Statistical Analysis Plan Part 3

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.

4.12.004. Frequencies and Descriptive Analyses of Feasibility and Acceptability of Implementing 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 plan to offer appointments for APRETUDE injections[1]					
Appointments each day of the week	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appointments only on certain days of the week	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Appointments spread out over the month	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Injection-only appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Allow patients to drop-in for injections on any day without an appointment	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Allow patients to drop-in with little advance notice (e.g., 24 hr notice)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Allow patients to drop-in on a specific injection day without an appointment	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
After hours appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Before hours appointment	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Weekend appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Home nursing appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile clinic option	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Alternate site appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Depends on the schedule of the injection nurse	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Depends on the schedule of the APRETUDE provider	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%)
Unsure	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Participants allowed to select more than one response.

4.12.004. Frequencies and Descriptive Analyses of Feasibility and Acceptability of Implementing 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)
On average, how long does an APRETUDE patient spend in the waiting room prior to an injection visit?					
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	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
On average, how long does an APRETUDE patient spend in the exam room during an injection visit?					
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	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

[1]Participants allowed to select more than one response.

4.12.004. Frequencies and Descriptive Analyses of Feasibility and Acceptability of Implementing 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)
What is the observation period for a patient after an APRETUDE injection?					
No observation period	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Up to 10 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11 to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-30 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 30 minutes	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

[1]Participants allowed to select more than one response.

4.13.001. Frequencies and Descriptive Analyses of Use of Cabotegravir Tablets as Oral Lead-In 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 you start patients with APRETUDE[1, 2]				
Directly with injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
With optional oral lead-in using oral cabotegravir	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
With oral PrEP (TDF/FTC or TAF/FTC)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Of all patients who have been prescribed APRETUDE, estimated percentage that started[2]:				
Directly with injection who switched from oral PrEP				
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
Directly with injection who are new to PrEP				
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
With optional oral lead-in (oral cabotegravir)				
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]Participants are allowed to select more than one response.
[2]This item follows a skip pattern. Responses are among participants who responded 'Yes' to prescribing medications as part of their role (n=XX).

4.13.001. Frequencies and Descriptive Analyses of Use of Cabotegravir Tablets as Oral Lead-In 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)
With oral PrEP (TDF/FTC or TAF/FTC)				
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
Other				
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
What sources of information have you drawn upon in assessing whether an oral lead-in is needed or not?[1, 2]				
Scientific literature	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Independent Medical Education	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Data from ViiV/GSK	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Scientific conferences	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Clinic rounds	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
CDC guidelines	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other medical colleagues	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other sources	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 prescribing medications as part of their role (n=XX).

4.13.001. Frequencies and Descriptive Analyses of Use of Cabotegravir Tablets as Oral Lead-In 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)
What are the main factors that drive your decision to use oral lead-in?[1, 2]				
The ability to assess the safety/tolerability of APRETUDE in all patients	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ability to assess the safety/tolerability of APRETUDE in patients with a history of allergy/drug intolerance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The availability of more data from clinical trials using an oral lead-in phase	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ability to increase drug concentration before starting the injections	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Being cautious with a new medication	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Providing patient with protection against HIV until the injection arrives	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Patient request	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Enough data exists from clinical trials to start patients with injection without oral lead-in	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Provide patients with immediate protection with a long-acting method by not using oral lead-in	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
How influential are patient preferences in the decision of whether or not to use an oral lead-in phase?[2]				
Very influential	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Influential	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat influential	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very influential	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all influential	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 prescribing medications as part of their role (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Involvement in any part of the acquisition process 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%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Methods of acquisition of APRETUDE[1, 2]				
Bill-and-Buy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White Bagging	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Clear Bagging	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%)
I don't know	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Person responsible for completing the insurance benefits verification process for specialty medications for patients[1, 2]				
Physician	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse practitioner/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%)
Pharmacist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Specialty pharmacy	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%)
Social worker/case manager	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Front desk staff/scheduler	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dedicated administrator	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
APRETUDE coordinator	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%)
Don't know	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Helpfulness of ViiV Connect				
ViiV Connect Services and Support Information (e.g., ViiV Connect Brochure, Provider Portal Brochure)[3]				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
ViiV Connect Enrollment information (annotated enrollment forms, enrollment form)[3]				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Acquisition Guides (e.g., ordering guide, buy-and-bill checklist, specialty pharmacy checklist)[3]				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Billing, coding, and reimbursement information (e.g., prior authorization checklist, reimbursement guide)[3]				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Benefits Verification- understanding summary of benefits (illustrated form highlights patient benefit summary and how to read it)[3]				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Live support (e.g., access coordinators)[3]				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
APRETUDE Payer Information[3]				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Concerns about ViiV Connect				
Authorization wait times[3]				
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 status of authorization[3]				
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 seek assistance[3]				
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Amount of paperwork[3]				
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
Clarity on coverage approval[3]				
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
Ensuring medication comes to the right place (e.g., clinic/practice, pharmacy)[3]				
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Potential loss of enthusiasm for APRETUDE by patients[3]				
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
Potential patient dissatisfaction with clinic staff[3]				
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 dissatisfaction with the acquisition process[3]				
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Potential disruption of clinic flow[3]				
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
Time-consuming process[3]				
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
Inequitable access for eligible patients[3]				
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Would recommend ViiV Connect to other providers and clinics/practices to aid in the acquisition of ViiV medications[4]				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Average time it takes to complete the APRETUDE enrollment form[2]				
1-5 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6-10 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-25 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
26-30 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
31+ minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not completed this form	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Average time it takes to receive confirmation of benefits verification for APRETUDE[2]				
1-2 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3-4 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
5-6 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
7-8 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
9-10 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-30 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
31-40 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61+ days	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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Average time it takes for patients to receive APRETUDE from the point of benefits verification[2]				
1-2 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3-4 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
5-6 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
7-8 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
9-10 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
20+ days	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
Is your clinic/practice using ViiV Connect ViiV Connect to acquire APRETUDE?[2]				
Yes, I personally use it	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, the clinic/practice uses it but I have not personally used it	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%)
Don't know	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Impressions of ViiV Connect				
I understand how to use ViiV Connect[4]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I understand how to complete the APRETUDE forms in ViiV Connect[4]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Completing the benefits enrollment forms is easy[3]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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 live support for ViiV Connect is helpful[4]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I am knowledgeable about the patient savings card for APRETUDE for patients[3]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
The benefits verification process of ViiV Connect is time consuming[4]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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 am satisfied with the benefits verification process[3]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
It has been easy to acquire APRETUDE for patients[3]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I know what to do if I am having trouble acquiring APRETUDE for patients[3]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.001. Frequencies of Questions Related to Acquisition Process in Clinics 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 am knowledgeable about the patient assistance program for APRETUDE[3]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Involvement in any part of the acquisition process 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%)
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
Methods of acquisition of APRETUDE[1, 2]					
Bill-and-Buy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White Bagging	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Clear Bagging	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%)
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Person responsible for completing the insurance benefits verification process for specialty medications for patients[1, 2]					
Physician	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse practitioner/physician assistant	XX (XX.X%)	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%)	XX (XX.X%)
Pharmacist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Specialty pharmacy	XX (XX.X%)	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%)	XX (XX.X%)
Social worker/case manager	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Front desk staff/scheduler	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dedicated administrator	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
APRETUDE coordinator	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%)
Don't know	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Helpfulness of ViiV Connect					
ViiV Connect Services and Support Information (e.g., ViiV Connect Brochure, Provider Portal Brochure)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
ViiV Connect Enrollment information (annotated enrollment forms, enrollment form)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Acquisition Guides (e.g., ordering guide, buy-and-bill checklist, specialty pharmacy checklist)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Billing, coding, and reimbursement information (e.g., prior authorization checklist, reimbursement guide)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Benefits Verification- understanding summary of benefits (illustrated form highlights patient benefit summary and how to read it)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Live support (e.g., access coordinators)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
APRETUDE Payer Information[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Concerns about ViiV Connect					
Authorization wait times[3]					
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 status of authorization[3]					
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 seek assistance[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Amount of paperwork[3]					
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
Clarity on coverage approval[3]					
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
Ensuring medication comes to the right place (e.g., clinic/practice, pharmacy)[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Potential loss of enthusiasm for APRETUDE by patients[3]					
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
Potential patient dissatisfaction with clinic staff[3]					
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 dissatisfaction with the acquisition process[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Potential disruption of clinic flow[3]					
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
Time-consuming process[3]					
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
Inequitable access for eligible patients[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Would recommend ViiV Connect to other providers and clinics/practices to aid in the acquisition of ViiV medications[4]					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Average time it takes to complete the APRETUDE enrollment form[2]					
1-5 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6-10 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-25 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
26-30 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
31+ minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not completed this form	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Average time it takes to receive confirmation of benefits verification for APRETUDE[2]					
1-2 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3-4 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
5-6 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
7-8 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
9-10 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-30 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
31-40 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61+ days	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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Average time it takes for patients to receive APRETUDE from the point of benefits verification[2]					
1-2 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3-4 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
5-6 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
7-8 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
9-10 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
20+ days	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
Is your clinic/practice using ViiV Connect ViiV Connect to acquire APRETUDE?[2]					
Yes, I personally use it	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, the clinic/practice uses it but I have not personally used it	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%)
Don't know	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Impressions of ViiV Connect					
I understand how to use ViiV Connect[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I understand how to complete the APRETUDE forms in ViiV Connect[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Completing the benefits enrollment forms is easy[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
The live support for ViiV Connect is helpful[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I am knowledgeable about the patient savings card for APRETUDE for patients[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The benefits verification process of ViiV Connect is time consuming[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
I am satisfied with the benefits verification process[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
It has been easy to acquire APRETUDE for patients[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I know what to do if I am having trouble acquiring APRETUDE for patients[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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.
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[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.002. Frequencies of Questions Related to Acquisition Process in Clinics 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)
I am knowledgeable about the patient assistance program for APRETUDE[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Involvement in any part of the acquisition process 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%)
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
Methods of acquisition of APRETUDE[1, 2]					
Bill-and-Buy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White Bagging	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Clear Bagging	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%)
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Person responsible for completing the insurance benefits verification process for specialty medications for patients[1, 2]					
Physician	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse practitioner/physician assistant	XX (XX.X%)	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%)	XX (XX.X%)
Pharmacist	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Specialty pharmacy	XX (XX.X%)	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%)	XX (XX.X%)
Social worker/case manager	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Front desk staff/scheduler	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dedicated administrator	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
APRETUDE coordinator	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%)
Don't know	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Helpfulness of ViiV Connect					
ViiV Connect Services and Support Information (e.g., ViiV Connect Brochure, Provider Portal Brochure)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
ViiV Connect Enrollment information (annotated enrollment forms, enrollment form)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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.
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[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Acquisition Guides (e.g., ordering guide, buy-and-bill checklist, specialty pharmacy checklist)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Billing, coding, and reimbursement information (e.g., prior authorization checklist, reimbursement guide)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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.
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[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Benefits Verification- understanding summary of benefits (illustrated form highlights patient benefit summary and how to read it)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Live support (e.g., access coordinators)[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
APRETUDE Payer Information[3]					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither helpful nor unhelpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember/ I did not use	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Concerns about ViiV Connect					
Authorization wait times[3]					
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 status of authorization[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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 seek assistance[3]					
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
Amount of paperwork[3]					
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
Clarity on coverage approval[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Ensuring medication comes to the right place (e.g., clinic/practice, pharmacy)[3]					
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
Potential loss of enthusiasm for APRETUDE by patients[3]					
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
Potential patient dissatisfaction with clinic staff[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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 dissatisfaction with the acquisition process[3]					
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
Potential disruption of clinic flow[3]					
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
Time-consuming process[3]					
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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Inequitable access for eligible patients[3]					
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
Would recommend ViiV Connect to other providers and clinics/practices to aid in the acquisition of ViiV medications[4]					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Average time it takes to complete the APRETUDE enrollment form[2]					
1-5 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6-10 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-25 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
26-30 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
31+ minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not completed this form	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Average time it takes to receive confirmation of benefits verification for APRETUDE[2]					
1-2 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3-4 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
5-6 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
7-8 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
9-10 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-30 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
31-40 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61+ days	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

[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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Average time it takes for patients to receive APRETUDE from the point of benefits verification[2]					
1-2 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3-4 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
5-6 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
7-8 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
9-10 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
11-15 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
16-20 days	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
20+ days	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
Is your clinic/practice using ViiV Connect ViiV Connect to acquire APRETUDE?[2]					
Yes, I personally use it	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, the clinic/practice uses it but I have not personally used it	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%)
Don't know	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
Impressions of ViiV Connect					
I understand how to use ViiV Connect[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I understand how to complete the APRETUDE forms in ViiV Connect[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Completing the benefits enrollment forms is easy[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
The live support for ViiV Connect is helpful[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I am knowledgeable about the patient savings card for APRETUDE for patients[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The benefits verification process of ViiV Connect is time consuming[4]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
I am satisfied with the benefits verification process[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
It has been easy to acquire APRETUDE for patients[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I know what to do if I am having trouble acquiring APRETUDE for patients[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.14.003. Frequencies of Questions Related to Acquisition Process in Clinics 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)
I am knowledgeable about the patient assistance program for APRETUDE[3]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	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 being involved in any part of the acquisition process for APRETUDE (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using or the clinic using ViiV Connect (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to personally using ViiV Connect (n=XX).

4.15.001. Frequencies of Use of Oral Coverage for Planned and Unplanned Missed Visits 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)
Challenge: 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
Have any of your patients missed injection visits?[1, 2]				
No, none of my patients have missed their injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, some of my patients have had planned missed visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, some of my patients have had unplanned missed visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
For patients who have missed an injection visit, what protection were they given/offered until they received their next injection[1, 3]				
Cabotegravir oral tablets	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
TDF/FTC	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
TAF/FTC	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Provision of condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Risk reduction education	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%)
None	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know	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 prescribing medications as part of their role (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether some of their patients have had planned missed visits or have had unplanned missed visits (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to offering patients who missed an injection Cabotegravir oral tablets, TDF/FTC, or TAF/FTC (n=XX).

4.15.001. Frequencies of Use of Oral Coverage for Planned and Unplanned Missed Visits 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)
For patients who plan to miss an injection, what protection do you offer or plan on offering them until they receive their injection[1, 3]				
Cabotegravir oral tablets	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
TDF/FTC	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
TAF/FTC	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Provision of condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Risk reduction education	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%)
None	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Perceived difficulty of starting patients on oral PrEP for a missed injection visit[4]				
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

[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 prescribing medications as part of their role (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether some of their patients have had planned missed visits or have had unplanned missed visits (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to offering patients who missed an injection Cabotegravir oral tablets, TDF/FTC, or TAF/FTC (n=XX).

4.15.001. Frequencies of Use of Oral Coverage for Planned and Unplanned Missed Visits 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 acceptability of starting patients on oral PrEP after a missed injection visit[4]				
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	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 prescribing medications as part of their role (n=XX).
[3]This item follows a skip pattern. Responses are among participants who responded 'Yes' to whether some of their patients have had planned missed visits or have had unplanned missed visits (n=XX).
[4]This item follows a skip pattern. Responses are among participants who responded 'Yes' to offering patients who missed an injection Cabotegravir oral tablets, TDF/FTC, or TAF/FTC (n=XX).

4.16.001. Treatment Effects on Primary and Secondary Outcomes at Month 12/13

Intervention Arm							EI vs. SI		ECI vs. SI	
Outcomes	Enhanced Implementation (EI)		Enhanced Collaborative Implementation (ECI)		Standard Implementation (SI)		Adjusted Mean Difference* (95% CI)	p-value	Adjusted Mean Difference* (95% CI)	p-value
	n	Adjusted Mean (SD)	n	Adjusted Mean (SD)	n	Adjusted Mean (SD)				
Primary										
APRETUDE IAM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
Secondary										
APRETUDE AIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
APRETUDE FIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
PrEP training IAM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
PrEP training AIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
PrEP training FIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
Implementation support AIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
Change from Baseline to Month 12/13										
APRETUDE IAM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
APRETUDE AIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
APRETUDE FIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
PrEP training IAM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
PrEP training AIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
PrEP training FIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX
Implementation support AIM	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX	XX.X (XX.XX)	XX.X (XX.X, XX.X)	X.XXX	XX.X (XX.X, XX.X)	X.XXX

AIM= Acceptability of Intervention Measure; FIM= Feasibility Intervention Measure; IAM= Intervention Appropriateness Measure
*Adjusted mean differences, 95% CI, and P values considering clustering of participants within study sites and correlation within sites using a linear mixed-effect model. No correction for multiple comparisons has been made.

Clinic-Level Data from Quarterly Clinic Demographic Information Questionnaire

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen that came into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving any type of PrEP – oral or injectable – at the clinic/practice in the last 3 months				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving a first injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients receiving a subsequent (2nd, 3rd, etc.) injection of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black (cis and trans) women discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black (cis and trans) women discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of Black transwomen patients discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of Black transwomen patients discontinuing use of APRETUDE in the last 3 months at the clinic/practice				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of HIV negative Black (cis and trans) women coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of HIV negative Black (cis and trans) women coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of HIV negative Black (cis and trans) women coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of HIV negative Black (cis and trans) women coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of HIV negative Black (cis and trans) women coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of HIV negative Black transwomen coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Baseline, N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of HIV negative Black transwomen coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of HIV negative Black transwomen coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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
Estimated total number of HIV negative Black transwomen coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.17.001. Demographic Characteristics of Clinics

	All Participants	SI strategy	EI strategy	ECI strategy
Estimated total number of HIV negative Black transwomen coming into the clinic/practice in the last 3 month for a clinical visit				
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
n	XX	XX	XX	XX
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

4.18.001. Descriptive Analyses of Adoption of APRETUDE by Arm

	All Clinics	SI strategy	EI strategy	ECI strategy
Visit: Baseline, N	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.001. Descriptive Analyses of Adoption of APRETUDE by Arm

	All Clinics	SI strategy	EI strategy	ECI strategy
Visit: Quarter 2 (M7), N	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX
Visit: Quarter 3 (M8), N	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.001. Descriptive Analyses of Adoption of APRETUDE by Arm

	All Clinics	SI strategy	EI strategy	ECI strategy
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.002. Descriptive Analyses of Adoption of APRETUDE by Clinic Type

	All Clinics	Women's Health	Primary Care	HIV Specialist	Other
Visit: Baseline, N	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.002. Descriptive Analyses of Adoption of APRETUDE by Clinic Type

	All Clinics	Women's Health	Primary Care	HIV Specialist	Other
Visit: Quarter 2 (M7), N	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX
Visit: Quarter 3 (M8), N	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.002. Descriptive Analyses of Adoption of APRETUDE by Clinic Type

	All Clinics	Women's Health	Primary Care	HIV Specialist	Other
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.003. Descriptive Analyses of Adoption of APRETUDE by Clinic Affiliation

	All Clinics	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
Visit: Baseline, N	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Visit: Quarter 1 (M4/5), N	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.003. Descriptive Analyses of Adoption of APRETUDE by Clinic Affiliation

	All Clinics	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
Visit: Quarter 2 (M7), N	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Visit: Quarter 3 (M8), N	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.18.003. Descriptive Analyses of Adoption of APRETUDE by Clinic Affiliation

	All Clinics	University/ Academia/ Research	Non Profit/Community Health/FQHC/ Department of Health	Private Practice/ Hospital	Other
Visit: Quarter 4 (M12/13), N	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received any type of PrEP – oral or injectable - among Black women seen in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women seen in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a first injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)
Adoption: proportion of Black women who received a subsequent injection of APRETUDE among Black women who received any type of PrEP in the last 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Number of Black women who received any type of PrEP in the last 3 months	XX	XX	XX	XX	XX (XX.X%)

Note: Proportions were derived by summing numerator and denominator counts across all clinics.

4.19.001. Demographic Characteristics of Staff Study Participants (Participants at both Month 4/5 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.

4.19.001. Demographic Characteristics of Staff Study Participants (Participants at both Month 4/5 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.

4.19.001. Demographic Characteristics of Staff Study Participants (Participants at both Month 4/5 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.

4.20.001. Responsibilities and Experiences of Staff Study Participants at M12/13 (Participants at both Month 4/5 and Month 12/5)

	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

4.20.001. Responsibilities and Experiences of Staff Study Participants at M12/13 (Participants at both Month 4/5 and Month 12/5)

	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
Clinic provides CABENUVA (i.e., dosing) for people living with HIV				
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
Perceived difficulty of implementing CABENUVA in clinic[1]				
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%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

4.21.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Month 4/5 and Month 12/13)

Average Appropriateness of APRETUDE (IAM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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).

4.21.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Month 4/5 and Month 12/13)

Average Acceptability of APRETUDE (AIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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).

4.21.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Month 4/5 and Month 12/13)

Average Feasibility of APRETUDE (FIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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).

4.21.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Month 4/5 and Month 12/13)

Average Acceptability of Implementation Support (AIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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).

4.21.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Month 4/5 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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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).

4.21.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Month 4/5 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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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 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	Month 4/5	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	Month 4/5	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	Month 4/5	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).

4.21.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE, Implementation Support, and Implementation Strategies among Staff Study Participants (Participants at both Month 4/5 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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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	Month 4/5	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).

4.22.001. 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 Month 4/5 and/or Month 12/13)

Patients' ability to keep injection appointments									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Patients' injection-related pain/soreness									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Risk of drug resistance for patients not adherent to injection visits									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Cost of APRETUDE									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Cost of ancillary services to provide APRETUDE									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Keeping a patient engaged and motivated to continue APRETUDE									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Identifying eligible individuals for APRETUDE									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Worried that a patient will feel stigmatized if offered APRETUDE									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Patients' willingness to travel every 2 months for an injection appointment									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Patient lack of belief in the efficacy of APRETUDE									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Difficulty of giving the gluteal medial injection									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Understanding how to manage patients who miss an injection dose									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Understanding how to use oral PrEP medication for a planned missed injection visit									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Understanding how to restart APRETUDE after a missed injection									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Managing the oral lead-in phase of APRETUDE before starting injections if needed									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Ability to provide adherence counseling and support, when injection dosing visits are missed									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 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	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Management of scheduling injection appointments every 2 months during correct injection (i.e., dosing) windows									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Management of rescheduling appointments during correct injection (i.e., dosing) windows									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 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	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Ability to identify and flag missed injection visits to providers (in a timely manner)									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 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	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Persistence to follow up with patient on missed appointments									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 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	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Provider time to discuss HIV prevention with all eligible patients									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

HIV monitoring requirements associated with APRETUDE									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Staff resourcing to ensure appropriate clinic flow									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Number of exam rooms for injections									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Clinic staff to administer injections									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Staff preparation (i.e., education, training, in-services) to implement APRETUDE									
			M12/13						
Strategy	N	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 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	M4/5	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	M4/5	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

4.22.001. 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 Month 4/5 and/or Month 12/13)

Staff belief in the efficacy of APRETUDE									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

How do you feel about implementing APRETUDE at your clinic/practice?									
			M12/13						
Strategy	N	M4/5	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**	**M4/5**	**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

4.22.001. 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 Month 4/5 and/or Month 12/13)

How easy or difficult has it been to implement APRETUDE into your current workflow?									
			M12/13						
Strategy	N	M4/5	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%)
		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

PPD

PPD

STATISTICAL ANALYSIS PLAN (SAP)

Quantitative Data for Patient Study Participants at M12/13

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 1.0

21 April 2025

APPROVALS

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

Sponsor: ViiV Healthcare Company & GlaxoSmithKline

Signatures:

PPD Study Statistician GlaxoSmithKline	Date
PPD Statistician RTI International	Date
PPD Project Leader RTI International	Date

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ABBREVIATIONS

Abbreviations	Definitions
ADaM	Analysis Data Model
AE	adverse event
AIM	Acceptability of Intervention Measure
ALCOA+	attributable, legible, contemporaneous, original, and accurate
BL	baseline
CAB	cabotegravir
CAB-LA	long-acting, injectable cabotegravir
CI	confidence interval
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
eCOA	electronic clinical outcome assessment
EI	Enhanced Implementation Strategy
ETE	Ending the Epidemic
FIM	Feasibility of Intervention Measure
FTC	emtricitabine
GSK	GlaxoSmithKline
HIV	human immunodeficiency virus
IAM	Intervention Appropriateness Measure
ID	identification
ISQ	Implementation Science Questionnaire
ISR	injection site reaction
LA	long-acting
M	month
MCAR	missing completely at random
N/A	not applicable
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

Abbreviations	Definitions
SI	Standard Implementation Strategy
SSI	semistructured interview
SSP	staff study participant
STI	sexually transmitted infections
Syneos	Syneos Health
TAF	tenofovir alafenamide
TDF	tenofovir disoproxil fumarate
US	United States
ViiV	ViiV Healthcare

SAP Revision History

Version	Justification for change	Date
0.1	Initial version	17 March 2025
1.0	Final version	21 April 2025

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 patient study participants (PSPs) at month (M)12/13 (M12/13). The first part of the initial analysis will be performed after approximately 50% of the M12/13 data are collected. This will enable us to evaluate any data issues that need to be addressed before final M12/13 data collection is completed. The final analysis will be conducted when 100% of the PSP M12/13 data are available.

2 RESEARCH DESIGN

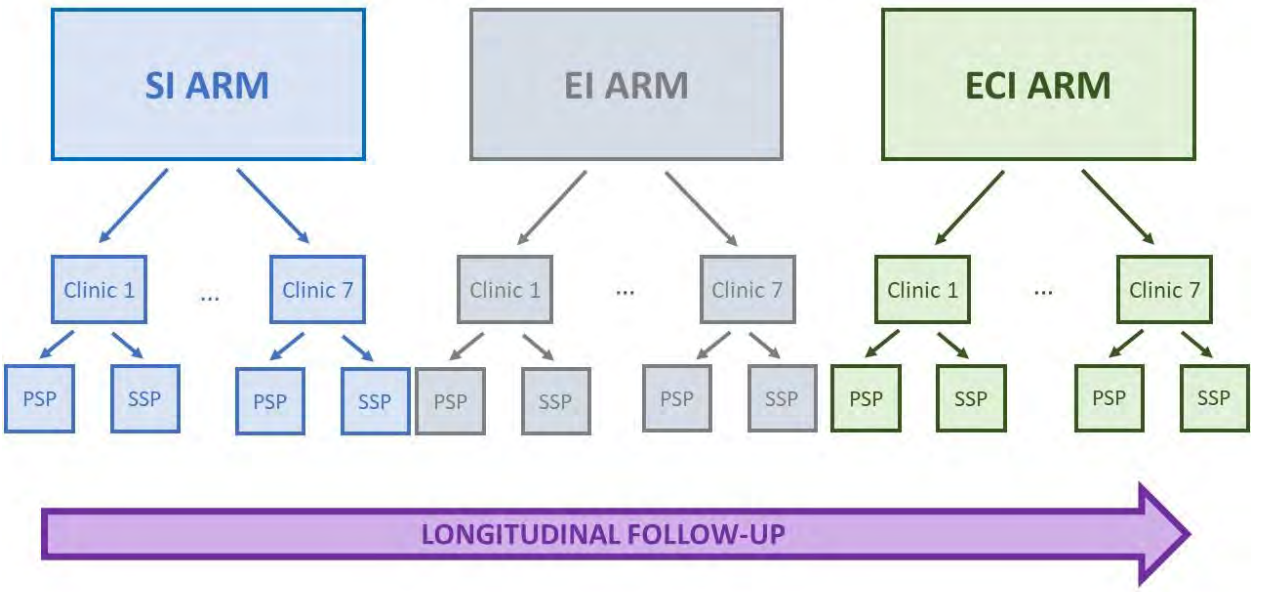
2.1 Design Overview

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 staff study participants (SSPs) and patients (PSPs) 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, provider education, and the ViiV Healthcare (ViiV) Connect enhanced support.
- Enhanced Collaborative Implementation Strategy (ECI): Sites randomized to ECI will receive all the supports included in the SI in addition to a patient-provider 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 size and type (e.g., large hospitals, small clinics, community clinics).

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

There are 2 types of participants in the study:

1. "Patient Study Participants" (PSPs) will refer to individuals who are enrolled in the study and who will receive commercially available CAB PrEP via prescription from the PrEP provider at the corresponding site. PSPs will be monitored according to usual standard of care for CAB PrEP recipients at the PrEP provider's discretion.
2. "Staff Study Participants" (SSPs) will refer to site staff who are involved in administrative and clinical aspects of offering and administering PrEP to PSPs and participate in the staff study assessments. SSPs may include healthcare providers, nurses, staff performing injections, clinic administrators, pharmacists, and laboratory staff (if labs are being done on site).

Eligible and consenting PSPs will be followed up for 12 months from the time of enrollment and receipt of the first administration of CAB tablets for PrEP oral lead-in (OLI) or APRETUDE (for direct-to-injection PSPs). The study includes a screening period of up to 90 days to allow sufficient time for any benefit verification checks to be completed, as required. PSPs will be

initiated on CAB PrEP as soon as their eligibility is confirmed. Approximately 130 to 160 human immunodeficiency virus (HIV)-negative PSPs will be enrolled to receive APRETUDE and implementation strategies as delineated by strategy arm. Approximately 20% to 30% of the enrolled PSPs will be transgender women. This statistical analysis plan (SAP) specifies the plan for quantitative analyses for data collected from PSPs at M/5.

Inclusion Criteria for PSPs

Age

- Participant must be aged ≥ 18 years at the time of signing the informed consent.

Type of Participant and Disease Characteristics

- HIV negative at screening. Type of HIV-1 test is per standard of care. (Note: a negative HIV-1 test must be documented ≤ 7 days before the initiation of CAB PrEP. If the participant was confirmed to be HIV negative more than 7 days before initiation of CAB PrEP, repeat the HIV-1 test and reconfirm that the participant is HIV negative)
- No prior history of receiving oral CAB or CAB-LA injections (Note: prior or active use of non-CAB PrEP [tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) or tenofovir alafenamide (TAF]/FTC) at screening is allowed])
- PrEP provider deems CAB PrEP use to be appropriate per the applicable CAB PrEP prescribing information before enrollment in the study

Sex Assigned at Birth

- Assigned female at birth or self-identified as transgender female

Race

- Self-identified as African American or Black

Informed Consent

- Capable of giving signed informed consent, which includes compliance with the requirements and restrictions listed in the informed consent form and in the protocol

Exclusion Criteria for PSPs

Medical Conditions

- HIV indeterminate or positive test result during screening

Prior/Concurrent Clinical Study Experience

- A participant of concurrent interventional clinical or implementation science study at any time during the study

Other Exclusions

- Cisgender or transgender male
- As dictated in the Prescribing Information in consultation with the prescriber
- Enrolled in the study as an SSP, is part of clinical care for PSPs, or otherwise engaged in the research study

2.3 Data Sources

2.3.1 PSP Qualtrics Survey

Syneos Health Insights Gathering will use Qualtrics XM to deploy and collect the Implementation Science Questionnaires (ISQs) and surveys for PSPs at baseline (BL), month 4 or 5 (M4/5), and month 12 or 13 (M12/13). The ISQ will assess PSPs' demographic characteristics and collect all data pertinent to the objectives of the EBONI study, including the appropriateness, acceptability, and feasibility of providing PrEP to Black women and of the implementation supports.

In compliance with data management standards, provisions will be put in place ahead of data collection to ensure the integrity of 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 given to each participant ID, preventing any incorrect associations 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 formatting to ensure questionnaire data are in the proper format for vendor analysis. All assessments in Qualtrics will be deployed at protocol-specific intervals to participants. All responses will be compulsory (with the exception of those questions in which 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 response time (unexpected time taken 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 above, 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.

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, 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 analyses with 100% data at M4/5, and M12/13, 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). Additionally, 3 scales—HIV knowledge, stigma, and quality of care—will be calculated based on the publications of Janulis et al. (2018), Siegler et al. (2020), and Pilgrim et al. (2018), respectively. For the interim and final analyses, change from BL to M4/5 and M12/13 will be calculated for key continuous outcome variables at the PSP level. All other variables will be used in their original form.

Selection and Recruitment of Patient Study Participants

Patients at each participating clinic will be recruited independently with the goal of enrolling approximately 130 to 160 PSPs across sites. 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 PSPs at the sites will be invited to participate in the study based on eligibility criteria and to engage in the implementation strategies as determined by the strategy arm of the clinic. A PSP will be considered lost to follow-up if they fail to return for 1 or more scheduled visits and are unable to be contacted by the study clinic. If any enrolled PSP decides to withdraw from the study, they will be discontinued from the study. The sponsor may retain and analyze any data collected before such a withdrawal of consent.

Longitudinal Follow-up of Participants

The total duration of each PSP's participation will be approximately 12 to 13 months from the time of enrollment.

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 130 to 160 patients (with the goal of approximately 43 per strategy arm) at the study site (these patients are enrolled as PSPs). 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.

Blinding

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

Sample Size and Power for Patient Study Participants

Per 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. Approximately 130 to 160 adult Black cisgender and transgender women who recently tested negative for HIV at the clinical sites will be enrolled by their PrEP provider across the 21 clinical sites.

For patient participants, the key endpoint is the PSP's IAM score at M12 (direct to inject [DTI])/M13(OLI) when comparing EI to SI or ECI to SI. Approximately 34 evaluable PSPs (nonmissing data) at M12(DTI)/M13(OLI) in each implementation strategy group (approximately 102 in total) produce 80% power at the 0.05 significance level to detect a difference in mean IAM score of 0.34, 0.41, and 0.48 for a standard deviation of 0.5, 0.6 and 0.7, respectively. Assuming a 20% drop-out rate, approximately 43 participants must be randomized to each implementation strategy to achieve at least 80% power, assuming independent observations within each cluster. 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, the actual power to detect differences in the objectives will likely be much lower during the analyses.

STUDY OBJECTIVES AND ENDPOINTS

0, 0, and 0 present the 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 PSP data at M12/13 will be covered in the analyses resulting from this SAP. 0 displays the table shells for the planned analyses of PSP data at M12/13.

Primary Objective

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; M = month; OLI = oral lead-in; SSP = staff study participant.

Key Secondary and Tertiary Objectives and Endpoints

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

Secondary objectives	Secondary endpoints
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 responds 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
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

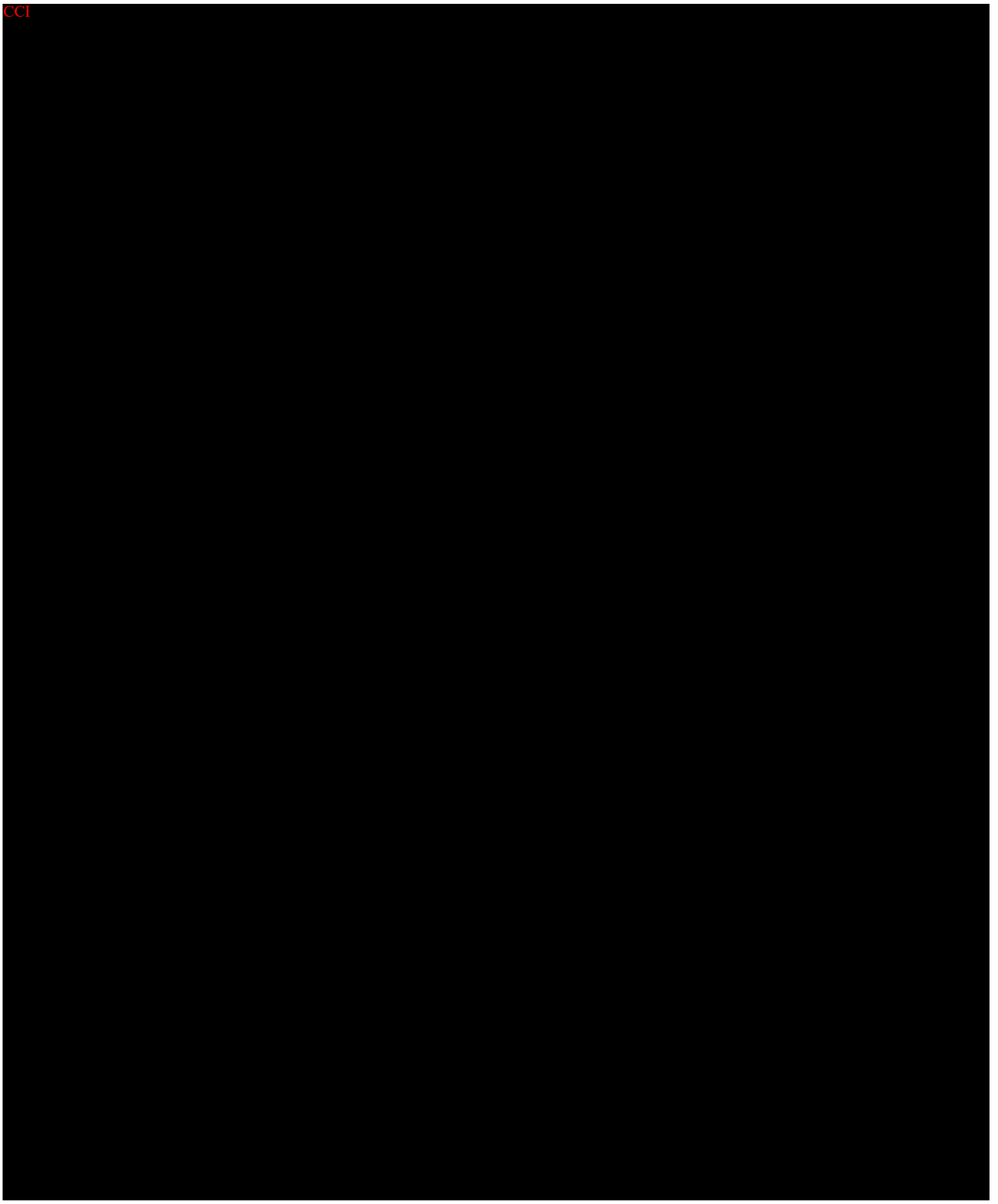
Secondary objectives	Secondary endpoints
To evaluate switch from oral PrEP to APRETUDE	Proportion of PSPs that complete a sexual health assessment and start APRETUDE through M13 Current oral PrEP users Former oral PrEP users Never used oral PrEP PSPs reasons for choosing APRETUDE, including switching, as assessed by SSIs and ISQ

BL = baseline; CAB = cabotegravir; DTI = direct to inject; ECI = Enhanced Collaborative Implementation; EI = Enhanced Implementation Strategy; FIM = Feasibility of Intervention Measure; IAM = Intervention Appropriateness Measure; OLI = oral lead-in; PrEP = pre-exposure prophylaxis; PSP = patient study participants; SI = Standard Implementation Strategy; SSI = semistructured interview; SSP = staff study participant.

Other/Tertiary Objectives and Endpoints

CCI

CCI



PRIMARY AND SECONDARY DATA ANALYSIS PLAN

Descriptive summaries, such as means, medians, standard deviations, 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. 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 at M12/13.

The primary PSP endpoint of appropriateness will be assessed using the mean IAM scores of PSPs at M12 under SI, EI, and ECI, respectively, and the difference of the mean IAM scores of PSPs across the 3 strategies at M12. The hypotheses will be tested at the 5% level with a 2-sided test. There will be no sensitivity analyses of the key secondary endpoint. 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 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). These include methods using linear (or generalized linear) mixed models, as well as 2-stage methods comparing site-level summaries that account for subject-level confounders.

Exploratory analysis will be performed to assess the variability of responses by other factors, such as a subset of implementation strategies.

The analysis methods for the secondary endpoints of acceptability, feasibility, adoption, fidelity, and adaptations will be similar to the appropriateness endpoints.

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 whether 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.

Analysis Data Set(s)

The intervention appropriateness will be analyzed considering each PSP's randomized group. If any enrolled PSP decides to withdraw from the study, all available data collected before the PSP was discontinued will be included in the analysis data sets.

PSP BL surveys must be completed on or before the scheduled second injection visit date, and before the injection. Similarly, the M4/5 survey must be done on or before the scheduled fourth injection visit date at M6/7. Otherwise, they will be considered as ineligible and will be excluded from the final analysis. Finally, the M12/13 survey should be done within weeks before or 2 weeks after the M12(DTI)/M13(OLI) visit. Ineligible BL, M4/5, and M12/13 records will be flagged in the ADaM data set, and RTI will include only eligible records in analyses/summaries. 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 and signed off by senior management.

Variable Development

Several variables will be coded or derived based on participant responses. 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. Additionally, an eligibility flag will be determined programmatically, if needed.

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

Region/state	Value	Coded category
Tennessee	2	South
Virginia	2	South
Connecticut	1	Northeast

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.

Additionally, study level and endpoint-level electronic clinical outcome assessment (eCOA) compliance will be assessed. Study-level percent compliance will be reported for both SSP and PSP questionnaires. In addition, endpoint-level percent compliance for Acceptability of Intervention Measure (AIM) (APRETUDE) will be also reported for the SSP data. A complete AIM will be defined as having all 4 AIM (APRETUDE) questions at M12/13 fully answered, with no missing data.

Effectiveness Analyses

For PSP data, the key endpoint is the mean IAM score of PSPs 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, and the study strategy will be the fixed 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. The study site or clinic will be entered as a random effect independent of

residual error. No statistical analyses will be performed for the interim analyses using 50% of the data.

Longitudinal Analyses Over Time

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

Additionally, descriptive summaries of change from BL to M12/13 and from M4/5 to M12/13 for key study outcomes will be tabulated as described in 0.

Analysis of Secondary Endpoints

Descriptive tables and summaries will be used to summarize endpoints corresponding to each secondary outcome from the visit at M12/13. All responses will be tabulated as described in 0.

Statistical Analysis Considerations

Timing of analyses: The initial analyses based on the PSP M12/13 data will be conducted in 2 phases. The first part will summarize all M12/13 responses using the 50% of the PSP data to evaluate and resolve any potential data issues. The final phase will be conducted when 100% of the PSP M12/13 data are available.

Final data analyses will be performed after 100% of PSPs 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 BL by strategy arm. If substantial imbalances are observed, additional regression adjustment using key BL 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.

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 PSP survey data, and a complete case analysis will be employed to analyze 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 by ViiV/GSK.

INTERIM ANALYSIS AND DATA MONITORING

The primary analysis will evaluate effectiveness of the primary protocol outcomes after all patient participants have completed their M12/13 visit. Other data cuts and analyses may be conducted as necessary to provide early evaluation of the primary and key secondary implementation science objectives, inform operational success of the protocol, develop research abstracts, and support regulatory submissions, in alignment with RTI's scope. The timing of the interim analyses will be based on the interim reporting schedule set by ViiV/GSK and other data needs (e.g., conference abstracts). Interim analyses may include the analyses of data from the M12/13 PSP survey and include the aforementioned analyses plan, as described in Section 0.

Any reported adverse events or serious adverse events will not be included in the PSP data summaries, as this is beyond the scope of this implementation science reporting.

Key outcomes on recruitment, enrollment, and accrual of participants will be summarized and provided by Syneos. Interim analyses also 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 analyses to preserve study power.

TRIAL PARTICIPANT DISPOSITION

Disposition of Participants

Syneos Health will be responsible for developing the Consolidated Standards of Reporting Trials (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. This diagram will be included in the Gestalt report.

Protocol Deviations

Syneos Health will monitor, record, and summarize protocol deviations, especially if they are related to study inclusion or exclusion criteria, conduct of the trial, or participant assessments.

Syneos Health will provide summary tables of protocol deviations to RTI. RTI will include summaries of protocol deviations in the reports, and these deviations will inform the analytic approach.

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

STUDY REPORTS

The interim data summary tables for the M12/13 data will be developed to detail the results related to the PSP survey data collected at BL, M4/5, and M12/13. The analyses that will be included in each report are described in Sections 0 through 0.

Interim Quantitative Report Tables

Interim analyses will be conducted when 50% of PSPs have completed the M12/13 ISQ. Interim analyses will include descriptive and comparative analyses, as described in Section 0. All analyses will be illustrated by study strategy and summarized across strategies and selected demographic variables. 0 outlines all of the table shells to be presented in the M12/13 data report.

Final Report

Final analyses will be conducted when 100% of PSPs have completed the M12/13 ISQ. Final analyses will include descriptive and comparative analyses, as described in 0, and be combined with qualitative findings (described in the qualitative analysis plan). All analyses will be illustrated by study strategy, summarized across strategies, and selected demographic variables.

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7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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)
Gender				
Cisgender female	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%)
Missing	XX	XX	XX	XX
Age				
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
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

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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)
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
How would you describe your current sexual orientation?				
Heterosexual or straight	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lesbian or gay	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bisexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Pansexual and/or questioning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Same gender loving	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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)
Which of the following best describes your current relationship status?				
Single, never married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, widowed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, separated or divorced	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but not living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Domestic partnership/civil union	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
What best describes your current employment status?[1]				
Employed for wages full-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages full-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Self-employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A homemaker	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Student	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retired	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unable to work (disabled)	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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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)
What type of medical insurance do you currently have?				
Private insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Private insurance I purchased through an exchange (e.g., Obamacare, Affordable Care Act)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My parent's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My partner's/spouse's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Federal insurance (e.g., VA, TRICARE)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Medicare or Medicaid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some other health care plan	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't have any health insurance currently	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]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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 you had sex in the last 6 months?				
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How would you describe your sexual behavior in the last 6 months?[1,2]				
I have had vaginal sex (penis in vagina) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had vaginal sex (penis in vagina) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with more than 1 partner	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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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 often did you/your partner use a condom when you had sex in the last 6 months?[2]				
All of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Most of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Did you/your partner use a condom the last time you had sex?[2]				
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
In the past 6 months, how would you describe the HIV status of your sexual partner(s)[2]				
I know that none of my sexual partner(s) in the past 6 months have HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I know that at least one sexual partner from the past 6 months is living with HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know my sexual partners' HIV status	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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)
As far as you know, were any of your partner(s) from the past 6 months taking PrEP, to prevent HIV infection?[3]				
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
You mentioned that you had at least one partner in the last 6 months who is living with HIV/AIDS. As far as you know, were any of your partners taking HIV medications (antiretrovirals) to treat their HIV infection?[4]				
Yes, my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, my partner(s) was/were taking HIV medications and was/were undetectable, meaning HIV tests are not finding the virus	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, my partner(s) was/were not taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know whether my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
In the last 6 months, have you experienced any incidents of sexual violence, physical abuse, or any other type of trauma from a partner?				
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.001. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient 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)
In the last 6 months, have you exchanged things like money or drugs for sex with a sexual partner?[2]				
Yes, I gave a sexual partner things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, a sexual partner gave me things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, I have not exchanged things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Age			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Race			
Pacific Islander	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asian	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Black or African American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mixed race	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Native American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Ethnicity			
Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How would you describe your current sexual orientation?			
Heterosexual or straight	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lesbian or gay	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bisexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Pansexual and/or questioning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Same gender loving	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Queer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Which of the following best describes your current relationship status?			
Single, never married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, widowed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, separated or divorced	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but not living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Domestic partnership/civil union	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
What best describes your current employment status?[1]			
Employed for wages full-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages full-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Self-employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A homemaker	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Student	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retired	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unable to work (disabled)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
What type of medical insurance do you currently have?			
Private insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Private insurance I purchased through an exchange (e.g., Obamacare, Affordable Care Act)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My parent's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My partner's/spouse's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Federal insurance (e.g., VA, TRICARE)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Medicare or Medicaid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some other health care plan	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't have any health insurance currently	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Have you had sex in the last 6 months?			
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How would you describe your sexual behavior in the last 6 months?[1,2]			
I have had vaginal sex (penis in vagina) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had vaginal sex (penis in vagina) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How often did you/your partner use a condom when you had sex in the last 6 months?[2]			
All of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Most of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Did you/your partner use a condom the last time you had sex?[2]			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don’t remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
In the past 6 months, how would you describe the HIV status of your sexual partner(s)[2]			
I know that none of my sexual partner(s) in the past 6 months have HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I know that at least one sexual partner from the past 6 months is living with HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know my sexual partners’ HIV status	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
As far as you know, were any of your partner(s) from the past 6 months taking PrEP, to prevent HIV infection?[3]			
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
You mentioned that you had at least one partner in the last 6 months who is living with HIV/AIDS. As far as you know, were any of your partners taking HIV medications (antiretrovirals) to treat their HIV infection?[4]			
Yes, my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, my partner(s) was/were taking HIV medications and was/were undetectable, meaning HIV tests are not finding the virus	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, my partner(s) was/were not taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know whether my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
In the last 6 months, have you experienced any incidents of sexual violence, physical abuse, or any other type of trauma from a partner?			
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.002. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
In the last 6 months, have you exchanged things like money or drugs for sex with a sexual partner?[2]			
Yes, I gave a sexual partner things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, a sexual partner gave me things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, I have not exchanged things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Gender				
Cisgender female	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%)
Missing	XX	XX	XX	XX
Age				
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
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

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=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
How would you describe your current sexual orientation?				
Heterosexual or straight	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lesbian or gay	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bisexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Pansexual and/or questioning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Same gender loving	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Which of the following best describes your current relationship status?				
Single, never married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, widowed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, separated or divorced	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but not living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Domestic partnership/civil union	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
What best describes your current employment status?[1]				
Employed for wages full-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages full-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Self-employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A homemaker	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Student	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retired	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unable to work (disabled)	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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
What type of medical insurance do you currently have?				
Private insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Private insurance I purchased through an exchange (e.g., Obamacare, Affordable Care Act)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My parent's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My partner's/spouse's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Federal insurance (e.g., VA, TRICARE)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Medicare or Medicaid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some other health care plan	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't have any health insurance currently	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]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Have you had sex in the last 6 months?				
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How would you describe your sexual behavior in the last 6 months?[1,2]				
I have had vaginal sex (penis in vagina) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had vaginal sex (penis in vagina) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with more than 1 partner	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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How often did you/your partner use a condom when you had sex in the last 6 months?[2]				
All of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Most of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Did you/your partner use a condom the last time you had sex?[2]				
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
In the past 6 months, how would you describe the HIV status of your sexual partner(s)[2]				
I know that none of my sexual partner(s) in the past 6 months have HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I know that at least one sexual partner from the past 6 months is living with HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know my sexual partners' HIV status	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
As far as you know, were any of your partner(s) from the past 6 months taking PrEP, to prevent HIV infection?[3]				
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	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%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
You mentioned that you had at least one partner in the last 6 months who is living with HIV/AIDS. As far as you know, were any of your partners taking HIV medications (antiretrovirals) to treat their HIV infection?[4]				
Yes, my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, my partner(s) was/were taking HIV medications and was/were undetectable, meaning HIV tests are not finding the virus	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, my partner(s) was/were not taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know whether my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
In the last 6 months, have you experienced any incidents of sexual violence, physical abuse, or any other type of trauma from a partner?				
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.003. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Study Arm (Participants at both Baseline and Month 12/13)

	All Participants	SI strategy	EI strategy	ECI strategy
	(N=XX)	(N=XX)	(N=XX)	(N=XX)
In the last 6 months, have you exchanged things like money or drugs for sex with a sexual partner?[2]				
Yes, I gave a sexual partner things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, a sexual partner gave me things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, I have not exchanged things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Age			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Race			
Pacific Islander	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asian	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Black or African American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mixed race	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Native American	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
White	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Ethnicity			
Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-Hispanic/Latinx	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How would you describe your current sexual orientation?			
Heterosexual or straight	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lesbian or gay	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bisexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Asexual	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Pansexual and/or questioning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Same gender loving	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Queer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants (N=XX)	Cisgender (N=XX)	Transgender (N=XX)
Which of the following best describes your current relationship status?			
Single, never married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, widowed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Single, separated or divorced	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but not living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dating but living with a partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Domestic partnership/civil union	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Married	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
What best describes your current employment status?[1]			
Employed for wages full-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages full-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (1 employer)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Employed for wages part-time (2 or more employers)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Self-employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A homemaker	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Student	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retired	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not employed	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unable to work (disabled)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
What type of medical insurance do you currently have?			
Private insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Private insurance I purchased through an exchange (e.g., Obamacare, Affordable Care Act)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My parent's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My partner's/spouse's insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Federal insurance (e.g., VA, TRICARE)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Medicare or Medicaid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some other health care plan	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't have any health insurance currently	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Have you had sex in the last 6 months?			
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How would you describe your sexual behavior in the last 6 months?[1,2]			
I have had vaginal sex (penis in vagina) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had vaginal sex (penis in vagina) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had anal sex (penis in butt) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with only 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have had oral sex (mouth, tongue or lips on vagina, penis, or butt) with more than 1 partner	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How often did you/your partner use a condom when you had sex in the last 6 months?[2]			
All of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Most of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None of the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Did you/your partner use a condom the last time you had sex?[2]			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
In the past 6 months, how would you describe the HIV status of your sexual partner(s)[2]			
I know that none of my sexual partner(s) in the past 6 months have HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I know that at least one sexual partner from the past 6 months is living with HIV/AIDS	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know my sexual partners' HIV status	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
As far as you know, were any of your partner(s) from the past 6 months taking PrEP, to prevent HIV infection?[3]			
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
You mentioned that you had at least one partner in the last 6 months who is living with HIV/AIDS. As far as you know, were any of your partners taking HIV medications (antiretrovirals) to treat their HIV infection?[4]			
Yes, my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, my partner(s) was/were taking HIV medications and was/were undetectable, meaning HIV tests are not finding the virus	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, my partner(s) was/were not taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I do not know whether my partner(s) was/were taking HIV medications	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
In the last 6 months, have you experienced any incidents of sexual violence, physical abuse, or any other type of trauma from a partner?			
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.1.004. Demographic Characteristics, Sexual Behaviors, and History of PrEP Use among Patient Study Participants by Gender (Participants at both Baseline and Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
In the last 6 months, have you exchanged things like money or drugs for sex with a sexual partner?[2]			
Yes, I gave a sexual partner things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Yes, a sexual partner gave me things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No, I have not exchanged things like drugs or money for sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants allowed to select more than one response.
[2]Responses are among the n=XX participants who responded Yes to having had sex in the last 6 months
[3]Responses are among the n=XX participants who described the HIV status of their sexual partner(s) as not having HIV/AIDS or unknown in the last 6 months
[4]Responses are among the n=XX participants who described having at least one partner within the last 6 months living with HIV/AIDS
Note: N=XX PSPs have been excluded due to ineligible baseline data. N=XX PSPs did not complete a baseline assessment.

7.2.001. Frequencies of Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient 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
IAM	1. APRETUDE seems fitting for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	2. APRETUDE seems suitable for my lifestyle	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	3. APRETUDE seems applicable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	4. APRETUDE seems like a good match	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	1. I believe APRETUDE will meet my approval for preventing HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	2. APRETUDE for the prevention of HIV is appealing to me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
AIM	3. I think I will like APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	4. I welcome APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	1. Receiving APRETUDE injections every 2 months seems workable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	2. Receiving APRETUDE injections every 2 months seems possible for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	3. Receiving APRETUDE injections every 2 months seems doable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	4. Receiving APRETUDE injections every 2 months seems easy in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		SI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Measure	Item	Strategy	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
		EI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		ECI	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

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.

7.2.002. Frequencies of Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient Study Participants by Clinic Type (All Participants at Month 12/13)

Measure	Item	Clinic Type	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
IAM	1. APRETUDE seems fitting for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	2. APRETUDE seems suitable for my lifestyle	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	3. APRETUDE seems applicable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	4. APRETUDE seems like a good match	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	1. I believe APRETUDE will meet my approval for preventing HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Measure	Item	Clinic Type	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	2. APRETUDE for the prevention of HIV is appealing to me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	3. I think I will like APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	4. I welcome APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	1. Receiving APRETUDE injections every 2 months seems workable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	2. Receiving APRETUDE injections every 2 months seems possible for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Measure	Item	Clinic Type	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	3. Receiving APRETUDE injections every 2 months seems doable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	4. Receiving APRETUDE injections every 2 months seems easy in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Women's Health	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Primary Care	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		HIV Specialist	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Other	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

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.

7.2.003. Frequencies of Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

Measure	Item	Region	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
IAM	1. APRETUDE seems fitting for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	2. APRETUDE seems suitable for my lifestyle	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	3. APRETUDE seems applicable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	4. APRETUDE seems like a good match	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	1. I believe APRETUDE will meet my approval for preventing HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Measure	Item	Region	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	2. APRETUDE for the prevention of HIV is appealing to me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	3. I think I will like APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	4. I welcome APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	1. Receiving APRETUDE injections every 2 months seems workable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	2. Receiving APRETUDE injections every 2 months seems possible for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Measure	Item	Region	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	3. Receiving APRETUDE injections every 2 months seems doable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	4. Receiving APRETUDE injections every 2 months seems easy in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Northeast	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		South	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		West	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Midwest	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

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.

7.2.004. Frequencies of Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

Measure	Item	Gender	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
IAM	1. APRETUDE seems fitting for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	2. APRETUDE seems suitable for my lifestyle	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	3. APRETUDE seems applicable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
IAM	4. APRETUDE seems like a good match	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	1. I believe APRETUDE will meet my approval for preventing HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	2. APRETUDE for the prevention of HIV is appealing to me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
AIM	3. I think I will like APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Measure	Item	Gender	Total sample	1 Completely disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Completely agree
AIM	4. I welcome APRETUDE for the prevention of HIV	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	1. Receiving APRETUDE injections every 2 months seems workable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	2. Receiving APRETUDE injections every 2 months seems possible for me	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	3. Receiving APRETUDE injections every 2 months seems doable in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
FIM	4. Receiving APRETUDE injections every 2 months seems easy in my life	All participants	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Cisgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
		Transgender	XX	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

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.

7.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient Study Participants (All Participants at Month 12/13)

Average Appropriateness of APRETUDE (IAM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Gender	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Cisgender	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Transgender	Month 12/13	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	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Region	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Northeast	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
South	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
West	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Midwest	Month 12/13	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.

7.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient Study Participants (All Participants at Month 12/13)

Average Acceptability of APRETUDE (AIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Gender	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Cisgender	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Transgender	Month 12/13	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	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Region	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Northeast	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
South	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
West	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Midwest	Month 12/13	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.

7.3.001. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient Study Participants (All Participants at Month 12/13)

Average Feasibility of APRETUDE (FIM)										
Strategy	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
SI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
EI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
ECI	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Gender	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Cisgender	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Transgender	Month 12/13	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	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Women's Health	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Primary Care	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
HIV Specialist	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Other	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Region	**Visit**	**N**	**Mean**	**SD**	**Median**	**Q1**	**Q3**	**Min**	**Max**	**Missing**
All participants	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Northeast	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
South	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
West	Month 12/13	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Midwest	Month 12/13	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.

7.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient 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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Gender	**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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Cisgender	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Transgender	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 Appropriateness of APRETUDE (IAM)										
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Region	**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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Northeast	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 Appropriateness of APRETUDE (IAM)										
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
South	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
West	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Midwest	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: N=XX PSPs have been excluded due to ineligible baseline data (PSP baseline assessment data submitted outside required assessment window). N=XX PSPs did not complete a baseline assessment.
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.

7.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient 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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Gender	**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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Cisgender	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Transgender	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)										
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Region	**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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Northeast	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)										
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
South	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
West	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Midwest	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: N=XX PSPs have been excluded due to ineligible baseline data (PSP baseline assessment data submitted outside required assessment window). N=XX PSPs did not complete a baseline assessment.
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.

7.3.002. Descriptive Analyses of Average Appropriateness, Acceptability, and Feasibility of APRETUDE among Patient 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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Gender	**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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Cisgender	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Transgender	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)										
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Region	**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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Northeast	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)										
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
South	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
West	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX
Midwest	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
	Change from Baseline	XX	XX.X	XX.XX	XX.X	XX.X	XX.X	XX	XX	XX

Note: N=XX PSPs have been excluded due to ineligible baseline data (PSP baseline assessment data submitted outside required assessment window). N=XX PSPs did not complete a baseline assessment.
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.

7.4.001. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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[1]				
APRETUDE seems fitting for 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
APRETUDE seems suitable for my lifestyle				
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 in my life				
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]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.001. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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				
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
Average Appropriateness of APRETUDE[2]				
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
Usefulness of the following in supporting you while taking APRETUDE				
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI only)				
Not at all useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Missing	XX	N/A	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.001. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Text reminders about your injection				
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Email reminders about your injection				
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Phone call reminders about your injection				
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.001. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Postal mail reminders about your injection				
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
The EBONI spot: a website where you can get rewards and messages about APRETUDE and other materials (EI/ECI only)				
Not at all useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Missing	XX	N/A	XX	XX
The Patient Website: a place where you can download toolkit materials to support you throughout the study (SI only)				
Not at all useful	XX (XX.X%)	XX (XX.X%)	N/A	N/A
Not very useful	XX (XX.X%)	XX (XX.X%)	N/A	N/A
Somewhat useful	XX (XX.X%)	XX (XX.X%)	N/A	N/A
Useful	XX (XX.X%)	XX (XX.X%)	N/A	N/A
Very useful	XX (XX.X%)	XX (XX.X%)	N/A	N/A
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	N/A	N/A
Missing	XX	XX	N/A	N/A

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.001. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
You and your doctor discussing the pros and cons (e.g., side effects, switching) of different PrEP options and together deciding which one is right for you				
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Brochures and other print materials to educate you on APRETUDE				
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
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7.4.001. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Videos to educate you on HIV, PrEP, APRETUDE materials (ECI only)				
Not at all useful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Not very useful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Somewhat useful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Useful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Very useful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
Contacted the GSK Response Center				
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Helpfulness of the GSK Response Center[3]				
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
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7.4.001. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Contacted a SHE Ambassador (ECI only)				
Yes	XX (XX.X%)	N/A	N/A	XX (XX.X%)
No	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I don't remember	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
Helpfulness of the SHE Ambassador (ECI only)[3]				
Very helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
A little helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Not at all helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
Used the Patient Website				
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Helpfulness of the Patient Website[3]				
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
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7.4.002. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Appropriateness of APRETUDE[1]					
APRETUDE seems fitting for me					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
APRETUDE seems suitable for my lifestyle					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
APRETUDE seems applicable in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

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[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.002. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
APRETUDE seems like a good match					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Average Appropriateness of APRETUDE[2]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Usefulness of the following in supporting you while taking APRETUDE					
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
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7.4.002. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Text reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Email reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Phone call reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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7.4.002. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Postal mail reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The EBONI spot: a website where you can get rewards and messages about APRETUDE and other materials (EI/ECI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The Patient Website: a place where you can download toolkit materials to support you throughout the study (SI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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7.4.002. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
You and your doctor discussing the pros and cons (e.g., side effects, switching) of different PrEP options and together deciding which one is right for you					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Brochures and other print materials to educate you on APRETUDE					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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[2]The average IAM score is calculated considering only non-missing responses.
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7.4.002. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Videos to educate you on HIV, PrEP, APRETUDE materials (ECI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Contacted the GSK Response Center					
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Helpfulness of the GSK Response Center[3]					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report ‘yes’ in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.002. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient 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)
Contacted a SHE Ambassador (ECI only)					
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Helpfulness of the SHE Ambassador (ECI only)[3]					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Used the Patient Website					
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Helpfulness of the Patient Website[3]					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.003. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Appropriateness of APRETUDE[1]					
APRETUDE seems fitting for me					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
APRETUDE seems suitable for my lifestyle					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
APRETUDE seems applicable in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report ‘yes’ in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.003. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
APRETUDE seems like a good match					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Average Appropriateness of APRETUDE[2]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Usefulness of the following in supporting you while taking APRETUDE					
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.003. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Text reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Email reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Phone call reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.003. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Postal mail reminders about your injection					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The EBONI spot: a website where you can get rewards and messages about APRETUDE and other materials (EI/ECI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The Patient Website: a place where you can download toolkit materials to support you throughout the study (SI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.003. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
You and your doctor discussing the pros and cons (e.g., side effects, switching) of different PrEP options and together deciding which one is right for you					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Brochures and other print materials to educate you on APRETUDE					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report ‘yes’ in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.003. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Videos to educate you on HIV, PrEP, APRETUDE materials (ECI only)					
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Contacted the GSK Response Center					
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Helpfulness of the GSK Response Center[3]					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report ‘yes’ in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.003. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Contacted a SHE Ambassador (ECI only)					
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Helpfulness of the SHE Ambassador (ECI only)[3]					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Used the Patient Website					
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 remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Helpfulness of the Patient Website[3]					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.004. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Appropriateness of APRETUDE[1]			
APRETUDE seems fitting for me			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
APRETUDE seems suitable for my lifestyle			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
APRETUDE seems applicable in my life			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.004. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
APRETUDE seems like a good match			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Average Appropriateness of APRETUDE[2]			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Usefulness of the following in supporting you while taking APRETUDE			
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI only)			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.004. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Text reminders about your injection			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Email reminders about your injection			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Phone call reminders about your injection			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.004. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Postal mail reminders about your injection			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The EBONI spot: a website where you can get rewards and messages about APRETUDE and other materials (EI/ECI only)			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The Patient Website: a place where you can download toolkit materials to support you throughout the study (SI only)			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.004. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
You and your doctor discussing the pros and cons (e.g., side effects, switching) of different PrEP options and together deciding which one is right for you			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Brochures and other print materials to educate you on APRETUDE			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report ‘yes’ in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.004. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Videos to educate you on HIV, PrEP, APRETUDE materials (ECI only)			
Not at all useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very useful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Contacted the GSK Response Center			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Helpfulness of the GSK Response Center[3]			
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.4.004. Frequencies and Descriptive Analyses of Perceived Appropriateness of APRETUDE and Perceived Utility of Standard Implementation Strategies among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Contacted a SHE Ambassador (ECI only)			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Helpfulness of the SHE Ambassador (ECI only)[3]			
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Used the Patient Website			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't remember	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Helpfulness of the Patient Website[3]			
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Intervention Appropriateness Measure (IAM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average IAM score is calculated considering only non-missing responses.
[3]This item follows a skip logic pattern. Only participants who report 'yes' in the preceding question (i.e., used the support tool) are required to provide a response.

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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)
Do you personally know of someone or some people living with HIV?				
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
A person who has HIV can look healthy				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
There is a vaccine that can stop you from getting HIV				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
A person will NOT get HIV if they are taking antibiotics				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
If you only have sex once with a partner, you cannot get HIV from them				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
People on HIV medications cannot spread HIV				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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)
Everybody who has HIV knows that they have HIV				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
A natural skin [lamb skin] condom works better against HIV than does a latex condom				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
When using condoms during sex it is safer to use water-based lubricants than oil-based lubricants				
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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)
My friends would be supportive of me taking PrEP				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
My family would be supportive of me taking PrEP				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
People experience problems when they tell their sex partner(s) they are taking PrEP.				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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)
People experience negative judgment because they take PrEP.				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
People taking PrEP receive praise for being responsible.				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I would feel ashamed to take PrEP in front of others.				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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)
Someone taking PrEP would be seen by others as having sex with a lot of different people				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
People on PrEP are taking care of their health				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
People taking PrEP experience verbal harassment				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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 would not want others to know if I was taking PrEP				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Someone taking PrEP should keep their pills hidden				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I would feel proud to take PrEP				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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 would have sex with someone who is taking PrEP				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Overall, how much do you know about the APRETUDE?				
A lot	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Quite a bit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nothing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How confident are you with your current level of knowledge about APRETUDE?				
Extremely confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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 helpful was the information, if any, shared by the medical staff about APRETUDE?				
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not receive information from medical staff	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How helpful were the following materials in learning about APRETUDE:				
Brochures and other written materials you received about APRETUDE				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Getting Started Brochure - the brochure that gives you an overview of how to get started with APRETUDE				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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 helpful were the following materials in learning about APRETUDE:				
Patient Brochure - this brochure helps you understand the process of receiving the APRETUDE injections, including side effects and insurance information				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Study brochures				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Let's talk about PrEP video - the video giving key facts about HIV and PrEP options (ECI)				
Not at all helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Very helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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 helpful were the following materials in learning about APRETUDE:				
The Myths and Facts video – the game show video addressing common myths about APRETUDE (ECI)				
Not at all helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Very helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
The What to Expect video which shows you what expect during the APRETUDE process (ECI)				
Not at all helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Very helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
The ViiV Connect video, which tells you about insurance for APRETUDE (EI)				
Not at all helpful	XX (XX.X%)	N/A	XX (XX.X%)	N/A
Somewhat helpful	XX (XX.X%)	N/A	XX (XX.X%)	N/A
Helpful	XX (XX.X%)	N/A	XX (XX.X%)	N/A
Very helpful	XX (XX.X%)	N/A	XX (XX.X%)	N/A
I did not use it or it was not provided	XX (XX.X%)	N/A	XX (XX.X%)	N/A
Missing	XX	N/A	XX	N/A

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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 helpful were the following materials in learning about APRETUDE:				
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI)				
Not at all helpful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	XX (XX.X%)	XX (XX.X%)
Missing	XX	N/A	XX	XX
Important Safety Information - This document details important safety information relating to APRETUDE				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Important facts - This document details important facts relating to APRETUDE				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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 helpful were the following materials in learning about APRETUDE:				
The Ebonistudyinfo.com and brochure– the website that describes the Eboni Study				
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Rewards – Earn points and rewards for completing goals on your APRETUDE journey (ECI)				
Not at all helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Very helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX

7.5.001. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE among Patient 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)
Overall, how are you feeling about getting APRETUDE?				
Very 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%)
Neither positive nor negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I would recommend APRETUDE to other people who could benefit from it.				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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)
Do you personally know of someone or some people living with HIV?					
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
A person who has HIV can look healthy					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
There is a vaccine that can stop you from getting HIV					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
A person will NOT get HIV if they are taking antibiotics					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
If you only have sex once with a partner, you cannot get HIV from them					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People on HIV medications cannot spread HIV					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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)
Everybody who has HIV knows that they have HIV					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
A natural skin [lamb skin] condom works better against HIV than does a latex condom					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
When using condoms during sex it is safer to use water-based lubricants than oil-based lubricants					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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)
My friends would be supportive of me taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My family would be supportive of me taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People experience problems when they tell their sex partner(s) they are taking PrEP.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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 experience negative judgment because they take PrEP.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People taking PrEP receive praise for being responsible.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I would feel ashamed to take PrEP in front of others.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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)
Someone taking PrEP would be seen by others as having sex with a lot of different people					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People on PrEP are taking care of their health					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People taking PrEP experience verbal harassment					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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)
I would not want others to know if I was taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Someone taking PrEP should keep their pills hidden					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I would feel proud to take PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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)
I would have sex with someone who is taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Overall, how much do you know about the APRETUDE?					
A lot	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Quite a bit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nothing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How confident are you with your current level of knowledge about APRETUDE?					
Extremely confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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 helpful was the information, if any, shared by the medical staff about APRETUDE?					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not receive information from medical staff	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How helpful were the following materials in learning about APRETUDE:					
Brochures and other written materials you received about APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Getting Started Brochure - the brochure that gives you an overview of how to get started with APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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 helpful were the following materials in learning about APRETUDE:					
Patient Brochure - this brochure helps you understand the process of receiving the APRETUDE injections, including side effects and insurance information					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Study brochures					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Let’s talk about PrEP video - the video giving key facts about HIV and PrEP options (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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 helpful were the following materials in learning about APRETUDE:					
The Myths and Facts video – the game show video addressing common myths about APRETUDE (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The What to Expect video which shows you what expect during the APRETUDE process (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The ViiV Connect video, which tells you about insurance for APRETUDE (EI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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 helpful were the following materials in learning about APRETUDE:					
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Important Safety Information - This document details important safety information relating to APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Important facts - This document details important facts relating to APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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 helpful were the following materials in learning about APRETUDE:					
The Ebonistudyinfo.com and brochure– the website that describes the Eboni Study					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Rewards – Earn points and rewards for completing goals on your APRETUDE journey (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.002. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE 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)
Overall, how are you feeling about getting APRETUDE?					
Very 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%)
Neither positive nor negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I would recommend APRETUDE to other people who could benefit from it.					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Do you personally know of someone or some people living with HIV?					
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
A person who has HIV can look healthy					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
There is a vaccine that can stop you from getting HIV					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
A person will NOT get HIV if they are taking antibiotics					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
If you only have sex once with a partner, you cannot get HIV from them					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People on HIV medications cannot spread HIV					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Everybody who has HIV knows that they have HIV					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
A natural skin [lamb skin] condom works better against HIV than does a latex condom					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
When using condoms during sex it is safer to use water-based lubricants than oil-based lubricants					
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
My friends would be supportive of me taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My family would be supportive of me taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People experience problems when they tell their sex partner(s) they are taking PrEP.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
People experience negative judgment because they take PrEP.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People taking PrEP receive praise for being responsible.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I would feel ashamed to take PrEP in front of others.					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Someone taking PrEP would be seen by others as having sex with a lot of different people					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People on PrEP are taking care of their health					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
People taking PrEP experience verbal harassment					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I would not want others to know if I was taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Someone taking PrEP should keep their pills hidden					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I would feel proud to take PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I would have sex with someone who is taking PrEP					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Overall, how much do you know about the APRETUDE?					
A lot	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Quite a bit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nothing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How confident are you with your current level of knowledge about APRETUDE?					
Extremely confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How helpful was the information, if any, shared by the medical staff about APRETUDE?					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not receive information from medical staff	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How helpful were the following materials in learning about APRETUDE:					
Brochures and other written materials you received about APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Getting Started Brochure - the brochure that gives you an overview of how to get started with APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:					
Patient Brochure - this brochure helps you understand the process of receiving the APRETUDE injections, including side effects and insurance information					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Study brochures					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Let’s talk about PrEP video - the video giving key facts about HIV and PrEP options (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:					
The Myths and Facts video – the game show video addressing common myths about APRETUDE (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The What to Expect video which shows you what expect during the APRETUDE process (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The ViiV Connect video, which tells you about insurance for APRETUDE (EI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:					
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Important Safety Information - This document details important safety information relating to APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Important facts - This document details important facts relating to APRETUDE					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:					
The Ebonistudyinfo.com and brochure– the website that describes the Eboni Study					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Rewards – Earn points and rewards for completing goals on your APRETUDE journey (ECI)					
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.003. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Overall, how are you feeling about getting APRETUDE?					
Very 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%)
Neither positive nor negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I would recommend APRETUDE to other people who could benefit from it.					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Do you personally know of someone or some people living with HIV?			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
A person who has HIV can look healthy			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
There is a vaccine that can stop you from getting HIV			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
A person will NOT get HIV if they are taking antibiotics			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
If you only have sex once with a partner, you cannot get HIV from them			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
People on HIV medications cannot spread HIV			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Everybody who has HIV knows that they have HIV			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
A natural skin [lamb skin] condom works better against HIV than does a latex condom			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
When using condoms during sex it is safer to use water-based lubricants than oil-based lubricants			
True	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
False	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
My friends would be supportive of me taking PrEP			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
My family would be supportive of me taking PrEP			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
People experience problems when they tell their sex partner(s) they are taking PrEP.			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
People experience negative judgment because they take PrEP.			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
People taking PrEP receive praise for being responsible.			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I would feel ashamed to take PrEP in front of others.			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Someone taking PrEP would be seen by others as having sex with a lot of different people			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
People on PrEP are taking care of their health			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
People taking PrEP experience verbal harassment			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
I would not want others to know if I was taking PrEP			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Someone taking PrEP should keep their pills hidden			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I would feel proud to take PrEP			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
I would have sex with someone who is taking PrEP			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Overall, how much do you know about the APRETUDE?			
A lot	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Quite a bit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nothing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How confident are you with your current level of knowledge about APRETUDE?			
Extremely confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all confident	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How helpful was the information, if any, shared by the medical staff about APRETUDE?			
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not receive information from medical staff	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How helpful were the following materials in learning about APRETUDE:			
Brochures and other written materials you received about APRETUDE			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Getting Started Brochure - the brochure that gives you an overview of how to get started with APRETUDE			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:			
Patient Brochure - this brochure helps you understand the process of receiving the APRETUDE injections, including side effects and insurance information			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Study brochures			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Let's talk about PrEP video - the video giving key facts about HIV and PrEP options (ECI)			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:			
The Myths and Facts video – the game show video addressing common myths about APRETUDE (ECI)			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The What to Expect video which shows you what expect during the APRETUDE process (ECI)			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The ViiV Connect video, which tells you about insurance for APRETUDE (EI)			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:			
A digital calendar specifically made for APRETUDE to help you plan your injections (EI/ECI)			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Important Safety Information - This document details important safety information relating to APRETUDE			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Important facts - This document details important facts relating to APRETUDE			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How helpful were the following materials in learning about APRETUDE:			
The Ebonistudyinfo.com and brochure– the website that describes the Eboni Study			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Rewards – Earn points and rewards for completing goals on your APRETUDE journey (ECI)			
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not use it or it was not provided	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.5.004. Frequencies of HIV and PrEP Knowledge, Perceptions of PrEP Use, and Knowledge of and Feelings towards APRETUDE by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Overall, how are you feeling about getting APRETUDE?			
Very positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat positive	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither positive nor negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very negative	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I would recommend APRETUDE to other people who could benefit from it.			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

7.6.001. Descriptive Analyses of Scaled HIV Knowledge, Stigma, and Quality of Care among Patient Study Participants (All Participants at Month 12/13)

Sum HIV Knowledge Score	n	Mean	SD	Median (Q1, Q3)	Observed Range (Min, Max)	Missing	95% CI for Mean	Standardized Cronbach's Alpha[1]
All participants	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Strategy								
SI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
EI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
ECI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Gender								
Cisgender	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Transgender	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Clinic Type								
Women's Health	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Primary Care	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
HIV Specialist	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Other	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Region								
Northeast	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
South	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
West	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Midwest	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX

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

7.6.001. Descriptive Analyses of Scaled HIV Knowledge, Stigma, and Quality of Care among Patient Study Participants (All Participants at Month 12/13)

Mean Stigma Score	n	Mean	SD	Median (Q1, Q3)	Observed Range (Min, Max)	Missing	95% CI for Mean	Standardized Cronbach's Alpha[1]
All participants	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Strategy								
SI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
EI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
ECI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Gender								
Cisgender	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Transgender	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Clinic Type								
Women's Health	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Primary Care	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
HIV Specialist	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Other	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Region								
Northeast	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
South	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
West	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Midwest	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX

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

7.6.001. Descriptive Analyses of Scaled HIV Knowledge, Stigma, and Quality of Care among Patient Study Participants (All Participants at Month 12/13)

Mean Quality of Care Score	n	Mean	SD	Median (Q1, Q3)	Observed Range (Min, Max)	Missing	95% CI for Mean	Standardized Cronbach's Alpha[1]
All participants	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Strategy								
SI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
EI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
ECI	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Gender								
Cisgender	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Transgender	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Clinic Type								
Women's Health	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Primary Care	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
HIV Specialist	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Other	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Region								
Northeast	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
South	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
West	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX
Midwest	XX	XX.X	XX.XX	XX.X (XX.X, XX.X)	XX.X (XX.X, XX.X)	XX	XX.X, XX.X	X.XXX

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

7.7.001. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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)
Do you have any concerns about 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
What concerns do you have about APRETUDE[1,2]				
Pain or soreness from the injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other side effects from APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Fear of needles	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Possible long-term effects of the medicine	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The medication not being effective at preventing HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
How it affects other medications I take	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Change in my insurance coverage for APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Scheduling or rescheduling injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Forgetting my appointment for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing an injection visit and then getting HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing work for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Making time to go to the clinic/practice for the injection every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Travelling to the clinic/practice for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Limited clinic/practice hours for injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Childcare/caregiver responsibilities during injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lack of privacy at injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My dignity not being respected during injection visits	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.001. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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)
People asking why I go to the clinic/doctor every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My hectic lifestyle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My travel or holiday schedules	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Taking medication during times when I am not having sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about forgetting my APRETUDE injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have a lot of sexual partners because I am on APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I live with someone	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I'm on my parent's health insurance	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.001. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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 often are you worried that people may find out that you are taking APRETUDE?				
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How often are you worried about forgetting your APRETUDE injections?				
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Currently using anything to prevent pregnancy				
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%)
I prefer not to answer	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.001. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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)
Currently using the following to prevent pregnancy[1,3]				
Birth control pills	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Intrauterine device (IUD)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Vaginal ring	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Male condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Female condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Birth control patch	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Implant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Spermicide	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Natural family planning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Withdrawal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Permanent method (e.g., tubal ligation or hysterectomy)	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.002. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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)
Do you have any concerns about 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
What concerns do you have about APRETUDE[1,2]					
Pain or soreness from the injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other side effects from APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Fear of needles	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Possible long-term effects of the medicine	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The medication not being effective at preventing HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
How it affects other medications I take	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Change in my insurance coverage for APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Scheduling or rescheduling injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Forgetting my appointment for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing an injection visit and then getting HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing work for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Making time to go to the clinic/practice for the injection every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Travelling to the clinic/practice for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Limited clinic/practice hours for injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Childcare/caregiver responsibilities during injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lack of privacy at injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My dignity not being respected during injection visits	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.002. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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 asking why I go to the clinic/doctor every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My hectic lifestyle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My travel or holiday schedules	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Taking medication during times when I am not having sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about forgetting my APRETUDE injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have a lot of sexual partners because I am on APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I live with someone	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I'm on my parent's health insurance	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.002. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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 often are you worried that people may find out that you are taking APRETUDE?					
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How often are you worried about forgetting your APRETUDE injections?					
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Currently using anything to prevent pregnancy					
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%)
I prefer not to answer	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.002. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient 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)
Currently using the following to prevent pregnancy[1,3]					
Birth control pills	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Intrauterine device (IUD)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Vaginal ring	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Male condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Female condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Birth control patch	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Implant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Spermicide	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Natural family planning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Withdrawal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Permanent method (e.g., tubal ligation or hysterectomy)	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.003. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Do you have any concerns about 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
What concerns do you have about APRETUDE[1,2]					
Pain or soreness from the injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other side effects from APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Fear of needles	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Possible long-term effects of the medicine	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The medication not being effective at preventing HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
How it affects other medications I take	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Change in my insurance coverage for APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Scheduling or rescheduling injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Forgetting my appointment for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing an injection visit and then getting HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing work for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Making time to go to the clinic/practice for the injection every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Travelling to the clinic/practice for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Limited clinic/practice hours for injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Childcare/caregiver responsibilities during injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lack of privacy at injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My dignity not being respected during injection visits	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.003. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
People asking why I go to the clinic/doctor every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My hectic lifestyle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My travel or holiday schedules	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Taking medication during times when I am not having sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about forgetting my APRETUDE injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have a lot of sexual partners because I am on APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I live with someone	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I'm on my parent's health insurance	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.003. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How often are you worried that people may find out that you are taking APRETUDE?					
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How often are you worried about forgetting your APRETUDE injections?					
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Currently using anything to prevent pregnancy					
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%)
I prefer not to answer	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.003. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Currently using the following to prevent pregnancy[1,3]					
Birth control pills	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Intrauterine device (IUD)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Vaginal ring	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Male condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Female condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Birth control patch	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Implant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Spermicide	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Natural family planning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Withdrawal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Permanent method (e.g., tubal ligation or hysterectomy)	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.004. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Do you have any concerns about APRETUDE?			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
What concerns do you have about APRETUDE[1,2]			
Pain or soreness from the injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other side effects from APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Fear of needles	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Possible long-term effects of the medicine	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The medication not being effective at preventing HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
How it affects other medications I take	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Change in my insurance coverage for APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Scheduling or rescheduling injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Forgetting my appointment for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing an injection visit and then getting HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing work for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Making time to go to the clinic/practice for the injection every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Travelling to the clinic/practice for the injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Limited clinic/practice hours for injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Childcare/caregiver responsibilities during injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lack of privacy at injection visits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My dignity not being respected during injection visits	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 logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.004. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
People asking why I go to the clinic/doctor every 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My hectic lifestyle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
My travel or holiday schedules	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Taking medication during times when I am not having sex	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about forgetting my APRETUDE injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have HIV	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying that people would think I have a lot of sexual partners because I am on APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I live with someone	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Worrying about my privacy because I'm on my parent's health insurance	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.004. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How often are you worried that people may find out that you are taking APRETUDE?			
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How often are you worried about forgetting your APRETUDE injections?			
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Currently using anything to prevent pregnancy			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.7.004. Frequencies of Sexual History and Perceptions towards APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Currently using the following to prevent pregnancy[1,3]			
Birth control pills	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Intrauterine device (IUD)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Vaginal ring	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Male condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Female condoms	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Birth control patch	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Implant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Spermicide	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Natural family planning	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Withdrawal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Permanent method (e.g., tubal ligation or hysterectomy)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Participants are allowed to select more than one response.
[2]This item follows a skip logic pattern. Only participants who report 'yes' to having any concerns about APRETUDE are required to provide a response (n=XX).
[3]This item follows a skip logic pattern. Only participants who report 'yes' to currently using anything to prevent pregnancy are required to provide a response (n=XX).

7.8.001. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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 APRETUDE[1]				
APRETUDE meets my approval for preventing HIV				
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 for the prevention of HIV 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
I like APRETUDE for the prevention of HIV				
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]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.001. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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 APRETUDE for the prevention of HIV				
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
Average Acceptability of APRETUDE[2]				
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[3]				
Receiving APRETUDE injections every 2-months seems workable in my life				
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]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.001. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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)
Receiving APRETUDE injections every 2-months seems possible for 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
Receiving APRETUDE injections every 2-months seems doable in my life				
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
Receiving APRETUDE injections every 2-months seems easy in my life				
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]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.001. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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)
Average Feasibility of APRETUDE[4]				
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]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.002. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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)
Acceptability of APRETUDE[1]					
APRETUDE meets my approval for preventing HIV					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
APRETUDE for the prevention of HIV is appealing to me					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
I like APRETUDE for the prevention of HIV					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.002. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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)
I welcome APRETUDE for the prevention of HIV					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Average Acceptability of APRETUDE[2]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Feasibility of APRETUDE[3]					
Receiving APRETUDE injections every 2-months seems workable in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.002. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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)
Receiving APRETUDE injections every 2-months seems possible for me					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Receiving APRETUDE injections every 2-months seems doable in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Receiving APRETUDE injections every 2-months seems easy in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.002. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient 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)
Average Feasibility of APRETUDE[4]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.003. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Acceptability of APRETUDE[1]					
APRETUDE meets my approval for preventing HIV					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
APRETUDE for the prevention of HIV is appealing to me					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
I like APRETUDE for the prevention of HIV					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.003. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I welcome APRETUDE for the prevention of HIV					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Average Acceptability of APRETUDE[2]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Feasibility of APRETUDE[3]					
Receiving APRETUDE injections every 2-months seems workable in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.003. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Receiving APRETUDE injections every 2-months seems possible for me					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Receiving APRETUDE injections every 2-months seems doable in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Receiving APRETUDE injections every 2-months seems easy in my life					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.003. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Average Feasibility of APRETUDE[4]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.004. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Acceptability of APRETUDE[1]			
APRETUDE meets my approval for preventing HIV			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
APRETUDE for the prevention of HIV is appealing to me			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
I like APRETUDE for the prevention of HIV			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.004. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
I welcome APRETUDE for the prevention of HIV			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Average Acceptability of APRETUDE[2]			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Feasibility of APRETUDE[3]			
Receiving APRETUDE injections every 2-months seems workable in my life			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.8.004. Descriptive Analyses of Perceived Feasibility and Acceptability of APRETUDE among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Receiving APRETUDE injections every 2-months seems possible for me			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Receiving APRETUDE injections every 2-months seems doable in my life			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Receiving APRETUDE injections every 2-months seems easy in my life			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Average Feasibility of APRETUDE[4]			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX

[1]Acceptability of Intervention Measure (AIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[2]The average AIM score is calculated considering only non-missing responses.
[3]Feasibility of Intervention Measure (FIM) uses the following 5-point scale: 1=Completely disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Completely agree.
[4]The average FIM score is calculated considering only non-missing responses.

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 is it to schedule appointments at the clinic/practice for your injections?				
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%)
I have not scheduled any appointments at the clinic/practice	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How easy or difficult is it to reschedule appointments at the clinic/practice for your injections?[1]				
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%)
I have not needed to reschedule any appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 did you reschedule your appointment?[2,3]				
I called the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I emailed the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I texted the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I scheduled the appointment online	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I sent a message on the online portal of the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I went to the clinic/doctor's office	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
On average, how long have you spent at the clinic/practice for your injection visit from arrival at the clinic to when you leave?				
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not gotten any of my injections at a clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 acceptable is coming to the clinic every 2 months for an injection?[4]				
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How convenient are your clinic's hours?[4]				
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 get to the clinic every 2 months for your injection?[4]				
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
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%)
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
Approximately how long has it taken you to get to the clinic/practice from your home to receive your injection?[4]				
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 did you get to the clinic/practice for your injections?[2,4]				
Taxi/transportation service	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Ride-share service (e.g., Uber, lyft)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dropped off by someone else	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Drove a private vehicle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Public transportation (e.g., train, bus)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bicycle/scooter/skateboard/walking	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transportation provided by clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
On average, how much did transportation cost round trip for each injection visit?[5]				
Mean	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
SD	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Median (Q1, Q3)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Min-Max	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 convenient is the transportation provided by your clinic/practice for your injection visit every 2 months?[6]				
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
The transportation helped me keep my appointments[6]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 transportation service was easy to use[6]				
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Have you needed to seek additional childcare/eldercare/other care to come to the clinic/practice for your injection visit?[4]				
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 am not caring for others right now (N/A)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 you taken any time off from work to receive your injections?				
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 am not working right now	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How much time did you take off work to receive your injections?[7]				
I needed to take a whole day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a whole day off work for some injections	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for some injections	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

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[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Was your time off work for injections generally paid or unpaid?[7]				
Paid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unpaid	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
Have you missed any of your APRETUDE injection visits in the last 6 months?				
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

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[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Was missing your APRETUDE injection visits planned or unplanned?[8]				
All the injection visits I missed were planned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the injection visits I missed were planned and some were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the injection visits I missed were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Did you start oral PrEP after missing any of your injection visits?[8]				
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

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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 was it to start oral PrEP after a missed injection visit?[9]				
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
How acceptable was it to start oral PrEP after a missed injection visit?[9]				
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
If you have questions about APRETUDE, where do you find information?[2]				
Product website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written materials such as the study handbook from my healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Speaking to a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social Media	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internet search	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Friends	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Family	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not had any questions so far	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not find answers to my questions	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 did you receive reminders about your injection appointments?[2]				
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not received any reminders	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Which type(s) of appointment reminders are most helpful in keeping your appointment?[2,10]				
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website (EI/ECI only)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not think any of the reminders are helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

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[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Would you say the frequency of HIV testing you have done is				
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Would you say the frequency of STI testing you have done is				
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

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7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 you received APRETUDE injections at any locations other than your clinic in the past 12 months?				
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
Which of the following locations have your received APRETUDE injections in the past 12 months?[2,11]				
Nurse coming to your home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	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%)
STD/STI clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Where else would you consider receiving your injections?[2]				
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	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%)
STD/STI/sexual health clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse coming to your home	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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.001. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
If self-administrative APRETUDE becomes available, how likely would you be to use the described self-administration pen?				
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
If provided with digital support tools to train you on self-administration, how likely would you be to use the described self-administration pen?				
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 is it to schedule appointments at the clinic/practice for your injections?					
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%)
I have not scheduled any appointments at the clinic/practice	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 is it to reschedule appointments at the clinic/practice for your injections?[1]					
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%)
I have not needed to reschedule any appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 did you reschedule your appointment?[2,3]					
I called the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I emailed the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I texted the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I scheduled the appointment online	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I sent a message on the online portal of the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I went to the clinic/doctor's office	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
On average, how long have you spent at the clinic/practice for your injection visit from arrival at the clinic to when you leave?					
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not gotten any of my injections at a clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 acceptable is coming to the clinic every 2 months for an injection?[4]					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How convenient are your clinic's hours?[4]					
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 get to the clinic every 2 months for your injection?[4]					
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
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%)
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
Approximately how long has it taken you to get to the clinic/practice from your home to receive your injection?[4]					
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
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[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 did you get to the clinic/practice for your injections?[2,4]					
Taxi/transportation service	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Ride-share service (e.g., Uber, lyft)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dropped off by someone else	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Drove a private vehicle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Public transportation (e.g., train, bus)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bicycle/scooter/skateboard/walking	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transportation provided by clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
On average, how much did transportation cost round trip for each injection visit?[5]					
Mean	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
SD	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Median (Q1, Q3)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Min-Max	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
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[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 convenient is the transportation provided by your clinic/practice for your injection visit every 2 months?[6]					
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The transportation helped me keep my appointments[6]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
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[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
The transportation service was easy to use[6]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Have you needed to seek additional childcare/eldercare/other care to come to the clinic/practice for your injection visit?[4]					
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 am not caring for others right now (N/A)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 you taken any time off from work to receive your injections?					
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 am not working right now	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How much time did you take off work to receive your injections?[7]					
I needed to take a whole day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a whole day off work for some injections	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for some injections	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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Was your time off work for injections generally paid or unpaid?[7]					
Paid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unpaid	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
Have you missed any of your APRETUDE injection visits in the last 6 months?					
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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
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7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Was missing your APRETUDE injection visits planned or unplanned?[8]					
All the injection visits I missed were planned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the injection visits I missed were planned and some were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the injection visits I missed were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Did you start oral PrEP after missing any of your injection visits?[8]					
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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 was it to start oral PrEP after a missed injection visit?[9]					
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
How acceptable was it to start oral PrEP after a missed injection visit?[9]					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
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[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
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7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
If you have questions about APRETUDE, where do you find information?[2]					
Product website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written materials such as the study handbook from my healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Speaking to a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social Media	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internet search	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Friends	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Family	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not had any questions so far	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not find answers to my questions	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
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7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 did you receive reminders about your injection appointments?[2]					
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not received any reminders	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
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7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Which type(s) of appointment reminders are most helpful in keeping your appointment?[2,10]					
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website (EI/ECI only)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not think any of the reminders are helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
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7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Would you say the frequency of HIV testing you have done is					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Would you say the frequency of STI testing you have done is					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
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7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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 you received APRETUDE injections at any locations other than your clinic in the past 12 months?					
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
Which of the following locations have your received APRETUDE injections in the past 12 months?[2,11]					
Nurse coming to your home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	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%)
STD/STI clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
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[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
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[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
Where else would you consider receiving your injections?[2]					
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	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%)
STD/STI/sexual health clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse coming to your home	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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.002. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient 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)
If self-administrative APRETUDE becomes available, how likely would you be to use the described self-administration pen?					
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
If provided with digital support tools to train you on self-administration, how likely would you be to use the described self-administration pen?					
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How easy or difficult is it to schedule appointments at the clinic/practice for your injections?					
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%)
I have not scheduled any appointments at the clinic/practice	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 is it to reschedule appointments at the clinic/practice for your injections?[1]					
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%)
I have not needed to reschedule any appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How did you reschedule your appointment?[2,3]					
I called the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I emailed the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I texted the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I scheduled the appointment online	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I sent a message on the online portal of the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I went to the clinic/doctor's office	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
On average, how long have you spent at the clinic/practice for your injection visit from arrival at the clinic to when you leave?					
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not gotten any of my injections at a clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How acceptable is coming to the clinic every 2 months for an injection?[4]					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How convenient are your clinic's hours?[4]					
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How easy or difficult has it been to get to the clinic every 2 months for your injection?[4]					
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
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%)
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
Approximately how long has it taken you to get to the clinic/practice from your home to receive your injection?[4]					
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How did you get to the clinic/practice for your injections?[2,4]					
Taxi/transportation service	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Ride-share service (e.g., Uber, lyft)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dropped off by someone else	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Drove a private vehicle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Public transportation (e.g., train, bus)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bicycle/scooter/skateboard/walking	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transportation provided by clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
On average, how much did transportation cost round trip for each injection visit?[5]					
Mean	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
SD	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Median (Q1, Q3)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Min-Max	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How convenient is the transportation provided by your clinic/practice for your injection visit every 2 months?[6]					
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The transportation helped me keep my appointments[6]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
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[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
The transportation service was easy to use[6]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Have you needed to seek additional childcare/eldercare/other care to come to the clinic/practice for your injection visit?[4]					
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 am not caring for others right now (N/A)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Have you taken any time off from work to receive your injections?					
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 am not working right now	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How much time did you take off work to receive your injections?[7]					
I needed to take a whole day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a whole day off work for some injections	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for some injections	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]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
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[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Was your time off work for injections generally paid or unpaid?[7]					
Paid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unpaid	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
Have you missed any of your APRETUDE injection visits in the last 6 months?					
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

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[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Was missing your APRETUDE injection visits planned or unplanned?[8]					
All the injection visits I missed were planned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the injection visits I missed were planned and some were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the injection visits I missed were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Did you start oral PrEP after missing any of your injection visits?[8]					
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

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[4]Responses are among the n=XX participants who have received an injection at the clinic
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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How easy or difficult was it to start oral PrEP after a missed injection visit?[9]					
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
How acceptable was it to start oral PrEP after a missed injection visit?[9]					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
If you have questions about APRETUDE, where do you find information?[2]					
Product website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written materials such as the study handbook from my healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Speaking to a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social Media	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internet search	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Friends	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Family	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not had any questions so far	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not find answers to my questions	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How did you receive reminders about your injection appointments?[2]					
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not received any reminders	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Which type(s) of appointment reminders are most helpful in keeping your appointment?[2,10]					
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website (EI/ECI only)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not think any of the reminders are helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Would you say the frequency of HIV testing you have done is					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Would you say the frequency of STI testing you have done is					
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Have you received APRETUDE injections at any locations other than your clinic in the past 12 months?					
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
Which of the following locations have your received APRETUDE injections in the past 12 months?[2,11]					
Nurse coming to your home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	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%)
STD/STI clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	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

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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Where else would you consider receiving your injections?[2]					
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	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%)
STD/STI/sexual health clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse coming to your home	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

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7.9.003. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
If self-administrative APRETUDE becomes available, how likely would you be to use the described self-administration pen?					
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
If provided with digital support tools to train you on self-administration, how likely would you be to use the described self-administration pen?					
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

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[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How easy or difficult is it to schedule appointments at the clinic/practice for your injections?			
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not scheduled any appointments at the clinic/practice	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How easy or difficult is it to reschedule appointments at the clinic/practice for your injections?[1]			
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not needed to reschedule any appointments	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How did you reschedule your appointment?[2,3]			
I called the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I emailed the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I texted the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I scheduled the appointment online	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I sent a message on the online portal of the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I went to the clinic/doctor's office	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
On average, how long have you spent at the clinic/practice for your injection visit from arrival at the clinic to when you leave?			
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not gotten any of my injections at a clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
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[7]Responses are among the n=XX participants who have taken time off from work to receive injections
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[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
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[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How acceptable is coming to the clinic every 2 months for an injection?[4]			
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How convenient are your clinic's hours?[4]			
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How easy or difficult has it been to get to the clinic every 2 months for your injection?[4]			
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Approximately how long has it taken you to get to the clinic/practice from your home to receive your injection?[4]			
Up to 20 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
21-40 minutes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
41-60 minute	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
61- 90 minutes (1hr-1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 90 minutes (more than 1.5hrs)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How did you get to the clinic/practice for your injections?[2,4]			
Taxi/transportation service	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Ride-share service (e.g., Uber, lyft)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Dropped off by someone else	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Drove a private vehicle	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Public transportation (e.g., train, bus)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Bicycle/scooter/skateboard/walking	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transportation provided by clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
On average, how much did transportation cost round trip for each injection visit?[5]			
Mean	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
SD	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Median (Q1, Q3)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Min-Max	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How convenient is the transportation provided by your clinic/practice for your injection visit every 2 months?[6]			
Very convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all convenient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The transportation helped me keep my appointments[6]			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
The transportation service was easy to use[6]			
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Have you needed to seek additional childcare/eldercare/other care to come to the clinic/practice for your injection visit?[4]			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I am not caring for others right now (N/A)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Have you taken any time off from work to receive your injections?			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I am not working right now	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How much time did you take off work to receive your injections?[7]			
I needed to take a whole day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a whole day off work for some injections	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for each injection	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I needed to take a partial day off work for some injections	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Was your time off work for injections generally paid or unpaid?[7]			
Paid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Unpaid	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Have you missed any of your APRETUDE injection visits in the last 6 months?			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
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[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Was missing your APRETUDE injection visits planned or unplanned?[8]			
All the injection visits I missed were planned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Some of the injection visits I missed were planned and some were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
All the injection visits I missed were unplanned	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I prefer not to answer	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Did you start oral PrEP after missing any of your injection visits?[8]			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
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[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How easy or difficult was it to start oral PrEP after a missed injection visit?[9]			
Very easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat easy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither easy nor difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very difficult	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How acceptable was it to start oral PrEP after a missed injection visit?[9]			
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
If you have questions about APRETUDE, where do you find information?[2]			
Product website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written materials such as the study handbook from my healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Speaking to a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social Media	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internet search	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Friends	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Family	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not had any questions so far	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not find answers to my questions	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
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[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
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[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How did you receive reminders about your injection appointments?[2]			
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have not received any reminders	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Which type(s) of appointment reminders are most helpful in keeping your appointment?[2,10]			
Phone calls	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Text/SMS messages	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Existing clinic app reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
E-mails	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Reminder in the postal mail	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Face-to-face reminder from a healthcare provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Written reminder/appointment card with date and time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study app/website (EI/ECI only)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another type of reminder	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not think any of the reminders are helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Would you say the frequency of HIV testing you have done is			
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Would you say the frequency of STI testing you have done is			
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Have you received APRETUDE injections at any locations other than your clinic in the past 12 months?			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Which of the following locations have your received APRETUDE injections in the past 12 months?[2,11]			
Nurse coming to your home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community-based organization	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
STD/STI clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Where else would you consider receiving your injections?[2]			
Retail pharmacy clinic (e.g., Minute Clinic, CVS)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other pharmacy	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Hospital outpatient	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Infusion center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community-based organization	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
STD/STI/sexual health clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Department of Health Clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
PrEP clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Community health center	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mobile van	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Nurse coming to your home	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.9.004. Frequencies of Barriers and Facilitators to Fidelity to APRETUDE Injection Visits and Dosing Windows among Patient Study Participants by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
If self-administrative APRETUDE becomes available, how likely would you be to use the described self-administration pen?			
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
If provided with digital support tools to train you on self-administration, how likely would you be to use the described self-administration pen?			
Definitely would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Might or might not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Probably would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Definitely would not	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who have scheduled any appointment at the clinic/practice
[2]Participants allowed to select more than one response.
[3]Responses are among the n=XX participants who have rescheduled any appointment at the clinic/practice
[4]Responses are among the n=XX participants who have received an injection at the clinic
[5]Responses are among the n=XX participants who incurred transportation costs for their injection visit
[6]Responses are among the n=XX participants who were provided transportation by the clinic for their injection visit
[7]Responses are among the n=XX participants who have taken time off from work to receive injections
[8]Responses are among the n=XX participants who have missed APRETUDE injections visits in the last 6 months
[9]Responses are among the n=XX participants who started oral PrEP after missing an injection visit
[10]Responses are among the n=XX who received reminders about injection appointments
[11]Responses are among the n=XX participants who received injections at some other location other than their clinic in the last 12 months

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
Have you ever heard of ViiV Connect?				
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
Where did you learn about ViiV Connect?[1,2]				
My healthcare provider/healthcare clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect video (EI only)	XX (XX.X%)	N/A	XX (XX.X%)	N/A
ViiV Connect brochure	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A friend/family told me	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect website	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
How long did it take for you get approved for APRETUDE from your insurance company after you requested it?				
1 week or less	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 weeks or 1 month	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6 weeks or 1.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
8 weeks or 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
10 weeks or 2.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
12 weeks or 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Greater than 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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 staff at the clinic helped me understand the insurance approval process				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
It took too long to get insurance approval to get my medication				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My Copay for APRETUDE is acceptable				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I am worried about insurance coverage long-term				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
The insurance approval process was simple				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
In the last 12 months, how many times did you need to obtain approval from your insurance company for APRETUDE?				
Only 1 time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
My provider explained medical words that were used so that I could understand them				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
My provider encouraged me to ask questions				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My provider really respected me				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
My provider gave me enough time to say what I thought was important				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
My provider listened carefully to what I had to say				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My provider explained why tests were being done				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
My provider made me feel comfortable talking about personal things				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
My privacy was respected				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My provider does not judge me				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
The provider had a respectful attitude towards my sexual orientation or sexual practices				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
The staff at the clinic does not judge me				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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 staff at this clinic is kind and respectful to me				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I sometimes felt insulted when the clinic staff spoke to me				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I felt judged by the clinic staff for being on PrEP				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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 felt judged by my provider for being on PrEP				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I felt judged or mistreated because of my gender or race				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
I felt that I received less than quality care because of my gender or race				
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.001. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
Which of the following do you think are benefits of your in-person visits to receive your APRETUDE injections?[2]				
I have more opportunities to discuss APRETUDE concerns or manage side effects	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other sexual healthcare issues or concerns as they arise such as sexual transmitted infections or contraception	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other non-sexual healthcare issues or concerns as they arise	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to receive screening for things that can affect my health such as diabetes, high blood pressure and more	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I am more engaged in my sexual health	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I feel like I have a better relationship with my care provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another benefit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
There are no benefits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have only received injections at home or an alternative site (e.g., infusion center)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Clinic Type (All participants at Month 12/13)

	All Participants (N=XX)	Women's Health (N=XX)	Primary Care (N=XX)	HIV Specialist (N=XX)	Other (N=XX)
Have you ever heard of ViiV Connect?					
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
Where did you learn about ViiV Connect?[1,2]					
My healthcare provider/healthcare clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect video (EI only)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
ViiV Connect brochure	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A friend/family told me	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect website	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
How long did it take for you get approved for APRETUDE from your insurance company after you requested it?					
1 week or less	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 weeks or 1 month	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6 weeks or 1.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
8 weeks or 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
10 weeks or 2.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
12 weeks or 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Greater than 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
The staff at the clinic helped me understand the insurance approval process					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
It took too long to get insurance approval to get my medication					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My Copay for APRETUDE is acceptable					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I am worried about insurance coverage long-term					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The insurance approval process was simple					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
In the last 12 months, how many times did you need to obtain approval from your insurance company for APRETUDE?					
Only 1 time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider explained medical words that were used so that I could understand them					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider encouraged me to ask questions					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My provider really respected me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider gave me enough time to say what I thought was important					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider listened carefully to what I had to say					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My provider explained why tests were being done					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider made me feel comfortable talking about personal things					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My privacy was respected					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
My provider does not judge me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The provider had a respectful attitude towards my sexual orientation or sexual practices					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The staff at the clinic does not judge me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
The staff at this clinic is kind and respectful to me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I sometimes felt insulted when the clinic staff spoke to me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I felt judged by the clinic staff for being on PrEP					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
I felt judged by my provider for being on PrEP					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I felt judged or mistreated because of my gender or race					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I felt that I received less than quality care because of my gender or race					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.002. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care 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)
Which of the following do you think are benefits of your in-person visits to receive your APRETUDE injections?[2]					
I have more opportunities to discuss APRETUDE concerns or manage side effects	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other sexual healthcare issues or concerns as they arise such as sexual transmitted infections or contraception	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other non-sexual healthcare issues or concerns as they arise	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to receive screening for things that can affect my health such as diabetes, high blood pressure and more	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I am more engaged in my sexual health	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I feel like I have a better relationship with my care provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another benefit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
There are no benefits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have only received injections at home or an alternative site (e.g., infusion center)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Have you ever heard of ViiV Connect?					
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
Where did you learn about ViiV Connect?[1,2]					
My healthcare provider/healthcare clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect video (EI only)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
ViiV Connect brochure	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A friend/family told me	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect website	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
How long did it take for you get approved for APRETUDE from your insurance company after you requested it?					
1 week or less	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 weeks or 1 month	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6 weeks or 1.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
8 weeks or 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
10 weeks or 2.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
12 weeks or 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Greater than 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
The staff at the clinic helped me understand the insurance approval process					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
It took too long to get insurance approval to get my medication					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
My Copay for APRETUDE is acceptable					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I am worried about insurance coverage long-term					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The insurance approval process was simple					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
In the last 12 months, how many times did you need to obtain approval from your insurance company for APRETUDE?					
Only 1 time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider explained medical words that were used so that I could understand them					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider encouraged me to ask questions					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
My provider really respected me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider gave me enough time to say what I thought was important					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider listened carefully to what I had to say					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
My provider explained why tests were being done					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My provider made me feel comfortable talking about personal things					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
My privacy was respected					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
My provider does not judge me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The provider had a respectful attitude towards my sexual orientation or sexual practices					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The staff at the clinic does not judge me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
The staff at this clinic is kind and respectful to me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I sometimes felt insulted when the clinic staff spoke to me					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I felt judged by the clinic staff for being on PrEP					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I felt judged by my provider for being on PrEP					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I felt judged or mistreated because of my gender or race					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I felt that I received less than quality care because of my gender or race					
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.003. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Region (All participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Which of the following do you think are benefits of your in-person visits to receive your APRETUDE injections?[2]					
I have more opportunities to discuss APRETUDE concerns or manage side effects	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other sexual healthcare issues or concerns as they arise such as sexual transmitted infections or contraception	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other non-sexual healthcare issues or concerns as they arise	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to receive screening for things that can affect my health such as diabetes, high blood pressure and more	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I am more engaged in my sexual health	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I feel like I have a better relationship with my care provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another benefit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
There are no benefits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have only received injections at home or an alternative site (e.g., infusion center)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Have you ever heard of ViiV Connect?			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Where did you learn about ViiV Connect?[1,2]			
My healthcare provider/healthcare clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect video (EI only)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
ViiV Connect brochure	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A friend/family told me	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The ViiV Connect website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How long did it take for you get approved for APRETUDE from your insurance company after you requested it?			
1 week or less	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 weeks	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 weeks or 1 month	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
6 weeks or 1.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
8 weeks or 2 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
10 weeks or 2.5 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
12 weeks or 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Greater than 3 months	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
The staff at the clinic helped me understand the insurance approval process			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
It took too long to get insurance approval to get my medication			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
My Copay for APRETUDE is acceptable			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I am worried about insurance coverage long-term			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The insurance approval process was simple			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree or disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
In the last 12 months, how many times did you need to obtain approval from your insurance company for APRETUDE?			
Only 1 time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
2 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
3 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
More than 4 times	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
My provider explained medical words that were used so that I could understand them			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
My provider encouraged me to ask questions			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
My provider really respected me			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
My provider gave me enough time to say what I thought was important			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
My provider listened carefully to what I had to say			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
My provider explained why tests were being done			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
My provider made me feel comfortable talking about personal things			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
My privacy was respected			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
My provider does not judge me			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The provider had a respectful attitude towards my sexual orientation or sexual practices			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
The staff at the clinic does not judge me			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
The staff at this clinic is kind and respectful to me			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I sometimes felt insulted when the clinic staff spoke to me			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I felt judged by the clinic staff for being on PrEP			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
I felt judged by my provider for being on PrEP			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I felt judged or mistreated because of my gender or race			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
I felt that I received less than quality care because of my gender or race			
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.10.004. Frequencies of Questions Related to Acquisition Process and Patient Study Participants Experiences in Clinic Quality of Care by Gender (All participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Which of the following do you think are benefits of your in-person visits to receive your APRETUDE injections?[2]			
I have more opportunities to discuss APRETUDE concerns or manage side effects	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other sexual healthcare issues or concerns as they arise such as sexual transmitted infections or contraception	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to discuss other non-sexual healthcare issues or concerns as they arise	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have more opportunities to receive screening for things that can affect my health such as diabetes, high blood pressure and more	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I am more engaged in my sexual health	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I feel like I have a better relationship with my care provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Another benefit	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
There are no benefits	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I have only received injections at home or an alternative site (e.g., infusion center)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]Responses are among the n=XX participants who responded Yes to having ever heard of ViiV Connect
[2]Participants allowed to select more than one response.

7.11.001. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient 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)
Did you experience any local reaction(s) following an injection appointment?				
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
Acceptability of local reaction(s)[1]				
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
How often are you able to return to usual daily activities immediately following an injection appointment? (e.g., going back to work, social events, exercise, driving)				
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Always	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.001. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient 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 bothered were you by pain during the injection?				
Not at all	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Extremely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Acceptability of your pain				
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX
Which of the following have you tried to reduce the pain/discomfort following your injections[2]				
Took over-the-counter pain relievers	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a hot compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a cold compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Avoided sitting for long periods of time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Light stretching and exercise	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%)
None	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.001. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient 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)
Rate the amount of pain/discomfort you experienced after receiving your first APRETUDE injection[3]				
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
Rate the amount of pain/discomfort you experienced after receiving your most recent APRETUDE injection[3]				
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]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.002. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient 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)
Did you experience any local reaction(s) following an injection appointment?					
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
Acceptability of local reaction(s)[1]					
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How often are you able to return to usual daily activities immediately following an injection appointment? (e.g., going back to work, social events, exercise, driving)					
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Always	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.002. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient 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 bothered were you by pain during the injection?					
Not at all	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Extremely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Acceptability of your pain					
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Which of the following have you tried to reduce the pain/discomfort following your injections[2]					
Took over-the-counter pain relievers	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a hot compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a cold compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Avoided sitting for long periods of time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Light stretching and exercise	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%)
None	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.002. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient 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)
Rate the amount of pain/discomfort you experienced after receiving your first APRETUDE injection[3]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Rate the amount of pain/discomfort you experienced after receiving your most recent APRETUDE injection[3]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.003. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Did you experience any local reaction(s) following an injection appointment?					
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
Acceptability of local reaction(s)[1]					
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
How often are you able to return to usual daily activities immediately following an injection appointment? (e.g., going back to work, social events, exercise, driving)					
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Always	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.003. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How bothered were you by pain during the injection?					
Not at all	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Extremely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Acceptability of your pain					
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Which of the following have you tried to reduce the pain/discomfort following your injections[2]					
Took over-the-counter pain relievers	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a hot compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a cold compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Avoided sitting for long periods of time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Light stretching and exercise	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%)
None	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.003. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient Study Participants by Region (All Participants at Month 12/13)

	All Participants	Northeast	South	West	Midwest
	(N=XX)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Rate the amount of pain/discomfort you experienced after receiving your first APRETUDE injection[3]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX
Rate the amount of pain/discomfort you experienced after receiving your most recent APRETUDE injection[3]					
Mean	XX.X	XX.X	XX.X	XX.X	XX.X
SD	XX.XX	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)	XX.X (XX.X, XX.X)
Min-Max	XX - XX	XX - XX	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.004. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Did you experience any local reaction(s) following an injection appointment?			
Yes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I don't know	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Acceptability of local reaction(s)[1]			
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
How often are you able to return to usual daily activities immediately following an injection appointment? (e.g., going back to work, social events, exercise, driving)			
Never	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Rarely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Sometimes	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Often	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Always	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.004. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
How bothered were you by pain during the injection?			
Not at all	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Extremely	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Acceptability of your pain			
Totally acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Very acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Moderately acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all acceptable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX
Which of the following have you tried to reduce the pain/discomfort following your injections[2]			
Took over-the-counter pain relievers	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a hot compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Used a cold compress	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Avoided sitting for long periods of time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Light stretching and exercise	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Other	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
None	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.11.004. Frequencies and Descriptive Analyses of Questions Related to Pain and Activities After Injection among Patient Study Participants by Gender (All Participants at Month 12/13)

	All Participants	Cisgender	Transgender
	(N=XX)	(N=XX)	(N=XX)
Rate the amount of pain/discomfort you experienced after receiving your first APRETUDE injection[3]			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX
Rate the amount of pain/discomfort you experienced after receiving your most recent APRETUDE injection[3]			
Mean	XX.X	XX.X	XX.X
SD	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)
Min-Max	XX - XX	XX - XX	XX - XX
Missing	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing any local reaction(s) following an injection are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]The rating of pain/discomfort uses a 10-point scale, where 0=No pain and 10=Extreme pain.

7.12.001. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient 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)
Did you complete a Sexual Health Assessment from your provider or clinic/practice in the last 12 months? (ECI only)				
Yes	XX (XX.X%)	N/A	N/A	XX (XX.X%)
No	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I don't know	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
Did your provider or another person at the clinic/practice discuss the results of the assessment with you? (ECI only)[1]				
Yes	XX (XX.X%)	N/A	N/A	XX (XX.X%)
No	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I don't know	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
Who discussed the results of the assessment with you? (ECI only)[2,3]				
My healthcare provider/doctor	XX (XX.X%)	N/A	N/A	XX (XX.X%)
A nurse	XX (XX.X%)	N/A	N/A	XX (XX.X%)
A social worker	XX (XX.X%)	N/A	N/A	XX (XX.X%)
A peer educator	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Other	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I don't know	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.001. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient 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 helpful was discussing the results with your provider or another person at the clinic/practice? (ECI only)[1]				
Very helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
A little helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Not at all helpful	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
Rate your experience with the Sexual Health Assessment (ECI only)				
It was difficult to take the assessment on my digital device[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
The assessment is quick to complete[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.001. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient 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 that my doctor sent the assessment before my appointment[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
I was concerned about the privacy of my answers[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
I like that my doctor is assessing my sexual health and whether PrEP is right for me[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.001. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient 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 assessment asked the right questions to help my doctor and me determine whether if PrEP is right for me[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
The assessment made me feel uncomfortable[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX
The assessment asked too many private questions[1]				
Completely disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Completely agree	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.001. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient 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)
Why did you not complete the assessment (ECI only)[2,4]				
I did not receive a Sexual Health Assessment from my provider or clinic/practice	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I forgot	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not know how to complete it	XX (XX.X%)	N/A	N/A	XX (XX.X%)
The link my doctor sent did not work	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I didn't have the time	XX (XX.X%)	N/A	N/A	XX (XX.X%)
The assessment took too long to complete	XX (XX.X%)	N/A	N/A	XX (XX.X%)
The assessment included too many personal questions	XX (XX.X%)	N/A	N/A	XX (XX.X%)
The assessment made me feel uncomfortable	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I was concerned about the privacy of my answers	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not want to share sexual health information with my doctor or clinic	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I did not understand why my doctor or clinic was asking me to complete the assessment	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Other	XX (XX.X%)	N/A	N/A	XX (XX.X%)
I don't know	XX (XX.X%)	N/A	N/A	XX (XX.X%)
Missing	XX	N/A	N/A	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.001. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient 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)
Thinking back to when you first learned about the EBONI study, what was the most helpful in letting you know about APRETUDE and the study?[2]				
Provision of educational materials	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
During consultation with your provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Through peer educators	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Posters in the clinic/practice	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Flyers in the clinic/practice	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mentions on the clinic/practice's website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mentions on social media	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social media campaign - SheIsMe (on Instagram, Facebook, Youtube)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The EBONI study website (ebonistudyinfo.com)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Outreach events done by the clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Outreach events by ViiV (e.g., Risk to Reasons events)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Radio ads about the study	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internet ads about the study	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Ads in pharmacies (such as Walgreens)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Referrals from community organizations	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Referrals from other providers or health centers	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study's SHE Ambassadors	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Word of mouth	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]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.001. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient 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 you experienced any difficulties that impacted your ability to participate in the EBONI study?				
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
What difficulties have impacted your participation in the EBONI study?[5]				
No child care	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Inability to take time off work	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Concerns about lost pay	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
No extended clinic hours (e.g., weekend or open later)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Transportation to or from clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Distrust in research	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lack of awareness of PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lack of awareness of APRETUDE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Belief APRETUDE is for men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Belief PrEP is for men	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Do not think HIV is concern for them	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Stigma with PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Lack of insurance to take PrEP	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Concerns about side effects	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Time commitment involved in study participation	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]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.002. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=X)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Did you complete a Sexual Health Assessment from your provider or clinic/practice in the last 12 months? (ECI only)					
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
Did your provider or another person at the clinic/practice discuss the results of the assessment with you? (ECI only)[1]					
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
Who discussed the results of the assessment with you? (ECI only)[2,3]					
My healthcare provider/doctor	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A nurse	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A social worker	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A peer educator	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%)
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

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.002. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=X)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
How helpful was discussing the results with your provider or another person at the clinic/practice? (ECI only)[1]					
Very helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Somewhat helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
A little helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Not at all helpful	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
Rate your experience with the Sexual Health Assessment (ECI only)					
It was difficult to take the assessment on my digital device[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The assessment is quick to complete[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.002. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=X)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
I like that my doctor sent the assessment before my appointment[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I was concerned about the privacy of my answers[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
I like that my doctor is assessing my sexual health and whether PrEP is right for me[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.002. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=X)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
The assessment asked the right questions to help my doctor and me determine whether if PrEP is right for me[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The assessment made me feel uncomfortable[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX
The assessment asked too many private questions[1]					
Completely disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Neither agree nor disagree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Completely agree	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX	XX	XX	XX	XX

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.002. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=X)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Why did you not complete the assessment (ECI only)[2,4]					
I did not receive a Sexual Health Assessment from my provider or clinic/practice	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I forgot	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not know how to complete it	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The link my doctor sent did not work	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I didn't have the time	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The assessment took too long to complete	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The assessment included too many personal questions	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The assessment made me feel uncomfortable	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I was concerned about the privacy of my answers	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not want to share sexual health information with my doctor or clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
I did not understand why my doctor or clinic was asking me to complete the assessment	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%)
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

[1]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).

7.12.002. Frequencies of Perception of the Sexual Health Assessment and Study Engagement among Patient Study Participants by Clinic Type (All Participants at Month 12/13)

	All Participants	Women's Health	Primary Care	HIV Specialist	Other
	(N=X)	(N=XX)	(N=XX)	(N=XX)	(N=XX)
Thinking back to when you first learned about the EBONI study, what was the most helpful in letting you know about APRETUDE and the study?[2]					
Provision of educational materials	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
During consultation with your provider	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Through peer educators	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Posters in the clinic/practice	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Flyers in the clinic/practice	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mentions on the clinic/practice's website	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Mentions on social media	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Social media campaign - SheIsMe (on Instagram, Facebook, Youtube)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The EBONI study website (ebonistudyinfo.com)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Outreach events done by the clinic	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Outreach events by ViiV (e.g., Risk to Reasons events)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Radio ads about the study	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Internet ads about the study	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Ads in pharmacies (such as Walgreens)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Referrals from community organizations	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Referrals from other providers or health centers	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
The study's SHE Ambassadors	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Word of mouth	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]This item follows a skip logic pattern. Only participants who report 'yes' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[2]Participants are allowed to select more than one response.
[3]This item follows a skip logic pattern. Only participants who report 'yes' to their provider discussing results of the assessment with them are required to provide a response (n=XX).
[4]This item follows a skip logic pattern. Only participants who report 'no' to having completed a Sexual Health Assessment in the last 12 months are required to provide a response (n=XX).
[5]This item follows a skip logic pattern. Only participants who report 'yes' to experiencing difficulties that impacted their ability to participate in the study are required to provide a response (n=XX).