

Table S1. Questionnaire items<sup>a</sup>

**A. Provider role subscale:** (Provider-perceived role in smoking cessation)

Cigarette smoking is a patient's personal choice, and it is not my job to question his/her choice.<sup>b</sup>  
It is the nurse's job to urge his/her HIV-infected smokers to quit.<sup>b</sup>  
It is the primary care provider's job to urge his/her HIV-infected smokers to quit.  
I don't feel it is my role to counsel HIV-infected patients on smoking cessation.<sup>b</sup>

**B. Provider attitudes about efforts to promote smoking cessation:**

**B1. Difficulty subscale: (Too time-consuming)**

I do not have enough time to adequately address cigarette smoking with my HIV-infected patients.<sup>b</sup>  
Cigarette smoking is just one item in the long list of health concerns that every HIV-infected patient has.<sup>b</sup>  
The time that I spend discussing cigarette smoking with my HIV-infected patients could be better spent on other health concerns.<sup>b</sup>

**B2. Ineffectiveness subscale: (Not, or unlikely to be, effective)**

My efforts to get HIV-infected smokers to quit are unlikely to succeed.<sup>b</sup>  
My smoking cessation efforts are hampered by not having trained counselors or a formal program on-site.<sup>b</sup>  
The social environments of most of my HIV-infected patients make smoking cessation efforts hopeless.<sup>b</sup>  
Many HIV-infected patients who request nicotine patches sell them rather than use them.<sup>b</sup>  
Discussions about smoking and smoking cessation with HIV-infected patients are usually a waste of time.<sup>b</sup>  
My previous attempts to convince HIV-infected patients to quit have met with little success.<sup>b</sup>  
I am not confident in my ability to properly counsel my patients to quit smoking.<sup>b</sup>

**B3. Counterproductivity subscale: (Efforts may be counterproductive)**

I am concerned that drugs used for smoking cessation may interact with drugs used to treat HIV infection.<sup>b</sup>  
Cigarette smoking helps my HIV-infected patients cope with stress.<sup>b</sup>  
I am concerned that prescribing additional pills for smoking cessation may decrease adherence to HAART.<sup>b</sup>  
For my stable HIV-infected patients, I am concerned that an attempt at quitting cigarettes could "upset the apple cart."<sup>b</sup>  
For patients with drug/alcohol histories, I am concerned that quitting cigarettes may interfere with their abstinence from these harder substances.<sup>b</sup>

**C. Belief subscale:** (Belief in harm of smoking and benefits of quitting)

Many of my HIV-infected patients have cardiovascular disease attributable to cigarette smoking.  
An HIV-infected smoker who quits is likely to experience important immediate health benefits.  
For the average HIV-infected patient in the US in 2009, smoking is more likely to kill him/her than complications of HIV infection.  
Many of my HIV-infected patients have chronic respiratory disease.  
The life expectancies of HIV-infected patients who adhere to HAART and quit smoking are similar to the general population.  
I believe that smoking cessation is important for the health of my HIV-infected patients who smoke.  
Many of my HIV-infected patients have respiratory disease attributable to cigarette smoking.  
An HIV-infected smoker who quits is likely to experience important long-term health benefits.  
Cigarette smoking is one of the major health issues facing the HIV-infected population of this country.  
Cigarette smoking has become a more important issue for persons with HIV since the HAART era began.  
Cigarette smoking worsens the course of HIV infection.

**D. Action subscale:** (Smoking cessation promoting activities)

I frequently advise HIV-infected smokers to call a quitline.  
I prescribe Zyban (Wellbutrin, bupropion) frequently for smoking cessation purposes.  
I prescribe nicotine replacement therapy frequently.  
When I discuss smoking with my HIV-infected patients, I use the "5 A's" as a guide.  
I frequently give smoking cessation brochures to my HIV-infected patients who smoke.  
I prescribe Chantix (varenicline) frequently.

<sup>a</sup>Items were randomly ordered in the final questionnaire. Responses were collected on a five point Likert scale: Strongly disagree (1), somewhat disagree (2), neither agree nor disagree (3), somewhat agree (4), strongly agree (5).

<sup>b</sup>Item was reverse-coded for analytic purposes.