

# Colorado Department of Public Health & Environment (CDPHE): Provider HIV Prevention Survey

Please answer the questions based on your individual level practices.

This should take approximately 2-3 minutes to complete. Thank you for completing this survey.

1. Which best describes the clinical practice setting where you spend the majority of your time? (Please check the best response below.)
  - Private practice
  - Federally Qualified Health Center (FQHC)
  - Community Health Clinic (CHC)
  - Local Public Health Agency (LPHA)
  - Academic Medical Center
  - Other, please specify: \_\_\_\_\_
2. What is your current position? (Please check the best response below.)
  - Physician
  - Fellow/Resident
  - Nurse Practitioner
  - Nurse Midwife
  - Physician Assistant
  - Other, please specify: \_\_\_\_\_
3. Are you a primary care provider?
  - Yes       No
4. Do you routinely provide HIV-related care to people living with HIV?
  - Yes       No
5. For every 10 patients, on how many do you take an annual sexual history?  
0 1 2 3 4 5 6 7 8 9 10 patients
6. If a patient reports anal sexual intercourse, how often do you test for rectal gonorrhea and/or rectal Chlamydia?
  - Never
  - Rarely
  - Sometimes
  - Often
  - Always
  - Not Applicable (no patients report anal intercourse)
7. Have you ever prescribed Pre-Exposure Prophylaxis? (PrEP)/Truvada for a patient to prevent HIV infection?
  - Yes       No
8. How effective do you think PrEP is for preventing HIV when taken as directed?
  - 50-69%
  - 70-79%
  - 80-89%
  - 90-99%
  - Unsure
9. How often do you think a patient taking PrEP needs an HIV test?
  - Every 3 months
  - Every 6 months
  - Annually
  - Unsure
  - Other: \_\_\_\_\_
10. I think managing PrEP is within my scope of practice.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
11. am willing to talk to my patients about PrEP if it might be indicated.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
12. am or would be comfortable prescribing and managing patients on PrEP.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree
13. Beyond insurance programs, are you aware of the following financial assistance programs to help patients pay for PrEP including medication, medical appointments, and lab tests? (Please check all that apply.)
  - Gilead® Medication Assistance Program/Advancing Access Program
  - CDPHE's Financial Assistance Program (PHIP)
  - Patient Advocate Foundation
  - Patient Access Network Foundation
  - Other: \_\_\_\_\_
  - None
14. I am or would be more likely to prescribe PrEP/Truvada to patients at risk for HIV since there are financial assistance programs to offset PrEP related costs.
  - Strongly Agree
  - Agree
  - Neither Agree nor Disagree
  - Disagree
  - Strongly Disagree

Thank you for completing the survey, your feedback and experience is valued and appreciated.

Moving forward, we will be following up with you in approximately 30 to 60 days to identify if you need any further support regarding PrEP.

Please provide your email address here so we can contact you. Please note that your information is protected. We only use the contact information to follow up with you for PrEP related purposes.

Email: \_\_\_\_\_