**PART 1: INFORMED CONSENT FOR RESEARCH PARTICIPATION**

You are invited to be in a research study of/about the inclusion of information about antiretrovirals in the education of students in the health professions. You were selected as a possible participant because you are a student in a health professions educational program. We ask that you read this form and ask any questions you may have via the contact methods below before agreeing to be in the study.

**This study is being conducted by**: Sarah Garber, PhD, a professor in the College of Pharmacy, Rosalind Franklin University of Medicine and Science and Samuel Bunting, a student in the Chicago Medical School, Rosalind Franklin University of Medicine and Science

**Procedures**: If you agree to be in this study, we would ask you to do the following things:

* Complete a survey regarding any inclusion of information about antiretrovirals in your academic curriculum.
* The survey will take approximately 10 minutes and you will be asked to complete it once.

**Confidentiality:** The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records.

**Voluntary Nature of the Study**: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Rosalind Franklin University or your academic institution. If you decide to participate, you are free to not answer any question or to withdraw at any time. This study was approved by the Institutional Review Board of Rosalind Franklin University of Medicine and Science on November 28, 2018 (Protocol: Pharm18-132).

**Contacts and Questions:** Please ask any questions you have now. If you have questions later, you may contact Sarah Garber, PhD, at sarah.garber@rosalindfranklin.edu or at 847-578-8577. If you have any questions or concerns regarding your rights as a subject in this study, you may call the IRB office (phone: 847-578-8713 or email: IRB@rosalindfranklin.edu).

**Statement of Consent: I have read and understand the above information. I consent to take part in the study.**

* YES, I consent to participation.
* NO, I do NOT consent to participation.

**Are you over 18 years of age?**

* Yes
* No

**Part 2: KNOWLEDGE OF PrEP**

**Do you know what Pre-Exposure Prophylaxis (PrEP) is?**

* Yes (1)
* No (0)

**Considering all the COURSES you have taken in your ACADEMIC PROGRAM, have you received education about PrEP?**

* Yes (1)
* No (0)

**HIV-negative patients are indicated for PrEP prescription:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**The use of PrEP is linked to widespread HIV resistance to emtricitabine/tenofovir:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**PrEP is effective at preventing HIV in men who have sex with men:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**PrEP is effective at preventing HIV in people who inject drugs:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**PrEP is effective at preventing HIV in transgender women who have sex with men:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**PrEP is only used by gay men:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**Taking PrEP each day is so effective patients no longer need to use condoms during sexual intercourse:\***

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**There is limited financial support for patients who need PrEP:\***

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**Part 3: CONFIDENCE REGARDING PrEP**

**I would feel confident counseling a patient about PrEP:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**I would feel confident educating a colleague about PrEP:**

Completely Disagree 1 2 3 4 5 6 7 Completely Agree

**Part 4: DEMOGRAPHICS**

**In which academic program are you enrolled?**

* Allopathic Medicine (MD)
* Osteopathic Medicine (DO)
* Nursing
* Pharmacy
* Physician Assistant

Footnote: \*These questions were not included in the final knowledge assessment due to concerns about their validity as knowledge assessment. They are included on this survey for transparency in reporting.

**What is your academic standing in your program?**

* 1st year
* 2nd year
* 3rd year
* 4th year or higher

**Please indicate your age in years:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What was your gender assigned at birth?**

* Male
* Female
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current gender identity?**

* Male
* Female
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your race/ethnicity?**

* African-American (Black)
* Caucasian (White)
* Hispanic/Latino
* Native American
* Asian
* Other

**Which of the following best describes your sexual orientation?**

* Heterosexual (straight)
* Homosexual (gay)
* Bisexual
* Other

**In which state do you attend school?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_