

# **Facilitators and Barriers to the Rollout of Doxycycline Post-Exposure Prophylaxis for Sexually Transmitted Infections in a Boston Community Health Center**

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**Short Summary:** Electronic medical record tools, provider training sessions, and community engagement efforts supported doxycycline post-exposure prophylaxis (doxyPEP) rollout, with notable differences in risk perception among those prescribed and not prescribed doxyPEP.

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## Abstract

**Background:** Doxycycline post-exposure prophylaxis (doxyPEP) is a promising strategy to prevent bacterial sexually transmitted infections. Limited data exist evaluating patient and provider experiences since doxyPEP has become widely available. We aimed to explore such factors among providers and patients during real-world implementation within one community health center.

**Methods:** DoxyPEP was rolled out at Fenway Health on February 2<sup>nd</sup>, 2023. To support rollout, electronic health record tools, three provider training sessions, and a community town hall were developed and implemented. All providers who participated in doxyPEP trainings were surveyed as well as patients with evidence of a doxyPEP discussion during a clinic encounter who were retrospectively identified via chart review.

**Results:** Between rollout and September 3<sup>rd</sup>, 2024, there were 3,770 doxyPEP prescriptions. Among 45 providers, the median score of comfort having conversations about doxyPEP increased from 78 (IQR 52-100) out of 100 after the second training to 100 (IQR 88-100) after the third training. Of 150 patient responses, 90 (60.0%) were from individuals prescribed doxyPEP; reasons for use included sex with a random partner (65.6%) and condomless anal intercourse (63.3%). Among 60 patients not prescribed doxyPEP, 25 (41.7%) reported they did not feel it was warranted due to low perceived risk. Eleven (18.3%) reported they felt the risks outweighed the benefits.

**Conclusion:** Without national guidelines, the uptake of doxyPEP was robust, supported by electronic support tools and provider training sessions for clinicians, as well as community engagement efforts. Differences in risk perception were important factors in the choice to use doxyPEP.

**Keywords:** doxycycline post-exposure prophylaxis; implementation; community health center

## Introduction

Bacterial sexually transmitted infections (STIs) affect millions of people in the United States every year (1). In 2023, 1.7 million people were diagnosed with *Chlamydia trachomatis* infections, 600,000 with *Neisseria gonorrhoeae* infections, and 209,000 with *Treponema pallidum* infections (1). Those infections disproportionately impact gay and bisexual men (GBM) and transgender women (1), and have profound consequences for individuals, their communities, and society at large (2). Untreated *C. trachomatis* or *N. gonorrhoeae* infection can lead to pelvic inflammatory disease and infertility (3), neonatal blindness (4), and an increased risk for the transmission and acquisition of HIV infection (5, 6). Untreated syphilis can result in irreversible damage to cardiovascular as well as central and peripheral nervous systems (7), and can be transmitted to the fetus resulting in congenital syphilis. Over the past decade, the number of congenital syphilis cases has increased by more than 1,000% in the United States (8). In addition to impacting the lives of millions of people, STIs impose substantial financial burdens on health systems; one modeling study estimated that in 2018 in the United States, there were \$1.1 billion additional lifetime costs (adjusted to the 2023 U.S. dollar) directly attributable to incident *C. trachomatis*, *N. gonorrhoeae* and *T. pallidum* infection (9).

Doxycycline post-exposure prophylaxis (doxyPEP) has emerged as a promising strategy to prevent STIs. Three randomized controlled trials among GBM have demonstrated that doxycycline 200 mg administered within 72 hours of condomless sex consistently significantly reduced *C. trachomatis* and *T. pallidum* infections, with mixed results for *N. gonorrhoeae* (10-12). Those findings have subsequently been supported by observational data that suggest a population-level impact on the prevalence of STIs among GBM (13). Prior modeling work using electronic

health record data from Fenway Health, a large federally qualified community health center in Boston, MA (14), predicted that prescribing doxyPEP for 12 months to GBM diagnosed with a bacterial STI could have averted 39% of subsequent bacterial STI diagnoses in the center, which has one of the largest sexual health programs in New England (15). In light of the promising results, the 2024 guidelines by the United States Centers for Disease Control and Prevention (CDC) recommended doxyPEP be discussed with all GBM and transgender women with who have been diagnosed with a bacterial STI (*N. gonorrhoeae*, *C. trachomatis*, or *T. pallidum*) in the prior 12 months (16).

DoxyPEP implementation in real-world settings is ongoing. After the release of doxyPEP guidelines by the San Francisco Department of Public Health in October 2022, an analysis of more than 800 patients initiated on doxyPEP at the San Francisco City Clinic found uptake was 74% for those with  $\geq 1$  STI and  $\geq 1$  partner in past year (17). A survey of GBM in the United States conducted prior to the release of the CDC guidelines demonstrated that 95% of respondents were interested in doxyPEP (18). Anticipatory surveys of patient-level barriers to doxyPEP use identified concerns around the cost of the medication, challenges in access medication within 72 hours of an exposure, possible drug-drug interactions, and judgment from peers (19), as well as misunderstanding of the current recommendations; additionally, the use of other antimicrobials or alternative dosing regimens was frequently reported in several settings (18, 20). Provider-level barriers to doxyPEP use may include lack of awareness, as providers less familiar with STI care have been shown to prescribe doxyPEP at a significantly lower frequency than experienced providers (21). However, limited data exist evaluating such factors since doxyPEP has become widely available in frontline centers. We aimed to explore individual experiences and preferences

surrounding doxyPEP uptake including reasons for and frequency of use as well as factors influencing decisions not to use doxyPEP during real-world implementation within Fenway Health.

## **Methods**

### *Overview of Fenway Health*

Fenway Health is a Federally Qualified Health Center that currently serves more than 35,000 patients of whom approximately 10,000 identify as GBM (14). Among GBM, roughly 30% identify as a member of a racial or ethnic minority group. Fenway Health cares for more than 2,400 people living with HIV and provides more than 5,000 prescriptions for HIV pre-exposure prophylaxis per year.

### *Overview and Timeline of DoxyPEP Rollout*

The rollout of doxyPEP occurred in stages and in concert with several stake holders. In November 2022, Fenway Health received a grant from the National Association of County and City Health Officials to evaluate the implementation of doxyPEP, which supported the development of prescription-support tools, establishment of a working group to formulate eligibility criteria, and community education strategies. doxyPEP was officially rolled out at Fenway Health on February 2<sup>nd</sup>, 2023.

Prior to then, the development of electronic health record tools was completed, which included scripts and smart phrases (a pre-written block of text to facilitate counselling and follow-up directions) for different clinic visits needed for patients prescribed doxyPEP (i.e., initial visit,

follow-up conversation, plan for initiation, and patient instructions), as well as doxyPEP specific order sets (a collection of pre-defined orders within the electronic health record). During the planning period, the doxyPEP eligibility criteria were finalized; patients eligible for doxyPEP included those assigned male sex at birth, 18 years of age or older, and either: 1) had been diagnosed with a bacterial STI in the preceding 12 months, 2) were using HIV pre-exposure prophylaxis or living with HIV and reported 2 or more sex partners with condomless oral and/or anal sex. The following relative contraindications to doxyPEP were established: a history of hypersensitivity, allergies, or intolerance to tetracyclines, severe gastrointestinal illness, and/or hepatic or renal disease. An informed consent option was indicated for persons not included in those criteria (e.g., individuals assigned female sex at birth with a recent bacterial STI diagnosis and continued sexual practices that put them at risk of re-infection) via shared medical decision making; however, individuals who were pregnant or breastfeeding could not be enrolled.

Between February and August 2023, three training sessions were held with providers to provide information on the available tools and provide the necessary knowledge to integrate doxyPEP into routine clinical care. Trainings included guidance on counseling patients, possible drug interactions, risks of doxycycline (including photosensitivity, gastrointestinal side effects, etc.), and indicated follow-up and testing. In response to specific concerns raised by Latinx patients (specifically around medical distrust around prescribing antibiotics for prophylaxis), in May 2023, a virtual town hall was held to foster community engagement. The town hall focused on discussing the risks and benefits of doxyPEP and was designed to address specific questions and concerns that had arisen within the community.



## *Survey Development*

As the rollout of doxyPEP continued, additional questions arose around which patients elected to use doxyPEP and which declined, as well as how provider opinions differed. A two-part survey was developed which aimed to assess the perceptions and experiences of both healthcare providers and patients around doxyPEP. Survey items were based on recurring questions, concerns, and comments raised during provider training sessions, as well as insights gathered from an earlier town hall survey that explored broader perceptions of doxyPEP within the organization and community. Additionally, ongoing dialogues and discussions at both state and national levels regarding doxyPEP informed survey items, including the 2023 International Aids Society meeting and the 2023 National Coalition of STD Directors meeting. The survey items underwent a thorough review process among a group of Fenway Health research clinicians that included nurses, nurse practitioners, and physicians.

Surveys (Appendix 1) were distributed to the 45 healthcare providers who attended the dedicated doxyPEP training sessions via a secure electronic link. Surveys were completed anonymously, and captured topics such as knowledge retention, perceived utility, and clinical readiness to incorporate doxyPEP into practice.

For patients, a retrospective search of electronic health records was conducted to identify individuals who had either been provided with doxyPEP-specific smartphrases during clinical visits or had been prescribed doxyPEP. Study team members selected patients systematically by medical record number, identifying both doxyPEP users (individuals who had been prescribed doxyPEP) and non-users (individuals who had evidence of a doxyPEP discussion during a clinic

visit, but who were not prescribed doxyPEP prior to being invited to participate in the survey). Individual REDCap survey (Appendix 2) links were sent through secure chart messages to individuals identified, ensuring direct access to the survey and confidentiality of responses. Participation was incentivized via online gift cards, provided as a token of appreciation for their time and insights after survey completion. Survey administration was continued until an approximate 1:1 ratio of doxyPEP users and non-users had completed the survey, allowing for a balanced comparative analysis between the two groups.

### *Statistical analyses*

Electronic health care records were used to identify individuals prescribed doxyPEP from February 2<sup>nd</sup>, 2023, to September 3<sup>rd</sup>, 2024. The monthly number of patients prescribed doxyPEP for the first time and total monthly number of doxyPEP prescriptions were calculated, as well as the median number of doxyPEP prescriptions per patient and per clinician. Means were reported with standard deviations (SD), while medians were reported with interquartile ranges (IQR). Among those prescribed doxyPEP at least once, the proportion who had a diagnosis of a bacterial STI in the 12 months prior to doxyPEP initiation was also calculated.

For the survey, descriptive statistics to describe difference in characteristics between those who had and had not used doxyPEP at the time of the survey are reported. Results from the February survey were excluded as the questions were not standardized with the two subsequent surveys, limiting any possible comparisons. All analyses were completed using STATA version 17.0 (StataCorp, College Station, TX).

### *Ethical Considerations*

The Fenway Community Health Institutional Review Board deemed this study did not constitute human subjects' research.

## **Results**

### *DoxyPEP Rollout and Uptake*

Between 2<sup>nd</sup> February 2023 and 3<sup>rd</sup> September 2024, there were a total of 3,770 doxyPEP prescriptions among 2,835 people. An average of 1.3 (SD=0.6) courses of doxyPEP were given per person who received at least one prescription (median of 1; IQR 1-2). In total, 66 clinicians prescribed doxyPEP. The number of patients who were started on doxyPEP by an individual prescriber ranged from 1 to 273 (median of 13; IQR 5-55). Figure 1 shows the cumulative doxyPEP prescriptions at Fenway Health over time with key timepoints indicated.

### *Survey of Providers*

After the March 2023 training session, 14 (31.1%) of 45 providers completed the survey, of whom 100% were prescribers, and 10 (71.4%) reported attending the prior doxyPEP session. Regarding subjective assessment of comfort in having conversations about doxyPEP with their patients, on a scale between 1 (least comfortable) and 100 (most comfortable), the median score was 78 (IQR 52-100). Four (27.6%) had not yet had a conversation with a patient about doxyPEP, while 10 (71.4%) had had at least one conversation. Barriers to discussing doxyPEP with patients that were highlighted by providers included insufficient time (57.1%), lack of electronic health record resources, such as templates and order sets (42.9%), a lack of CDC guidelines (28.6%), and concerns about antimicrobial resistance (28.6%).

After the August 2023 training session, 20 (44.4%) of 45 providers completed the survey, of whom 100% were prescribers, and 19 (95.0%) reported attending the prior doxyPEP session. The median score for subjective assessment of comfort in having conversations about doxyPEP was 100 (IQR 88-100). All providers had had a conversation about doxyPEP with at least 1 patient, while 10 providers had had a conversation about doxyPEP with  $\geq 25$  patients. Barriers to discussing doxyPEP with patients that were highlighted by providers included insufficient time (55.0%), provider concerns about antimicrobial resistance (55.0%), and a lack of CDC guidelines (25.0%).

### *Survey of Patients*

Overall, study staff reviewed 588 patient charts, among which 302 patients were eligible and invited to participate in the survey. Of those, 155 individuals participated; 5 responses were excluded as they contained predominantly missing data. Of the remaining 150 responses, 90 (60.0%) were from individuals prescribed doxyPEP, and 60 (40.0%) were among individuals not prescribed doxyPEP. Table 1 shows the demographics of individuals who completed the survey stratified by doxyPEP use.

Among all 150 respondents, 44.7% identified their healthcare providers as a source of doxyPEP information, while 44.0% obtained information from within their community, 16.7% reported obtaining information through social media, and 4.7% reported using dating apps to receive doxyPEP information. Possible antibiotic resistance and that doxyPEP was not 100% effective in preventing STIs were the most frequently reported concerns surrounding doxyPEP (Figure 2).

Among the 60 respondents who had discussed doxyPEP with their provider but not been prescribed doxyPEP, 25 (41.7%) reported declining doxyPEP because they did not feel it was warranted based on a low perceived risk, while 11 (18.3%) reported they felt their concerns outweighed the benefits. An additional 4 (6.7%) individuals reported that their provider recommended against doxyPEP, and 2 (3.3%) reported that their provider was hesitant to start doxyPEP, although no further information regarding reasons for hesitancy was provided.

Among the 90 respondents who had received a doxyPEP prescription, the most common reasons for using doxyPEP were sex with a random partner (65.6%), condomless receptive anal intercourse (63.3%), condomless insertive anal intercourse (63.3%). Additionally, 42 (46.7%) reported using doxyPEP after group sex, 41 (45.6%) reported using doxyPEP after condomless oral sex, 38 (42.2%) reported use when a sex partner expressed concern about a possible STI exposure, and 33 (36.7%) reported use if their sex partner had not been tested for STIs in the preceding three months. Of the doxyPEP users, 21 (23.3%) self-reported an STI diagnosis after starting doxyPEP, and 1 (1.1%) reported discontinuing doxyPEP because of side effects. Three (3.3%) reported discontinuing doxyPEP because their STI risk changed. No participants reported being diagnosed with methicillin-resistant *Staphylococcus aureus* infection during follow-up.

The reported frequency of doxyPEP use varied; 24 (30.0%) of 80 respondents reported only using doxyPEP “a few times” since it was prescribed, while 16 (20.0%) reported using it once per month, and 28 (35.0%) reported using twice per month. Six (7.5%) respondents reported using doxyPEP between one and two times per week, while one individual reported using it three times per week over the last 9-12 months. Table 2 shows the reported frequency of doxyPEP use

stratified by those with and without an STI diagnosis while prescribed doxyPEP, as well as the reported time between exposure and medication administration.

Finally, 111 (81.0%) of 137 respondents reported being satisfied or very satisfied with the information provided about doxyPEP by their provider. Similarly, 110 (80.3%) reported being satisfied or very satisfied with the time spent by their provider answering their questions about doxyPEP.

## **Discussion**

We report on the rollout of doxyPEP for STI prevention at a large federally qualified community health center. Prior work at Fenway Health demonstrated that the quarterly frequencies of cases of chlamydia and syphilis declined by more than 60% each among those who initiated doxyPEP (22). The present results highlight the rapid uptake of doxyPEP overall paired with evidence of increased comfort around doxyPEP among providers. Further, the results explored differences between those who elected to use doxyPEP and those who did not.

The prompt uptake of doxyPEP in a community health center with expertise in sexual and gender minority health is consistent with other reports of real-world doxyPEP rollout in experienced centers (17), and reflects a high degree of acceptability after a focused program of provider and community education. However, there are important concerns that may be seen in other settings. Provider-level barriers to doxyPEP uptake may include a lack of awareness, particularly among non-specialty providers (21). That is an important consideration given that many STIs are diagnosed in non-specialty settings, including urgent cares, community health

centers, and primary care offices (23). Limited time in a clinic session remained an important barrier to discussing doxyPEP at Fenway Health. From initial discussions with providers, development of electronic health record support tools and templates were highlighted as a potential solution; similar tools inspired by those created at Fenway Health have been developed by the National Coalition of STD Directors and some public health departments (24, 25). Finally, provider concerns about the implications of doxyPEP for antimicrobial resistance remain an important barrier, requiring ongoing research. While recent evidence supports the concern that doxyPEP may select for doxycycline resistance in *N. gonorrhoeae* and other bacteria (26), to what degree selection occurs with infrequent use, and the consequences therein remain unknown, especially if balanced by fewer gonococcal infections overall.

Patient-level barriers to doxyPEP uptake may similarly include a lack of awareness, which was a problem at the start of the doxyPEP roll-out at Fenway Health. A recent national survey of GBM conducted prior to the release of the CDC doxyPEP guidelines found that 50% of respondents surveyed reported previously being aware of antimicrobial prophylaxis as an option (18). Prior work has also highlighted patient concerns around medication cost, access to medication within 72 hours of an exposure, drug-interactions, and judgment from peers (19). At Fenway Health, the most notable concerns centered around antimicrobial resistance, medication side effects, and the fact that doxyPEP was not 100% efficacious.

There were notable differences among individuals completing the survey between those prescribed doxyPEP and those not prescribed the medication but who had engaged in a conversation about doxyPEP. First, a high proportion of individuals not using doxyPEP at Fenway

Health reported being assigned female sex at birth, and the CDC guidelines do not currently recommend doxyPEP for individuals with a vagina (16), due largely to the absence of protection in a single randomized controlled trial among cisgender women in Kenya (27). However, doxyPEP adherence was likely low based on analyses of doxycycline concentration in hair follicles. Pharmacokinetic analyses of doxycycline in cervicovaginal secretions indicate sufficient concentrations to provide protection (28). Further, recent observational data from San Francisco suggest that doxyPEP may reduce the rates of STIs when used by individuals assigned female sex at birth (29).

Second, a larger proportion of individuals who elected not to use doxyPEP also elected not to use HIV pre-exposure prophylaxis. While that finding may be due to differing risk profiles and perceptions, it may also reflect a sub-population who is averse to biomedical preventive efforts. As such, additional risk-mitigation counseling (i.e. condom promotion) may be warranted for such individuals.

Additionally, while the analysis was limited by sample size, among individuals using doxyPEP more individuals reported using doxyPEP > 24-48 hours after an exposure among those subsequently diagnosed with an STI compared to individuals not diagnosed with an STI. Given the half-life of doxycycline is between 15-25 hours (30), earlier administration may be more efficacious. More research is needed to identify the window for optimal protection when using doxyPEP.



Overall, doxyPEP uptake was rapid, with provider awareness and use increasing over time, and with additional training sessions. Important questions remain, particularly surrounding long-term impact of widespread, intermittent use of doxycycline. However, our findings may provide a model for rapidly scaling up doxyPEP delivery in similar centers.

## **Limitations**

Our study had several limitations. First, this was a single center study, and findings may not be generalizable to other settings. Second, the precision and power of our results are limited by sample size; thus, further research is needed into how individuals differ among those who do and do not chose to utilize doxyPEP. Finally, analysis of the impact of doxyPEP rollout on the prevalence of STIs is underway, but those data are not yet available. However, given the overwhelmingly consistent findings of doxyPEP efficacy among GBM in preventing STIs, and the need to rapidly make available doxyPEP in an equitable manner to those who would benefit, we feel those limitations do not negate the importance of our findings.

## **Conclusion**

We report on the rollout of doxyPEP at one federally qualified community health center in Boston. While important concerns remain among providers and patients, the overall uptake of doxyPEP was robust, and supported by a series of training sessions, community engagement, and electronic support tools for providers. Further, our findings may provide the groundwork for understanding the differences in why individuals select or do not select to use doxyPEP as a preventive method.

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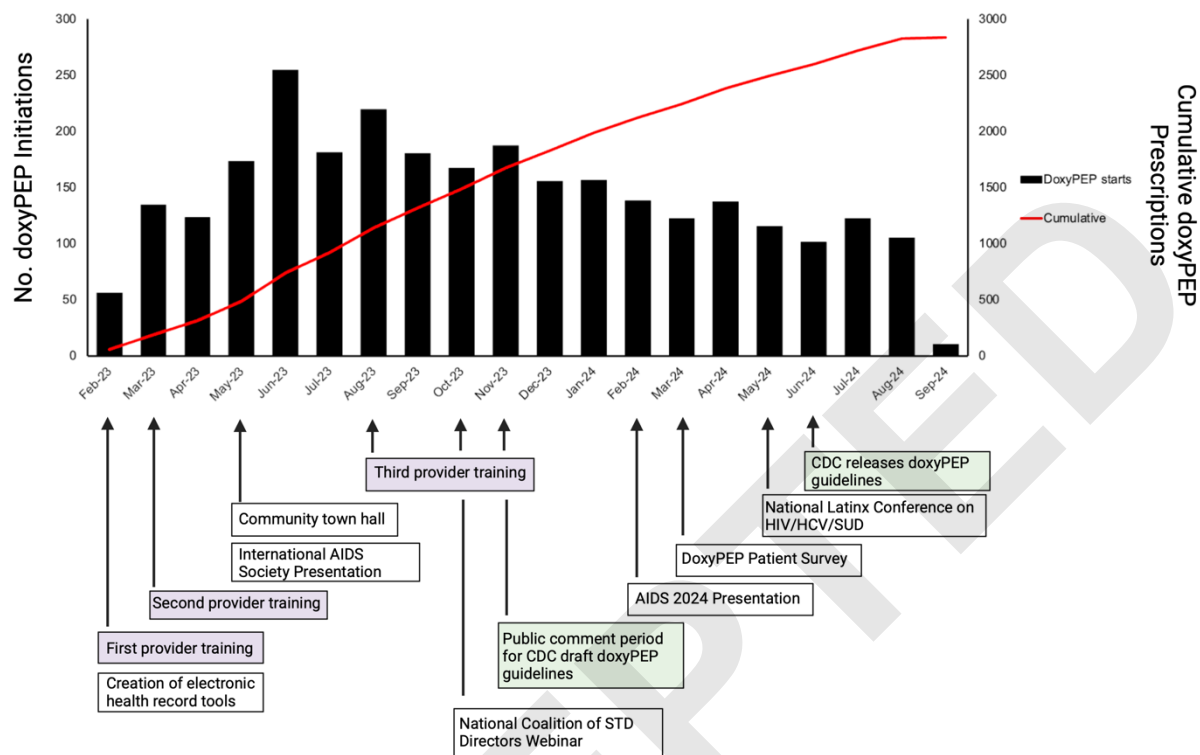
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29. Hazra AB, J, Bacon, O, Cannon, C, Scott, H, Cohen, S. . Use of Doxycycline for STI Post-Exposure Prophylaxis in People Assigned Female at Birth in the US. Presented at the 2024 STD Prevention Conference, Atlanta September 19, 2024. Availablet at: <https://c36a7b585371cb8e876b-385db121fa2b55910fed97d2d3aaf4f8.ssl.cf1.rackcdn.com//2853614-1978922-003.pdf> Accessed September 27, 2024. 2024.
30. Cunha BA, Comer JB, Jonas M. The tetracyclines. *Med Clin North Am.* 1982;66(1):293-302.

**Figure 1: Timeline of Cumulative DoxyPEP Prescriptions at Fenway Health**



Legend for Figure 1: The figure shows the monthly and cumulatively doxycycline post-exposure prophylaxis (doxyPEP) prescriptions at Fenway Health, and notes key events relating to doxyPEP rollout during that time.

**Figure 2: Concerns About DoxyPEP Use Raised by Survey Respondents**

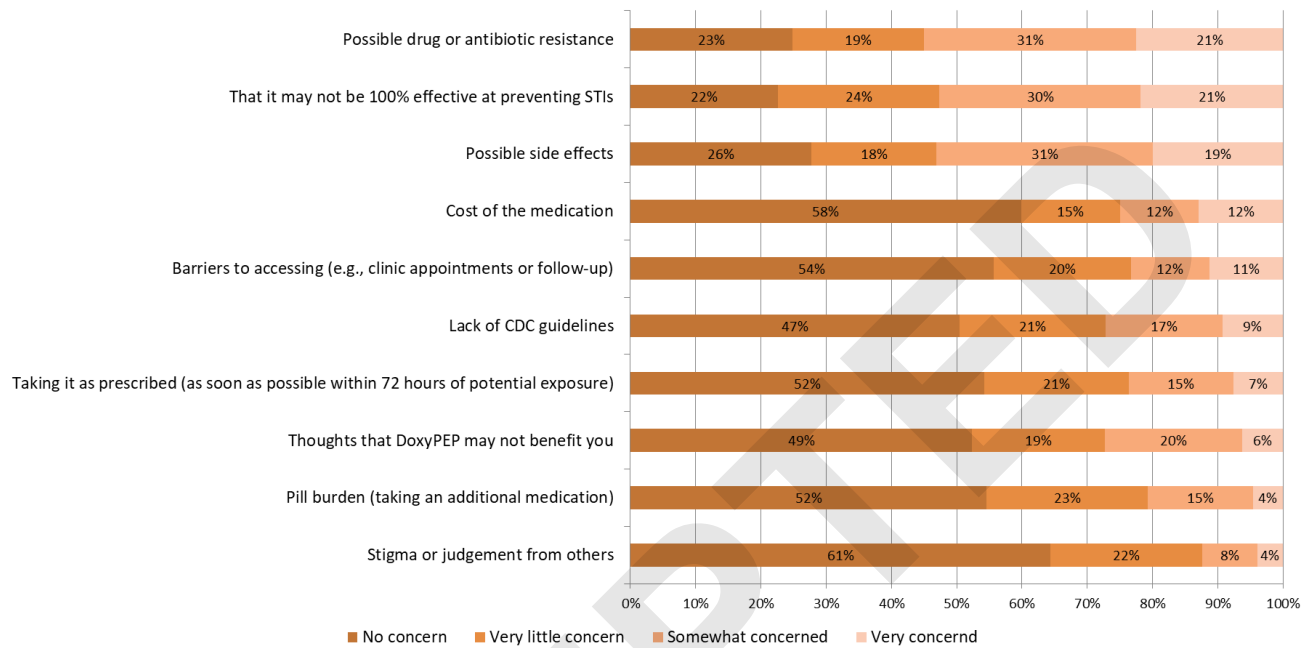


Figure 2 Legend: The figure shows responses to survey questions about possible concerns pertaining to doxyPEP, ranging from no concern to very concerned. Responses are from both individuals prescribed doxyPEP and those not prescribed doxyPEP but who had evidence of a relevant conversation with their provider.



**Table 1: Demographic Factors Stratified by DoxyPEP Use Among Those Who Had Evidence of Engaging in a DoxyPEP Conversation with their Provider and Who Completed the Survey**

	Not prescribed doxyPEP (n=60) N(%)	Prescribed doxyPEP (n=90) N(%)	Total (n=150) N(%)	p- value*
<b>Age group</b>				0.003
18 to 25	11 (18.3)	8 (8.9)	19 (12.7)	
26 to 45	48 (80)	62 (68.9)	110 (73.3)	
46 to 65	1 (1.7)	18 (20)	19 (12.7)	
>65	0 (0)	2 (2.2)	2 (1.3)	
<b>Race</b>				0.407
American Indian or Alaskan Native	0 (0)	1 (1.1)	1 (0.7)	
Asian	3 (5)	3 (3.3)	6 (4)	
Black or African American	3 (5)	7 (7.8)	10 (6.7)	
Native Hawaiian or Other Pacific Islander	0 (0)	0 (0)	0 (0)	
White-Caucasian/European	45 (75)	73 (81.1)	118 (78.7)	
Multiracial	2 (3.3)	5 (5.6)	7 (4.7)	
Other	2 (3.3)	4 (4.4)	6 (4)	
Decline to answer	5 (8.3)	1 (1.1)	6 (4)	
<b>Hispanic or Latinx</b>				0.046
No	55 (91.7)	82 (91.1)	137 (91.3)	
Yes	2 (3.3)	8 (8.9)	10 (6.7)	
Decline to answer	3 (5)	0 (0)	3 (2)	
<b>Sex assigned at birth</b>				<0.001
Male	34 (56.7)	89 (98.9)	123 (82)	
Female	24 (40.0)	1 (1.1)	25 (16.7)	
Decline to answer	2 (3.3)	0 (0)	2 (1.3)	
<b>Gender identity</b>				<0.001
Male	32 (53.3)	83 (92.2)	115 (76.7)	
Female	24 (40.0)	1 (1.1)	25 (16.7)	
Non-binary, gender no 2 Spirit	0 (0)	6 (6.7)	6 (4)	
Decline to answer	1 (1.7)	0 (0)	1 (0.7)	
	3 (5)	0 (0)	3 (2)	
<b>Sexual orientation</b>				<0.001
Gay/lesbian	22 (36.7)	79 (87.8)	101 (67.3)	
Straight	21 (35)	3 (3.3)	24 (16)	
Bisexual	11 (18.3)	4 (4.4)	15 (10)	
Queer	0 (0)	3 (3.3)	3 (2)	
Pansexual	0 (0)	1 (1.1)	1 (0.7)	

Decline to answer	6 (10)	0 (0)	6 (4)	
<b>HIV status</b>				0.011
HIV-positive	2 (3.3)	9 (10)	11 (7.3)	
HIV-negative	52 (86.7)	81 (90)	133 (88.7)	
HIV status unknown	2 (3.3)	0 (0)	2 (1.3)	
Decline to answer	4 (6.7)	0 (0)	4 (2.7)	
<b>PrEP use (n=131)†</b>				<0.001
No	32 (53.3)	4 (4.4)	36 (27.5)	
Yes	18 (30)	74 (82.2)	92 (70.2)	
Decline to answer	2 (3.3)	1 (1.1)	3 (2.3)	

† PrEP use was assessed among individuals who were HIV-negative (n=133), among whom 2 did not complete that portion of the survey.

**Table 2: Frequency and Time from Exposure of DoxyPEP Use Stratified by STI Diagnosis**

	All (n=80) N (%)	No STI during doxyPEP (n=59) N (%)	STI during doxyPEP (n=21) N (%)
<b>Frequency of DoxyPEP Use</b>			
Only a few times since I was prescribed	24 (30)	19 (32.2)	5 (23.8)
1 time per month	16 (20)	11 (18.6)	5 (23.8)
2 times per month	28 (35)	20 (33.9)	8 (38.1)
1 time per week	3 (3.8)	3 (5.1)	0 (0.0)
2 times per week	5 (6.3)	3 (5.1)	2 (9.5)
3 times per week or more	1 (1.3)	1 (1.7)	0 (0.0)
Decline to answer	3 (3.8)	2 (3.4)	1 (4.8)
<b>Time from exposure</b>			
2 hours or less after sex	9 (11.3)	6 (10.2)	3 (14.3)
Between 2 and 12 hours after sex	25 (31.3)	19 (32.2)	6 (28.6)
Between 12 and 24 hours after sex	25 (31.3)	22 (37.3)	3 (14.3)
Between 24 and 36 hours after sex	15 (18.8)	9 (15.3)	6 (28.6)
Between 36 and 72 hours after sex	5 (6.3)	2 (3.4)	3 (14.3)
Decline to answer	1 (1.3)	1 (1.7)	0 (0.0)

## Blank DoxyPEP Provider Survey

### Q1. What is your role at Fenway?

- ☐ Prescribing Provider (MD/DO/NP/PA)
- ☐ Clinical Staff (RN/Pharmacist/Other)
- ☐ Administrative Staff

### Q2. Did you attend a prior session on DoxyPEP?

- ☐ Yes
- ☐ No - but reviewed slides/emails
- ☐ No - did not review DoxyPEP information from a training session

### Q3. What is YOUR comfort level with having a conversation and discussing DoxyPEP with patients?

- ☐ 0 (Not at all comfortable) - 100 (Extremely comfortable)

### Q4. How many patients have you had a conversation with around DoxyPEP?

- ☐ None
- ☐ 1-25
- ☐ 25-50
- ☐ >50

### Q5. Approximately what percent of your patient proceeded with taking DoxyPEP after an initial conversation?

- ☐ 0-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

### Q6. Rank YOUR PATIENTS' expressed concerns around DoxyPEP

- ☐ Pill burden (taking additional medication)
- ☐ Taking it as prescribed (within 72 hours)
- ☐ Possible Side-Effects
- ☐ Effectiveness - not 100% preventive
- ☐ Possible Drug/Antibiotic Resistance

### Q7. What has/have been the hurdles for YOU with discussing DoxyPEP with your patients?

- ☐ None of the above

- ☐ Not enough time during visits
- ☐ No CDC Guidelines on DoxyPEP
- ☐ Lack of EMR/EPIC resources
- ☐ Lack of clarity on who is eligible
- ☐ Lack of convincing data
- ☐ Concern about the spread of antimicrobial resistance
- ☐ Concern about increased sexual risk-taking


**Q8. General Feedback**

- ☐ Open text box for response

ACCEPTED

## Data Dictionary Codebook

05/21/2025 11:49am

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																								
Instrument: <b>DoxyPEP Survey</b> (doxy pep_survey)  Enabled as survey																											
1	[record_id]	Record ID	text Field Annotation: @HIDDEN																								
2	[use]	Have you been prescribed DoxyPEP?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to answer</td></tr></table> Stop actions on 99	1	Yes	0	No	99	Decline to answer																		
1	Yes																										
0	No																										
99	Decline to answer																										
3	[age]	What is your age today?	dropdown, Required <table><tr><td>1</td><td>18-25</td></tr><tr><td>2</td><td>26-45</td></tr><tr><td>3</td><td>46-65</td></tr><tr><td>4</td><td>Greater than 65</td></tr><tr><td>99</td><td>Decline to Answer</td></tr></table>	1	18-25	2	26-45	3	46-65	4	Greater than 65	99	Decline to Answer														
1	18-25																										
2	26-45																										
3	46-65																										
4	Greater than 65																										
99	Decline to Answer																										
4	[race]	What is your race?  Please check all that apply.	checkbox, Required <table><tr><td>1</td><td>race__1</td><td>American Indian or Alaskan Native</td></tr><tr><td>2</td><td>race__2</td><td>Asian</td></tr><tr><td>3</td><td>race__3</td><td>Black or African American</td></tr><tr><td>4</td><td>race__4</td><td>Native Hawaiian or Other Pacific Islander</td></tr><tr><td>5</td><td>race__5</td><td>White-Caucasian/European-Heritage</td></tr><tr><td>6</td><td>race__6</td><td>Multiracial</td></tr><tr><td>7</td><td>race__7</td><td>Other</td></tr><tr><td>99</td><td>race__99</td><td>Decline to answer</td></tr></table> Field Annotation: @NONEOFTHEABOVE=99	1	race__1	American Indian or Alaskan Native	2	race__2	Asian	3	race__3	Black or African American	4	race__4	Native Hawaiian or Other Pacific Islander	5	race__5	White-Caucasian/European-Heritage	6	race__6	Multiracial	7	race__7	Other	99	race__99	Decline to answer
1	race__1	American Indian or Alaskan Native																									
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3	race__3	Black or African American																									
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5	race__5	White-Caucasian/European-Heritage																									
6	race__6	Multiracial																									
7	race__7	Other																									
99	race__99	Decline to answer																									
5	[race_other]  Show the field ONLY if: [race(7)] = '1'	Please specify the other race with which you identify.	text																								
6	[ethnicity]	Do you identify as Hispanic/Latin-x?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't Know</td></tr><tr><td>99</td><td>Decline to Answer</td></tr></table>	1	Yes	0	No	98	Don't Know	99	Decline to Answer																
1	Yes																										
0	No																										
98	Don't Know																										
99	Decline to Answer																										
7	[asab]	What sex were you assigned at birth (i.e. the sex written on your original birth certificate)?	radio, Required <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Intersex</td></tr><tr><td>99</td><td>Decline to answer</td></tr></table>	1	Male	2	Female	3	Intersex	99	Decline to answer																
1	Male																										
2	Female																										
3	Intersex																										
99	Decline to answer																										

8	[gender]	Which term best describes your gender identity?	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Male-to-female (MTF) transgender or on the trans feminine spectrum</td></tr> <tr><td>4</td><td>Female-to-male (FTM) transgender or on the trans masculine spectrum</td></tr> <tr><td>5</td><td>Non-binary, gender non-conforming, gender-queer, and/or genderfluid</td></tr> <tr><td>6</td><td>A gender identity not listed here</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Male	2	Female	3	Male-to-female (MTF) transgender or on the trans feminine spectrum	4	Female-to-male (FTM) transgender or on the trans masculine spectrum	5	Non-binary, gender non-conforming, gender-queer, and/or genderfluid	6	A gender identity not listed here	99	Decline to answer
1	Male																
2	Female																
3	Male-to-female (MTF) transgender or on the trans feminine spectrum																
4	Female-to-male (FTM) transgender or on the trans masculine spectrum																
5	Non-binary, gender non-conforming, gender-queer, and/or genderfluid																
6	A gender identity not listed here																
99	Decline to answer																
9	[gender_other] Show the field ONLY if: [gender] = '6'	Please describe your gender identity.	text														
10	[sexorient]	What is your sexual orientation?	radio, Required <table border="1"> <tr><td>1</td><td>Gay/Lesbian</td></tr> <tr><td>2</td><td>Straight</td></tr> <tr><td>3</td><td>Bisexual</td></tr> <tr><td>98</td><td>A sexual orientation not listed here</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Gay/Lesbian	2	Straight	3	Bisexual	98	A sexual orientation not listed here	99	Decline to answer				
1	Gay/Lesbian																
2	Straight																
3	Bisexual																
98	A sexual orientation not listed here																
99	Decline to answer																
11	[sexorient_other] Show the field ONLY if: [sexorient]='98'	Please describe your sexual orientation.	text														
12	[hiv]	What is your HIV status?	radio, Required <table border="1"> <tr><td>1</td><td>HIV-positive</td></tr> <tr><td>2</td><td>HIV-negative</td></tr> <tr><td>3</td><td>HIV status unknown</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	HIV-positive	2	HIV-negative	3	HIV status unknown	99	Decline to answer						
1	HIV-positive																
2	HIV-negative																
3	HIV status unknown																
99	Decline to answer																
13	[prep] Show the field ONLY if: [hiv]='2'	Section Header: Do you use pre-exposure prophylaxis (PrEP) to prevent an HIV infection?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	99	Decline to answer								
1	Yes																
0	No																
99	Decline to answer																
14	[prep_type] Show the field ONLY if: [prep]='1'	What form of PrEP do you use?	radio, Required <table border="1"> <tr><td>1</td><td>Daily oral pills (e.g., Truvada or Descovy)</td></tr> <tr><td>2</td><td>On-demand oral pills (also called 2-1-1 PrEP)</td></tr> <tr><td>3</td><td>Bi-monthly injections (e.g., Apretude)</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Daily oral pills (e.g., Truvada or Descovy)	2	On-demand oral pills (also called 2-1-1 PrEP)	3	Bi-monthly injections (e.g., Apretude)	99	Decline to answer						
1	Daily oral pills (e.g., Truvada or Descovy)																
2	On-demand oral pills (also called 2-1-1 PrEP)																
3	Bi-monthly injections (e.g., Apretude)																
99	Decline to answer																
15	[prep_noreason] Show the field ONLY if: [prep]='0'	Why have you not used PrEP?  Please select all that apply,	checkbox, Required <table border="1"> <tr> <td>1</td> <td>prep_noreason__1</td> <td>I don't know about PrEP</td> </tr> <tr> <td>2</td> <td>prep_noreason__2</td> <td>I have decided that PrEP is not an HIV prevention strategy for me</td> </tr> <tr> <td>98</td> <td>prep_noreason__98</td> <td>Another reason</td> </tr> <tr> <td>99</td> <td>prep_noreason__99</td> <td>Decline to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=99	1	prep_noreason__1	I don't know about PrEP	2	prep_noreason__2	I have decided that PrEP is not an HIV prevention strategy for me	98	prep_noreason__98	Another reason	99	prep_noreason__99	Decline to answer		
1	prep_noreason__1	I don't know about PrEP															
2	prep_noreason__2	I have decided that PrEP is not an HIV prevention strategy for me															
98	prep_noreason__98	Another reason															
99	prep_noreason__99	Decline to answer															
16	[prep_noreason_other] Show the field ONLY if: [prep_noreason(98)]='1'	Please explain the other reason(s) you do not take PrEP.	text														

17	[prep_past] Show the field ONLY if: [prep]='0'	Have you used PrEP in the past?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	99	Decline to answer		
1	Yes										
0	No										
99	Decline to answer										
18	[prep_future] Show the field ONLY if: [prep]='0'	Do you plan on using PrEP in the future?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	99	Decline to answer		
1	Yes										
0	No										
99	Decline to answer										
19	[risk_sti_dx]	Section Header: <i>Please indicate if the following circumstances apply to you</i> Been diagnosed with a sexually transmitted infection (STI) such as gonorrhea, chlamydia, and/or syphilis in the 12 months BEFORE discussing DoxyPEP	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										
20	[risk_sexwork]	Exchanging sex for money, goods, or other services (transactional sex)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										
21	[risk_partners]	Having more than 1 sexual partner in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										
22	[risk_anal]	Having condomless anal sex in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										
23	[risk_oral]	Having condomless oral sex in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										
24	[risk_vaginal]	Having condomless vaginal sex in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										
25	[risk_msm]	You were assigned male at birth and have sex with others who were assigned male at birth	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										
26	[risk_sti_tx]	Received empiric treatment for an STI because of a positive exposure with a partner in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer
1	Yes										
0	No										
98	Not applicable										
99	Decline to answer										



27	[risk_groupsex]	Engaged in group sex or sex parties in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer										
1	Yes																				
0	No																				
98	Not applicable																				
99	Decline to answer																				
28	[risk_anon]	Have had anonymous sex partners (i.e., hook-ups) in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer										
1	Yes																				
0	No																				
98	Not applicable																				
99	Decline to answer																				
29	[risk_substances]	Used substances (including weed or poppers) or party drugs during sex in the last 3 months	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Not applicable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	98	Not applicable	99	Decline to answer										
1	Yes																				
0	No																				
98	Not applicable																				
99	Decline to answer																				
30	[concern_rate]	How concerned are you about STI rates in the greater Boston community?  Use the slider or enter a number between 0-10 with 0 being no concern whatsoever and 10 being of the greatest concern.	slider (number, Max: 10) Slider labels: No concern whatsoever, , Greatest concern Custom alignment: RH																		
31	[concern_risk]	How concerned are you about your personal risk for acquiring an STI? Use the slider or enter a number between 0-10 with 0 being no concern whatsoever and 10 being of the greatest concern.	slider (number, Max: 10) Slider labels: No concern whatsoever, , Greatest concern Custom alignment: RH																		
32	[info_source]	Section Header: Where did you hear about DoxyPEP?	checkbox, Required <table border="1"> <tr><td>1</td><td>info_source__1</td><td>From my healthcare provider</td></tr> <tr><td>2</td><td>info_source__2</td><td>Within my community or word-of-mouth (e.g., a sexual partner, friends)</td></tr> <tr><td>3</td><td>info_source__3</td><td>Through social media</td></tr> <tr><td>4</td><td>info_source__4</td><td>Through dating/hook-up apps</td></tr> <tr><td>98</td><td>info_source__98</td><td>Other source</td></tr> <tr><td>99</td><td>info_source__99</td><td>Decline to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=99	1	info_source__1	From my healthcare provider	2	info_source__2	Within my community or word-of-mouth (e.g., a sexual partner, friends)	3	info_source__3	Through social media	4	info_source__4	Through dating/hook-up apps	98	info_source__98	Other source	99	info_source__99	Decline to answer
1	info_source__1	From my healthcare provider																			
2	info_source__2	Within my community or word-of-mouth (e.g., a sexual partner, friends)																			
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4	info_source__4	Through dating/hook-up apps																			
98	info_source__98	Other source																			
99	info_source__99	Decline to answer																			
33	[info_source_other]  Show the field ONLY if: [info_source(98)]= '1'	Where else did you get information about DoxyPEP?	text																		
34	[info_shared]	Have you shared information about DoxyPEP with others?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	99	Decline to answer												
1	Yes																				
0	No																				
99	Decline to answer																				
35	[doxy_futureuse]  Show the field ONLY if: [use]= '0'	What is your current interest in using DoxyPEP?	radio, Required <table border="1"> <tr><td>1</td><td>I am still not interested in using DoxyPEP</td></tr> <tr><td>2</td><td>I have changed my mind and am now considering using DoxyPEP or re-discussing it with my provider</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	I am still not interested in using DoxyPEP	2	I have changed my mind and am now considering using DoxyPEP or re-discussing it with my provider	99	Decline to answer												
1	I am still not interested in using DoxyPEP																				
2	I have changed my mind and am now considering using DoxyPEP or re-discussing it with my provider																				
99	Decline to answer																				

36	[discussion_time] Show the field ONLY if: [use]='0'	Approximately when did you discuss DoxyPEP with a provider at Fenway Health?  Please use your best guess.	dropdown, Required <table border="1"> <tr><td>1</td><td>Less than 1 month ago</td></tr> <tr><td>2</td><td>Between 1 and 3 months ago</td></tr> <tr><td>3</td><td>Between 3 and 6 months ago</td></tr> <tr><td>4</td><td>Between 6 and 9 months ago</td></tr> <tr><td>5</td><td>Between 9 and 12 months ago</td></tr> <tr><td>6</td><td>Longer than 1 year ago</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Less than 1 month ago	2	Between 1 and 3 months ago	3	Between 3 and 6 months ago	4	Between 6 and 9 months ago	5	Between 9 and 12 months ago	6	Longer than 1 year ago	99	Decline to answer		
1	Less than 1 month ago																		
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5	Between 9 and 12 months ago																		
6	Longer than 1 year ago																		
99	Decline to answer																		
37	[rx_time] Show the field ONLY if: [use]='1'	When did you receive your first DoxyPEP prescription?	dropdown, Required <table border="1"> <tr><td>1</td><td>Less than 1 month ago</td></tr> <tr><td>2</td><td>Between 1 and 3 months ago</td></tr> <tr><td>3</td><td>Between 3 and 6 months ago</td></tr> <tr><td>4</td><td>Between 6 and 9 months ago</td></tr> <tr><td>5</td><td>Between 9 and 12 months ago</td></tr> <tr><td>6</td><td>Longer than 1 year ago</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Less than 1 month ago	2	Between 1 and 3 months ago	3	Between 3 and 6 months ago	4	Between 6 and 9 months ago	5	Between 9 and 12 months ago	6	Longer than 1 year ago	99	Decline to answer		
1	Less than 1 month ago																		
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4	Between 6 and 9 months ago																		
5	Between 9 and 12 months ago																		
6	Longer than 1 year ago																		
99	Decline to answer																		
38	[firstdose] Show the field ONLY if: [use]='1'	When was the first time you took DoxyPEP?	dropdown, Required <table border="1"> <tr><td>1</td><td>Less than 1 month ago</td></tr> <tr><td>2</td><td>Between 1 and 3 months ago</td></tr> <tr><td>3</td><td>Between 3 and 6 months ago</td></tr> <tr><td>4</td><td>Between 6 and 9 months ago</td></tr> <tr><td>5</td><td>Between 9 and 12 months ago</td></tr> <tr><td>6</td><td>Longer than 1 year ago</td></tr> <tr><td>0</td><td>I have not taken DoxyPEP since it was prescribed</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Less than 1 month ago	2	Between 1 and 3 months ago	3	Between 3 and 6 months ago	4	Between 6 and 9 months ago	5	Between 9 and 12 months ago	6	Longer than 1 year ago	0	I have not taken DoxyPEP since it was prescribed	99	Decline to answer
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6	Longer than 1 year ago																		
0	I have not taken DoxyPEP since it was prescribed																		
99	Decline to answer																		
39	[frequency] Show the field ONLY if: [use]='1' and [firstdose]>0	Approximately how often are you using DoxyPEP?	dropdown, Required <table border="1"> <tr><td>1</td><td>Only a few times since I was prescribed it or discussed it with my provider</td></tr> <tr><td>2</td><td>1 time per month</td></tr> <tr><td>3</td><td>2 times per month</td></tr> <tr><td>4</td><td>1 time per week</td></tr> <tr><td>5</td><td>2 times per week</td></tr> <tr><td>6</td><td>3 times a week or more</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Only a few times since I was prescribed it or discussed it with my provider	2	1 time per month	3	2 times per month	4	1 time per week	5	2 times per week	6	3 times a week or more	99	Decline to answer		
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4	1 time per week																		
5	2 times per week																		
6	3 times a week or more																		
99	Decline to answer																		
40	[refills] Show the field ONLY if: [use]='1'	How many times have you refilled your DoxyPEP prescription?	dropdown, Required <table border="1"> <tr><td>0</td><td>0 times, have never refilled my prescription</td></tr> <tr><td>1</td><td>1 time</td></tr> <tr><td>2</td><td>2 times</td></tr> <tr><td>3</td><td>3 times</td></tr> <tr><td>4</td><td>4 or more times</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	0 times, have never refilled my prescription	1	1 time	2	2 times	3	3 times	4	4 or more times	99	Decline to answer				
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1	1 time																		
2	2 times																		
3	3 times																		
4	4 or more times																		
99	Decline to answer																		
41	[concern_burden]	Section Header: <i>Please rate how concerned you are about the following regarding DoxyPEP</i>  Pill burden (taking an additional medication)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer						
0	No concern																		
1	Very little concern																		
2	Somewhat concerned																		
3	Very concerned																		
99	Decline to answer																		

42	[concern_dosing]	Taking it as prescribed (as soon as possible within 72 hours of potential exposure)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
0	No concern												
1	Very little concern												
2	Somewhat concerned												
3	Very concerned												
99	Decline to answer												
43	[concern_sideeffects]	Possible side effects	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
0	No concern												
1	Very little concern												
2	Somewhat concerned												
3	Very concerned												
99	Decline to answer												
44	[concern_effective]	That it may not be 100% effective at preventing STIs	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
0	No concern												
1	Very little concern												
2	Somewhat concerned												
3	Very concerned												
99	Decline to answer												
45	[concern_cost]	Cost of the medication	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
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1	Very little concern												
2	Somewhat concerned												
3	Very concerned												
99	Decline to answer												
46	[concern_barriers]	Barriers to accessing (e.g., clinic appointments or follow-up)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
0	No concern												
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3	Very concerned												
99	Decline to answer												
47	[concern_resistance]	Possible drug or antibiotic resistance	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
0	No concern												
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3	Very concerned												
99	Decline to answer												
48	[concern_stigma]	Stigma or judgement from others	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
0	No concern												
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3	Very concerned												
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49	[concern_cdc]	Lack of CDC guidelines	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer
0	No concern												
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3	Very concerned												
99	Decline to answer												

50	[concern_benefit]	Thoughts that DoxyPEP may not benefit you	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No concern</td></tr> <tr><td>1</td><td>Very little concern</td></tr> <tr><td>2</td><td>Somewhat concerned</td></tr> <tr><td>3</td><td>Very concerned</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	No concern	1	Very little concern	2	Somewhat concerned	3	Very concerned	99	Decline to answer								
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1	Very little concern																				
2	Somewhat concerned																				
3	Very concerned																				
99	Decline to answer																				
51	[no_reason] Show the field ONLY if: [use]='0'	Why did you originally decide to NOT take or get a prescription for DoxyPEP?  Please select all that apply	checkbox, Required <table border="1"> <tr> <td>1</td> <td>no_reason__1</td> <td>My concerns outweighed the benefits at this point</td> </tr> <tr> <td>2</td> <td>no_reason__2</td> <td>I do not believe my sexual patterns (how and with whom I have sex) warrant using DoxyPEP as an STI prevention strategy</td> </tr> <tr> <td>3</td> <td>no_reason__3</td> <td>My provider ultimately did not think that DoxyPEP was warranted or the best strategy for me personally at this time</td> </tr> <tr> <td>4</td> <td>no_reason__4</td> <td>My provider did not seem comfortable with the data surrounding DoxyPEP and was hesitant to start me on it</td> </tr> <tr> <td>98</td> <td>no_reason__98</td> <td>Another reason not listed here</td> </tr> <tr> <td>99</td> <td>no_reason__99</td> <td>Decline to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=99	1	no_reason__1	My concerns outweighed the benefits at this point	2	no_reason__2	I do not believe my sexual patterns (how and with whom I have sex) warrant using DoxyPEP as an STI prevention strategy	3	no_reason__3	My provider ultimately did not think that DoxyPEP was warranted or the best strategy for me personally at this time	4	no_reason__4	My provider did not seem comfortable with the data surrounding DoxyPEP and was hesitant to start me on it	98	no_reason__98	Another reason not listed here	99	no_reason__99	Decline to answer
1	no_reason__1	My concerns outweighed the benefits at this point																			
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98	no_reason__98	Another reason not listed here																			
99	no_reason__99	Decline to answer																			
52	[no_reason_other] Show the field ONLY if: [no_reason(98)]=1	Please describe the other reason(s) you decided not to take or get a prescription for DoxyPEP.	notes																		
53	[satisfy_info]	Section Header: <i>Please rate your overall satisfaction with the following:</i> Information about DoxyPEP provided by your healthcare provider	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied</td></tr> <tr><td>4</td><td>Dissatisfied</td></tr> <tr><td>5</td><td>Very dissatisfied</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Very satisfied	2	Satisfied	4	Dissatisfied	5	Very dissatisfied	99	Decline to answer								
1	Very satisfied																				
2	Satisfied																				
4	Dissatisfied																				
5	Very dissatisfied																				
99	Decline to answer																				
54	[satisfy_questions]	Time spent answer your questions about DoxyPEP during your visit with your healthcare provider	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied</td></tr> <tr><td>4</td><td>Dissatisfied</td></tr> <tr><td>5</td><td>Very dissatisfied</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Very satisfied	2	Satisfied	4	Dissatisfied	5	Very dissatisfied	99	Decline to answer								
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4	Dissatisfied																				
5	Very dissatisfied																				
99	Decline to answer																				
55	[satisfy_relevance]	DoxyPEP's relevance to your personal interest or STI prevention strategy	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied</td></tr> <tr><td>4</td><td>Dissatisfied</td></tr> <tr><td>5</td><td>Very dissatisfied</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Very satisfied	2	Satisfied	4	Dissatisfied	5	Very dissatisfied	99	Decline to answer								
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4	Dissatisfied																				
5	Very dissatisfied																				
99	Decline to answer																				

56	[satisfy_pharmacy] Show the field ONLY if: [use]='1'	Accessibility of picking up prescriptions from the pharmacy	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied</td></tr> <tr><td>4</td><td>Dissatisfied</td></tr> <tr><td>5</td><td>Very dissatisfied</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Very satisfied	2	Satisfied	4	Dissatisfied	5	Very dissatisfied	99	Decline to answer		
1	Very satisfied														
2	Satisfied														
4	Dissatisfied														
5	Very dissatisfied														
99	Decline to answer														
57	[satisfy_insurance] Show the field ONLY if: [use]='1'	Insurance coverage for DoxyPEP	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied</td></tr> <tr><td>4</td><td>Dissatisfied</td></tr> <tr><td>5</td><td>Very dissatisfied</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Very satisfied	2	Satisfied	4	Dissatisfied	5	Very dissatisfied	99	Decline to answer		
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4	Dissatisfied														
5	Very dissatisfied														
99	Decline to answer														
58	[satisfy_followup] Show the field ONLY if: [use]='1'	Follow up visits with your healthcare provider to discuss DoxyPEP	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Very satisfied</td></tr> <tr><td>2</td><td>Satisfied</td></tr> <tr><td>4</td><td>Dissatisfied</td></tr> <tr><td>5</td><td>Very dissatisfied</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Very satisfied	2	Satisfied	4	Dissatisfied	5	Very dissatisfied	99	Decline to answer		
1	Very satisfied														
2	Satisfied														
4	Dissatisfied														
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99	Decline to answer														
59	[postdoxy_infections] Show the field ONLY if: [use]='0'	Have you experienced any of the following since you first spoke with your provider about DoxyPEP?  Please select all that apply	checkbox, Required <table border="1"> <tr> <td>1</td> <td>postdoxy_infections__1</td> <td>Diagnosed with an STI such as gonorrhea, chlamydia, or syphilis at any site (throat, rectum, or urethra)</td> </tr> <tr> <td>2</td> <td>postdoxy_infections__2</td> <td>Diagnosed with a MRSA infection (methicillin-resistant Staphylococcus aureus)</td> </tr> <tr> <td>0</td> <td>postdoxy_infections__0</td> <td>Neither of these</td> </tr> <tr> <td>99</td> <td>postdoxy_infections__99</td> <td>Decline to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='0,99'	1	postdoxy_infections__1	Diagnosed with an STI such as gonorrhea, chlamydia, or syphilis at any site (throat, rectum, or urethra)	2	postdoxy_infections__2	Diagnosed with a MRSA infection (methicillin-resistant Staphylococcus aureus)	0	postdoxy_infections__0	Neither of these	99	postdoxy_infections__99	Decline to answer
1	postdoxy_infections__1	Diagnosed with an STI such as gonorrhea, chlamydia, or syphilis at any site (throat, rectum, or urethra)													
2	postdoxy_infections__2	Diagnosed with a MRSA infection (methicillin-resistant Staphylococcus aureus)													
0	postdoxy_infections__0	Neither of these													
99	postdoxy_infections__99	Decline to answer													
60	[talk_provider]	Section Header: Please rate your level of comfort discussing DoxyPEP with the following people  Your healthcare provider	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Very comfortable</td></tr> <tr><td>1</td><td>Somewhat comfortable</td></tr> <tr><td>2</td><td>Somewhat uncomfortable</td></tr> <tr><td>3</td><td>Very uncomfortable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	Very comfortable	1	Somewhat comfortable	2	Somewhat uncomfortable	3	Very uncomfortable	99	Decline to answer		
0	Very comfortable														
1	Somewhat comfortable														
2	Somewhat uncomfortable														
3	Very uncomfortable														
99	Decline to answer														
61	[talk_partner]	Your sex partner(s)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Very comfortable</td></tr> <tr><td>1</td><td>Somewhat comfortable</td></tr> <tr><td>2</td><td>Somewhat uncomfortable</td></tr> <tr><td>3</td><td>Very uncomfortable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	Very comfortable	1	Somewhat comfortable	2	Somewhat uncomfortable	3	Very uncomfortable	99	Decline to answer		
0	Very comfortable														
1	Somewhat comfortable														
2	Somewhat uncomfortable														
3	Very uncomfortable														
99	Decline to answer														

62	[talk_friend]	Your friends or community members	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Very comfortable</td></tr> <tr><td>1</td><td>Somewhat comfortable</td></tr> <tr><td>2</td><td>Somewhat uncomfortable</td></tr> <tr><td>3</td><td>Very uncomfortable</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	0	Very comfortable	1	Somewhat comfortable	2	Somewhat uncomfortable	3	Very uncomfortable	99	Decline to answer																				
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2	Somewhat uncomfortable																																
3	Very uncomfortable																																
99	Decline to answer																																
63	[discomfort] Show the field ONLY if: [talk_provider]>1 or [talk_partner]>1 or [talk_friend]>1	If you would like to share, please explain why you are uncomfortable discussing DoxyPEP with others.	notes																														
64	[when] Show the field ONLY if: [use]='1' and [firstdose]>0	When have you decided to take DoxyPEP?  Please select all that apply.	checkbox, Required <table border="1"> <tr><td>1</td><td>when__1</td><td>When I top (insertive anal sex) without a condom</td></tr> <tr><td>2</td><td>when__2</td><td>When I bottom (receptive anal sex) without a condom</td></tr> <tr><td>3</td><td>when__3</td><td>When I engage in oral sex without a condom</td></tr> <tr><td>4</td><td>when__4</td><td>When I do use a condom for any type of sex (oral/anal/vaginal)</td></tr> <tr><td>5</td><td>when__5</td><td>When I have sex with someone I don't know well (i.e., a hook-up or anonymous partner)</td></tr> <tr><td>6</td><td>when__6</td><td>When I have sex with multiple people at a sexy party, club, or group/orgy</td></tr> <tr><td>7</td><td>when__7</td><td>When my sex partner(s) expresses concern about possible STI exposures or symptoms (e.g., discomfort with urination, discharge, etc.)</td></tr> <tr><td>8</td><td>when__8</td><td>If my sex partner(s) has not been tested for STIs in past 3 months</td></tr> <tr><td>98</td><td>when__98</td><td>A situation not listed here</td></tr> <tr><td>99</td><td>when__99</td><td>Decline to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	when__1	When I top (insertive anal sex) without a condom	2	when__2	When I bottom (receptive anal sex) without a condom	3	when__3	When I engage in oral sex without a condom	4	when__4	When I do use a condom for any type of sex (oral/anal/vaginal)	5	when__5	When I have sex with someone I don't know well (i.e., a hook-up or anonymous partner)	6	when__6	When I have sex with multiple people at a sexy party, club, or group/orgy	7	when__7	When my sex partner(s) expresses concern about possible STI exposures or symptoms (e.g., discomfort with urination, discharge, etc.)	8	when__8	If my sex partner(s) has not been tested for STIs in past 3 months	98	when__98	A situation not listed here	99	when__99	Decline to answer
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99	when__99	Decline to answer																															
65	[when_other] Show the field ONLY if: [when(98)]='1'	In what other situations or scenarios have you used DoxyPEP?	notes																														
66	[dose_time] Show the field ONLY if: [use]='1' and [firstdose]>0	In general, how long after having sex do you take your dose of DoxyPEP?	radio, Required <table border="1"> <tr><td>1</td><td>2 hours or less after sex</td></tr> <tr><td>2</td><td>Between 2 and 12 hours after sex</td></tr> <tr><td>3</td><td>Between 12 and 24 hours after sex</td></tr> <tr><td>4</td><td>Between 24 and 36 hours (a day to a day and a half) after sex</td></tr> <tr><td>5</td><td>Between 36 and 72 hours (a day and a half to 3 days) after sex</td></tr> <tr><td>6</td><td>More than 72 hours (3 days) after sex</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	2 hours or less after sex	2	Between 2 and 12 hours after sex	3	Between 12 and 24 hours after sex	4	Between 24 and 36 hours (a day to a day and a half) after sex	5	Between 36 and 72 hours (a day and a half to 3 days) after sex	6	More than 72 hours (3 days) after sex	99	Decline to answer																
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99	Decline to answer																																
67	[dose] Show the field ONLY if: [use]='1' and [firstdose]>0	How many pills (100mg oral capsules) do you take when you use DoxyPEP?	dropdown, Required <table border="1"> <tr><td>1</td><td>1 pill</td></tr> <tr><td>2</td><td>2 pills</td></tr> <tr><td>3</td><td>3 or more pills</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	1 pill	2	2 pills	3	3 or more pills	99	Decline to answer																						
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68	[sideeffects] Show the field ONLY if: [use]='1' and [firstdose]>0	What side effects have you experienced after taking DoxyPEP?  Please select all that apply.	checkbox, Required <table border="1"> <tr><td>0</td><td>sideeffects__0</td><td>No side effects</td></tr> <tr><td>1</td><td>sideeffects__1</td><td>Nausea</td></tr> <tr><td>2</td><td>sideeffects__2</td><td>Vomiting</td></tr> <tr><td>3</td><td>sideeffects__3</td><td>Loss of Appetite</td></tr> <tr><td>4</td><td>sideeffects__4</td><td>Heartburn</td></tr> <tr><td>5</td><td>sideeffects__5</td><td>Sunburn</td></tr> <tr><td>6</td><td>sideeffects__6</td><td>Difficulty swallowing the pills</td></tr> <tr><td>98</td><td>sideeffects__98</td><td>Other side effects not listed here</td></tr> <tr><td>99</td><td>sideeffects__99</td><td>Decline to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='0,99'	0	sideeffects__0	No side effects	1	sideeffects__1	Nausea	2	sideeffects__2	Vomiting	3	sideeffects__3	Loss of Appetite	4	sideeffects__4	Heartburn	5	sideeffects__5	Sunburn	6	sideeffects__6	Difficulty swallowing the pills	98	sideeffects__98	Other side effects not listed here	99	sideeffects__99	Decline to answer
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69	[sideeffects_other] Show the field ONLY if: [sideeffects(98)]='1'	What additional side effect(s) have you experienced after taking DoxyPEP?	notes																											
70	[tolerable] Show the field ONLY if: [use]='1' and [firstdose]>0	Would you say DoxyPEP is tolerable and acceptable to you as a strategy for reducing STI risk?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Undecided</td></tr> <tr><td>99</td><td>Decline to answer</td></tr> </table>	1	Yes	0	No	2	Undecided	99	Decline to answer																			
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71	[post_experience] Show the field ONLY if: [use]='1' and [firstdose]>0	Have you experienced any of the following since you began taking DoxyPEP?  Please select all that apply.	checkbox, Required <table border="1"> <tr><td>1</td><td>post_experience__1</td><td>Diagnosed with an STI such as gonorrhea, chlamydia, or syphilis at any site (throat, rectum, or urethra)</td></tr> <tr><td>2</td><td>post_experience__2</td><td>Diagnosed with a MRSA infection (methicillin-resistant Staphylococcus aureus)</td></tr> <tr><td>3</td><td>post_experience__3</td><td>Had to stop taking DoxyPEP due to side effects or other reason that made it intolerable</td></tr> <tr><td>4</td><td>post_experience__4</td><td>Decided to stop taking DoxyPEP because your STI risk changed</td></tr> <tr><td>5</td><td>post_experience__5</td><td>Decided to stop taking DoxyPEP because your level of comfort with the medication changed</td></tr> <tr><td>0</td><td>post_experience__0</td><td>None of these</td></tr> <tr><td>99</td><td>post_experience__99</td><td>Decline to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='0,99'	1	post_experience__1	Diagnosed with an STI such as gonorrhea, chlamydia, or syphilis at any site (throat, rectum, or urethra)	2	post_experience__2	Diagnosed with a MRSA infection (methicillin-resistant Staphylococcus aureus)	3	post_experience__3	Had to stop taking DoxyPEP due to side effects or other reason that made it intolerable	4	post_experience__4	Decided to stop taking DoxyPEP because your STI risk changed	5	post_experience__5	Decided to stop taking DoxyPEP because your level of comfort with the medication changed	0	post_experience__0	None of these	99	post_experience__99	Decline to answer						
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72	[actual_benefits] Show the field ONLY if: [use]='1' and [firstdose]>0	How has taking DoxyPEP benefitted you, if at all?  This question is optional.	notes																											
73	[perceived_benefits] Show the field ONLY if: [use]='0'	If you were to start using DoxyPEP as part of your STI prevention strategy, what would be the possible benefits, if any?  This question is optional.	notes																											

74	[barriers_explained_use]  Show the field ONLY if: [use]='1'	What barriers have you experienced receiving and/or using DoxyPEP?  For example, have you experienced any barriers working with your healthcare provider, the pharmacy, insurance companies, or with your motivation to take DoxyPEP?  This question is optional.	notes						
75	[barriers_explained_non]  Show the field ONLY if: [use]='0'	What barriers have you experienced trying to receive DoxyPEP information about DoxyPEP and/or feeling comfortable with the idea of using it?  This question is optional.	notes						
76	[access_feedback]	What feedback or suggestions do you have about how to make DoxyPEP or information about DoxyPEP more accessible?  This question is optional.	notes						
77	[compensation]	Section Header:  Thank you for your participation and your support! Please indicate if you are interested in receiving an electronic \$50.00 Amazon gift card for your participation below.  If you select yes, you will be given a link to a separate survey where you can provide your email address. Using a separate survey will ensure the information you provided here will be stored separately from your email address so you stay anonymous.  You will only be paid for completing the survey 1 time.	radio, Required <table><tr><td>1</td><td>Yes, I am interested in receiving an electronic \$50 Amazon gift card for participating in the survey</td></tr><tr><td>0</td><td>No, I am not interested in receiving an electronic \$50 Amazon gift card for participating in the survey</td></tr></table>	1	Yes, I am interested in receiving an electronic \$50 Amazon gift card for participating in the survey	0	No, I am not interested in receiving an electronic \$50 Amazon gift card for participating in the survey		
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0	No, I am not interested in receiving an electronic \$50 Amazon gift card for participating in the survey								
78	[paymentlink]  Show the field ONLY if: [compensation]='1'	Section Header:  Please click the link below to navigate to a form to provide your email address so that we can compensate you for completing this survey. <a href="https://redcap.link/doxy pep_reimburse">https://redcap.link/doxy pep_reimburse</a>	descriptive						
79	[doxy pep_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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