

I. Physician Survey

Please indicate in which setting you practice medicine:

Hospital	Women's Health clinic	Other: _____
Hospital-affiliated clinic	Emergency Department	
Private practice	Urgent Care	
Community-based clinic or FQHC	Health Department	

Specialty:

Primary Care	Infectious Disease	Pediatrics
Family Medicine	OB/GYN	Psychiatry
Internal Medicine	Maternal-Fetal Medicine	Addition Medicine
Emergency Medicine	Women's Health	Other: _____

Please select your credentials:

MD DO PA NP Midwife

Other: _____

Zip code of primary practice location: _____

Please rate your level of agreement with the following statements-

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I regularly discuss sexual health with patients					
I treat patients for sexual health concerns					
I feel confident taking a sexual health history with my patients					
I would like to feel more comfortable taking a sexual health history					
I feel well-equipped to test for syphilis					
I fully understand how to interpret syphilis titers, including reverse testing (EIA/TPPA followed by RPR/VDRL)					
I feel well-equipped to treat patients diagnosed with syphilis					
I need external support (e.g. Disease Intervention Specialists, access to Bicillin) to manage patients diagnosed with syphilis					
I have been impacted by the shortage of syphilis treatment Bicillin					
I need more information about screening and treating syphilis					

I am familiar with the current prevalence of syphilis in the area in which I practice					
I believe my patients are at risk of acquiring syphilis					
I feel confident discussing sexual health with my patients					
I feel confident giving positive STI test results					
I would like to feel more comfortable giving positive STI test results					
I fully understand how to report cases of HIV/STIs to public health agencies (i.e. Detroit Health Department, MDHHS)					
I know how to obtain public health support for treatment guidance, patient STI history, and partner services					

How often do you discuss the following with your patients? You may select multiple choices for each line item.

	At each visit	Annually	At first visit/When establishing care	When applicable (patient request, symptoms, partner disclosure, etc.)	Collected on patient paperwork	I don't typically discuss this with my patients
Preferred name and gender pronouns						
Sexual partners						
Partner STI status, testing, treatment						
Sexual practices						
Sexual satisfaction and pleasure						
Sexual health concerns						
Past history of STIs						
Pregnancy planning and/or prevention						
Condom use						
Culture and languages used						
Substance use						
Mental health and wellbeing						
Safety and intimate partner violence						
Transactional sex						
Housing stability						
Food security						
Social support						
Barriers to healthcare						
Barriers to medication adherence						

How often do you typically screen patients for the following? (E.g. lab testing, screening instruments). You may select multiple choices for each line item.

	Every visit	Every 3-6 months	Annually	At first visit/when establishing care	When applicable (patient symptomatic, partner disclosure, etc.)	I don't typically screen for this
Chlamydia						
Gonorrhea						
Herpes						
HIV						
Hepatitis B						
Hepatitis C						
Syphilis						
Trichomoniasis						
Pregnancy status (urinalysis)						
Substance use disorder						
Current substance use (urinalysis)						
Depression and anxiety						
Intimate partner violence						
Housing instability						
Food insecurity						

Do you provide prenatal care to pregnant patients? Yes No [Yes prompts the question below, No jumps to next question]

How often do you typically screen **pregnant** patients for the following? (E.g. lab testing, screening instruments). You may select multiple choices for each line item.

	At first visit	1 st Trimester	2 nd Trimester	3 rd Trimester	At delivery	At postpartum visit	I don't typically screen for this
Chlamydia							
Gonorrhea							
Herpes							
HIV							
Hepatitis B							
Hepatitis C							
Syphilis							
Trichomoniasis							
HIV							
Pregnancy status (urinalysis)							
Pregnancy plans and/or prevention							
Substance use disorder							
Current substance use (urinalysis)							
Depression and anxiety							
Intimate partner violence							
Housing instability							
Food insecurity							

In which **asymptomatic** patients do you typically screen for the following STIs?

	Heterosexual men (patients assigned male at birth who report sex with only women)	Gay and bisexual men (AMAB who report sex with men and women)	Heterosexual women (assigned female at birth)	Gay and bisexual women (AFAB)	Pregnant women (AFAB)	Transgender men (AFAB)	Transgender women (AMAB)	I don't typically screen for this in patients without symptoms
Chlamydia/gonorrhea								
HIV								
Syphilis								
Herpes								
Hepatitis B/C								
Trichomoniasis								

Please indicate your level of agreement with each factor and its involvement in your ability to discuss sexual health with your patients.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Provider schedule/visit length					
Time required for patient follow-up					
Availability of support staff (clinical, admin) and their involvement in patient care					
Sexual health/STI knowledge					
Patient sexual health/STI knowledge					
Awareness of current STI trends and screening recommendations					
Familiarity with treating sexual health concerns					
Level of comfort discussing sexual health					
Patient comfort discussing sexual health					
Patient health literacy					
Patient interest or refusal					
Clinic policies and procedures					
Availability of testing materials					
Treatment/medication availability, ability to stock medication onsite					
Billing issues (Insurance, reimbursement, authorization)					
Laboratory access or constraints					
Relevance to practice/specialty					
Relevance to patient's presenting concern					
Need for specialized training					

Please indicate your level of agreement with each factor and its influence on your patients' ability to access medical care, including prevention and effective treatment of STIs.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Cost of treatment and co-pays, coinsurance, etc.					
Difficulty navigating the healthcare system					

Clinic hours					
Transportation					
Health literacy					
Substance use					
Childcare					
Housing stability					
Food stability					
Previous negative experience with the healthcare system					
Distrust of the healthcare system					
Insurance coverage					
Employment (hours, time off, PTO)					
Cultural beliefs or norms					
Immigration status					
Awareness of health issue					
Confidentiality concerns					
Legal concerns					
Fear of judgment or stigma from provider					
Fear of judgment or stigma from partner					
Belief that partner will not be agreeable to STI testing or treatment					
Stigma associated with HIV/STIs					
Mental health status (depression, anxiety, etc.)					
Social support					
Intimate partner violence					
History of trauma					

Please indicate which of the following services are offered at your clinic.

Service	Provided by clinic	Direct referral to service/organization	Recommendation of another service/organization	N/A (No affiliated service, not relevant to my practice)
Primary care				
Walk-in medical care				
Prenatal care				
Mental health services				
Telehealth				
Mobile/street outreach				
Interpretation and translation services				
Onsite pharmacy				
Onsite laboratory				
STI/STD testing				
Family planning/contraception				
Safer sex supplies (condoms, dental dams, lubricant, etc.)				
Case management				
Community Health Worker (CHW), Peer navigator				
WIC				
Insurance navigation/enrollment assistance				
Co-pay assistance				
Medical transportation				
Substance use treatment or support				
MAT/MOUD (medications for opioid use disorder)				
Harm reduction, SSP				
Housing assistance				

Legal services				
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Please select which of the following resources you feel would increase your confidence discussing sexual health and screening for STIs with your patients (Select all that apply)-

1:1 discussion with subject matter experts	
1:1 or forum discussion with other physicians	
HIV/STI provider consult line	
Continuing Medical Education (CME)	
Tailored training/workshop (i.e. online or in-person training designed for your specific clinic needs/issues)	
Language guide (sex and gender terminology, LGBTQ+ health, HIV stigma, etc.)	
LGBTQ+ cultural competency and humility resources	
Sexual health history template/script	
Intake form or other EMR template	
Directory of community resources for patient referral (LHDs, Ryan White service clinics, testing sites, etc.)	
Information about local partner testing and treatment resources	
Evidence-based research that supports implementation	
Educational reference materials for physicians (i.e. factsheets, visuals)	
Educational materials for patients	
Current CDC screening, testing, and treatment guidelines	
Periodic newsletter summarizing recent STI trends and recommendations	
Something else (please type your response here)	

Please provide an email address where we can send your \$50 gift card to thank you for your time.

Your personal information will remain confidential and will not be tied to your survey responses, which will be organized as aggregate data. This information will be used for compensation purposes only and to remain in compliance with our funding body (NACCHO).

Email: _____