Statistical Analysis Plan Part 1

Study ID: 217711

Official Study Title: A phase 4, randomized, open-label, three-arm study to evaluate implementation strategies for the delivery of CAB for HIV Preexposure Prophylaxis (PrEP) across clinical settings for adult (≥18 years) Black cis-and transgender women without HIV infection living in the United States Ending the Epidemic (EHE) territories.

Document Date: 08 Sep 2025

As the source document, the Statistical Analysis Plan, exceeds the maximum permitted file size, the SAP has been split into 4 separate documents.

STATISTICAL ANALYSIS PLAN (SAP)

Quantitative Data for Staff Study Participants at Month 12/13

EBONI STUDY

A phase 4, randomized, open-label, 3-arm study to evaluate implementation strategies for the delivery of CAB for HIV pre-exposure prophylaxis (PrEP) across clinical settings for HIV-uninfected adult (aged ≥ 18 years) cisgender and transgender Black women living in US Ending the Epidemic (ETE) territories (EBONI STUDY)

ViiV Healthcare Interventional Study Protocol 217711

Prepared by RTI International

Version 0.1

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APPROVALS

Protocol No.: 217711 Healthcare Interventional Study EBONI Statistical Analysis Plan (SAP) Interim Quantitative Data for Staff Study Participants at Month 12/13

Sponsor: GSK

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ABBREVIATIONS

Abbreviations	Definitions
ADaM	Analysis Data Model
AIM	Acceptability of Intervention Measure
ALCOA+	attributable, legible, contemporaneous, original, and accurate
BL	baseline
CAB	cabotegravir
CAB-LA	long-acting, injectable cabotegravir
CDC	Centers for Disease Control and Prevention
CONSORT	Consolidated Standards of Reporting Trials
DTI	direct to inject
EBONI	Engaging Black Women on Cabotegravir LA for PrEP by Optimizing Novel Implementation Strategies
ECI	Enhanced Collaborative Implementation Strategy
EI	Enhanced Implementation Strategy
FIM	Feasibility of Intervention Measure
FQHC	Federally Qualified Health Center
GSK	GlaxoSmithKline
IAM	Intervention Appropriateness Measure
ID	identification
IMC	implementation monitoring call
ISQ	Implementation Science Questionnaire
ISR	injection site reaction
LA	long-acting
M	month
MCAR	missing completely at random
OLI	oral lead-in
PrEP	pre-exposure prophylaxis
PSP	patient study participant
RTI	RTI International
SAE	serious adverse event
SAP	statistical analysis plan
SD	standard deviation
SDTM	Study Data Tabulation Model
SI	Standard Implementation Strategy
SSI	semistructured interview

Abbreviations	Definitions
SSP	staff study participant
STI	sexually transmitted infection
Syneos	Syneos Health
ViiV	ViiV Healthcare

SAP Revision History

Ver.	Justification for change	Date
0.1	Initial version	7 June 2024
0.2	Final version	22 July 2024

1 INTRODUCTION

This document describes the quantitative analyses pertaining to the implementation science components of the Engaging Black Women on Cabotegravir LA for PrEP by Optimizing Novel Implementation Strategies (EBONI) study, which evaluates strategies for the implementation of APRETUDE (long-acting, injectable cabotegravir [CAB-LA]) among approximately 21 clinic study sites in Ending the Epidemic areas in the United States. This document outlines the quantitative statistical analyses for the staff study participants (SSPs) at month (M)12 or 13 (M12/13). The first part of the analysis will be performed after approximately 50% of the M12/13 data are available. This will enable us to evaluate any data issues that need to be addressed before final M12/13 data collection is completed. The final data analysis will be conducted when 100% of the M 12/13 data are available.

2 RESEARCH DESIGN

2.1 Design Overview

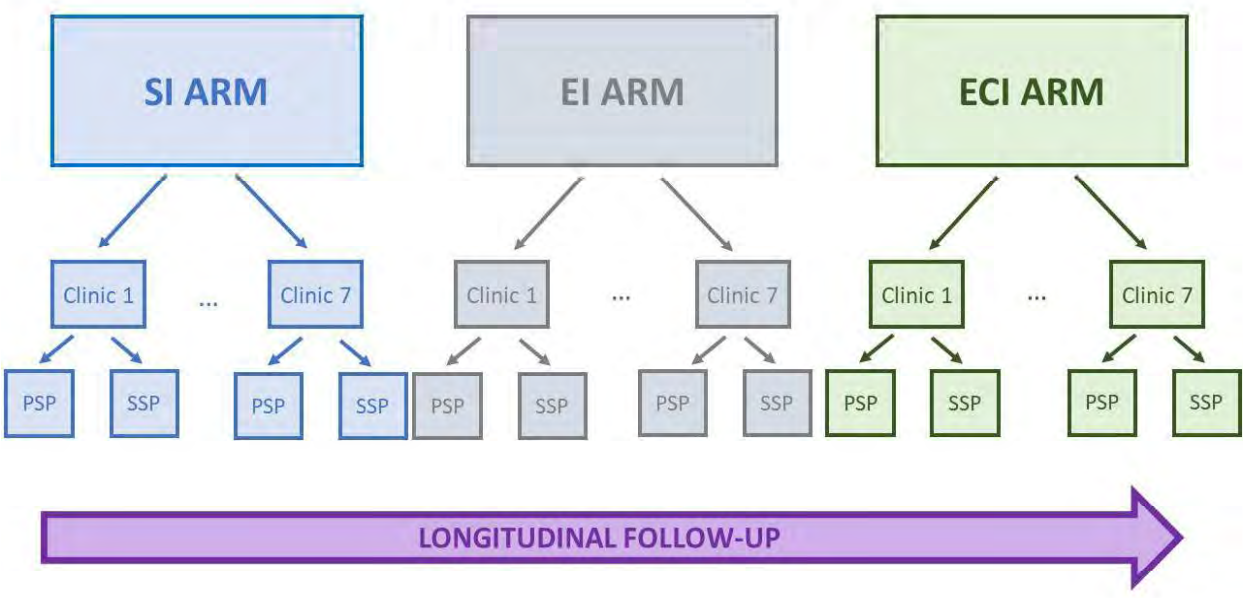
EBONI is a cluster-randomized trial of a planned 21 clinic study sites with an equal allocation ratio across 3 study strategies. Each clinic site will be assigned to 1 of 3 distinct implementation strategies:

- Standard Implementation Strategy (SI): Sites randomized to SI will have access to the standard APRETUDE toolkits for SSPs and patients to use as needed along with implementation monitoring.

- Enhanced Implementation Strategy (EI): Sites randomized to EI will receive all supports included in the SI in addition to a patient-provider, *in-clinic* sexual health assessment, provider education, and the ViiV Healthcare (ViiV) Connect enhanced support.
- Enhanced Collaborative Implementation Strategy (ECI): Sites randomized to ECI will receive all of the supports included in the SI in addition to a patient-provider *online* sexual health assessment, provider education, persistence support, and pre-exposure prophylaxis (PrEP) champions (also referred to as Sexual Health and Empowerment Ambassadors).

Figure 1 presents the structure of the resulting multilevel data. The study clinic sites may vary in scope, such as by size and type (e.g., large hospitals, small clinics, community clinics). The study will not use a central laboratory, and all laboratory assessments will be performed according to the Centers for Disease Control and Prevention's (CDC's) Clinical Practice Guidelines for *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States* (CDC, 2021) and the United States prescribing information for CAB-LA using the sites' local laboratories.

Figure 1. Overview of the Multilevel Structure of the EBONI Design



ECI = Enhanced Collaborative Implementation Strategy; EI = Enhanced Implementation Strategy; PSP = patient study participant; SI = Standard Implementation Strategy; SSP = staff study participant.

Note: Randomization will occur at the clinic level, and SSPs and PSPs will be recruited separately from each clinic site and followed up longitudinally.

2.2 Study Population

The study will recruit SSPs within each of the selected clinic study sites. Consenting SSPs at the investigator site who satisfy the inclusion and exclusion criteria will be asked to participate in the implementation strategies as delineated in each arm of the study. This statistical analysis plan (SAP) specifies the plan for quantitative analyses for data collected from SSPs at M12/13. SSPs are clinic staff who may be involved in APRETUDE delivery and implementation within each clinic site. SSPs include but are not limited to physicians, nurses, medical assistants, pharmacists, front desk staff, case managers, and others. The study will require inclusion of at least 1 PrEP provider authorized to prescribe PrEP regimens per clinic site. The study requires that each clinic site must have at least 1 PrEP provider who is authorized to prescribe PrEP regimens.

- Inclusion criteria for SSPs
  - Site employees responsible for administrative (for administrative SSPs) or clinical (for clinical SSPs) aspects of implementing and administering CAB PrEP at the site
  - Must have the required qualifications according to their role and are delegated the appropriate responsibilities by the investigator
  - Must be able to understand and comply with protocol requirements, instructions, and restrictions
  - Must understand the long-term commitment required for the study and have sufficient resources to complete assessments for the duration of the study at the time of enrollment
- Exclusion criteria for SSPs
  - Involved in Engaged or planned engagement in an implementation science study with a similar population on long-acting PrEP injectables at any time during the study
  - The SSP does not have adequate resources to complete study assessments.
  - Is enrolled in the study as a patient study participant (PSP).

2.3 Data Sources

2.4 Staff Study Participant Qualtrics Survey

Syneos Health Insights Gathering will use Qualtrics XM to deploy and collect the Implementation Science Questionnaires (ISQs) and surveys for SSPs at baseline, M4/5, and M12/13. The ISQs will collect data on SSPs' demographic characteristics and other information pertinent to the objectives of the EBONI study, including the appropriateness,

acceptability, and feasibility of providing PrEP to Black women and of the implementation tool and strategies related to each study arm.

In compliance with data management standards, provisions will be put in place ahead of data collection to ensure the integrity of the data collection. Specifically, data validation measures will be applied to align with attributable, legible, contemporaneous, original, and accurate (ALCOA+) standards. All assessments will be standardized, and participants will be provided with the same version of each assessment. Participant responses are recorded. They are sent for analysis "as is" and are considered complete once a participant submits their response. Unique participant logins for Qualtrics will be assigned to each participant ID to prevent an incorrect association of responses to a study participant. Qualtrics will require digital participant responses and free-text limitations to reduce illegible responses, and all data will be submitted to Syneos Health's data management team for Study Data Tabulation Model (SDTM) formatting to ensure questionnaire data are in the proper format for vendor analysis. All assessments in Qualtrics will be scheduled at protocol-specific intervals for participants. Participants will be required to complete all questions, except where predetermined skip logic was applied.

A completion report named the *EBONI Implementation Science Assessment Completion Report* will be provided by Syneos to the clinical team and RTI International (RTI). This report will highlight the completion rate, patterns of noncompletion, time of completion, questionnaires that were flagged for abnormal time of response (unexpected time it took to complete), and responses where "straight-lining" was suspected. The Qualtrics system will require secure sign-in of participants to ensure that response duplications do not occur, and participants will not be allowed to retake an assessment. In addition to the measures mentioned, the Insights Gathering team will provide additional provisions to reduce data errors and incorrect responses, such as ambiguous text prevention, skip logic, and response format requirements. These data validation measures will be outlined in the Syneos Health Insights Gathering Quantitative Data Validations Plan.

2.4.1 Quarterly Clinic Demographic Questionnaire

Syneos Health Insights Gathering will use Qualtrics XM to deploy and collect the Site Demographic Questionnaire at baseline and on a quarterly basis until M12/13. Site Demographic Questionnaires will be completed by a clinic staff member and assess the characteristics of sites, as well as the extent to which they have used the implementation supports, with particular attention on the sexual health assessment. All data validation measures described above will be followed for this survey.

Notes: Three clinics completed version 1 of the Baseline Quarterly Clinic Demographic Questionnaire. These clinics completed version 2 of the baseline questionnaire during the deployment of their second Quarterly Clinic Demographic Questionnaire.

2.5 Data Manipulation

Appropriateness, acceptability, and feasibility of the APRETUDE and implementation supports will be assessed using an adapted version of the Intervention Appropriateness Measure (IAM), Acceptability of Intervention Measure (AIM), and the Feasibility of Intervention Measure (FIM), respectively. These measures are each composed of 4 items with responses given on an ordinal Likert scale, with 1 = Completely disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, and 5 = Completely agree. Previous research has demonstrated excellent psychometrics for these measures when used as a continuous variable, with Cronbach's alpha values between 0.85 and 0.91 (Weiner et al., 2017). For the final analysis, RTI will calculate Cronbach's alpha to verify that it falls above an acceptable threshold (0.70), as indicated by Cronbach (1951). The variables will be created by averaging the items' responses for each measure if the calculated value of alpha is acceptable. Otherwise, an alternative analysis that considers ordinal outcomes will be considered in collaboration between RTI and ViiV/ GlaxoSmithKline (GSK). Change from baseline to M12/13 and from M4/5 to M12/13 will be calculated for key continuous outcome variables at the SSP level. All other variables will be used in their original form.

2.6 Selection and Recruitment of Staff Study Participants

SSPs will be recruited independently within each participating clinic research site as outlined in the following.

Clinic staff at each participating clinic will be recruited with the goal of enrolling approximately 105 SSPs across sites, with about 5 SSPs per site. At each clinic site, there must be at least 1 PrEP provider who will prescribe PrEP regimens and be responsible for standard of care clinical management and protocol-specified assessments for PSPs for the duration of the study. Consenting SSPs at the sites will be invited to participate in the implementation strategies as determined by the strategy arm of the clinic, as well as the quantitative and qualitative study assessments to evaluate the impact of the 3 study strategies on the perceived appropriateness of APRETUDE among SSPs. However, if the selected SSP moves to another locality after randomization, they will be considered lost to follow-up and discontinued from the study. If that occurs, a replacement for the discontinued SSP will be selected using the same eligibility criteria.

2.7 Longitudinal Follow-up of Participants

The total duration of SSP participation will be approximately 12 to 13 months from the time of enrollment and when the clinic administered its first APRETUDE intramuscular injection to a PSP. An SSP will be considered to have completed the study if the participant has finished

all M12/13 assessments and the clinic has administered its last injection of APRETUDE for the first patient enrolled.

2.8 Randomization

Randomization will occur at the level of clinic study sites. All clinic types will be represented in each strategy arm. The study will enroll approximately 105 staff (with the goal of approximately 35 per strategy arm) at the study site (these staff are enrolled as SSPs). Clinics withdrawing from study participation may be replaced. Replacement sites will be assigned to the implementation arm of the site being replaced to promote the overall balance in the number of completing sites per implementation arm. Where possible, the replacements will replace a site of the same clinic type.

2.9 Blinding

This is an open-label study and does not involve any blinding.

2.10 Sample Size and Power

Based on the study protocol, the number of clinic sites and number of participants within each site has been chosen based on practical considerations in terms of the feasibility of enrolling an adequate number of sites, as well as SSPs and PSPs in each implementation strategy. A total of approximately 21 sites will be randomly assigned to 1 of 3 study implementation strategies. The expected goal is to enroll approximately 5 SSPs per site, resulting in approximately 105 SSPs, with approximately 35 SSPs in each implementation strategy.

For the *primary endpoint of the perceived appropriateness of APRETUDE among SSPs,* the mean IAM score at M12 of SSPs will be compared across strategies. Intervention Appropriateness Measure scores from the SSPs in the EI and ECI will be compared with those in the SI. Results from the previous CAB-LA treatment study CUSTOMIZE (209493) demonstrated that the estimated mean score of IAM for SSPs was 4.61, with a standard deviation (SD) of 0.5 at M12. Assuming an SD of 0.5, with 7 clinics randomized to each implementation strategy and a minimum of 5 SSPs per site, this design has 80% power to detect a difference of 0.34 in the mean score of IAM at M12, assuming independent observations within each cluster using a 2-sided test with a significance level of $\alpha = 0.05$. However, this assumption is unlikely to hold in practice, and data within the same cluster will be correlated. Hence, given that the power analyses did not account for clustering at the clinic level, nor for missingness, the actual power to detect differences in the objectives will likely be much lower during the analyses.

2.11 Overview of Analysis of Strategies

The Consolidated Framework for Implementation Research (Damschroder et al., 2022) using quantitative measures will be used to organize the outcomes, including the effectiveness of each implementation strategy and the identification of barriers and facilitators (including solutions). The implementation determinants (e.g., inner context, outer context, characteristics of individual) will be assessed from the perspectives of SSPs.

Within each implementation determinant category (e.g., inner context, outer context, characteristics of individual), general analyses will be displayed in 3 broad categories:

- Descriptive summaries by study timepoint
- Comparisons across strategy arms at M12/13
- Descriptive comparisons over time and across strategy arms

3 STUDY OBJECTIVES AND ENDPOINTS

Table 1, Table 2, and Table 3 present all primary, secondary, and tertiary objectives and endpoints, respectively, as specified in the EBONI protocol. Of note, addressing many of the secondary implementation science objectives requires using more than 1 endpoint. Only the objectives involving quantitative SSP data at M12/13 will be covered in the analyses resulting from this SAP. Appendix A displays the table shells for the planned analyses at M12/13. Appendix A includes all of the SSP data collected at M12/13, including the differences between the baseline and M12/13 values for continuous variables, and the shifts between baseline and M12/13 for categorical variables. Additionally, Appendix A also includes the differences between M4/5 and M12/13 for continuous variables and shifts between M4/5 and M12/13 for categorical variables.

3.1 Primary Objective

Table 1. Primary Study Objective and Endpoint

Primary objective	Primary endpoint
To evaluate the appropriateness of APRETUDE as assessed by SSPs, comparing the Enhanced Implementation (EI) to the Standard Implementation (SI) arm and the Enhanced Collaborative Implementation arm (ECI) compared to the SI arm	SSPs mean Intervention Appropriateness Measure (IAM) score at M12(DTI)/M13(OLI)

DTI = direct to inject; OLI = oral lead-in; SSP = staff study participant.

3.2 Secondary and Tertiary Objectives and Endpoints

Table 2. Secondary Objectives and Endpoints*

Secondary objectives	Secondary endpoints
To evaluate the appropriateness of APRETUDE by SSPs in the EI compared to SI and the ECI compared to the SI	▪ SSPs mean IAM score at BL, M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI) ▪ Change from baseline in SSPs' IAM score at BL, M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI) ▪ Summary of appropriateness related questions for SSP questionaries as BL, M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI) ▪ Summary of SSI findings from SSP at, M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI)
To evaluate PSPs perception of the appropriateness of APRETUDE in participants enrolled in EI compared to SI and ECI compared to SI over time	▪ PSPs mean IAM score at BL, M4(DTI)/M5(OLI), and M12(DTI)/M13(OLI) ▪ Change from baseline in PSPs' IAM score at BL, M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI) ▪ Summary of appropriateness related questions for SSP questionaries as BL, M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI) ▪ Summary of SSI findings from PSP at BL and M12(DTI)/M13(OLI).
To evaluate adoption of APRETUDE across clinical settings	▪ Number of cis- and trans Black women in the clinic who complete a sexual health assessment through M13 in ECI arm based on site-level PrEP Information Questionnaire ▪ Number of PSPs who complete a sexual health assessment through M13 in ECI arm based on site-level PrEP Information Questionnaire ▪ Number and proportion of cis- and trans Black women in the clinic who initiate APRETUDE through M13 by study arm and clinic characteristics based on site-level PrEP Information Questionnaire ▪ Number of cis- and trans Black women in the clinic who continue APRETUDE beyond a first dose through M13 by study arm and clinic characteristics based on site-level PrEP Information Questionnaire
To evaluate feasibility and utility of EI tools and strategies compared to SI and ECI compared to SI for APRETUDE	▪ Absolute values and change from baseline in SSPs mean Feasibility of Intervention Measure (FIM) score for implementation strategies over time ▪ Summary of strategy feasibility related question on SSP questionnaire at BL, M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI) ▪ Summary of SSI findings from SSP at M4(DTI)/M5(OLI), and M12 (DTI)/M13(OLI) ▪ Proportion of SSPs and PSPs that respond in agreement on relevant items on the Implementation science questionnaire (ISQ) that each implementation tool and strategy is fit for use through M13 and M12(DTI)/M13(OLI), respectively, and by study arm, clinic characteristics and patient subgroups. ▪ PSPs perceptions of utility of implementation tools and strategies through SSIs through M13 and by patient subgroups

Secondary objectives	Secondary endpoints
To evaluate fidelity to injection and dosing window across traditional and non-traditional settings.	▪ Proportion of injections occurring within target window from target date (± 7 days of target date) through M13 across all arms. ▪ PSPs perception of barriers and facilitators to fidelity to injections window as assessed by SSIs at BL and M12(DTI)/M13(OLI) and surveys at BL, M4(DTI)/M5(OLI), and M12(DTI)/M13(OLI) ▪ SSPs perception of barriers and facilitators to fidelity to injection windows as assessed by SSIs at BL and M12(DTI)/M13(OLI) and surveys at BL, M4(DTI)/M5(OLI), and M12, and implementation monitoring calls (IMC) ▪ Proportion of PSPs completing target number of injections through M13 and by patient subgroups
To evaluate SSP's and PSP's perceptions, barriers, and facilitators to implementation.	▪ Summary of SSP and PSP questionnaires related to barriers, facilitators, concerns, and perceptions at BL, M4(DTI)/M5(OLI), and M12(DTI)/M13(DTI). ▪ SSPs perception of which facilitators and barriers to implementation as assessed by SSI at M4(DTI)/M5(OLI) and M12(DTI)/M13(DTI), and IMC. ▪ PSP perception of which facilitators and barriers to implementation as assessed by SSI at BL and M12(DTI)/M13(DTI).
To evaluate feasibility and acceptability of APRETUDE by SSP and PSP	▪ Acceptability of Intervention Measure (AIM) and FIM at BL, M4(DTI)/M5(OLI), and M12(DTI)/M13(OLI) ▪ Summary of SSP and PSP questionnaires related to feasibility and acceptability at BL, M4(DTI)/M5(OLI), and M12(DTI)/M13(OLI) ▪ SSPs reasons for feasibility acceptability as assessed by SSI at M4 and M12(DTI)/M13(OLI) ▪ PSP reasons for feasibility acceptability as assessed by SSI at BL and M12(DTI)/M13(OLI)
To evaluate the use of oral CAB as oral lead-in by participants and providers.	▪ Proportion of PSPs that have oral lead-in before CAB injection. ▪ Proportion of SSPs that choose oral lead-in before CAB injection. ▪ SSPs perception on reasons for decision to use oral lead-in through SSI and survey at BL, M4(DTI)/M5(OLI) and M12(DTI)/M13(OLI). ▪ PSPs perception on reasons for decision to use oral lead-in through SSIs and surveys at BL
To evaluate switch from oral PrEP to APRETUDE	▪ Proportion of PSPs that complete a sexual health assessment and start APRETUDE through M13 – Current oral PrEP users – Former oral PrEP users – Never used oral PrEP ▪ PSPs reasons for choosing APRETUDE, including switching, as assessed by SSIs and ISQ

AE = adverse event; BL = baseline; CAB = cabotegravir; DTI = direct to inject; OLI = oral lead-in; PrEP = pre-exposure prophylaxis; PSP = patient study participant; SSI = semistructured interview; SSP = staff study participant.

Table 3. Other/Tertiary Objectives and Endpoints*

CCI

[redacted]



4 PRIMARY AND SECONDARY DATA ANALYSIS PLAN

Descriptive summaries, such as means, medians, SDs, and interquartile ranges, will be used to summarize and report numeric outcomes. T-tests and F-tests, or nonparametric equivalents, may be used to formally compare numeric outcomes within groups and subgroups, as needed, during final analyses. Descriptive summaries, such as proportions and contingency tables, will be used to summarize and report categorical data. Chi-square tests or nonparametric equivalents may be used to formally compare categorical outcomes within groups and subgroups as needed during final analyses. Exploratory analysis will be undertaken to assess the variability of responses by other factors, such as a subset of implementation strategies. Point estimates and corresponding 95% confidence intervals will be used throughout for descriptive analyses, and *P* values will be reported for formal hypothesis tests during final analyses using 100% of the M12/13 data.

The primary endpoint of appropriateness will be assessed using the mean IAM scores of SSPs at M12 under SI, EI, and ECI, respectively, and the difference of the mean IAM scores of SSPs across the 3 strategies at M12. The hypotheses will be tested at the 5% level with a

2-sided test. Because of the cluster-randomized study design, observations on individuals in the same cluster are correlated. This correlation will be accounted for in the analysis. The IAM score will be the response variable and treated as a continuous outcome if the value of standardized Cronbach's alpha falls within an acceptable range, and the strategy arm (i.e., the randomized intervention arm) will be the fixed effect. Otherwise, an analysis that considers ordinal outcomes will be collaboratively considered between RTI and ViiV/GSK.

To address the potential intracluster correlation effect due to the cluster-randomization design, the effectiveness of interventions will be assessed using methods for cluster-randomized trials as described in Hayes and Moulton (2017). We plan to use linear mixed models with sites as random effect and will specify the appropriate correlation structure (i.e., compound symmetry, unstructured) in the final model to account for the clustering.

The analysis methods for the secondary endpoints of acceptability, feasibility, adoption, fidelity, and adaptations will be similar to the appropriateness endpoints. If the Cronbach's alpha falls within an acceptable range, we will use linear mixed models to account for clustering and site heterogeneity. Clinic-level data from the Clinic Information Questionnaire will be collected for each quarter and will be reported in a separate section of each quantitative report to clearly distinguish participant-level data from the SSP ISQ.

There are no planned sensitivity analyses of the primary endpoint. However, after 100% of the M 12/13 are available, we will review the data to determine if implementation science sensitivity analyses are required based on passing the quality tolerance limits threshold. If needed, the SAP will be amended to describe the sensitivity analyses that will be conducted. All data programming (e.g., Analysis Data Model [ADaM] development) will be developed using SAS Version 9.4. Analyses will be performed in SAS Version 9.4 and R Version 4.01 or higher.

4.1 Analysis Set(s)

The effectiveness of the interventions will be analyzed considering each SSP's randomized group. However, if the SSP moves to another locality after randomization, they will be considered to be lost to follow-up and discontinued from the study. All available data collected before the SSP was discontinued will be included in the interim and final analysis data sets.

SSP baseline surveys must be completed before the first patient injection occurs at the site; otherwise, they will be considered as ineligible and will be excluded from the final analysis. For M4/5, the acceptable completion window is until the scheduled visit date of the M6(DTI)/M7(oral lead-in [OLI]) injection for the first PSP (i.e., the date of the next scheduled visit following M4[DTI]/M5[OLI]). This will be applied per the first PSP, regardless of the PSP's potential earlier withdrawal. Similarly, for M 12/13, the acceptable completion

window is up to 2 months (60 days) after the first PSP's scheduled M12/M13 study visit (or the date of database lock if this is earlier). This will be applied per the first PSP regardless of the PSP's potential earlier withdrawal. Additionally, any other ineligible SSP survey data due to major protocol deviation will be excluded from the final analysis data sets after consulting with ViiV/GSK and Syneos. To ensure traceability from SDTM to ADaM, protocol deviation SDTM data will include all necessary variables to compute the ineligibility flag. For the clinic demographics information survey, data should be collected only once at baseline and each quarter. Any additional clinic demographics survey completed at any timepoint will be considered ineligible. Eligibility will be determined programmatically. However, in cases where required data for programmatically identifying ineligible records are unavailable, hardcoding will be performed based on the documentation provided by Syneos Health's data management team. All hardcodes will be documented in a note to file provided by Syneos Health's data management team and signed off by senior management.

Additionally, if an SSP attempted the SSP survey multiple times at the same visit timepoint, the survey attempt closest to 100% completion will be used for analysis at a given timepoint. This will be done programmatically. Ineligible M12/13 records will be flagged in the ADaM data set data, and RTI will include only eligible records in analyses/summaries.

4.2 Variable Development

Several variables will be coded or derived based on primary participant responses. For the final data at M12/13, the difference between the baseline and M12/13, and M4/5 and M12/13 responses for the key outcomes (appropriateness, acceptability, and feasibility) will be calculated at the SSP level for all continuous variables.

Section 4.2.1 contains a description of the subgroup variables and how they will be derived. If a coded category has a count of fewer than 10 participants, it may be collapsed into one of the other existing categories. This decision will fall under the discretion of ViiV/GSK and will be considered based on the needs of the statistical analyses.

4.2.1 Clinic Affiliation

Clinic affiliation will be derived by categorizing 10 response options into 4 categories. The following coding will be used to derive these variables:

1. **Clinic affiliation.** Clinic affiliation will be assessed using the following question from the Clinic Demographic Questionnaire: Which of the following best describes the practice setting or affiliation?

   The responses to this question will be coded as follows to derive the clinic affiliation **variable:**

Primary response	Value	Coded category
Federally Qualified Health Center (FQHC)	2	Nonprofit/Community Health/FQHC/ Department of Health
University or medical school–based hospital/university academic setting	1	University/Academia/ Research
Community based-organization/provider	2	Nonprofit/Community Health/FQHC/ Department of Health
Nonprofit/not-for-profit organization	2	Nonprofit/Community Health/FQHC/ Department of Health
Community health center	2	Nonprofit/Community Health/FQHC/ Department of Health
Department of Health	2	Nonprofit/Community Health/FQHC/ Department of Health
Hospital: general, community, district general	3	Private practice/Hospital
Research institution, not university-based	1	University/Academia/Research
Private practice: internal medicine	3	Private practice/Hospital
Other (Specify _____)	4	Other

2. **Provider type.** Provider type will be assessed using the following question from the ISQ: What is your current role?

   The responses to this question will be coded as follows to derive the provider-type variable. Note that these categories have been disaggregated since the baseline analyses because of an increased interest in separately understanding the perceptions of different medical provider roles.

Primary response	Value	Coded category
Physician	1	Physician
Nurse practitioner	2	Mid-level provider
Physician assistant	2	Mid-level provider

Primary response	Value	Coded category
Nurse	3	Nurse
Medical assistant	4	Other medical provider
Pharmacist	4	Other medical provider
Social worker/case manager	6	Other
Office administrator/clinic administrator	5	Administrator
Laboratory staff/technician/phlebotomist	6	Other
Front desk staff/Scheduler	5	Administrator
PrEP educator/PrEP navigator	6	Other
Other (Specify)	6	Other

PrEP = pre-exposure prophylaxis.

3. **Geographic Region.** Geographic region will be assessed using site list data found in the EBONI Site List. We will use data from the variable labeled Region/State to code as follows to derive the Geographic Region variable, based on the 2021 United States Census Regional Categories.

Region/State	Value	Coded category
Pennsylvania	1	Northeast
Washington DC	2	South
Nevada	3	West
Texas	2	South
South Carolina	2	South
Georgia	2	South
New York	1	Northeast
Florida	2	South
Michigan	4	Midwest
Tennessee	2	South
Virginia	2	South
Connecticut	1	Northeast

4.3 Quality Assurance

After the creation of each final analysis data set, validation and quality assurance will be completed via double programming. A secondary programmer will independently prepare the analysis data sets using the same specifications and will subsequently check for identical outputs.

4.4 Effectiveness Analyses

The primary endpoint is the mean IAM score of SSPs at M12/13 under SI, EI, and ECI, respectively. The hypotheses of this study are that EI or ECI will result in significantly different IAM scores at M12/13 compared with SI.

Specifically, we test the following 2 hypotheses:

$$H_{01}: \mu_{EI} = \mu_{SI} \text{ versus } H_{11}: \mu_{EI} \neq \mu_{SI}$$

and

$$H_{01}: \mu_{ECI} = \mu_{SI} \text{ versus } H_{11}: \mu_{ECI} \neq \mu_{SI}.$$

The hypotheses will be tested at the significance level of $\alpha = 5\%$ with a 2-sided test. Because of the cluster-randomized study design, observations on individuals in the same cluster are correlated. This correlation will be accounted for in the analysis. The IAM score will be the response, the study strategy will be the fixed effect, and site will be random effect.

To address the potential intracluster correlation effect due to the cluster-randomized design, efficacy of interventions will be assessed using mixed-effects linear models for cluster-randomized trials as described in Chapter 9 of Hayes and Moulton (2017). The study site or clinic will be entered as a random effect independent of residual error. No statistical modeling will be performed for the interim analyses using 50% of the M12/13 data.

4.5 Longitudinal Analyses Over Time

For the final analysis at M12, linear mixed-effects models will be used to infer changes in outcomes from baseline to M12/13 for the following measures: IAM of APRETUDE, AIM of APRETUDE, FIM of APRETUDE, PrEP training IAM, PrEP training AIM, PrEP training FIM, and implementation support AIM.

Additionally, descriptive summaries of change from baseline to M12/13 and from M4/5 to M12/13 for key study outcomes will be tabulated as described in Appendix A.

4.6 Analysis of Secondary Endpoints

The same general analyses described in Section 4.4 will be used to compare the following secondary outcomes at M12 across study strategies: AIM of APRETUDE, FIM of APRETUDE, PrEP training IAM, PrEP training AIM, PrEP training FIM, and implementation support AIM.

Additionally, descriptive tables and summaries will be used to summarize endpoints corresponding to each secondary outcome from the visit at M12/13 (see Appendix A for mock tables).

4.7 Statistical Analysis Considerations

- Timing of analyses: The analysis based on the M12/13 data will be conducted in 2 phases. The first part will use approximately 50% of the M 12/13 data to evaluate and resolve any potential data issues.
- Final data analyses will be performed after 100% of SSPs have completed the M12/13 ISQ, and the data have been documented as meeting the cleaning and approval requirements of the standard operating procedures of Syneos Health, RTI, and ViiV/GSK.
- Confounders: We will rely on randomization to mitigate potential effects of confounding or differences at baseline by arm. If substantial imbalances are observed, additional regression adjustment using key baseline covariates will be discussed and performed if deemed appropriate by RTI and ViiV/GSK.
- Multiple comparisons: Adjustment for multiple comparisons will not be performed for this study.
- Missing data: Missing outcome data are a threat to the validity of estimates in randomized trials. To achieve unbiased statistical estimation and inferences using methods outlined in this protocol, missing data need to be missing completely at random (MCAR), which assumes that missingness does not depend on any observed or unobserved data. When missingness is negligible, statistical methods based on the MCAR assumption can be used with limited effect on the analysis. When the frequency of missing data is more substantial (e.g., greater than 15%), methods that require the MCAR assumption may give misleading results. In this situation, statistical methods will be performed based on appropriate modeling assumptions and adjusted using weighting methods, or combined with imputation, under the assumption that the data are missing at random. Missing at random assumes that the probability of an observation being missing only depends on the observed responses or covariates. Thus, this assumption is less stringent than the MCAR assumption.

Participants will be required to complete all items of the survey. Therefore, missing data will not be at the item level but the scale or survey level. As a result, imputation is not a viable option for SSP survey data, and a complete case analysis will be used for analysis data for all reports, including the final report. A complete case analysis approach only includes participants for which there are no missing data on the variables of interest.

- Data quality: After receiving the data from Syneos, RTI will perform routine data quality assessments to evaluate data quality and solicit feedback and oversight from Syneos Health and ViiV/GSK. Data quality assessments will involve (but may not be limited to) review including duplication checks, evaluating data relationships, and checking for incomplete or missing data. Database lock will occur after all data issues are resolved, if needed. In addition, RTI will retain all implementation science and qualitative data in-house for 2 years after the termination of the contract or until acceptance of the primary manuscript to allow for additional post hoc oversight and feedback, if agreed to by ViiV/GSK.

5 DATA MONITORING

Key outcomes on recruitment, enrollment, and accrual of participants will be summarized via a Consolidated Standards of Reporting Trials (CONSORT) diagram provided by Syneos. Interim analyses based on 50% of the M12/13 will include descriptive comparisons on key outcomes by treatment arm and other subgroups (i.e., provider type, clinic type, and/or clinic affiliation). Because of the small sample size, no statistical comparisons will be performed for the interim analysis to preserve study power.

6 TRIAL PARTICIPANT DISPOSITION

6.1 Disposition of Participants

Syneos Health will be responsible for developing the CONSORT diagram to describe how all participants who enter the study will be accounted for. To account for the cluster design, the CONSORT checklist for cluster-randomized trials will be followed (Campbell et al., 2012). This checklist includes noting how the clusters are defined, the number of clusters randomized, the number of clusters allocated to each strategy, the average cluster size, time of discontinuation, and reason for discontinuation.

RTI will provide Syneos Health with any data related to reason for discontinuation that are collected through the qualitative study activities.

6.2 Protocol Deviations

Syneos Health will monitor, record, and summarize protocol deviations. Syneos Health will provide summary tables of protocol deviations to RTI, and these deviations will inform the analytic approach, including inclusion and exclusion based on consultation with Syneos and ViiV/GSK.

Protocol deviations related to data collection that are out of the data collection window or not fully completed will be provided by Syneos and will be reported within each respective quantitative report.

7 STUDY REPORTS

The final study report for the M12/13 data will be developed detailing the results, summaries, and conclusions related to the SSP survey data and clinic demographic survey. The report will be based on participant-level data collected at baseline, M4/5, and M12/13 time period; and clinic-level data collected at baseline, and for quarter 1 to 4. The analyses that will be included in each report are described in Sections 7.1 through 7.3.

Appendix A outlines all table shells to be presented in the M12/13 study report.

7.1 Interim M12/13 Quantitative Analyses

The interim M12/13 quantitative analyses will be conducted when 50% of SSPs have completed the M12/13 ISQ. This will include descriptive summaries of data from the ISQ and Clinic Demographic Questionnaire. All analyses will be illustrated by study strategy and summarized across strategies as well as selected demographic variables (provider type, clinic type, and/or clinic affiliation). Data modeling or significance testing will not be performed for this data monitoring report.

7.2 Final M12/13 Quantitative Analyses

Final M12/13 quantitative analyses will be conducted when 100% of SSPs have completed the M12/13 ISQ. Final analyses will include descriptive summaries of data from the ISQ and Clinic Demographic Questionnaire, as described in Section 4. It should be noted that data are being collected using the Clinic Demographic Questionnaire quarterly. Therefore, analyses of Clinic Demographic Questionnaire data will use data collected during baseline and quarter 1 through 4.

7.3 Final Reports

Final analyses will be conducted when 100% of SSPs have completed the M12/13 ISQ. Final analyses will include descriptive and comparative analyses, as described in Section 4.2, and be combined with qualitative findings (described in the qualitative analysis plan). All analyses will be illustrated by study strategy and summarized across strategies and selected demographic variables.

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4.1.001. Demographic Characteristics of Staff Study Participants (All Participants at Month 12/13)

	All Participants (N=XX)	SI Strategy (N=XX)	EI Strategy (N=XX)	ECI Strategy (N=XX)
Gender identity				
Cisgender male	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cisgender female	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transgender man	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transgender woman	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nonbinary	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Gender queer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Age[1]				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX

[1]Missing respondents are from those who responded I Prefer Not to Answer
[2]Responses are among the N=XX participants who responded Yes to prescribing medications as part of their role.
[3]Participants allowed to select more than one response.

4.1.001. Demographic Characteristics of Staff Study Participants (All Participants at Month 12/13)

	All Participants (N=XX)	SI Strategy (N=XX)	EI Strategy (N=XX)	ECI Strategy (N=XX)
Race				
Pacific Islander	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asian	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Black or African American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mixed race	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Native American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Ethnicity				
Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Missing respondents are from those who responded I Prefer Not to Answer
[2]Responses are among the N=XX participants who responded Yes to prescribing medications as part of their role.
[3]Participants allowed to select more than one response.

4.1.001. Demographic Characteristics of Staff Study Participants (All Participants at Month 12/13)

	All Participants (N=XX)	SI Strategy (N=XX)	EI Strategy (N=XX)	ECI Strategy (N=XX)
Medical specialty[2,3]				
Infectious disease specialist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internal medicine/primary care/general doctor/family practitioner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
HIV specialist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Immunologist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Women's health/obstetricians and gynecologists	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Endocrinologist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Years practicing medicine[2]				
Less than 1 year	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
1-5 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6-10 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Greater than 20 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Missing respondents are from those who responded I Prefer Not to Answer
[2]Responses are among the N=XX participants who responded Yes to prescribing medications as part of their role.
[3]Participants allowed to select more than one response.

4.1.002. Demographic Characteristics of Staff Study Participants (Participants at both Baseline and Month 12/13)

	All Participants (N=XX)	SI Strategy (N=XX)	EI Strategy (N=XX)	ECI Strategy (N=XX)
Gender identity				
Cisgender male	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cisgender female	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transgender man	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transgender woman	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nonbinary	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Gender queer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Age[1]				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX

[1]Missing respondents are from those who responded I Prefer Not to Answer
[2]Responses are among the N=XX participants who responded Yes to prescribing medications as part of their role.
[3]Participants allowed to select more than one response.

4.1.002. Demographic Characteristics of Staff Study Participants (Participants at both Baseline and Month 12/13)

	All Participants (N=XX)	SI Strategy (N=XX)	EI Strategy (N=XX)	ECI Strategy (N=XX)
Race				
Pacific Islander	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asian	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Black or African American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mixed race	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Native American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Ethnicity				
Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Missing respondents are from those who responded I Prefer Not to Answer
[2]Responses are among the N=XX participants who responded Yes to prescribing medications as part of their role.
[3]Participants allowed to select more than one response.

4.1.002. Demographic Characteristics of Staff Study Participants (Participants at both Baseline and Month 12/13)

	All Participants (N=XX)	SI Strategy (N=XX)	EI Strategy (N=XX)	ECI Strategy (N=XX)
Medical specialty[2,3]				
Infectious disease specialist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internal medicine/primary care/general doctor/family practitioner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
HIV specialist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Immunologist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Women's health/obstetricians and gynecologists	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Endocrinologist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Years practicing medicine[2]				
Less than 1 year	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
1-5 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6-10 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Greater than 20 years	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Missing respondents are from those who responded I Prefer Not to Answer
[2]Responses are among the N=XX participants who responded Yes to prescribing medications as part of their role.
[3]Participants allowed to select more than one response.

4.2.001. Responsibilities and Experiences of Staff Study Participants at Month 12/13 (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Role				
Physician	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse practitioner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Physician Assistant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Medical assistant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Pharmacist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social worker/Case manager	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Administrator (Office/clinic)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lab tech	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Front desk/scheduler	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP educator/navigator	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Administers any type of injection				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Prescribes medication				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.2.001. Responsibilities and Experiences of Staff Study Participants at Month 12/13 (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Currently provide PrEP counseling as part of your role?				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.2.002. Responsibilities and Experiences of Staff Study Participants at M12/13 (Participants at both Baseline and Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Role				
Physician	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse practitioner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Physician Assistant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Medical assistant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Pharmacist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social worker/Case manager	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Administrator (Office/clinic)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lab tech	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Front desk/scheduler	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP educator/navigator	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Administers any type of injection				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Prescribes medication				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.2.002. Responsibilities and Experiences of Staff Study Participants at M12/13 (Participants at both Baseline and Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Currently provide PrEP counseling as part of your role?				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (All Participants at Month 12/13)

Average Appropriateness of APRETUDE (IAM)											
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
SI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Physician	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Mid-Level Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Nurse	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other Medical Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Administrator	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**

Average Appropriateness of APRETUDE (IAM)											
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
University/Academia/Research	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Non-Profit/Community Health/ FQHC/Department of Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Private Practice/Hospital	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]Standardized Cronbach's alpha cannot be calculated for subgroups where some items in the scale have zero variance.

[2]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (All Participants at Month 12/13)

Average Acceptability of APRETUDE (AIM)											
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
SI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Physician	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Mid-Level Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Nurse	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other Medical Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Administrator	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Average Acceptability of APRETUDE (AIM)											
University/Academia/Research	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Non-Profit/Community Health/ FQHC/Department of Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Private Practice/Hospital	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]Standardized Cronbach's alpha cannot be calculated for subgroups where some items in the scale have zero variance.

[2]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (All Participants at Month 12/13)

Average Feasibility of APRETUDE (FIM)											
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
SI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Physician	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Mid-Level Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Nurse	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other Medical Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Administrator	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Average Feasibility of APRETUDE (FIM)											
University/Academia/Research	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Non-Profit/Community Health/ FQHC/Department of Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Private Practice/Hospital	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]Standardized Cronbach's alpha cannot be calculated for subgroups where some items in the scale have zero variance.

[2]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (All Participants at Month 12/13)

Average Acceptability of Implementation Support (AIM)											
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
SI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Physician	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Mid-Level Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Nurse	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other Medical Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Administrator	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Average Acceptability of Implementation Support (AIM)											
University/Academia/Research	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Non-Profit/Community Health/ FQHC/Department of Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Private Practice/Hospital	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]Standardized Cronbach's alpha cannot be calculated for subgroups where some items in the scale have zero variance.

[2]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (All Participants at Month 12/13)

Average Acceptability of PrEP training (AIM) [ECI/EI only][2]											
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
SI	Month 12/13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Physician	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Mid-Level Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Nurse	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other Medical Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Administrator	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Average Acceptability of PrEP training (AIM) [ECI/EI only][2]											
University/Academia/Research	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Non-Profit/Community Health/ FQHC/Department of Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Private Practice/Hospital	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]Standardized Cronbach's alpha cannot be calculated for subgroups where some items in the scale have zero variance.

[2]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (All Participants at Month 12/13)

Average Appropriateness of PrEP training (IAM) [ECI/EI only][2]											
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
SI	Month 12/13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Physician	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Mid-Level Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Nurse	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other Medical Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Administrator	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Average Appropriateness of PrEP training (IAM) [ECI/EI only][2]											
University/Academia/Research	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Non-Profit/Community Health/ FQHC/Department of Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Private Practice/Hospital	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]Standardized Cronbach's alpha cannot be calculated for subgroups where some items in the scale have zero variance.

[2]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (All Participants at Month 12/13)

Average Feasibility of PrEP training (FIM) [ECI/EI only][2]											
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
SI	Month 12/13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Physician	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Mid-Level Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Nurse	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other Medical Provider	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Administrator	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**	**Standardized Cronbach's Alpha[1]**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Average Feasibility of PrEP training (FIM) [ECI/EI only][2]											
University/Academia/Research	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Non-Profit/Community Health/ FQHC/Department of Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Private Practice/Hospital	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX	XX.XXX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]Standardized Cronbach's alpha cannot be calculated for subgroups where some items in the scale have zero variance.

[2]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Baseline and Month 12/13)

Average Appropriateness of APRETUDE (IAM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
EI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Appropriateness of APRETUDE (IAM)										
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Physician	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Mid-Level Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Nurse	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other Medical Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Administrator	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
University/Academia/Research	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Appropriateness of APRETUDE (IAM)										
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Non-Profit/Community Health/ FQHC/Department of Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Private Practice/Hospital	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Baseline and Month 12/13)

Average Acceptability of APRETUDE (AIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
EI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Acceptability of APRETUDE (AIM)										
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Physician	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Mid-Level Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Nurse	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other Medical Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Administrator	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
University/Academia/Research	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Acceptability of APRETUDE (AIM)										
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Non-Profit/Community Health/ FQHC/Department of Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Private Practice/Hospital	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Baseline and Month 12/13)

Average Feasibility of APRETUDE (FIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
EI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Feasibility of APRETUDE (FIM)										
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Physician	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Mid-Level Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Nurse	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other Medical Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Administrator	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
University/Academia/Research	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Feasibility of APRETUDE (FIM)										
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Non-Profit/Community Health/ FQHC/Department of Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Private Practice/Hospital	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Baseline and Month 12/13)

Average Acceptability of Implementation Support (AIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
EI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Acceptability of Implementation Support (AIM)										
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Physician	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Mid-Level Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Nurse	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other Medical Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Administrator	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
University/Academia/Research	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Acceptability of Implementation Support (AIM)										
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Non-Profit/Community Health/ FQHC/Department of Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Private Practice/Hospital	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Baseline and Month 12/13)

Average Acceptability of PrEP training (AIM) [ECI/EI only][1]										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Month 12/13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Difference	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Acceptability of PrEP training (AIM) [ECI/EI only][1]										
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Physician	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Mid-Level Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Nurse	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other Medical Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Administrator	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
University/Academia/Research	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Acceptability of PrEP training (AIM) [ECI/EI only][1]										
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Non-Profit/Community Health/ FQHC/Department of Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Private Practice/Hospital	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Baseline and Month 12/13)

Average Appropriateness of PrEP training (IAM) [ECI/EI only][1]										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Month 12/13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Difference	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Appropriateness of PrEP training (IAM) [ECI/EI only][1]										
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Physician	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Mid-Level Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Nurse	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other Medical Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Administrator	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
University/Academia/Research	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

EBONI: Staff Study Participants Month 12/13 Tables

Average Appropriateness of PrEP training (IAM) [ECI/EI only][1]										
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Non-Profit/Community Health/ FQHC/Department of Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Private Practice/Hospital	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Baseline and Month 12/13)

Average Feasibility of PrEP training (FIM) [ECI/EI only][1]										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Month 12/13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Difference	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Feasibility of PrEP training (FIM) [ECI/EI only][1]										
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Provider Type	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Physician	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Mid-Level Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Nurse	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other Medical Provider	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Administrator	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Clinic Affiliation	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
University/Academia/Research	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Average Feasibility of PrEP training (FIM) [ECI/EI only][1]										
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Non-Profit/Community Health/ FQHC/Department of Health	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Private Practice/Hospital	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
	Difference	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree. Average scores are calculated considering only non-missing responses.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Appropriateness of APRETUDE (IAM)				
APRETUDE seems fitting for Black women at our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
APRETUDE seems suitable for Black women at our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
APRETUDE seems applicable for Black women at our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
APRETUDE seems like a good match for Black women at our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
Acceptability of APRETUDE (AIM)				
APRETUDE in our clinic/practice meets my approval				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
APRETUDE in our clinic/practice is appealing to me				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I like APRETUDE in our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
I welcome APRETUDE in our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
Feasibility of APRETUDE (FIM)				
APRETUDE seems implementable in our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
APRETUDE seems possible in our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
APRETUDE seems doable in our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
APRETUDE seems easy to use in our clinic/practice				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Acceptability of Implementation Support (AIM)				
The implementation support has met my approval				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
The implementation support was appealing to me				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
I like the implementation support I have received				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I welcome the implementation support I have received				
Mean	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	XX.XX	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX
Acceptability of PrEP Training (AIM) [ECI/EI only]				
The PrEP training met my approval[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX
The PrEP training was appealing to me[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I liked the PrEP training[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX
I welcome the PrEP training as a regular education tool into my practice[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX
Appropriateness of PrEP Training (IAM) [ECI/EI only]				
The PrEP training seemed fitting for sexual and reproductive healthcare providers[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
The PrEP training seemed suitable for sexual and reproductive healthcare providers[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX
The PrEP training seemed applicable for sexual and reproductive healthcare providers[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX
The PrEP training seemed like a good match for sexual and reproductive healthcare providers[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Feasibility of PrEP Training (FIM) [ECI/EI only]				
The PrEP training would be easily implemented as part of my continuing education[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX
It would be possible to incorporate the PrEP training into my continuing education efforts[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX
The PrEP training was doable as a continuing education activity[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.4.001. Descriptive Analyses of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
The PrEP training was easy to use[1]				
Mean	XX.X	N/A	XX.X	XX.X
SD	XX.XX	N/A	XX.XX	XX.XX
Median (Q1, Q3)	XX.X (XX.X, XX.X)	N/A	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	N/A	XX - XX	XX - XX
Missing	XX	N/A	XX	XX

Note: IAM/AIM/FIM use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[1]This item follows a skip pattern. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX and n=XX in EI and ECI, respectively).

4.5.001. Frequencies of Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants by Study Arm (All Participants at Month 12/13)

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree	Missing
IAM	1. APRETUDE seems fitting for Black women at our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	2. APRETUDE seems suitable for Black women at our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	3. APRETUDE seems applicable for Black women at our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	4. APRETUDE seems like a good match for Black women at our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
AIM	1. The idea of APRETUDE in our clinic/practice meets my approval	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree	Missing
	2. The idea of APRETUDE in our clinic/practice is appealing to me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	3. I like the idea of APRETUDE in our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	4. I welcome APRETUDE in our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
FIM	1. APRETUDE seems implementable in our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	2. APRETUDE seems possible in our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	3. APRETUDE seems doable in our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree	Missing
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	4. APRETUDE seems easy to use in our clinic/practice	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
AIM	1. The implementation support has met my approval	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	2. The implementation support was appealing to me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	3. I like the implementation support I have received	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	4. I welcome the implementation support I have received	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
AIM	1. The PrEP training met my approval (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree	Missing
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	2. The PrEP training was appealing to me (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	3. I liked the PrEP training (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	4. I welcome the PrEP training as a regular education tool into my practice (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
IAM	1. The PrEP training seemed fitting for sexual and reproductive healthcare providers (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	2. The PrEP training seemed suitable for sexual and reproductive healthcare providers (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree	Missing
	3. The PrEP training seemed applicable for sexual and reproductive healthcare providers (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	4. The PrEP training seemed like a good match for sexual and reproductive healthcare providers like me (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
FIM	1. The PrEP training would be easily implemented as part of my continuing education (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	2. It would be possible to incorporate the PrEP training into my continuing education efforts (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
	3. The PrEP training was doable as a continuing education activity (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree	Missing
	4. The PrEP training was easy to use (ECI/EI only)[1]	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		SI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

Note: Intervention Appropriateness Measure (IAM), Acceptability of Intervention Measure (AIM), and Feasibility Intervention Measure (FIM) use the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.

[1]PrEP training items are only asked post-baseline. Responses are among participants who responded 'Yes' to completing the PrEP training (n=XX).

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Patients' ability to keep injection appointments									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Patients' ability to keep injection appointments									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Patients' injection-related pain/soreness									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Patients' injection-related pain/soreness									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Risk of drug resistance for patients not adherent to injection visits									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Risk of drug resistance for patients not adherent to injection visits									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Cost of APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Cost of APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Cost of ancillary services to provide APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Cost of ancillary services to provide APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Keeping a patient engaged and motivated to continue APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Keeping a patient engaged and motivated to continue APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Identifying eligible individuals for APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Identifying eligible individuals for APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Worried that a patient will feel stigmatized if offered APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Worried that a patient will feel stigmatized if offered APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Patients' willingness to travel every 2 months for an injection appointment									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Patients' willingness to travel every 2 months for an injection appointment									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Patient lack of belief in the efficacy of APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Patient lack of belief in the efficacy of APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Difficulty of giving the gluteal medial injection									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Difficulty of giving the gluteal medial injection									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Understanding how to manage patients who miss an injection dose									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Understanding how to manage patients who miss an injection dose									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Understanding how to use oral PrEP medication for a planned missed injection visit									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Understanding how to use oral PrEP medication for a planned missed injection visit									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Understanding how to restart APRETUDE after a missed injection									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Understanding how to restart APRETUDE after a missed injection									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Managing the oral lead-in phase of APRETUDE before starting injections if needed									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Managing the oral lead-in phase of APRETUDE before starting injections if needed									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Ability to provide adherence counseling and support, when injection dosing visits are missed									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Ability to provide adherence counseling and support, when injection dosing visits are missed									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

How to transition patients off of APRETUDE who want to stop taking it (e.g., should other PrEP be offered)									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

How to transition patients off of APRETUDE who want to stop taking it (e.g., should other PrEP be offered)									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Management of scheduling injection appointments every 2 months during correct injection (i.e., dosing) windows									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Management of scheduling injection appointments every 2 months during correct injection (i.e., dosing) windows									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Management of rescheduling appointments during correct injection (i.e., dosing) windows									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Management of rescheduling appointments during correct injection (i.e., dosing) windows									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Ability to schedule/reschedule patients who missed APRETUDE visits within correct injection (i.e., dosing) window									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Ability to schedule/reschedule patients who missed APRETUDE visits within correct injection (i.e., dosing) window									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Ability to identify and flag missed injection visits to providers (in a timely manner)									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Ability to identify and flag missed injection visits to providers (in a timely manner)									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Ability to manage patients presenting to APRETUDE injection appointments with other care needs that need to be addressed									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Ability to manage patients presenting to APRETUDE injection appointments with other care needs that need to be addressed									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Persistence to follow up with patient on missed appointments									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Persistence to follow up with patient on missed appointments									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Ability to provide HIV screening as indicated at each injection visit and provide rapid intervention/follow-up based on results status									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Ability to provide HIV screening as indicated at each injection visit and provide rapid intervention/follow-up based on results status									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Provider time to discuss HIV prevention with all eligible patients									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Provider time to discuss HIV prevention with all eligible patients									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

HIV monitoring requirements associated with APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

HIV monitoring requirements associated with APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Staff resourcing to ensure appropriate clinic flow									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Staff resourcing to ensure appropriate clinic flow									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Number of exam rooms for injections									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Number of exam rooms for injections									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Clinic staff to administer injections									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Clinic staff to administer injections									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Staff preparation (i.e., education, training, in-services) to implement APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Staff preparation (i.e., education, training, in-services) to implement APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Staff time to provide counseling and support to patients, such as answering questions between visit, keeping patients motivated									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Staff time to provide counseling and support to patients, such as answering questions between visit, keeping patients motivated									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

Staff belief in the efficacy of APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
SI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Moderately Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Staff belief in the efficacy of APRETUDE									
			M12/13						
Strategy	N	Baseline	Extremely Concerned	Moderately Concerned	Somewhat Concerned	Slightly Concerned	Not at all Concerned	Missing	Total
		Slightly Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

How do you feel about implementing APRETUDE at your clinic/practice?									
			M12/13						
Strategy	N	Baseline	Extremely Positive	Positive	Somewhat Positive	A little Positive	Not at all Positive	Missing	Total
SI	XX	Extremely Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		A little Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Extremely Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		A little Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Extremely Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		A little Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Extremely Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

How do you feel about implementing APRETUDE at your clinic/practice?									
			M12/13						
Strategy	N	Baseline	Extremely Positive	Positive	Somewhat Positive	A little Positive	Not at all Positive	Missing	Total
		A little Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Not at all Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.6.001. Shift in Frequencies of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Arm (Participants at Baseline and/or Month 12/13)

How easy or difficult has it been to implement APRETUDE into your current workflow?									
			M12/13						
Strategy	N	Baseline	Very Easy	Somewhat Easy	Neither Easy nor Difficult	Somewhat Difficult	Very Difficult	Missing	Total
SI	XX	Very Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Neither Easy nor Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Very Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
EI	XX	Very Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Neither Easy nor Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Very Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
ECI	XX	Very Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Neither Easy nor Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Very Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX
Total	XX	Very Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

How easy or difficult has it been to implement APRETUDE into your current workflow?									
			M12/13						
Strategy	N	Baseline	Very Easy	Somewhat Easy	Neither Easy nor Difficult	Somewhat Difficult	Very Difficult	Missing	Total
		Somewhat Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Neither Easy nor Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Somewhat Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Very Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Total	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Perceived Barriers to Delivering APRETUDE				
Patients' ability to keep injection appointments				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Patients' injection-related pain/soreness				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Risk of drug resistance for patients not adherent to injection visits				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Cost of APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Cost of ancillary services to provide APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Keeping a patient engaged and motivated to continue APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Identifying eligible individuals for APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Worried that a patient will feel stigmatized if offered APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Patients' willingness to travel every 2 months for an injection appointment				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Patient lack of belief in the efficacy of APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Perceived Barriers to APRETUDE administration				
Difficulty of giving the gluteal medial injection				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Understanding how to manage patients who miss an injection dose				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Understanding how to use oral PrEP medication for a planned missed injection visit				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Understanding how to restart APRETUDE after a missed injection				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Managing the oral lead-in phase of APRETUDE before starting injections if needed				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Ability to provide adherence counseling and support, when injection dosing visits are missed				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How to transition patients off of APRETUDE who want to stop taking it (e.g., should other PrEP be offered)				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Perceived Barriers to APRETUDE delivery management				
Management of scheduling injection appointments every 2 months during correct injection (i.e., dosing) windows				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Management of rescheduling appointments during correct injection (i.e., dosing) windows				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Ability to schedule/reschedule patients who missed APRETUDE visits within correct injection (i.e., dosing) window				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Ability to identify and flag missed injection visits to providers (in a timely manner)				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Ability to manage patients presenting to APRETUDE injection appointments with other care needs that need to be addressed				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Persistence to follow up with patient on missed appointments				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Ability to provide HIV screening as indicated at each injection visit and provide rapid intervention/follow-up based on results status				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Provider time to discuss HIV prevention with all eligible patients				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
HIV monitoring requirements associated with APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Perceived Level of Resources as a Barrier to APRETUDE delivery				
Staff resourcing to ensure appropriate clinic flow				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Number of exam rooms for injections				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Clinic staff to administer injections				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Staff preparation (i.e., education, training, in-services) to implement APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Staff time to provide counseling and support to patients, such as answering questing between visit, keeping patients motivated				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Staff belief in the efficacy of APRETUDE				
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Implementation Climate				
How do you feel about implementing APRETUDE at your clinic/practice?				
Extremely positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.001. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How easy or difficult has it been to implement APRETUDE into your current workflow?				
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Perceived Barriers to Delivering APRETUDE							
Patients' ability to keep injection appointments							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Patients' injection-related pain/soreness							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Risk of drug resistance for patients not adherent to injection visits							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Cost of APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Cost of ancillary services to provide APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Keeping a patient engaged and motivated to continue APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Identifying eligible individuals for APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Worried that a patient will feel stigmatized if offered APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Patients' willingness to travel every 2 months for an injection appointment							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Patient lack of belief in the efficacy of APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Perceived Barriers to APRETUDE administration							
Difficulty of giving the gluteal medial injection							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Understanding how to manage patients who miss an injection dose							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Understanding how to use oral PrEP medication for a planned missed injection visit							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Understanding how to restart APRETUDE after a missed injection							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Managing the oral lead-in phase of APRETUDE before starting injections if needed							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Ability to provide adherence counseling and support, when injection dosing visits are missed							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
How to transition patients off of APRETUDE who want to stop taking it (e.g., should other PrEP be offered)							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Perceived Barriers to APRETUDE delivery management							
Management of scheduling injection appointments every 2 months during correct injection (i.e., dosing) windows							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Management of rescheduling appointments during correct injection (i.e., dosing) windows							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Ability to schedule/reschedule patients who missed APRETUDE visits within correct injection (i.e., dosing) window							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Ability to identify and flag missed injection visits to providers (in a timely manner)							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Ability to manage patients presenting to APRETUDE injection appointments with other care needs that need to be addressed							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Persistence to follow up with patient on missed appointments							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Ability to provide HIV screening as indicated at each injection visit and provide rapid intervention/follow-up based on results status							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Provider time to discuss HIV prevention with all eligible patients							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
HIV monitoring requirements associated with APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Perceived Level of Resources as a Barrier to APRETUDE delivery							
Staff resourcing to ensure appropriate clinic flow							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Number of exam rooms for injections							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Clinic staff to administer injections							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Staff preparation (i.e., education, training, in-services) to implement APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Staff time to provide counseling and support to patients, such as answering questing between visit, keeping patients motivated							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Staff belief in the efficacy of APRETUDE							
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Implementation Climate							
How do you feel about implementing APRETUDE at your clinic/practice?							
Extremely positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.002. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How easy or difficult has it been to implement APRETUDE into your current workflow?							
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Perceived Barriers to Delivering APRETUDE					
Patients' ability to keep injection appointments					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Patients' injection-related pain/soreness					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Risk of drug resistance for patients not adherent to injection visits					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Cost of APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Cost of ancillary services to provide APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Keeping a patient engaged and motivated to continue APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Identifying eligible individuals for APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Worried that a patient will feel stigmatized if offered APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Patients' willingness to travel every 2 months for an injection appointment					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Patient lack of belief in the efficacy of APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Perceived Barriers to APRETUDE administration					
Difficulty of giving the gluteal medial injection					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Understanding how to manage patients who miss an injection dose					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Understanding how to use oral PrEP medication for a planned missed injection visit					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Understanding how to restart APRETUDE after a missed injection					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Managing the oral lead-in phase of APRETUDE before starting injections if needed					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Ability to provide adherence counseling and support, when injection dosing visits are missed					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How to transition patients off of APRETUDE who want to stop taking it (e.g., should other PrEP be offered)					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Perceived Barriers to APRETUDE delivery management					
Management of scheduling injection appointments every 2 months during correct injection (i.e., dosing) windows					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Management of rescheduling appointments during correct injection (i.e., dosing) windows					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Ability to schedule/reschedule patients who missed APRETUDE visits within correct injection (i.e., dosing) window					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Ability to identify and flag missed injection visits to providers (in a timely manner)					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Ability to manage patients presenting to APRETUDE injection appointments with other care needs that need to be addressed					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Persistence to follow up with patient on missed appointments					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Ability to provide HIV screening as indicated at each injection visit and provide rapid intervention/follow-up based on results status					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Provider time to discuss HIV prevention with all eligible patients					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
HIV monitoring requirements associated with APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Perceived Level of Resources as a Barrier to APRETUDE delivery					
Staff resourcing to ensure appropriate clinic flow					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Number of exam rooms for injections					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Clinic staff to administer injections					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Staff preparation (i.e., education, training, in-services) to implement APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Staff time to provide counseling and support to patients, such as answering questing between visit, keeping patients motivated					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Staff belief in the efficacy of APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Implementation Climate					
How do you feel about implementing APRETUDE at your clinic/practice?					
Extremely positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.003. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How easy or difficult has it been to implement APRETUDE into your current workflow?					
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Perceived Barriers to Delivering APRETUDE					
Patients' ability to keep injection appointments					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Patients' injection-related pain/soreness					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Risk of drug resistance for patients not adherent to injection visits					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Cost of APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Cost of ancillary services to provide APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Keeping a patient engaged and motivated to continue APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Identifying eligible individuals for APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Worried that a patient will feel stigmatized if offered APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Patients' willingness to travel every 2 months for an injection appointment					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Patient lack of belief in the efficacy of APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Perceived Barriers to APRETUDE administration					
Difficulty of giving the gluteal medial injection					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Understanding how to manage patients who miss an injection dose					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Understanding how to use oral PrEP medication for a planned missed injection visit					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Understanding how to restart APRETUDE after a missed injection					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Managing the oral lead-in phase of APRETUDE before starting injections if needed					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Ability to provide adherence counseling and support, when injection dosing visits are missed					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How to transition patients off of APRETUDE who want to stop taking it (e.g., should other PrEP be offered)					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Perceived Barriers to APRETUDE delivery management					
Management of scheduling injection appointments every 2 months during correct injection (i.e., dosing) windows					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Management of rescheduling appointments during correct injection (i.e., dosing) windows					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Ability to schedule/reschedule patients who missed APRETUDE visits within correct injection (i.e., dosing) window					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Ability to identify and flag missed injection visits to providers (in a timely manner)					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Ability to manage patients presenting to APRETUDE injection appointments with other care needs that need to be addressed					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Persistence to follow up with patient on missed appointments					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Ability to provide HIV screening as indicated at each injection visit and provide rapid intervention/follow-up based on results status					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Provider time to discuss HIV prevention with all eligible patients					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
HIV monitoring requirements associated with APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Perceived Level of Resources as a Barrier to APRETUDE delivery					
Staff resourcing to ensure appropriate clinic flow					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Number of exam rooms for injections					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Clinic staff to administer injections					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Staff preparation (i.e., education, training, in-services) to implement APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Staff time to provide counseling and support to patients, such as answering questing between visit, keeping patients motivated					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Staff belief in the efficacy of APRETUDE					
Extremely concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Slightly concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all concerned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.7.004. Frequencies and Descriptive Analyses of Perceived Barriers to Fidelity to Injection and Dosing Window and Perceived Barriers and Facilitators to APRETUDE among Staff Study Participants by Clinic Affiliation (All Participants at Month 12/13)

	All Participants	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Implementation Climate					
How do you feel about implementing APRETUDE at your clinic/practice?					
Extremely positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How easy or difficult has it been to implement APRETUDE into your current workflow?					
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants (N=XX)	SI Strategy (N=XX)	EI Strategy (N=XX)	ECI Strategy (N=XX)
People that APRETUDE is appropriate for per the perceptions of staff[1]				
have been sexually active with 1 or more partners in the last 6 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex without a condom	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
engage in anal sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have a sexual partner living with HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are in monogamous relationships	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex with a person/people who inject drugs	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex with someone who has recently been in jail/prison	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
currently have or recently (within the past 6 months) have had an STI other than HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are currently adherent on daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are currently adherent to daily oral PrEP but express a preference for long-acting option	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are non-adherent on daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
use oral PrEP on demand (i.e., event-based PrEP, PrEP 2-1-1)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
could benefit from PrEP but do not want to use daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have previously used and discontinued oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
feel stigmatized about taking oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
request APRETUDE spontaneously	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience stigma around using HIV prevention	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are concerned about taking pills every day	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience stress of anxiety over adherence of a daily pill regimen	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
live in areas with high HIV prevalence	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
inject drugs	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have more chaotic lifestyles (e.g., variable work schedules, frequent travel, balancing work and school)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have more structured lifestyles (e.g., regular work hours, little to no unplanned travels)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have difficulty planning or organizing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have stable income and stable housing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience homelessness or are unstably housed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have psychiatric comorbidities	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are incarcerated, temporarily incarcerated, or recently released from incarceration	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the above	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
There are individuals with specific demographics more appropriate for APRETUDE				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Other people with specific demographics more appropriate for APRETUDE[1,2]				
Patients <35 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients 35-50 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients >50 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Black patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hispanic/Latinx patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients of other races/ethnicities	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cis-women (assigned female at birth, identify as female)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Trans-women (assigned male at birth, identify as female)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Trans-men (assigned female at birth, identify as male)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cis-men (assigned male at birth, identify as male)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-binary individuals	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Heterosexual women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bisexual/pansexual women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lesbian women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Heterosexual men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Men who have sex with men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the above	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Have any APRETUDE patients received their injections at a location other than your clinic				
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Locations where APRETUDE patients received injections[1, 3]				
Another clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
At home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
An infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retail pharmacy (e.g., CVS, Walgreens)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community based organization	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of health	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Appropriateness of setting for administering APRETUDE				
HIV-specialty clinic				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Primary care clinic/private practice				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Women's health practice/center				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Community health center				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Hospital outpatient				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Retail pharmacy (e.g., CVS, Walgreens)				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Other pharmacy				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
At home/home-based care				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Community based organization				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Infusion center				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
STD/STI or Sexual Health clinic				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
PrEP clinic				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Department of Health Clinic				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.001. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Study Arm (All Participants at Month 12/13)

	All Participants	SI Strategy	EI Strategy	ECI Strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Mobile clinic				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Other (e.g., schools, mobile clinics, prisons)[4]				
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
People that APRETUDE is appropriate for per the perceptions of staff[1]							
have been sexually active with 1 or more partners in the last 6 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex without a condom	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
engage in anal sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have a sexual partner living with HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are in monogamous relationships	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex with a person/people who inject drugs	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex with someone who has recently been in jail/prison	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
currently have or recently (within the past 6 months) have had an STI other than HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are currently adherent on daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are currently adherent to daily oral PrEP but express a preference for long-acting option	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are non-adherent on daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
use oral PrEP on demand (i.e., event-based PrEP, PrEP 2-1-1)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
could benefit from PrEP but do not want to use daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have previously used and discontinued oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
feel stigmatized about taking oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
request APRETUDE spontaneously	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience stigma around using HIV prevention	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are concerned about taking pills every day	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience stress of anxiety over adherence of a daily pill regimen	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
live in areas with high HIV prevalence	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
inject drugs	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have more chaotic lifestyles (e.g., variable work schedules, frequent travel, balancing work and school)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have more structured lifestyles (e.g., regular work hours, little to no unplanned travels)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have difficulty planning or organizing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have stable income and stable housing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience homelessness or are unstably housed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have psychiatric comorbidities	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are incarcerated, temporarily incarcerated, or recently released from incarceration	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the above	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
There are individuals with specific demographics more appropriate for APRETUDE							
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Other people with specific demographics more appropriate for APRETUDE[1,2]							
Patients <35 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients 35-50 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients >50 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Black patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hispanic/Latinx patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients of other races/ethnicities	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cis-women (assigned female at birth, identify as female)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Trans-women (assigned male at birth, identify as female)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Trans-men (assigned female at birth, identify as male)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cis-men (assigned male at birth, identify as male)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-binary individuals	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Heterosexual women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bisexual/pansexual women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lesbian women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Heterosexual men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Men who have sex with men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the above	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Have any APRETUDE patients received their injections at a location other than your clinic							
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Locations where APRETUDE patients received injections[1, 3]							
Another clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
At home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
An infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retail pharmacy (e.g., CVS, Walgreens)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community based organization	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of health	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Appropriateness of setting for administering APRETUDE							
HIV-specialty clinic							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Primary care clinic/private practice							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Women's health practice/center							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Community health center							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Hospital outpatient							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Retail pharmacy (e.g., CVS, Walgreens)							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Other pharmacy							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
At home/home-based care							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Community based organization							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Infusion center							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
STD/STI or Sexual Health clinic							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
PrEP clinic							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Department of Health Clinic							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.002. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Provider Type (All Participants at Month 12/13)

	All Participants	Physician	Mid-Level Provider	Nurse	Other Medical Provider	Administrator	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Mobile clinic							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX
Other (e.g., schools, mobile clinics, prisons)[4]							
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.003. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
People that APRETUDE is appropriate for per the perceptions of staff[1]					
have been sexually active with 1 or more partners in the last 6 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex without a condom	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
engage in anal sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have a sexual partner living with HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are in monogamous relationships	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex with a person/people who inject drugs	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have sex with someone who has recently been in jail/prison	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
currently have or recently (within the past 6 months) have had an STI other than HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are currently adherent on daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are currently adherent to daily oral PrEP but express a preference for long-acting option	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are non-adherent on daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
use oral PrEP on demand (i.e., event-based PrEP, PrEP 2-1-1)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
could benefit from PrEP but do not want to use daily oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have previously used and discontinued oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
feel stigmatized about taking oral PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
request APRETUDE spontaneously	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience stigma around using HIV prevention	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are concerned about taking pills every day	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience stress of anxiety over adherence of a daily pill regimen	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
live in areas with high HIV prevalence	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.003. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
inject drugs	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have more chaotic lifestyles (e.g., variable work schedules, frequent travel, balancing work and school)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have more structured lifestyles (e.g., regular work hours, little to no unplanned travels)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have difficulty planning or organizing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have stable income and stable housing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
experience homelessness or are unstably housed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
have psychiatric comorbidities	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
are incarcerated, temporarily incarcerated, or recently released from incarceration	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the above	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
There are individuals with specific demographics more appropriate for APRETUDE					
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.003. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Other people with specific demographics more appropriate for APRETUDE[1,2]					
Patients <35 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients 35-50 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients >50 years old	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Black patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hispanic/Latinx patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patients of other races/ethnicities	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cis-women (assigned female at birth, identify as female)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Trans-women (assigned male at birth, identify as female)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Trans-men (assigned female at birth, identify as male)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Cis-men (assigned male at birth, identify as male)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-binary individuals	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Heterosexual women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bisexual/pansexual women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lesbian women	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Heterosexual men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Men who have sex with men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the above	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.

4.8.003. Descriptive Analyses of Perceptions towards APRETUDE among Staff Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Have any APRETUDE patients received their injections at a location other than your clinic					
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Locations where APRETUDE patients received injections[1, 3]					
Another clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
At home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
An infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retail pharmacy (e.g., CVS, Walgreens)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community based organization	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of health	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Appropriateness of setting for administering APRETUDE					
HIV-specialty clinic					
Very appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all appropriate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether individuals with specific demographics are more appropriate for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to APRETUDE patients receiving injections at a location other than their clinic (n=XX).
[4]This item is optional.