



GetPrEP^{LA}.com

Public Health Detailing Assessment Card

Clinic: _____

Date: _____

Provider: _____

1. What is your medical specialty?
 - a. Adolescent Medicine
 - b. Family Medicine
 - c. Internal Medicine
 - d. OB/GYN
 - e. Infectious Disease
 - f. Other: _____
2. What is your medical degree?
 - a. DO
 - b. MD
 - c. NP
 - d. PA
 - e. RN/LPN
3. What is your experience with PrEP?
 - a. Never heard of it
 - b. Heard of it
 - c. Informed patient(s) about PrEP
 - d. Prescribed PrEP for patients. If so, how many?

 - e. Referred patients for PrEP
 - f. Other: _____
4. What is your experience with PEP?
 - a. Never heard of it
 - b. Heard of it
 - c. Informed patients about PEP
 - d. Prescribed PEP for patients. If so, how many?

 - e. Referred patient(s) for PrEP
 - f. Other: _____
5. During a patient's annual physical exam or a preventive check-up, what percentage of the time do you take a thorough sexual history?
 - a. 0-24%
 - b. 25-49%
 - c. 50-74%
 - d. 75-89%
 - e. 90% +
6. When you take a sexual history, what percentage of the time do you ask the gender of the patient's partner?
 - a. 0-24%
 - b. 25-49%
 - c. 50-74%
 - d. 75-89%
 - e. 90% +
7. PrEP can decrease a patient's risk of HIV by up to 99% when taken daily as prescribed. Knowing this fact, would you provide PrEP to a patient at high risk of HIV?
 - a. Yes, would provide
 - b. No
 - c. Don't Know
 - d. Did not answer
8. Would you be willing to be included on the Los Angeles County PEP/PrEP provider directory?
 - a. Yes
 - b. No

REPS ONLY:

Provider interest in PrEP (Rating scale, choose one answer)

0. Refuses to meet
1. Willing to listen/review kit
2. Willing to use patient education materials
3. Interest in key recommendations
4. Intends to adopt key recommendations
5. Adopted at least 1 recommendation
6. Currently prescribing or referring patients for PrEP