Supplementary Material 1.

Survey: Opinions and Preferences Regarding Long-Acting Injectable HIV Treatment Regimens

Dear Participant,

In HIV treatment, long-acting injectable therapies administered once monthly or every two months have recently become available for appropriate patients, instead of daily oral medication. This survey has been prepared to evaluate the level of knowledge and attitudes of individuals living with HIV regarding this new treatment method. Completing the survey will take approxi-mately 5 minutes. Thank you for your participation.

SECTION 1: Demographic Information

1. Your age: _____

2. Your gender:

☐ Male

☐ Female

☐ Transgender individual

☐ Prefer not to specify / Other: _____

3. Your sexual partner preference:

☐ Women

☐ Men

☐ Both women and men

☐ Prefer not to specify / Other: _____

4. Are your sexual partner(s) or family members aware of your HIV status?

☐ Yes

☐ No

5. Your marital status:

☐ Married

☐ Single

☐ Divorced

6. Your education level:

☐ Primary school

☐ Middle school

☐ High school

☐ University

☐ Master's / Doctorate
☐ Prefer not to specify / Other: _____

7. Do you have any chronic diseases?
☐ Hypertension
☐ Coronary artery disease
☐ Diabetes
☐ High cholesterol
☐ Asthma
☐ COPD
☐ Psychiatric disease / Depression
☐ Other: _____

8. Habits

Smoking
☐ Yes ☐ No ☐ I used to smoke

Alcohol
☐ Yes ☐ No ☐ I used to drink

Recreational drug use
☐ Yes ☐ No ☐ I used to use

SECTION 2: Your Current Treatment Status

9. How long have you been living with HIV?
☐ <1 year
☐ 1–5 years
☐ 5–10 years
☐ >10 years

10. How long have you been using your current HIV treatment regimen?
☐ <1 year
☐ 1–5 years
☐ 5–10 years
☐ >10 years

11. How many tablets/capsules do you currently take per day?
☐ I do not take any
☐ 1

☐ 2
☐ 3
☐ More than 3

12. How many doses have you missed in the last 30 days?

☐ I have not missed any doses
☐ 1–2 doses
☐ 3–5 doses
☐ More than 5 doses

13. Is your disease currently under control with your treatment?

☐ Yes, it is under control
☐ No, it is not under control
☐ I do not know

SECTION 3: Awareness and Preferences

14. Where did you obtain information about long-acting injectable HIV treatments?
(You may select more than one option)

☐ I have no information about this
☐ Doctor/Nurse
☐ HIV support groups/organizations
☐ Internet/Social media
☐ Television/Radio
☐ Other: _____

15. Where would you prefer to receive this new treatment?
(Select only one)

☐ At home, self-administered
☐ At a doctor's office
☐ At a healthcare facility (hospital, family practice clinic, etc.)

SECTION 4: Opinions on New Treatment Methods

16. If your doctor offered you a long-acting injectable HIV treatment administered montly or every two months, would you accept it?

☐ Yes
☐ No
☐ Undecided

17. What do you think would be the advantages of this treatment?
(You may select more than one option)

☐ Not having to take medication every day

☐ Being confident that the medication is effective for a certain period

☐ Not worrying about forgetting daily medication

☐ Being able to keep my treatment private from others

☐ Not having to think about HIV every day

☐ Relief from current side effects

☐ Avoiding multiple medications and drug interactions

☐ Other: _____

18. What do you think would be the disadvantages of this treatment?
(You may select more than one option)

☐ Fear of side effects

☐ Fear of injections (injections are administered in both buttocks)

☐ Concern about missing injection appointments

☐ Feeling like a test subject

☐ Belief that there would be no improvement in my disease

☐ Additional costs if not covered by insurance

☐ Other: _____

19. Your opinion about coming to the hospital monthly or every two months for injections:

☐ It would be good to have more frequent follow-up

☐ I do not want to go to the hospital more frequently

☐ It does not matter to me

20. Your opinion about starting this treatment:

☐ I do not want to change my current daily treatment

☐ Injectable treatment is suitable for me, and frequent hospital visits are not a problem

☐ Injectable treatment is suitable, but frequent hospital visits would be inconvenient; I would accept it if administered at home

☐ Injectable treatment is suitable, but I am afraid of side effects