

CoMPASS Implementation Survey

Welcome to the CoMPASS survey!

The purpose of this survey is to learn about your experiences addressing HIV prevention among your clients. Specifically, we are interested in learning about:

Your perspectives and experiences regarding the use of HIV pre-exposure prophylaxis [PrEP], particularly among individuals who inject drugs Your perspectives on the CoMPASS program, which involves evaluating the use of contingency management [i.e., rewards to motivate verifiable behavior change], with PrEP adherence and supportive services as indicated, to promote HIV prevention among your clients (Note: We use the word "clients" throughout the survey to refer to individuals to whom you or your organization may provide services; depending on your role, "patients" may be used interchangeably)

This survey should take about 10-15 minutes to complete. Please answer each question to the best of your ability. If more than one answer applies, please select the answer that best captures your response.

This study is being administered through Yale School of Medicine and has received Institutional Review Board (IRB) approval.

Your participation is completely voluntary Your responses will be kept confidential and will only be shared in aggregate and to help inform efforts to promote HIV prevention among clients at your organization and elsewhere

If you have any questions, please email Elizabeth Porter at elizabeth.porter@yale.edu.

Please review the attached information sheet.

[Attachment: "CoMPASS Implementation Survey Information.pdf"]

I've read the information sheet and would like to proceed to the survey.

- Yes
 No

Thank you for your time. Please proceed to the next page and select 'Submit'.

Which organization do you work for currently?

- Apex Community Care
 Connecticut Harm Reduction Alliance
 Recovery Network of Programs, Inc.
 SSTAR

3%

Thank you for your time. Please proceed to the next page and select 'Submit'.

PrEP and Medications for Opioid Use Disorder (MOUD) Knowledge, Practices, and Attitudes

HIV PrEP refers to the use of medication to prevent HIV infection. Food and Drug Administration (FDA) approved medications for this purpose include: Truvada® (emtricitabine/tenofovir disoproxil fumarate)Descovy® (emtricitabine/tenofovir alafenamide)Apretude® (injectable cabotegravir)PrEP is recommended by the Centers for Disease Control and Prevention and World Health Organization for individuals at risk for HIV, including for individuals who inject drugs.

Prior to engaging with this survey, had you heard of PrEP? Yes No

Prior to engaging with this survey, how would you rate your knowledge of PrEP? Excellent Very good Good Fair Poor

Please tell us about your sources of knowledge about PrEP (e.g., trainings, websites, etc.) _____

Medications for opioid use disorder refers to the use of medications as treatment for opioid use disorder, including: methadonebuprenorphine (e.g., Suboxone®)naltrexone (e.g., Vivitrol®)

Prior to engaging with this survey, had you heard of medications for opioid use disorder? Yes No

Before today, how would you rate your knowledge of medications for opioid use disorder? Excellent Very good Good Fair Poor

Please tell us about your sources of knowledge about medications for opioid use disorder (e.g., trainings, websites, etc.) _____

8%

Thinking about your clients with opioid use disorder who do not have HIV, please indicate how often you perform the following during routine encounters.

	Always	Most of the time	Sometimes	Rarely	Never
Assess sexual risk behaviors (e.g., condom use, multiple partners)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess drug use practices (e.g., needle sharing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess last time HIV testing was conducted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess whether PrEP is appropriate for a client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess whether medications for opioid use disorder (e.g., methadone, buprenorphine, injectable naltrexone) are appropriate for a client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide any counseling regarding strategies to promote HIV risk reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide counseling to specifically reduce sexual risk to promote HIV risk reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide counseling specifically to promote safer drug use practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct or refer clients for HIV testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe or refer clients for PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide counseling regarding PrEP adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe or refer clients for medications for opioid use disorder (e.g., methadone, buprenorphine, injectable naltrexone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide counseling regarding medications for opioid use disorder (e.g., methadone, buprenorphine) adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide education around overdose prevention and response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Provide naloxone (Narcan®) kits
to clients



24%

The following set of questions asks about your opinions based on what you know about PrEP.

It's okay if you're not very familiar with PrEP - just answer to the best of your ability.

	1 - Not at all	2 - Slightly	3 - Somewhat	4 - Moderately	5 - Extremely
How relevant do you think HIV prevention is amongst your clients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important do you think it is for your clients to take PrEP to reduce their HIV risk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How effective do you think PrEP is in preventing individuals who take it every day as prescribed from getting HIV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on your understanding of PrEP side effects, how safe is PrEP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29%

Please indicate how much you agree or disagree with these statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Due to competing priorities, it is not practical to address HIV prevention with PrEP in routine encounters with my clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing HIV prevention with PrEP is the role of other staff, not my role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV prevention is important and relevant to the health of my clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about PrEP side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about my ability to monitor my clients' adherence to PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients have access to PrEP prescribing clinicians within my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My patients have access to PrEP prescribing clinicians outside of my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36%

Please rate how confident you feel about the following statements:

	Not at all confident	A little confident	Somewhat confident	Confident	Very confident
My clients are motivated to take PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clients can adhere to PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clients can cover the costs associated with PrEP and PrEP care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clients will have transportation to make their PrEP appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is sufficient financial compensation for me in my role to address HIV prevention with PrEP with my clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough resources to give my clients regarding PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to discuss PrEP with my clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know enough about current best practices for PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the necessary skills and knowledge to assist my clients to take PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to refer my clients for PrEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47%

Contingency Management Beliefs (Part 1)

Below you will find a list of statements about Contingency Management (CM) interventions, the use of rewards or prizes to help incentivize behavior change. Although you may agree or disagree with individual statements, we are only interested in how each statement affects your interest in adopting or continuing to use CM with your clients to promote HIV prevention by decreasing opioid use and promoting PrEP adherence.

(Note: "activity contracting" refers to working with clients to determine targeted behavior and source of verification that will be completed to earn prizes)

Using the scale provided below, please rate each statement in terms of HOW INFLUENTIAL it is to your interest (or lack of interest) in implementing CM interventions for HIV prevention.

	No influence at all	Very little influence	Some influence	Strong influence	Very strong influence
I think the research evidence about CM's effectiveness does not apply to our everyday clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that clients might sell/trade earned items for opioids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of my clients are already abstinent from opioids at intake, so they don't need CM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM is useful when targeting opioid abstinence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM is useful when targeting treatment goals for opioid use disorder other than abstinence from opioids (attendance, activities).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM is useful for targeting HIV prevention with PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find CM distasteful because it is basically paying someone to do what they should do already.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM is expensive (e.g., cost of prizes).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not convinced by the research about CM's effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM is good for the client-counselor relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It seems to me that CM is good for clients because they get excited about their treatment and progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that providing prizes undermines the clients' internal motivation to reduce opioid use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have time to administer prizes in my routine sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clinical experience with individuals with substance use is more important than any research evidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think clients will view CM as patronizing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want more training before implementing CM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think CM will help get clients in the door (e.g., motivate them to come to treatment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any source of motivation, including extrinsic motivation, is good if it helps get clients involved and responding to treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seems like CM interventions create extra work for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about what happens once the contingencies are withdrawn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel qualified or properly trained to administer CM interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM might cause arguments among clients (e.g., when some get prizes and other do not).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe it is not right to give rewards for abstinence from opioids if clients are not meeting other treatment goals (e.g., PrEP adherence).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I believe it is not right to give rewards for PrEP if clients are not meeting other treatment goals (e.g., MOUD engagement).

64%

Contingency Management Beliefs (Part 2)

Below you will find a list of statements about Contingency Management (CM) interventions, the use of rewards or prizes to help incentivize behavior change. Although you may agree or disagree with individual statements, we are only interested in how each statement affects your interest in adopting or continuing to use CM with your clients to promote HIV prevention by decreasing opioid use and promoting PrEP adherence.

(Note: "activity contracting" refers to working with clients to determine targeted behavior and source of verification that will be completed to earn prizes)

Using the scale provided below, please rate each statement in terms of HOW INFLUENTIAL it is to your interest (or lack of interest) in implementing CM interventions for HIV prevention.

	No influence at all	Very little influence	Some influence	Strong influence	Very strong influence
CM doesn't address the underlying cause of the clients' health needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Currently, no one in my facility has the experience to supervise CM.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community wouldn't understand (i.e., clinic will look bad for giving rewards to individuals who use opioids).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that CM is worth the time and effort if it works.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am in favor of adding CM interventions to our existing services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My agency / supervisors / administrators do not support CM (e.g., do not provide training, resources).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reinforcing PrEP adherence via urine testing will help motivate clients to be consistent with their medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine testing is easy to fit into my workflow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our clinic rules prevent urine screening for opioid use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I think CM focuses on the good in clients' behavior, and not just what went wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM helps clients reduce their opioid use so that they can work on other aspects of treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM is helpful because it helps keep clients engaged in treatment long enough for them to really learn valuable skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is okay for a client to have the opportunity to earn prizes worth as much as \$100 for reaching treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is preferable to give clients prizes in cash for reaching treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is preferable to give clients prizes in choice of goods/supplies/gift cards (rather than cash) for reaching treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like CM targeting opioid abstinence is not compatible with a harm reduction approach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CM is not flexible enough for our clients who may not be ready to make changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our clients will not be interested in prizes for opioid abstinence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our clients will not be interested in prizes for PrEP adherence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seems like activity contracting takes too much time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding verifiable activities for CM is too difficult and time-consuming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activity contracting in CM allows us to individualize goals to a specific client's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because many of our clients are difficult to contact regularly, CM is not feasible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81%

Experiences and Readiness with CoMPASS Program

The CoMPASS program involves a study being conducted at your site where clients may be invited to receive CM with, as needed, additional PrEP adherence and support services to promote HIV prevention with PrEP. Clients who have injected drugs in the past 6 months, have an opioid use disorder, and are at risk for HIV are eligible to participate. Clients receiving CM may be eligible to earn prizes when they:

Make progress in taking PrEP (e.g., make an appointment with a PrEP-prescribing clinician, demonstrate PrEP adherence) Make progress in taking medications for opioid use disorder or engage in other in opioid use disorder-related care (e.g., intake for methadone, negative urine toxicology test, group attendance).

Have you attended a presentation about the CoMPASS program?

- Yes
 No
 Not sure

To your knowledge, have you had any clients participate in the CoMPASS program?

- Yes
 No

Please indicate on a scale from 0 to 10 your readiness to refer your clients to the CoMPASS program.

- 0 - Not at all ready
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 - Extremely ready

How could we increase your readiness to refer your clients to the CoMPASS program?

What suggestions do you have for how we might best inform potential clients about CoMPASS and then connect them to the program?

84%

Organizational Readiness to Implement Change

The following questions refer to your organization's ability to implement CoMPASS, a PrEP Navigator or counselor-delivered program that involves contingency management with, as needed, additional PrEP adherence and support services to promote HIV prevention with PrEP.

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
Individuals who work here are committed to implementing CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here feel confident that they can keep track of progress in implementing CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here will do whatever it takes to implement CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here feel confident that the organization can support staff as they adjust to CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here want to implement CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here feel confident that they can handle the challenges that might arise in implementing CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here are determined to implement CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here feel confident that they can coordinate tasks so that CoMPASS goes smoothly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here are motivated to implement CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals who work here feel confident that they can manage the politics of implementing CoMPASS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90%

Participant Demographics and Employment Experiences

We want to know a little more about you as we know your experiences, roles, and lived experience may influence your perspectives.

What is your age in years?

What was your biological sex at birth?

- Male
 Female

What is your current gender identity?

- Female
 Male
 Non-binary
 Something else (please specify): _____

Are you of Hispanic or Latinx descent?

- Yes
 No

How would you describe your racial background?

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 More than one race
 Something else (please specify): _____

What is the highest level of education that you have received?

- Elementary or grade school
 Some high school
 High school diploma or equivalent
 Trade or technical School
 Some college, but no degree
 Associate's degree
 Bachelor's degree
 Master's degree
 Doctoral degree or higher

What is your primary role?
(Please select the one that best describes your current role)

- Case Manager
 Counselor
 PrEP Navigator
 Harm Reduction Specialist
 Peer
 Psychologist
 Social Worker
 Physician
 Nurse Practitioner
 Physician Assistant
 Nurse
 Administrator
 Something else (please specify): _____

What is your certification status in the field of addiction?

- Not certified or licensed
 Currently certified or licensed
 Previously certified or licensed, not now
 Something else (please specify): _____

What is your certification status in the field of Infectious Disease/HIV?

- Not certified or licensed
 Currently certified or licensed: _____
 Previously certified or licensed, not now
 Something else (please specify): _____

Which of the following best describes your job type? (Please select one that best describes you)

- Program director or administrator
 Clinical supervisor
 Direct clinical service provider (e.g., nurse, counselor, case manager, clinician, social worker)
 Support staff
 Something else (please specify): _____

How long have you been working in your current profession? (Please provide your best estimate)

- Less than 1 year
 1-2 years
 2-3 years
 3-4 years
 4-5 years
 More than 5 years

How long have you been working at [is_site_name]? (Please provide your best estimate)

- Less than 1 year
 1-2 years
 2-3 years
 3-4 years
 4-5 years
 More than 5 years

How many clients are you currently working with routinely (e.g., on your caseload)? (Please provide your best estimate)

Do you consider yourself to be a person in recovery from alcohol or drug use?

- Yes
 No
 Prefer not to answer

Do you consider yourself to be a person directly impacted by HIV (either have HIV or at-risk for HIV)?

- Yes
 No
 Prefer not to answer

During the past 3 months, how would you rate your overall job satisfaction?

- 1- No Satisfaction At All
 2
 3
 4
 5 - Highest Satisfaction Possible

Please use the space below to offer any additional comments or suggestions about how we can support your work to promote HIV prevention among individuals who inject drugs.

100%