or comments, please contact study staff at <a href="mailto:EPICC@nursing.fsu.edu">EPICC@nursing.fsu.edu</a> or (448) 488-9069.

Please click the button below to get started with the survey.

## **Demographics**

- 1. How old are you?
  - Decline to answer
- 2. Are you Hispanic or Latino?
  - o Yes
  - o No
  - Decline to answer
- 3. What race or races do you consider yourself to be (CHOOSE ALL THAT APPLY)
  - African American or Black
  - American Indian or Alaskan Native
  - Asian
  - Native Hawaiian or other Pacific Islander
  - White
  - Decline to answer
- 4. Which of the following BEST represents how you think about yourself?
  - Lesbian or gay
  - O Straight, that is not lesbian or gay
  - Bisexual
  - Something else
  - Decline to answer
- 5. What sex were you assigned at birth, on your original birth certificate?
  - o Male
  - o Female
  - Decline to answer
- 6. Do you currently describe yourself as male, female, or transgender?
  - o Male
  - o Female
  - O Transgender male
  - Transgender female
  - O None of these
  - Decline to answer
- 7. Beyond the gender identities listed above, are there any other identities that you would use to describe yourself? (Select all that apply)
  - Gender non-conforming

	Genderfluid
	Genderqueer
	Non-binary
	Two-spirit
	Another identity, please specify:
	None of these
•	Decline to answer
8. What i	s your current role in the clinic?
0	Clinician (MD, DO, PA, NP, etc.)
0	Nurse
0	Medical assistant
0	Social worker or case manager
0	Adherence counselor
0	Peer advocate
0	Other, please specify:
0	Decline to answer
9. How m	nany years have you been in your current position?
0	Decline to answer
_	work directly with patients?
	Yes
0	No
0	Decline to answer
_	provide HIV pre-exposure prophylaxis (PrEP) services to patients? For
_	le: prescribing PrEP, counseling patients about PrEP, providing adherence
suppor	
0	Yes
0	No Decline to answer
0	Decline to answer
If above = \	
<b>12.</b> How m	nany years have you been providing PrEP services?
0	Decline to answer
<b>13</b> . Have y	ou participated in any trainings on PrEP in the past year?
0	Yes, please describe the training(s):
0	No
0	Decline to answer
Motivati	

14. How familiar are you with motivational interviewing or MI?

<b>16</b> .	How oft	en do you use motivation	al interview	ing or MI in	your intera	ctions with p	oatients?	
0	Always	;						
0	Most c	of the time						
0	Somet	imes						
0	Rarely							
0	Never							
0	Decline	e to answer						
<b>17</b> .	How co	mfortable do you feel usin	g motivatio	nal intervie	wing technic	ques during	patient	
inte	eractions	s now?						
	0	Completely uncomfortable	е					
	0	Somewhat uncomfortable	9					
	0	Neither comfortable nor	uncomfortal	ble				
	0	Somewhat comfortable						
	0	Completely comfortable						
	0	Decline to answer						
		amiliarity & Attitu	el of familia	Somewhat	Neither	Somewhat	Very	Decline
			unfamiliar	familiar	familiar	familiar	familiar	to
					nor unfamiliar			Answer
			П	П				
Pr	EP, gene	rally						
Da	aily oral	PrEP with Truvada®,						
Da en	aily oral I	PrEP with Truvada® , ine/tenofovir disoproxil					_	
Da en fu	aily oral ntricitab marate,	PrEP with Truvada®,					_	

Very UnfamiliarSomewhat familiar

Somewhat familiarVery Familiar

o No

0

Decline to answer

Decline to answer

o Neither familiar or unfamiliar

15. Have you participated in any prior motivational interviewing or MI trainings?

O Yes, please describe the training(s):\_\_\_\_\_

On-demand PrEP with Truvada® emtricitabine/tenofovir disoproxil fumarate (also known as episodic or 2-1-1)									
Cabotegravir (CAB)-LA PrEP (injectable)									
19. How <u>confident</u> do you feel dis	scussi	ing ead	ch o	f the follo	wir	ng with pa	tients?		
	Not	at all	So	mewhat		Neither	Somewhat	Very	Decline
		fident		confident		onfident	confident	confident	
						nor			Answer
					ur	confident			
PrEP generally									
Daily oral PrEP with Truvada®, emtricitabine/tenofovir disoproxil fumarate, or Descovy®, emtricibine/tenofovir alafenamide									
On-demand PrEP with									
Truvada® emtricitabine/tenofovir disoproxil fumarate (also known as episodic or 2-1-1)									
CAB-LA PrEP (injectable)									
20. Please respond to the following statements by indicating how much you agree or disagree.  Strongly Somewhat Neutral Somewhat disagree to Apswer								Decline	
Prescribing PrEP will encourage patt to engage in risky sexual behavior.	ients								
Patients prescribed PrEP are not likely									
to adhere to the medication.				_		-	_		_
People should use condoms instead	of								
Prescribing PrEP will lead to increas resistance to antiretroviral therapy (ART).									
Prescribing PrEP will lead to an increin sexually transmitted infections (S									

### 21. Please respond to the following statements by indicating how much you agree or disagree.

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree	Decline to
						Answer
Anyone who wants PrEP &						
doesn't have any						
contraindications should be able						
to get it						
Patients will be more likely to						
adhere to injectable PrEP than daily						
oral PrEP						
It will be harder to clinically manage						
patients who use injectable PrEP						
compared to oral PrEP						
Having more options for PrEP is						
beneficial to patients						

### PrEP Use & Intentions

### [For clinicians only]

### 22. Have you ever prescribed PrEP before?

- o Yes
- 0 No
- o Decline to answer

### [for clinicians only if yes to? above]

### 23. How comfortable do you feel prescribing PrEP to the following types of people:

	Completely uncomfortable	Somewhat uncomfortable	Neither comfortable nor	Somewhat comfortable	Completely comfortable	Decline to	N/A
			uncomfortable			Answer	
Patients in your clinic, generally							
Patients under age 18 years							
Patients who identify as gay, bisexual, or men who have sex with men							
Patients who identify as transgender male or female							

Patients who identify				
as heterosexual				

### [If above = Yes]

### 24. Which of the following types of PrEP have you ever prescribed? Select all that apply

- Daily oral: Truvada®, emtricitabine/tenofovir disoproxil fumarate, or Descovy®, emtricibine/tenofovir alafenamide
- On-demand oral (2-1-1, episodic): Truvada®, emtricitabine/tenofovir disoproxil fumarate
- CAB-LA (injectable)
- Other, specify:
- Decline to answer

.

### [For clinicians only]

# **25.** Please fill in the table below to the best of your ability. It is OK if you don't know the exact number for each cell; an approximation is fine.

	Approximate number	Approximate number	Decline to answer
	of patients in your care	of PrEP prescriptions	
	on each type of PrEP	you've written in the	
		past year (new + refills)	
Daily oral PrEP with			
Truvada®,			
emtricitabine/tenofovir			
disoproxil fumarate, or			
Descovy®,			
emtricibine/tenofovir			
alafenamide			
On-demand PrEP with			
Truvada®			
emtricitabine/tenofovir			
disoproxil fumarate (also			
known as episodic or 2-1-1)			
CAB-LA (injectable)			
Other PrEP regimen: Specify			

### [if prescribed daily oral or on-demand in past year]

**26.** In the past year have you prescribed more Truvada® (emtricitabine/tenofovir disoproxil fumarate), or Descovy® (emtricitabine/tenofovir-alafenamide)?

- Almost all Truvada® and no Descovy®
- More Truvada® than Descovy®
- About the same amount of Truvada® and Descovy®
- More Descovy® than Truvada®
- Almost all Descovy® and no Truvada®

Decline to answer

[if prescribed more or almost all Descovy®, emtricibine/tenofovir alafenamide compared to Truvada®, emtricitabine/tenofovir disoproxil fumarate]

# 27. Why have you prescribed more or almost all Descovy® compared to Truvada®? Select all that apply

- I feel more knowledgeable on Descovy® compared to Truvada®
- I think Descovy® has fewer side effects compared to Truvada
- Patients prefer Descovy® compared to Truvada
- Other, specify:
- Decline to answer

#### [For clinicians only]

# **28.** As a clinician, what barriers do you/would you face when prescribing on-demand PrEP? Select all that apply

- I don't feel knowledgeable about on-demand PrEP compared to other PrEP modalities
- I don't believe that this specific PrEP modality should be used
- I am lacking the necessary clinic support/infrastructure
- I don't think patients will be able to afford it
- I don't know what barriers
- Other, please specify:
- Decline to answer

### [If don't believe modality should be used is selected above]

#### 29. Why do you think that on-demand PrEP should not be used? Select all that apply

- Patients will be less adherent compared to other modalities
- Patients won't be able to predict when they will have sex
- The on-demand dosing schedule is not FDA approved
- On-demand PrEP is less effective than other modalities
- On-demand PrEP is less safe than other modalities
- On-demand PrEP will encourage riskier sexual behavior compared to other modalities
- It will be harder to clinically manage patients using on-demand PrEP compared to other modalities
- Other, please specify: \_\_\_\_\_\_
- Decline to answer

#### [For clinicians only]

# **30.** As a clinician, what barriers do you/would you face when prescribing injectable PrEP (CABLA)? Select all that apply

- I don't feel knowledgeable about injectable PrEP compared to other PrEP modalities
- I don't believe that this specific PrEP modality should be used
- I am lacking the necessary clinic support/infrastructure

		FSU IRB Approved 26 February 2023
	I don't think patients will be able to afford it	
•	I don't know what barriers	
•	Other, please specify:	
•	Decline to answer	
	t believe modality should be used is selected above  Vhy do you think that injectable PrEP should not be used? Select all that apply	

### [If do

### **31**.

- Patients will not be able to keep/travel to injection appointments
- Patients will not tolerate the side effects compared to other modalities
- Injectable PrEP is less effective than other modalities
- Injectable PrEP is less safe than other modalities
- It will be harder to clinically manage patients using injectable PrEP compared to other modalities
- Injectable PrEP will encourage riskier sexual behavior
- Other, please specify: \_\_\_\_\_
- Decline to answer

### [For clinicians only]

### 32. How likely are you to prescribe/continue prescribing the following in the next 12 months:

	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely	Decline to
	·	,		·	·	Answer
Pre-exposure prophylaxis						
(PrEP), generally						
Daily oral PrEP with Truvada®,						
emtricitabine/tenofovir						
disoproxil fumarate, or						
Descovy®,						
emtricibine/tenofovir						
alafenamide						
On-demand PrEP with						
Truvada <sup>®</sup>						
emtricitabine/tenofovir						
disoproxil fumarate (also						
known as episodic or 2-1-1)						
CAB-LA PrEP (injectable)						

### [For clinicians only]

### 33. How many PrEP prescriptions do you intend to write in this next year compared to the past year?

- O More PrEP prescriptions than last year
- O About the same amount of PrEP prescriptions
- O Fewer PrEP prescriptions than last year
- o Decline to answer

# **Conclusion Text**

Thank you for completing this survey for the EPICC+ study. Your responses are very important to us and we appreciate your time.