

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

**Attachment 4p  
Aim 2b Provider Pre-Focus Group Survey**

Public reporting burden of this collection of information is estimated to average 5 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)

**Provider Pre-Focus Group Survey**

26 February 2023

Thank you for your participation in this important project. ***This survey will take approximately 5 minutes to complete.***

In this survey, we will ask some questions about your demographics and your role in your clinic. 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.

**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We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist.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 [EPICC@nursing.fsu.edu](mailto:EPICC@nursing.fsu.edu) or (448) 488-9069.

**1. What is your age (in years)?**

- Decline to answer

**2. 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

**3. Are you Hispanic or Latino?**

- Yes
- No
- Decline to answer

**4. Which of the following BEST represents how you think about yourself?**

- Lesbian or gay
- Straight, that is not lesbian or gay
- Bisexual
- Something else
- Decline to answer

5. What sex were you assigned at birth, or your original birth certificate?

- Male
- Female
- Decline to answer

**6. Do you currently describe yourself as male, female, or transgender?**

- Male
- Female
- Transgender male
- Transgender female
- 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
- Agender
- Another identity, please specify:
- None of these
- Decline to answer

**8. What is your current role in the clinic?**

- Clinician (MD, PA, NP, etc.)
- Nurse
- Medical assistant
- Social worker or case manager
- Adherence counselor
- Peer advocate
- Other, please specify: \_\_\_\_\_
- Decline to answer

**9. Can you prescribe PrEP?**

- Yes
- No
- Decline to answer

**10. How many years have you been at your current clinic?**

- Decline to answer

**11. Do you work directly with clients?**

- Yes
- No
- Decline to answer