APPENDIX F: Decentralizing PrEP Delivery Patient Followup Questionnaire

INSTRUCTIONS: Please fill out this questionnaire to the best of your ability. Thank you very much for taking
the time to participate in this study. The first few questions are about you.

1. Please enter the unique ID code on the paper or e-card you used to access this module: ______

The next few questions are about sexual activity during the past six months. Please write the number of times you did these activities. If a question does not apply to you, please write Not Applicable (N/A).

2.	How many MEN have you had sex with in the last 6 months?	
	•	

3. How many of those men did you know were HIV-positive? _____

4. How many of those men were of unknown HIV status? _____

5. How many times in the past 6 months have you participated in the following sexual activities? (Please use **NUMBERS ONLY** in this space)

		Number of times with an HIV positive partner	Number of times with an HIV negative partner	Number of times with a partner whose HIV status I didn't know
a)	Receptive anal sex (you were the bottom) with a man WITHOUT a condom			
b)	Receptive anal sex (you were the bottom) with a man WITH a condom			
c)	Insertive anal sex (you were the top) with a man WITHOUT a condom			
d)	Insertive anal sex (you were the top) with a man WITH a condom			
e)	Vaginal intercourse WITHOUT a condom			
f)	Vaginal intercourse WITH a condom			

6.	In the past 6 months, which of the following have you N/A	use	d? Check all that apply. $0 = No$, $1 = Yes$, $2 =$
	Alcohol		Injectable drugs (heroin, crystal, etc.)
	Cocaine (smoking/snorting)		Prescription opioids
	Crack cocaine (smoking/snorting)		Marijuana (Weed)

⊔ Metha speed	amphetamines (non-injection crystal,	□ Poppers (Amyl Nitrate)
•	r recreational drugs	
□ None	_	
7. In the l	last six months, have you been diagnosed	with any of these sexually transmitted infections (STIs)?
Check	all that apply. $0 = No$, Yes = 1, $2 = N/A$	
bu □ Ch □ Ch □ Ge	hlamydia or LGV- rectal (anus, ass, um) hlamydia or LGV-other (throat, penis) hlamydia- unsure of type enital herpes enital warts	 Gonorrhea- rectal (anus, ass, bum) Gonorrhea-other (throat, penis) Gonorrhea-unsure of type Syphilis Never had an STI I am not sure
The next few	questions are about your potential conc	cerns about HIV.
8. What	do you think your risk of getting HIV IN Y o	OUR LIFETIME is?
	 □ No risk 1 □ A little bit of risk (low risk) 2 □ More than a little bit of risk (mode) □ A lot of risk (high risk) 4 ow would you quantify that risk, on a scale you have indicated "no risk" or "a little bit. 	
	Ill that apply. 0 = No, 1 = Yes, 2 = N/A	torrisk (low risk), predse maleute willy you reer this
	 □ Low number of partners □ I believe/know my partner(s) are □ I believe/know my HIV-positive □ I usually use condoms □ I am on PrEP and take it regularl □ I am usually the top (insertive partners) □ Other, please specify: 	partner(s) have an undetectable viral load ly artner) for anal sex
	likely do you think you are to get HIV IN TI concerned are you with your current level	HE NEXT YEAR, on a scale from 0 to 100%?
10. How C	 □ Not concerned at all 1 □ A little bit concerned 2 □ More than a little bit concerned □ Very concerned 4 	

The next few questions are about HIV Pre-exposure prophylaxis.

Pre-exposure prophylaxis (PrEP) is a new strategy for HIV prevention. It involves the use of a prescription pill on a daily basis by a person who is HIV-negative, in order to reduce their risk of becoming infected with HIV. It is taken on an ongoing basis, both before and after an exposure, for potentially as long as a person is at risk of becoming infected with HIV. The pill contains two antiretroviral drugs (tenofovir/emtricitabine) combined into a single pill and is known by the name Truvada. Research suggests that it is generally safe and is over 90% effective if taken consistently. It is much less effective if not taken as directed and it does not protect against other STIs. Taking PrEP would require a visit to a doctor every 3 months in order to be tested for HIV, STIs and side effects. Truvada® has been approved for use as PrEP in Canada.

	what extent you agree with the following statement: "I am interested in taking PrEP ent risk of HIV infection."
□ Str	ongly disagree 1
	ragree 2
□ Ne	utral 3
□ Agr	ree 4
□ Str	ongly Agree 5
-	red disagree or strongly disagree to question 11, please indicate why you are not all that apply. $0 = No$, $1 = Yes$, $2 = N/A$
□ lam no	ot high risk enough
□ I am co	oncerned about side-effects
☐ It is no	t 100% effective
□ I don't	trust the science
□ I don't	want to visit a doctor every 3 months
□ I am w	orried what people would think of me
□ Other,	please specify:
-	ngly agree or agree to Q 11, please indicate your main reasons for still being α all that apply. $0 = No$, $1 = Yes$, $2 = N/A$
☐ To dec	rease my risk of HIV
☐ To dec	rease my anxiety about getting HIV
☐ To incr	ease sexual pleasure by having condomless sex
☐ To incr	ease intimacy by having condomless sex
☐ My pai	rtner(s) are pressuring me to go on PrEP
☐ I'm not	t interested in PrEP
□ Other,	please specify:
11c If you answered strop	ngly agree or agree to O 11 in which setting would you most prefer to do your PrFP-

related checkups?

	A family doctor 2 A sexual health clinic 1 A hospital specialist 3 I'm not interested in PrEP 4 Other, please specify:
12. Did you co	omplete the module about PrEP? 2 = N/A Yes 1 No 0
13. After com	pleting the module, did you go see your family doctor about PrEP? 2 = N/A Yes (if yes, jumps to Q14) 1 No (if no, jumps to Q 16) 0
13a If 13=Yes: Did	you give your family doctor the card to access education about PrEP? 2 = N/A
☐ Yes 1☐ No 0	
	Family doctor agree to do the education module about PrEP? $2 = N/A$ Yes 1 No 0
15. Did you se	we your family doctor at a 2^{nd} or follow up appointment to talk more about PrEP? $2 = N/A$ Yes 1 No 0
16. Did you se	ee a Toronto Public Health Nurse about PrEP? 2 = N/A Yes 1 No 0
17. Did you ge	et a prescription for PrEP? 2 = N/A Yes 1 No 0
18. How usefu	Il do you feel the module was in helping you discuss PrEP with your healthcare provider. Extremely helpful 5 Very helpful 4 Moderately helpful 3 Slightly helpful 2 Not at all helpful 1
19. How comf	ortable were you discussing your sexual practices with your healthcare provider? Very uncomfortable 1 Uncomfortable 2 Neutral 3 Comfortable 4

	of the following issues did your healthcare provider discuss with you at your initial visit (BEFORI
tney co	ompleted their module)? Check all that apply. 0 = No, 1 = Yes, 2 = N/A Sexual behaviours (oral sex, anal sex)
П	Condom use
_	Recreational drug use
	Alcohol use
	Adherence (ability to take medications regularly)
	Cost/drug insurance
	Other sexually transmitted infections (e.g. gonorrhea, chlamydia, syphilis)
21. Which	of the following issues did your healthcare provider discuss with you at your second or a follow-
	t (AFTER they would have completed their module)? Check all that apply. $0 = No$, $1 = Yes$, $2 = N/a$
	Sexual behaviours (oral sex, anal sex)
	Condom use
	Recreational drug use
	Alcohol use
	Adherence (ability to take medications regularly)
	Cost/drug insurance
	Other sexually transmitted infections (e.g. gonorrhea, chlamydia, syphilis)
they w	vent through the continuing medical education module? 2 = N/A Ves 1 No 0
The last few q	juestions are about your family doctor.
23. Do you	u have a family doctor? 2 = N/A ☐ Yes (if yes, go to 24) 1 ☐ No (if no, go to end of survey) 0
	as your experience providing the information card and discussing PrEP with your doctor (if able) impacted the quality of your doctor-patient relationship? Worsened the relationship a great deal 1 Worsened the relationship somewhat 2 No change 3 Improved the relationship somewhat 4 Improved the relationship a great deal 5
24a POPUP Ca	an you describe how your relationship with your doctor has changed? (Free text)

☐ Very comfortable 5

25. Are you now "out" to your family doctor? 2 = N/A

	□ No 0					
	a) POPUP if no What are some of the reasons you No, 1 = Yes, 2 = N/A The topic has never come up I am not out to very many people at a I do not think my family doctor is know I do not think my family doctor is com I think my family doctor is homophobi	ll wledgeable a fortable disa	about issue	s related to	o sexual	orientation
	☐ Other (specify)	C				
	For the next question, please rate your family doctor at:	ctor in each	of the follo	wing items	s. How is	your family
		1. Poor	2. Fair	3. Good	4. Very Good	5. Excellent
a)	Explaining the results of tests in a way that you understand?					
b)	Giving you facts about the benefits and risks of treatment?					
c)	Telling you what to do if certain problems or symptoms occur?					
d)	Demonstrating caring, compassion and understanding?					
e)	Understanding your health worries and concerns?					
f)	Talking with you about your sex life?					
g)	Asking you about stresses in your life that may affect your health?					
h)	Asking about problems with alcohol?					
i)	Asking about problems with street drugs like cocaine or heroin?					
j)	Giving you information about the right way to take your medications?					
k)	Understanding the problems you have taking					

☐ Yes 1

your medications?

I) Helping you solve problems you have taking your medications the right way?						
27. If there was a choice between treatments, would Definitely yes 5 Probably yes 4 Uncertain 3 Probably not 2 Definitely not 1	d your family	doctor ask	you to hel	p make t	he decision?	?

28. How often does your family doctor do the following things:

	1. None of the time	2. A little of the time	3. Someti mes	4. Most of the time	5. All of the time
a) ask you to take some of the responsibility of your treatment?					
b) make an effort to give you some control over your treatment?					

Thank you for taking the time to complete our survey. We appreciate your time.

If you have further questions regarding HIV prevention, please contact your doctor or call the Canadian AIDS Treatment Information Exchange. CATIE is Canada's source for up-to-date, unbiased information about HIV and hepatitis C. CATIE connects people living with HIV or hepatitis C, at-risk communities, healthcare providers and community organizations with knowledge, resources and expertise to reduced transmission and improve quality of life. For more details, please visit www.catie.ca or call 1-800-263-1638.

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