**Appendix 1. Eligible Medical Specialties**

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| 1. Adolescent Medicine |
| 1. Community Health |
| 1. Emergency Medicine Specialist |
| 1. Family Practitioner |
| 1. Women’s Health Specialist |
| 1. Geriatrician |
| 1. General Practitioner |
| 1. Gynecologist |
| 1. Infectious Disease Specialist |
| 1. Internal Medicine |
| 1. Internal Medicine/Pediatrics |
| 1. Obstetrics & Gynecology |
| 1. Obstetrics |
| 1. Pediatrician |
| 1. Primary Care |
| 1. Preventive Medicine Specialist |

**Appendix 2. Selected Measures**

Gender

* How do you describe you gender identity? (Rescored)
  1. Male
  2. Female
  3. Male-to-Female transgender (MTF)
  4. Female-to-male transgender (FTM)
  5. Other gender identity

Race & Ethnicity

* Which best describes your Hispanic ancestry? (Select all that apply.)

1. Mexican, Mexican American, Chicano/a
2. Puerto Rican
3. Cuban
4. Another Hispanic, Latino/a, Spanish origin. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Which racial group or groups do you consider yourself to be in? (Select all that apply.)

1. American Indian or Alaska Native
2. Asian
3. Black or African-American
4. Native Hawaiian or other Pacific Islander
5. White

Provider Type

* Please identify your clinical role?
  1. Physician (MD/DO)
  2. Physician Assistant
  3. Nurse Practitioner
  4. Other, Specify (---)

Age

* What is your age? \_\_\_\_\_\_\_\_\_

MSA

Obtained from provider database

Years as Provider

* In what year did you complete initial board certification? \_\_\_\_\_\_\_ (Computed)

Previous HIV-Related Training (Computed)

* Have you ever received training from an AIDS Training & Education Center (ATEC)?
  1. Yes
  2. No
  3. I do not remember
* In the past 24 months, have you participated in any other CE (outside of ATEC) concerning any of the topics listed below? Select all that apply.

1. HIV/AIDS
2. STDs
3. Sexual history assessment
4. Drug/alcohol history assessment
5. Cultural competency with LGBT (Lesbian, Gay, Bisexual, Transgender) patients
6. Cultural competency with racial and ethnic minorities

Familiarity with nPEP (Rescored)

* Are you familiar with the concept of providing post-exposure prophylaxis (PEP) for sexual exposure to HIV?

1. I have a good understanding of the concept.
2. I have heard about the concept but know little about it.
3. I have never heard about the concept.

Familiarity with PrEP (Rescored)

* How familiar are you with the concept of pre-exposure prophylaxis (PrEP) in order to prevent HIV infection?

1. I have a good understanding of the concept.
2. I have heard about the concept but know little about it.
3. I have never heard about the concept.

Ever prescribed nPEP (Rescored)

* Have you ever prescribed post-exposure prophylaxis (PEP) for sexual exposure?

1. Yes
2. No
3. I do not remember

Ever prescribed PrEP (Rescored)

* Have you ever prescribed any form of pre-exposure prophylaxis (PrEP) to a patient?

1. Yes
2. No
3. I do not remember

Ever prescribed ART (Rescored)

* Among patients for whom there are no barriers or contraindications to treatment, when would you first prescribe ART? (Select one.)

1. CD4 count <200 cells/mm3
2. CD4 count <350 cells/mm3
3. CD4 count <500 cells/mm3
4. Treat regardless of CD4 count
5. N/A, I do not prescribe ART

Provided primary care for HIV-positive patients?

* Do you provide primary care for your HIV-infected patients (i.e., point of first contact, comprehensive care, and emphasis on prevention and coordination of care)?

1. Yes
2. No

Provide care in partnership with an ID physician?

* Do you provide HIV care in partnership with an Infectious Disease doctor?

1. Yes
2. No

Primary practice facility (Original)

* Please select the answer that best describes the setting where you primarily (≥ 50% of your time) practice medicine?
  1. School or College Health Center
  2. Outpatient: Hospital-based
  3. Outpatient: Community Clinic
  4. Outpatient: Private Practice
  5. Inpatient/Hospitalist
  6. Emergency Department
  7. Urgent Care Center
  8. Public Health Department
  9. Federally Qualified Health Center (FQHC)
  10. Retail Clinics (such as CVS’ Minute Clinic, Walgreens’ Healthcare Clinic, etc.)
  11. Internal Medicine/Pediatrics
  12. Other, Specify (---)

Primary practice facility (Rescored)

* Please select the answer that best describes the setting where you primarily (≥ 50% of your time) practice medicine?

1. Academic
   * + Includes School or College Health Center
2. Outpatient: Public
   * + Includes -- Outpatient: Hospital-based, Outpatient: Community Clinic
3. Outpatient: Private Practice
   * + Includes – Outpatient: Private Practice
4. Inpatient/Hospital based
   * + Includes – Inpatient/Hospitalist
5. Other
   * + Includes -- Emergency Department; Urgent Care Center; Public Health Department; Federally Qualified Health Center (FQHC); Retail Clinics; Internal Medicine/Pediatrics; and Other, Specify (---)