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Expanding PrEP in Communities of Color (EPICC+)

Attachment 4c
Aim 1 Provider Pre-Training Survey

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Pre-Training Provider Survey

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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We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist.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 EPICC@nursing.fsu.edu 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?**
    - Yes
    - 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
    - Straight, that is not lesbian or gay
    - Bisexual
    - Something else:_____
    - Decline to answer

5. **How do you currently describe yourself? (Check all that apply)** [If American Indian or Alaskan Native **is not** checked]
    - Woman, including transgender woman
    - Man, including transgender man
    - Nonbinary, including gender nonconforming, and genderqueer
    - A different gender identity: _____
    - Don't know
    - Decline to answer

5. **How do you currently describe yourself? (Check all that apply)** [If American Indian or Alaskan Native **is not** checked]
    - Woman, including transgender woman
    - Man, including transgender man
    - Nonbinary, including gender nonconforming, and genderqueer
    - Two-Spirit
    - A different gender identity: _____
    - Don't know
    - Decline to answer

6. **What sex were you assigned at birth, on your original birth certificate?**
    - Male
    - Female
    - Intersex

o Decline to answer

4. **What is your current role in the clinic?**
    - o Clinician (MD, DO, PA, NP, etc.)
    - o Nurse
    - o Medical assistant
    - o Social worker or case manager
    - o Adherence counselor
    - o Peer advocate
    - o Other, please specify: _____
    - o Decline to answer

5. **How many years have you been in your current position?**
    - o Decline to answer

6. **Do you work directly with patients?**
    - o Yes
    - o No
    - o Decline to answer

7. **Do you provide HIV pre-exposure prophylaxis (PrEP) services to patients? For example: prescribing PrEP, counseling patients about PrEP, providing adherence support, etc.**
    - o Yes
    - o No
    - o Decline to answer

[If above = Yes]

8. **How many years have you been providing PrEP services?**
    - o Decline to answer

9. **Have you participated in any trainings on PrEP in the past year?**
    - o Yes, please describe the training(s): ____
    - o No
    - o Decline to answer

Motivational Interviewing Familiarity

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

- o Very Unfamiliar
- o Somewhat familiar
- o Neither familiar or unfamiliar
- o Somewhat familiar
- o Very Familiar
- o Decline to answer

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

- o Yes, please describe the training(s):_____
- o No
- o Decline to answer

12. How often do you use motivational interviewing or MI in your interactions with patients?

- o Always
- o Most of the time
- o Sometimes
- o Rarely
- o Never
- o Decline to answer

13. How comfortable do you feel using motivational interviewing techniques during patient interactions now?

- o Completely uncomfortable
- o Somewhat uncomfortable
- o Neither comfortable nor uncomfortable
- o Somewhat comfortable
- o Completely comfortable
- o Decline to answer

PrEP Familiarity & Attitudes

14. How would you describe your level of familiarity with each of the following:

	Very unfamiliar	Somewhat familiar	Neither familiar nor unfamiliar	Somewhat familiar	Very familiar	Decline to Answer
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)	☐	☐	☐	☐	☐	☐
Cabotegravir (CAB)-LA PrEP (injectable)	☐	☐	☐	☐	☐	☐

15. How <u>confident</u> do you feel discussing each of the following with patients?

	Not at all confident	Somewhat unconfident	Neither confident nor unconfident	Somewhat confident	Very confident	Decline to Answer
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)	☐	☐	☐	☐	☐	☐

16. 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
Prescribing PrEP will encourage patients to engage in risky sexual behavior.	☐	☐	☐	☐	☐	☐
Patients prescribed PrEP are not likely to adhere to the medication.	☐	☐	☐	☐	☐	☐
People should use condoms instead of PrEP.	☐	☐	☐	☐	☐	☐
Prescribing PrEP will lead to increased resistance to antiretroviral therapy (ART).	☐	☐	☐	☐	☐	☐
Prescribing PrEP will lead to an increase in sexually transmitted infections (STIs).	☐	☐	☐	☐	☐	☐

17. 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]

18. Have you ever prescribed PrEP before?

- o Yes
- o No
- o Decline to answer

[for clinicians only if yes to ? above]

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

	Completely uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Completely comfortable	Decline to Answer	N/A
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]

20. Which of the following types of PrEP have you <u>ever</u> 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]

21. 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 of patients in your care on each type of PrEP	Approximate number of PrEP prescriptions you've written in the past year (new + refills)	Decline to answer
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]

22. 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]

23. **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]

24. **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]

25. **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]

26. **As a clinician, what barriers do you/would you face when prescribing injectable PrEP (CAB-LA)? 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

- 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]

27. Why do you think that injectable PrEP should not be used? Select all that apply

- 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]

28. 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® emtricitabine/tenofovir disoproxil fumarate (also known as episodic or 2-1-1)	☐	☐	☐	☐	☐	☐
CAB-LA PrEP (injectable)	☐	☐	☐	☐	☐	☐

[For clinicians only]

29. 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.