

**Preferences of people living with HIV for long-acting antiretroviral treatment in
Germany: evidence from a discrete choice experiment**

Supplemental Material

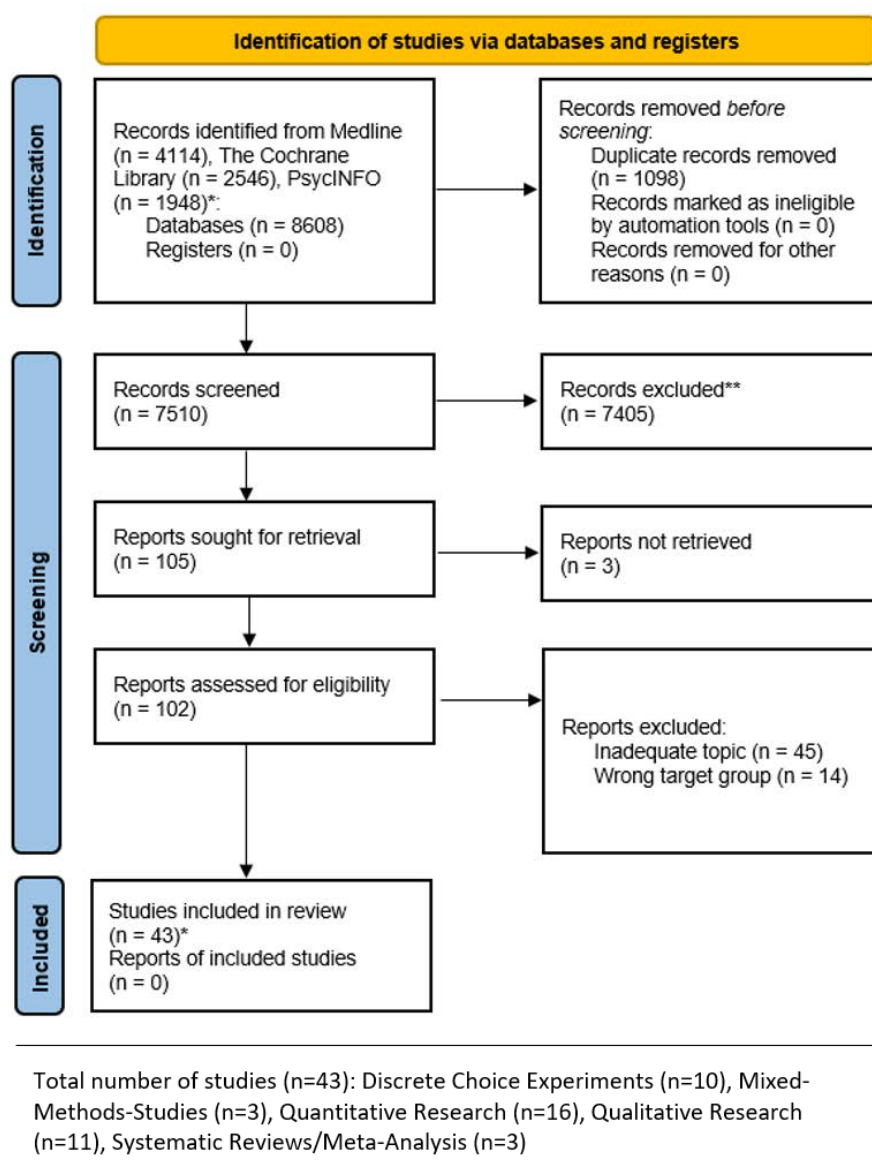
Supplemental material 1. Overview of the systematic search procedure

Database	PubMed (Medline)
Date	05.03.2022
#5	Search: #1 AND #2 AND #3 Filters: from 2010 - 2022 4,114
#4	Search: #1 AND #2 AND #3 6,830
#3	Search: ("patient satisfaction"[MeSH Terms]) OR (patient*[Title/Abstract] AND (choice[Title/Abstract] OR preference*[Title/Abstract] OR priorit*[Title/Abstract] OR expectation*[Title/Abstract] OR perception*[Title/Abstract] OR attitude*[Title/Abstract] OR satisfaction*[Title/Abstract])) 500,560
#2	Search: ("Drug Therapy, Combination"[Mesh] OR "Anti-HIV Agents"[Mesh] OR "treatment"[Title/Abstract] OR therap*[Title/Abstract] OR "medication"[Title/Abstract] OR "anti hiv agents"[Title/Abstract] OR "anti aids agents"[Title/Abstract] OR "drug therapy"[Title/Abstract] OR "anti hiv drugs"[Title/Abstract] OR "anti aids drugs"[Title/Abstract] OR antiretroviral*[Title/Abstract] OR anti-retroviral*[Title/Abstract]) 6,890,034
#1	Search: ("HIV"[Mesh] OR "HIV Infections"[Mesh] OR HIV[Title/Abstract] OR AIDS[Title/Abstract] OR "human immuno deficiency virus"[Title/Abstract] OR "human immunodeficiency virus"[Title/Abstract] OR "human immune deficiency virus"[Title/Abstract] OR "acquired immunodeficiency syndrome"[Title/Abstract] OR "acquired immuno deficiency syndrome"[Title/Abstract] OR "acquired immune deficiency syndrome"[Title/Abstract]) 475,689

Database	Cochrane
Date	10.03.2022
#1	MeSH descriptor: [HIV] explode all trees 3239
#2	MeSH descriptor: [HIV Infections] explode all trees 13428
#3	(HIV):ti,ab,kw OR ("human immunodeficiency virus"):ti,ab,kw OR ("human immuno deficiency virus"):ti,ab,kw OR ("human immune deficiency virus"):ti,ab,kw 29693
#4	(AIDS):ti,ab,kw OR ("acquired immunodeficiency syndrome"):ti,ab,kw OR ("acquired immuno deficiency syndrome"):ti,ab,kw OR ("acquired immune deficiency syndrome"):ti,ab,kw 12163
#5	#1 OR #2 OR #3 OR #4 35052
#6	MeSH descriptor: [Drug Therapy, Combination] explode all trees 46748
#7	MeSH descriptor: [Anti-HIV Agents] explode all trees 3720
#8	("drug therapy"):ti,ab,kw OR ("anti-HIV agents"):ti,ab,kw OR ("anti aids agents"):ti,ab,kw OR ("anti hiv drugs"):ti,ab,kw OR ("anti aids drugs"):ti,ab,kw 424981
#9	(antiretroviral*):ti,ab,kw OR (anti-retroviral*):ti,ab,kw 9936
#10	(treatment):ti,ab,kw OR (medication):ti,ab,kw OR (therap*):ti,ab,kw 1129294
#11	#6 OR #7 OR #8 OR #9 OR #10 1129818
#12	MeSH descriptor: [Patient Satisfaction] explode all trees 12745
#13	("Patient*"):ti,ab,kw 422263
#14	(preference*):ti,ab,kw OR (priorit*):ti,ab,kw OR (perception*):ti,ab,kw OR (expectation*):ti,ab,kw OR (satisfaction*):ti,ab,kw 227637
#15	(choice):ti,ab,kw OR (attitude*):ti,ab,kw 55056
#16	#12 OR #13 AND #14 OR #15 139041
#17	#5 AND #11 AND #16 with Cochrane Library publication date Between Jan 2010 and Jan 2022 2546

Database	PsycINFO	
Date	17.03.2022	
S1	DE "HIV" OR DE "AIDS"	45,434
S2	TI hiv OR TI aids OR TI "human immunodeficiency virus" OR TI "human immuno deficiency virus" OR TI "human immune deficiency virus" OR TI "acquired immunodeficiency syndrome" OR TI "acquired immuno deficiency syndrome" OR TI "acquired immune deficiency syndrome" OR TI "hiv infection*"	43,022
S3	AB hiv OR AB aids OR AB "human immunodeficiency virus" OR AB "human immuno deficiency virus" OR AB "human immune deficiency virus" OR AB "acquired immunodeficiency syndrome" OR AB "acquired immuno deficiency syndrome" OR AB "acquired immune deficiency syndrome" OR AB "hiv infection*"	70,274
S4	S1 OR S2 OR S3	57,479
S5	DE "Drug Therapy"	143,775
S6	DE "Antiretroviral Drugs"	3,907
S7	TI "drug therapy" OR TI "anti hiv drugs" OR TI "anti hiv agents" OR TI "anti aids drugs" OR TI "anti aids agents" OR TI antiretroviral* OR TI anti-retroviral* OR TI treatment OR TI medication OR TI therap*	193,470
S8	AB "drug therapy" OR AB "anti hiv drugs" OR AB "anti hiv agents" OR AB "anti aids drugs" OR AB "anti aids agents" OR AB antiretroviral* OR AB anti-retroviral* OR AB treatment OR AB medication OR AB therap*	648,539
S9	S5 OR S6 OR S7 OR S8	680,503
S10	DE "Health Attitudes"	10,863
S11	DE "Attitude Measures"	6,181
S12	DE "Client Satisfaction"	6,033
S13	TI patient* AND TI choice OR TI perception* OR TI satisfaction* OR TI expectation* OR TI preference* OR TI priorit* OR TI attitude*	238,499
S14	AB patient* AND AB choice OR AB perception* OR AB satisfaction* OR AB expectation* OR AB preference* OR AB priorit* OR AB attitude*	741,557
S15	S10 OR S11 OR S12 OR S13 OR S14	552,109
S16	S4 AND S9 AND S15	1,948

Supplemental material 2. Overview of the results from the systematic search procedure according to the PRISMA 2020 flow diagram



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

Supplemental material 3: Overview of 43 studies included in the review process

Discrete Choice Experiments (n=10)

1. Akinwunmi, Babatunde; Buchenberger, Daniel; Scherzer, Jenny; Bode, Martina; Rizzini, Paolo; Vecchio, Fabio et al. (2021): Factors associated with interest in a long-acting HIV regimen: perspectives of people living with HIV and healthcare providers in four European countries. In: *Sexually transmitted infections* 97 (8), S. 566–573. DOI: 10.1136/sextrans-2020-054648.
2. Brégigéon-Ronot, Sylvie; Cheret, Antoine; Cabié, André; Prazuck, Thierry; Volny-Anne, Alain; Ali, Shehzad et al. (2017): Evaluating patient preference and satisfaction for human immunodeficiency virus therapy in France. In: *Patient preference and adherence* 11, S. 1159–1169. DOI: 10.2147/PPA.S130276.
3. Dommaraju, Sagar; Hagey, Jill; Odeny, Thomas A.; Okaka, Sharon; Kadima, Julie; Bukusi, Elizabeth A. et al. (2021): Preferences of people living with HIV for differentiated care models in Kenya: A discrete choice experiment. In: *PloS one* 16 (8), e0255650. DOI: 10.1371/journal.pone.0255650.
4. Eshun-Wilson, I.; Kim, H-Y; Schwartz, S.; Conte, M.; Glidden, D. V.; Geng, E. H. (2020): Exploring Relative Preferences for HIV Service Features Using Discrete Choice Experiments: a Synthetic Review. In: *Current HIV/AIDS reports* 17 (5), S. 467–477. DOI: 10.1007/s11904-020-00520-3.
5. Eshun-Wilson, Ingrid; Mukumbwa-Mwenechanya, Mpande; Kim, Hae-Young; Zannolini, Arianna; Mwamba, Chanda P.; Dowdy, David et al. (2019): Differentiated Care Preferences of Stable Patients on Antiretroviral Therapy in Zambia: A Discrete Choice Experiment. In: *Journal of acquired immune deficiency syndromes (1999)* 81 (5), S. 540–546. DOI: 10.1097/QAI.0000000000002070.
6. Goossens, Anne J. M.; Cheung, Kei Long; Sijstermans, Eric; Conde, Rafael; Gonzalez, Javier G. R.; Hiligsmann, Mickael (2020): A discrete choice experiment to assess patients' preferences for HIV treatment in the rural population in Colombia. In: *Journal of medical economics* 23 (8), S. 803–811. DOI: 10.1080/13696998.2020.1735398.
7. Mühlbacher, Axel C.; Stoll, Matthias; Mahlich, Jörg; Nübling, Matthias (2013): Patient preferences for HIV/AIDS therapy - a discrete choice experiment. In: *Health economics review* 3 (1), S. 14. DOI: 10.1186/2191-1991-3-14.
8. Ostermann, Jan; Mühlbacher, Axel; Brown, Derek S.; Regier, Dean A.; Hobbie, Amy; Weinhold, Andrew et al. (2020): Heterogeneous Patient Preferences for Modern Antiretroviral Therapy: Results of a Discrete Choice Experiment. In: *Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research* 23 (7), S. 851–861. DOI: 10.1016/j.jval.2020.03.007.
9. Sijstermans, Eric; Cheung, Kei Long; Goossens, Anne J. M.; Conde, Rafael; Gonzalez, Javier G. R.; Hiligsmann, Mickael (2020): A discrete choice experiment to assess patients' preferences for HIV treatment in the urban population in Colombia. In: *Journal of medical economics* 23 (8), S. 812–818. DOI: 10.1080/13696998.2020.1735399.
10. Strauss, Michael; George, Gavin; Mantell, Joanne E.; Mapingure, Munyaradzi; Masvawure, Tsitsi B.; Lamb, Matthew R. et al. (2021): Optimizing Differentiated HIV Treatment Models in Urban Zimbabwe: Assessing Patient Preferences Using a Discrete Choice Experiment. In: *AIDS and behavior* 25 (2), S. 397–413. DOI: 10.1007/s10461-020-02994-z.

Mixed-Methods-Studies (n=3)

11. Chen, Wei-Ti; Shiu, Cheng-Shi; Yang, Joyce P.; Simoni, Jane M.; Fredriksen-Goldsen, Karen I.; Lee, Tony Szu-Hsien; Zhao, Hongxin (2013): Antiretroviral Therapy (ART) Side Effect Impacted on Quality of Life, and Depressive Symptomatology: A Mixed-Method Study. In: *Journal of AIDS & clinical research* 4, S. 218. DOI: 10.4172/2155-6113.1000218.
12. Fredericksen, Rob J.; Fitzsimmons, Emma; Gibbons, Laura E.; Loo, Stephanie; Dougherty, Sarah; Avendano-Soto, Sonia et al. (2020): How do treatment priorities differ between patients in HIV care and their providers? A mixed-methods study. In: *AIDS and behavior* 24 (4), S. 1170–1180. DOI: 10.1007/s10461-019-02746-8.
13. Yelverton, Valerie; Ostermann, Jan; Hobbie, Amy; Madut, Deng; Thielman, Nathan (2018): A mixed methods approach to understanding antiretroviral treatment preferences: What do patients really want? In: *AIDS patient care and STDs* 32 (9), S. 340–348. DOI: 10.1089/apc.2018.0099.

Quantitative Research (n=16)

14. Chounta, Vasiliki; Overton, Edgar T.; Mills, Anthony; Swindells, Susan; Benn, Paul D.; Vanveggel, Simon et al. (2021): Patient-reported outcomes through 1 year of an hiv-1 clinical trial evaluating long-acting cabotegravir and rilpivirine administered every 4 or 8 weeks (atlas-2m). In: *The patient*. DOI: 10.1007/s40271-021-00524-0.
15. Dandachi, Dima; Dang, Bich N.; Lucari, Brandon; Swindells, Susan; Giordano, Thomas P. (2021): Acceptability and preferences for long-acting antiretroviral formulations among people with HIV infection. In: *AIDS care* 33 (6), S. 801–809. DOI: 10.1080/09540121.2020.1764906.
16. Degroote, Sophie; Vandekerckhove, Linos; Vogelaers, Dirk; Vanden Bulcke, Charlotte (2022): Patient-reported outcomes among people living with HIV on single- versus multi-tablet regimens: Data from a real-life setting. In: *PloS one* 17 (1), e0262533. DOI: 10.1371/journal.pone.0262533.
17. Dimi, Svetlane; Zucman, David; Chassany, Olivier; Lalanne, Christophe; Prazuck, Thierry; Mortier, Emmanuel et al. (2019): Patients' high acceptability of a future therapeutic HIV vaccine in France: a French paradox? In: *BMC infectious diseases* 19 (1), S. 401. DOI: 10.1186/s12879-019-4056-6.
18. Dubé, Karine; Campbell, Danielle M.; Perry, Kelly E.; Kanazawa, John T.; Saberi, Parya; Saucedo, John A. et al. (2020): Reasons People Living with HIV Might Prefer Oral Daily Antiretroviral Therapy, Long-Acting Formulations, or Future HIV Remission Options. In: *AIDS research and human retroviruses* 36 (12), S. 1054–1058. DOI: 10.1089/AID.2020.0107.
19. Engelhard, Esther A. N.; Smit, Colette; Vervoort, Sigrid C J M; Smit, Peter J.; Nieuwkerk, Pythia T.; Kroon, Frank P. et al. (2016): Patients' Willingness to Take Multiple-Tablet Antiretroviral Therapy Regimens for Treatment of HIV. In: *Drugs - real world outcomes* 3 (2), S. 223–230. DOI: 10.1007/s40801-016-0070-9.
20. Ferrer, Pedro E.; Bloch, Mark; Roth, Norman; Finlayson, Robert; Baker, David; Koh, Ken et al. (2018): A retrospective clinical audit of general practices in Australia to determine the motivation for switch to dolutegravir/abacavir/lamivudine and clinical outcomes. In: *International journal of STD & AIDS* 29 (3), S. 300–305. DOI: 10.1177/0956462417730474.

21. Giraud, Jean-Stephane; Doisne, Melanie; Chan Hew Wai, Aurelie; Majerholc, Catherine; Fourn, Erwan; Sejean, Karine et al. (2020): De-simplifying single-tablet antiretroviral treatments for cost savings in France: From the patient perspectives to a 6-month follow-up on generics. In: PloS one 15 (9), e0239704. DOI: 10.1371/journal.pone.0239704.
22. Koga, Ichiro; Wakatabe, Rumi; Okamoto, Noriko; Sasai, Asuka; Kambara, Keita; Maldonado, Andres et al. (2021): Factors Associated with Treatment Satisfaction Among People Living with HIV in Japan and Other Selected Countries: Examination of the Intertwined Roles of Medication, Patient, and Provider Characteristics. In: AIDS and behavior, S. 1–19. DOI: 10.1007/s10461-021-03515-2.
23. Koren, David E.; Fedkiv, Volodymyra; Zhao, Huaqing; Kludjian, Geena; Bettiker, Robert L.; Tedaldi, Ellen; Samuel, Rafik (2020): Perceptions of Long-Acting Injectable Antiretroviral Treatment Regimens in a United States Urban Academic Medical Center. In: Journal of the International Association of Providers of AIDS Care 19, 2325958220981265. DOI: 10.1177/2325958220981265.
24. LaMori, Joyce; Seignez, Antoine; Radoszycki, Lise (2022): Patient Satisfaction with Once-Daily Single-Tablet Darunavir, Cobicistat, Emtricitabine, and Tenofovir Alafenamide (DRV/c/FTC/TAF): A Real-World Study of Patient Self-Reported Outcomes in HIV-1-Diagnosed Adults. In: Patient preference and adherence 16, S. 83–94. DOI: 10.2147/PPA.S332555.
25. Mills, Anthony; Richmond, Gary J.; Newman, Cheryl; Osiyemi, Olayemi; Cade, Jerry; Brinson, Cynthia et al. (2022): Long-acting cabotegravir and rilpivirine for HIV-1 suppression: switch to 2-monthly dosing after 5 years of daily oral therapy. In: AIDS (London, England) 36 (2), S. 195–203. DOI: 10.1097/QAD.0000000000003085.
26. Murray, M.; Pulido, F.; Mills, A.; Ramgopal, M.; LeBlanc, R.; Jaeger, H. et al. (2019): Patient-reported tolerability and acceptability of cabotegravir + rilpivirine long-acting injections for the treatment of HIV-1 infection: 96-week results from the randomized LATTE-2 study. In: HIV research and clinical practice. DOI: 10.1080/25787489.2019.1661696.
27. Palacios, Christia; Wilpote, Celine; Adda, Anne; Allaf, Salima; Thibaut, Peline; Chas, Julie et al. (2022): Expectations and acceptability of long-acting injectable antiretrovirals by patients living with HIV/AIDS. In: Infectious diseases now. DOI: 10.1016/j.idnow.2022.01.010.
28. Papot, Emmanuelle; Kalampalikis, Nikos; Doumergue, Marjolaine; Pilorgé, Fabrice; Quatremère, Guillemette; Yazdanpanah, Yazdan; Préau, Marie (2021): Can we talk about price with patients when choosing antiretroviral therapy? A survey with people living with HIV and prescribers in France. In: BMJ open 11 (11), e046212. DOI: 10.1136/bmjopen-2020-046212.
29. Sojak, Lubomir; Simekova, Katarina; Piesecka, Lubica; Wiesinger, Milos; Jarcuska, Pavol (2021): Attitudes and Perspectives of People Living With Human Immunodeficiency Virus: Findings From the Positive Perspectives Survey in Slovakia. In: International journal of public health 66, S. 642869. DOI: 10.3389/ijph.2021.642869.

Qualitative Research (n=11)

30. Davis, Wendy; Mantsios, Andrea; Karver, Tahilin; Murray, Miranda; Puneekar, Yogesh; Ward, Douglas et al. (2020): "It made me more confident that I have it under control": Patient and provider perspectives on

- moving to a two-drug ART regimen in the United States and Spain. In: *PloS one* 15 (5), e0232473. DOI: 10.1371/journal.pone.0232473.
31. Heylena, E.; Chandyb, S.; Shamsundarc, R.; Naird, S.; Kumare, B. R.N.; Ekstrand, Maria L. (2021): Correlates of and barriers to ART adherence among adherence-challenged people living with HIV in southern India. In: *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV* 33 (4), 486-493. DOI: 10.1080/09540121.2020.1742862.
 32. Kerrigan, D.; Mantsios, A.; Gorgolas, M.; Montes, M-L; Pulido, F.; Brinson, C. et al. (2018): Experiences with long acting injectable ART: A qualitative study among PLHIV participating in a Phase II study of cabotegravir + rilpivirine (LATTE-2) in the United States and Spain. In: *PloS one* 13 (1), e0190487. DOI: 10.1371/journal.pone.0190487.
 33. Largu, Maria Alexandra; Dorobăţ, Carmen; Oprea, L.; Astărăstoae, V.; Manciu, Carmen (2015): Responsibility and expectations in antiretroviral therapy--patients' versus doctors' perspective. In: *Revista medico-chirurgicala a Societatii de Medici si Naturalisti din Iasi* 119 (1), S. 226-229.
 34. Mantsios, Andrea; Murray, Miranda; Karver, Tahilin S.; Davis, Wendy; Margolis, David; Kumar, Princy et al. (2020): 'i feel empowered': Women's perspectives on and experiences with long-acting injectable antiretroviral therapy in the usa and spain. In: *Culture, health & sexuality*. DOI: 10.1080/13691058.2020.1752397.
 35. Mitchell, Elke; Lazuardi, Elan; Rowe, Emily; Anintya, Irma; Wirawan, Dewa N.; Wisaksana, Rudi et al. (2019): Barriers and Enablers to HIV Care Among Waria (Transgender Women) in Indonesia: A Qualitative Study. In: *AIDS education and prevention : official publication of the International Society for AIDS Education* 31 (6), S. 538-552. DOI: 10.1521/aeap.2019.31.6.538.
 36. Muiruri, Charles; Jazowski, Shelley A.; Semvua, Seleman K.; Karia, Francis P.; Knettel, Brandon A.; Zullig, Leah L. et al. (2020): Does Antiretroviral Therapy Packaging Matter? Perceptions and Preferences of Antiretroviral Therapy Packaging for People Living with HIV in Northern Tanzania. In: *Patient preference and adherence* 14, S. 153-161. DOI: 10.2147/PPA.S238759.
 37. Simoni, Jane M.; Beima-Sofie, Kristin; Mohamed, Zahra H.; Christodoulou, Joan; Tapia, Kenneth; Graham, Susan M. et al. (2019): Long-Acting Injectable Antiretroviral Treatment Acceptability and Preferences: A Qualitative Study Among US Providers, Adults Living with HIV, and Parents of Youth Living with HIV. In: *AIDS patient care and STDs* 33 (3), S. 104-111. DOI: 10.1089/apc.2018.0198.
 38. Simoni, Jane M.; Beima-Sofie, Kristin; Wanje, George; Mohamed, Zahra H.; Tapia, Kenneth; McClelland, R. Scott et al. (2021): "Lighten This Burden of Ours": Acceptability and Preferences Regarding Injectable Antiretroviral Treatment Among Adults and Youth Living With HIV in Coastal Kenya. In: *Journal of the International Association of Providers of AIDS Care* 20, 23259582211000517. DOI: 10.1177/23259582211000517.
 39. Tattsbridge, Jasmine; Wiskin, Connie; Wildt, Gilles de; Clavé Llavall, Anna; Ramal-Asayag, César (2020): HIV understanding, experiences and perceptions of HIV-positive men who have sex with men in Amazonian Peru: a qualitative study. In: *BMC public health* 20 (1), S. 728. DOI: 10.1186/s12889-020-08745-y.

40. Tran, Viet-Thi; Messou, Eugene; Mama Djima, Mariam; Ravaud, Philippe; Ekouevi, Didier K. (2019): Patients' perspectives on how to decrease the burden of treatment: a qualitative study of HIV care in sub-Saharan Africa. In: *BMJ quality & safety* 28 (4), S. 266–275. DOI: 10.1136/bmjqs-2017-007564.

Systematic Reviews/Meta-Analysis (n=3)

41. Belay, Yihalem Abebe; Yitayal, Mezgebu; Atnafu, Asmamaw; Taye, Fitalaw Agimass (2021): Patients' preferences for antiretroviral therapy service provision: a systematic review. In: *Cost effectiveness and resource allocation* : C/E 19 (1), S. 56. DOI: 10.1186/s12962-021-00310-7.
42. Lytvyn, Lyubov; Siemieniuk, Reed A.; Dilmitis, Sophie; Ion, Allyson; Chang, Yaping; Bala, Malgorzata M. et al. (2017): Values and preferences of women living with HIV who are pregnant, postpartum or considering pregnancy on choice of antiretroviral therapy during pregnancy. In: *BMJ open* 7 (9), e019023. DOI: 10.1136/bmjopen-2017-019023.
43. Shubber, Zara; Mills, Edward J.; Nachega, Jean B.; Vreeman, Rachel; Freitas, Marcelo; Bock, Peter et al. (2016): Patient-Reported Barriers to Adherence to Antiretroviral Therapy: A Systematic Review and Meta-Analysis. In: *PLoS medicine* 13 (11), e1002183. DOI: 10.1371/journal.pmed.1002183.

Supplemental material 4. Overview of the 34 different attributes which were derived from the 43 studies

Number	Attribute
1	Type of medication
2	Frequency of dosing
3	Injections per dose
4	Place of injection (body)
5	Therapy-free interval
6	Number of pills
7	Pill size
8	Mode of administration
9	Effectiveness/efficacy
10	Possible drug interactions
11	Comfort/convenience
12	Long-term side effects
13	Short-term side effects
14	Risk of side effects
15	Physical Side effects
16	Mental impact
17	Life expectancy
18	Privacy concerns
19	Duration of side Effects
20	Risk of dosing errors
21	Frequency of clinic visits
22	Location of clinical examination/administration/treatment
23	Waiting times
24	Distance from home
25	Time spent (total)
26	Opening hours
27	Place for procurement/collection
28	Frequency of procurement
29	Person for medication dispensing
30	Attitude of service providers
31	Costs of medication
32	Travel costs
33	Packing of medication
34	Appointments

Supplemental material 5. Parameters estimated from multinomial logit models (MNL) and random parameter models (RPL)

Coefficients	MNL 1	MNL 2	MNL 3	MNL 4	MNL 5	RPL 1 (s.d.)	RPL 2 (s.d.)
Type of medication							
Pill-based treatment	0.289***	0.299***	0.282***	0.279***	0.302***	0.462** (-0.206)	0.346*** (---)
Intramuscular injection	-0.225***	-0.225***	-0.216***	-0.214***	-0.220***	-0.341** (-0.263)	-0.264*** (---)
Subcutaneous injection	-0.064	-0.064	-0.065	-0.065	-0.082	-0.121 (0.469)	-0.081 (---)
Frequency of dosing							
Daily	-0.906***	-0.907***	-0.864***	-0.854***	-0.892***	-1.405** (0.157)	-1.081*** (---)
Weekly	-0.456***	-0.456***	-0.438***	-0.432***	-0.446***	-0.700** (-0.275)	-0.543*** (---)
Every 2 months	0.146*	0.150*	0.140*	0.138*	0.126*	0.223 (0.748)	0.173* (---)
Every 3 months	0.459***	0.459***	0.443***	0.438***	0.460***	0.711** (-0.020)	0.555*** (---)
Every 6 months	0.758***	0.758***	0.719***	0.710***	0.752***	1.171** (-0.609)	0.895*** (---)
Location of treatment							
Physicians' practice/hospital	-0.170***	-0.170***	-0.162***	-0.16***	-0.185***	-0.262** (0.325)	-0.200*** (---)
Home-based	0.170***	0.170***	0.162***	0.16***	0.185***	0.262** (-0.325)	0.200*** (---)
Risk of short-term side effects							
Low risk	0.207***	0.207***	0.197***	0.195***	0.205***	0.315** (-0.013)	0.246*** (---)
Moderate risk	0.080*	0.080*	0.075	0.074	0.080	0.117 (0.052)	0.086 (---)
Higher risk	-0.287***	-0.287***	-0.272***	-0.269***	-0.285***	-0.431** (-0.039)	-0.333*** (---)
Risk of long-term side effects							
Low risk	0.537***	0.537***	0.513***	0.507***	0.512***	0.827** (-0.043)	0.638*** (---)
Moderate risk	0.224***	0.225***	0.215***	0.212***	0.239***	0.335** (-0.149)	0.259*** (---)
Higher risk	-0.761***	-0.761***	-0.728***	-0.719***	-0.751***	-1.162** (0.193)	-0.897*** (---)
Interaction with other medication or (party) drugs							
No medication/drug interactions	0.168***	0.168***	0.158***	0.156***	0.201***	0.265* (-1.529*)	0.205*** (-1.126)
Reduced effect risk - other medic.	-0.125***	-0.125**	-0.115**	-0.114**	-0.155***	-0.185* (0.859*)	-0.1448** (0.602**)
Reduced effect risk - (party) drugs	-0.043	-0.043	-0.042	-0.042	-0.047	-0.079 (0.0670)	-0.056 (0.524*)
Intercept		-0.021		0.013			
Scaling parameter for heteroscedasticity			0.942***	0.920***			
Age					-0.001		
Male					0.144		
Female					-0.205		
Diverse					0.061		
Education 3					-0.002		
Education 2					-0.055		
Education 1					-0.120		
Education other					0.177		
Large city					-0.054		
Mid city					0.187		
Small city					-0.133		
Hetero					0.189		
Homo					-0.083		
Other					-0.106		
Good Health					-0.025		
Mid Health					-0.016		
Bad health					0.041		
Intercept	no	yes	no	yes	no	no	no
Heteroscedasticity	no	no	yes	yes	no	no	no
Alternative-specific variables	no	no	no	no	yes	no	no
Random parameters	no	no	no	no	no	yes	yes
AIC	2894.1	2895.9	2897.6	2899.6	2912.7	2914.8	2893.6
BIC	2970.9	2978.6	2980.3	2988.2	3060.3	3068.3	2982.1
logLik	-1434.0	-1433.9	-1434.8	-1434.8	-1431.3	-1431.4	-1431.8
P-value LR-test	---	0.651	0.216	0.190	0.943	0.968	0.1066
P-value Wald test	---	0.651	0.519	0.667	0.943	0.951	0.005**
Significance levels: *** p<0.001, ** p<0.01, * p<0.05; s.d. standard deviation							

Supplemental material 6. Information Criteria (IC) statistics for evaluating the Models -
Selecting Optimal Number of Classes for Latent Class Analysis

Number of Classes	AIC	BIC	ABIC
1	2912.7	3060.3	2981.1
2	2784.8	3086.0	2924.4
3	2740.9	3195.6	2951.6
4	2721.9	3330.2	3003.9
5	2702.8	3464.6	3055.8

Supplemental material 7. Importance of different information items for the treatment choice (n = 226)

Attributes for the treatment choice	Importance of different information items [Mean (SD)]*		Most important information item [§] (n = 226)	
	Mean	SD	n	(%)
Type of medication	4.14	0.99	34	15.0%
Frequency of dosing	4.23	0.97	71	31.4%
Location of treatment	4.24	0.98	17	7.5%
Risk of short-term side-effects	4.25	0.95	16	7.1%
Risk of long-term side-effects	4.70	0.68	80	35.4%
Interaction with other medication or (party) drugs	3.64	1.40	8	3.5%

* Importance of items is rated on a 1–5 scale [1 not all important; 5 extremely important]

[§] Which information was most important for your treatment choice?

Supplemental material 8a. Results of the latent class analysis; estimated parameters of LC multinomial logit model – Attributes and levels

Attributes and levels		Class 1 (n = 135; 59.7%)						Class 2 (n = 91; 40.3%)					
		Coeff.	OR	SE	z value	p	LD	Coeff.	OR	SE	z value	p	LD
Type of medication							0.759						0.280
	Pill-based treatment	0.451	1.571	0.060	7.492	0.000		0.095	1.100	0.092	1.027	0.304	
	Intramuscular injection (into the muscle)	-0.307	0.735	0.058	-5.273	0.000		-0.185	0.831	0.099	-1.874	0.061	
	Subcutaneous injection (into the subcutaneous fatty tissue)	-0.144	0.866	0.060	-2.406	0.016		0.090	1.094	0.100	0.901	0.368	
Frequency of dosing							1.990						1.987
	Daily	-1.068	0.344	0.092	-11.615	0.000		-1.078	0.340	0.158	-6.832	0.000	
	Weekly	-0.585	0.557	0.086	-6.799	0.000		-0.366	0.693	0.152	-2.410	0.016	
	Every 2 months	0.195	1.215	0.079	2.464	0.014		0.003	1.003	0.146	0.023	0.982	
	Every 3 months	0.536	1.709	0.082	6.504	0.000		0.533	1.703	0.143	3.724	0.000	
	Every 6 months	0.923	2.516	0.089	10.332	0.000		0.908	2.480	0.156	5.841	0.000	
Location of treatment							0.470						0.212
	Physicians' practice/hospital (medical staff administers treatment)	-0.235	0.791	0.025	-9.315	0.000		-0.106	0.899	0.043	-2.462	0.014	
	Home-based (self-administered treatment)	0.235	1.265	0.025	9.315	0.000		0.106	1.112	0.043	2.462	0.014	
Risk of short-term side effects							0.399						1.022
	Low risk (1 of 1000 patients will experience short term side-effects)	0.159	1.172	0.056	2.861	0.004		0.438	1.549	0.093	4.702	0.000	
	Moderate risk (10 of 1000 patients will experience short term side-effects)	0.081	1.084	0.055	1.451	0.147		0.147	1.158	0.096	1.522	0.128	
	Higher risk (100 of 1000 patients will experience short term side-effects)	-0.240	0.787	0.058	-4.118	0.000		-0.584	0.557	0.099	-5.878	0.000	
Risk of long-term side effects							0.486						3.645
	Low risk (1 of 1000 patients will experience short term side-effects)	0.174	1.190	0.062	2.827	0.005		1.535	4.642	0.147	10.449	0.000	
	Moderate risk (10 of 1000 patients will experience short term side-effects)	0.138	1.148	0.057	2.418	0.016		0.574	1.776	0.104	5.510	0.000	
	Higher risk (100 of 1000 patients will experience short term side-effects)	-0.312	0.732	0.062	-5.003	0.000		-2.110	0.121	0.196	-10.755	0.000	
Interaction with other medication or (party) drugs							0.408						0.106
	No medication/drug interactions occur	0.251	1.285	0.056	4.454	0.000		0.034	1.034	0.095	0.360	0.722	
	Increased risk of reduced effect due to other medication	-0.157	0.855	0.055	-2.832	0.005		-0.070	0.933	0.092	-0.759	0.448	
	Increased risk of reduced effect due to (party) drugs	-0.094	0.911	0.056	-1.686	0.092		0.036	1.037	0.094	0.382	0.702	
LD level difference, SE standard error													

Supplemental material 8b. Continuation: Results of the latent class analysis; estimated parameters of LC multinomial logit model - Sociodemographic Variables

Sociodemographic variables		Class 1 (n = 135; 59.7%)						Class 2 (n = 91; 40.3%)					
		Coeff.	OR	SE	z value	p	LD	Coeff.	OR	SE	z value	p	LD
Age		0.004	1.004	0.005	0.710	0.478		0.009	1.009	0.011	0.756	0.449	
Gender													
	Male	0.260	1.300	0.274	0.957	0.339		-2.345	0.096	0.970	-2.418	0.016	
	Female	-0.274	0.760	0.322	-0.853	0.393		-0.732	0.481	1.062	-0.689	0.491	
	Divers	0.012	1.012	0.503	0.024	0.981		3.076	21.674	1.623	1.895	0.058	
Education Attainment													
	(Technical) University entrance qualification	0.001	1.001	0.138	0.005	0.996		0.731	2.077	0.432	1.690	0.091	
	Intermediate secondary school	-0.052	0.949	0.151	-0.344	0.731		0.426	1.531	0.460	0.927	0.354	
	Secondary general school or less	-0.127	0.880	0.201	-0.635	0.526		0.096	1.101	0.630	0.152	0.879	
	Other	0.179	1.196	0.342	0.523	0.601		-1.253	0.286	1.223	-1.025	0.306	
Place of living													
	Large city/suburbs (100.000 inhabitants or more)	-0.007	0.993	0.107	-0.070	0.944		-0.477	0.621	0.202	-2.363	0.018	
	Middle-size city (20.000 – 100.000 inhabitants)	0.257	1.293	0.165	1.558	0.119		-0.115	0.891	0.268	-0.429	0.668	
	Small city, village (less than 20.000 inhabitants)	-0.250	0.779	0.139	-1.802	0.072		0.592	1.807	0.282	2.097	0.036	
Sexual orientation													
	Homosexual	-0.109	0.897	0.189	-0.574	0.566		0.690	1.994	0.500	1.381	0.167	
	Heterosexual	0.288	1.334	0.227	1.270	0.204		-1.115	0.328	0.783	-1.423	0.155	
	Other	-0.180	0.835	0.261	-0.690	0.490		0.425	1.529	0.396	1.072	0.284	
Health status													
	Good or better	-0.257	0.773	0.148	-1.734	0.083		1.016	2.762	0.355	2.864	0.004	
	Satisfactory	-0.045	0.956	0.185	-0.240	0.810		0.566	1.762	0.356	1.592	0.111	
	Bad or worse	0.302	1.353	0.268	1.126	0.260		-1.583	0.205	0.660	-2.399	0.016	
LD level difference, SE standard error													

Supplemental material 9. Parameters estimated from latent class model (LC) with two and three groups

Coefficients	Class 1		Class 2		Class 3	
	LC 2	LC 3	LC 2	LC 3	LC 2	LC 3
	n=135	N=40	n=91	N=92	--	N=94
	(59.7%)	(17.7%)	(40.3%)	(40.7%)		(41.6%)
Type of medication						
Pill-based treatment	0.451***	1.247***	0.095	0.104	--	0.137
Intramuscular injection	-0.307***	-0.459***	-0.185	-0.196*	--	-0.255**
Subcutaneous injection	-0.144*	-0.787***	0.090	0.092	--	0.118
Frequency of dosing						
Daily	-1.068***	-0.843***	-1.078***	-1.138***	--	-1.371***
Weekly	-0.585***	-0.392*	-0.366*	-0.351*	--	-0.850***
Every 2 months	0.195*	0.174	0.003	0.036	--	0.194
Every 3 months	0.536***	0.599***	0.532***	0.523***	--	0.668***
Every 6 months	0.923***	0.463*	0.908***	0.931***	--	1.359***
Location of treatment						
Physicians' practice/hospital	-0.235***	0.029	-0.106*	-0.097*	--	-0.405***
Home-based	0.235***	-0.029	0.106*	0.097*	--	0.405***
Risk of short-term side effects						
Low risk	0.159**	0.176	0.438***	0.450***	--	0.220**
Moderate risk	0.081	-0.005	0.147	0.115	--	0.136
Higher risk	-0.240***	-0.171	-0.584***	-0.565***	--	-0.356***
Risk of long-term side effects						
Low risk	0.174**	0.286*	1.535***	1.555***	--	0.219*
Moderate risk	0.138*	-0.024	0.574***	0.541***	--	0.247**
Higher risk	-0.312***	-0.262*	-2.110***	-2.096***	--	-0.465***
Interaction with other medication or (party) drugs						
No medication/drug interactions occur	0.251***	0.205	0.034	0.043	--	0.340***
Reduced effect risk - other medication	-0.157**	0.025	-0.070	-0.058	--	-0.309***
Reduced effect risk - (party) drugs	-0.094	-0.230	0.036	0.015	--	-0.031
Intercept	--	--	0.439***	0.695***	--	0.771***
Age	0.004	0.010	0.009	0.000	--	0.014
Male	0.262	0.847	-2.345*	-1.935*	--	-0.100
Female	-0.274	-0.001	-0.732	-0.049	--	-0.713
Diverse	0.012	-0.846	3.076	1.984	--	0.812
Education 3	0.001	1.235	0.731	0.549	--	-0.051
Education 2	-0.052	0.892	0.426	0.330	--	-0.187
Education 1	-0.127	-0.295	0.096	0.628	--	0.062
Education other	0.179	-1.832	-1.253	-1.507	--	0.176
Large city	-0.007	-1.028**	-0.477*	-0.446*	--	0.191
Mid city	0.257	1.454**	-0.115	-0.054	--	-0.056
Small city	-0.250	-0.426	0.592*	0.501	--	-0.136
Homo	-0.109	-0.251	0.690	0.756	--	-0.109
Hetero	0.288	-0.145	-1.115	-1.132	--	0.412
Other	-0.180	0.396	0.425	0.376	--	-0.303
Good Health	-0.257	-0.726	1.016**	0.842***	--	-0.617*
Mid Health	-0.045	-1.053	0.566	0.519*	--	-0.484
Bad health	0.302	1.779	-1.583**	-1.361**	--	1.101*

Significance levels: *** p<0.001, ** p<0.01, * p<0.05

Supplemental material 10. The survey

Dear survey participant,

In the following, we are investigating the importance of criteria that people with HIV assign to different therapy features. Your responses will help us better consider the needs and preferences of people with HIV when developing appropriate therapies. For example, therapies can be made more acceptable in the long term and further optimized, i.e. administered to better meet the needs of people with HIV. Thus, the results of this survey might lead to an optimized therapy regimen for people with HIV in particular.

The survey will last about twenty minutes and is divided into four sections:

- (1) Socio-demographic and HIV-treatment related information
- (2) Relevance of criteria for choosing HIV-treatment
- (3) Main part: Szenarios for choosing between different HIV-treatments
- (4) Closing questions

Your answers will be kept completely confidential and your privacy is our top priority. Any analyses of these responses that will be published will be presented in articles only in a statistically aggregated form. Thank you very much in advance for your participation, we highly appreciate your contribution!

Next

Please indicate your gender.

- ☐ Female
- ☐ Male
- ☐ Diverse

Please indicate your age. [e.g., 28 years].

Age in years:

In general, how would you rate your overall health?

- ☐ Very good
- ☐ Good
- ☐ Satisfactory
- ☐ Bad
- ☐ Very bad

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Please indicate your marital status.

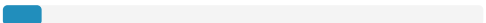
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated/never married

In the past time period (e.g., the last year) who have you had sex with?

- ☐ Both men and women
- ☐ Men only
- ☐ Women only
- ☐ Transsexual partners
- ☐ I have not had sex
- ☐ I don't want to answer

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What is the highest grade or level of school that you have completed?

- ☐ Less than high school
- ☐ High school graduate
- ☐ Some college or associate's degree
- ☐ Bachelor's degree
- ☐ Advanced degree (Master's, Professional, Doctorate)

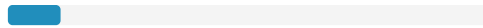
Which category describes best where you live?

- ☐ Large city/suburbs (100.000 inhabitants or more)
- ☐ Middle-size city (20.000 – 100.000 inhabitants)
- ☐ Small city, village (less than 20.000 inhabitants)

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Please state the year of your HIV diagnosis?

Year:

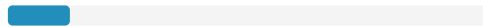
When did you start HIV-related drug therapy?

Year:

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Please describe your current HIV-treatment.

- ☐ Pill-based
- ☐ Injection-based
- ☐ Others

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A horizontal progress bar is shown, consisting of a light gray track and a blue segment on the left. The blue segment represents approximately 10% of the total length.

Regarding your current HIV therapy, how many pills for do you need to take per day?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more

Regarding your current HIV therapy, how many times do you take the number of pills mentioned above per day?

- ☐ Once a day
- ☐ Several times per day
- ☐ Others

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How long have you been taking your current HIV therapy?

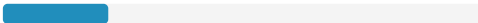
- ☐ Less than 2 months
- ☐ 2 to 6 months
- ☐ 6 months to 1 year
- ☐ 1 year or longer

How often have you already changed your HIV therapy?

- ☐ Number of changes
- ☐ I have never changed my HIV therapy

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Which type of medical care provider is usually responsible for your HIV therapy?

- ☐ Hospital-based provider
- ☐ Outpatient-based provider
- ☐ Others

How long does it take to get from your home to the location of this care provider?

- ☐ Less than 15 minutes
- ☐ 15 - 30 minutes
- ☐ 30 - 60 minutes
- ☐ 60 - 90 minutes
- ☐ 90 minutes or longer

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How satisfied are you with your current form of HIV treatment?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ More or less
- ☐ Dissatisfied
- ☐ Very dissatisfied

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Criteria for choosing drug therapy for HIV-treatment

Please imagine the following situation...

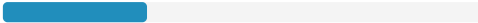
Your doctor will talk to you about the different options for HIV drug therapy and ask you to choose the HIV therapy that is most appropriate for you. Among those HIV therapies, some alternatives are described by treatment options that are currently not yet available (but are likely to be available soon). The therapy alternatives differ with regard to various criteria, such as the frequency of dosing or the location of treatment.

In the following, we will describe **six criteria** which have to be shown to be important for choosing HIV-treatment options from the perspective of patients. We would now like to learn more from you about the following question:

"How important are the following criteria for choosing HIV-related drug therapy from your perspective?"

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Criteria for choosing drug therapy for HIV-treatment

Type of medication (1/6)

The type of medication describes the manner in which the HIV therapy is being taken or administered. There are three different HIV therapy options to choose, with the pill-based and intramuscular injection-based therapy already available. The subcutaneous injection-based therapy is currently not yet available. While the pill-based therapy and the subcutaneous injection-based therapy can be taken or administered independently, i.e. by yourself, the intramuscular injection-based therapy must be administered by healthcare professionals (i.e., doctors or healthcare professionals).

There are **three different types of medication**:

- Pill-based treatment
- Intramuscular injection (into the muscle)
- Subcutaneous injection (into the subcutaneous fatty tissue)

How important is the type of medication for choosing HIV therapy from your perspective?

- ☐ Extremely important
- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important

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Criteria for choosing drug therapy for HIV-treatment

Frequency of dosing (2/6)

The frequency of dosing describes how often or at what frequency the pills must be taken or the injections be administered. The less frequently the pills/injections have to be taken/administered, the longer are the therapy-free intervals.

There are five different options regarding the frequency of dosing:

- Daily
- Weekly
- Every 2 months
- Every 3 months
- Every 6 months

How important is the frequency of dosing for choosing HIV therapy from your perspective?

- ☐ Extremely important
- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important

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Criteria for choosing drug therapy for HIV-treatment

Location of treatment (3/6)

While some HIV dosage forms can be taken/administered independently, i.e. by yourself, and accordingly anywhere, other HIV dosage forms require a visit to a doctor's office, as the administration must be carried out by healthcare professionals. The location of care thus describes where the administration of the medication takes place.

There are two different options:

- Physicians´ practice/hospital (medical staff administers treatment)
- Home-based (self-administered treatment)

How important is the location of treatment for choosing HIV therapy from your perspective?

- ☐ Extremely important
- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important

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Criteria for choosing drug therapy for HIV-treatment

Risk of short-term side effects (4/6)

Taking or administering medication can be associated with the occurrence of side effects (e.g., diarrhoea, headache, nausea) shortly after taking or administering the medication. In this survey, this refers to mild side effects lasting about 2 weeks with only mild adverse effects. Please assume that it is still possible to cope with those mild side effects in a normal way. The criterion indicates how often these side effects occur after taking/administration the HIV-related medication. The number of short-term side effects per 1,000 people living with HIV is being taken into account.

There are three different options:

- Low risk (1 of 1000 patients will experience short term side-effects)
- Moderate risk (10 of 1000 patients will experience short term side-effects)
- Higher risk (100 of 1000 patients will experience short term side-effects)

How important is the risk of short-term side effects for choosing HIV therapy from your perspective?

- ☐ Extremely important
- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important

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Criteria for choosing drug therapy for HIV-treatment

Risk of long-term side effects (5/6)

If drugs are taken or administered over a long period of time, this can have long-term effects on health (e.g., liver or kidney damage). This criterion indicates how frequently long-term side effects occur when HIV-related medication is being taken or administered. It looks at how many out of 1,000 patients are affected by long-term side effects.

There are three different options:

- Low risk (1 of 1000 patients will experience long term side-effects)
- Moderate risk (10 of 1000 patients will experience long term side-effects)
- Higher risk (100 of 1000 patients will experience long term side-effects)

How important is the risk of long-term side effects for choosing HIV therapy from your perspective?

- ☐ Extremely important
- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important

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Criteria for choosing drug therapy for HIV-treatment

Interaction with other medication or (party) drugs (6/6)

If HIV medications are taken in combination with other medications or (party) drugs, a reduced effect (i.e., reduced effectiveness) of the HIV medications may occur. This criterion indicates whether there is an increased risk of reduced effectiveness of HIV medications due to additional medications to be taken (e.g., antidepressants, blood pressure medications) or due to the use of (party) drugs (e.g., ecstasy, speed).

There are three different options:

- No medication/drug interactions occur
- Increased risk of reduced effect due to (party) drugs
- Increased risk of reduced effect due to other medication

How important is the risk of interaction with other medication or (party) drugs for choosing HIV therapy from your perspective?

- ☐ Extremely important
- ☐ Very important
- ☐ Moderately important
- ☐ Slightly important
- ☐ Not at all important

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Most important criterion

Which criterion is most important for you when choosing HIV drug therapy?

- ☐ Type of medication
- ☐ Frequency of dosing
- ☐ Location of treatment
- ☐ Risk of short-term side-effects
- ☐ Risk of long-term side-effects
- ☐ Interaction with other medication or (party) drugs

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In the following, we would like to ask you to think about different alternatives regarding HIV therapy. Therefore, two different HIV therapy alternatives will be presented in the following. We would like you to select the HIV therapy that you would prefer more.

Please consider the following:

- There are no differences in the effectiveness of the different therapy options.
- The costs of all dosage forms are identical; i.e., there are no additional costs between the different therapy alternatives.
- All dosage forms are available and approved.
- There are no right or wrong answers.

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0%  100%

Which of the two treatments would you choose?

(1 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Intramuscular injection (into the muscle)	Subcutaneous injection (subcutaneous fatty tissue)
Frequency of dosing	Every 2 months	Every 6 months
Location of treatment	Physicians´ practice/hospital	Home-based
Risk of short-term side effects	Moderate risk (10 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Moderate risk (10 of 1000 patients)	Low risk (1 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to other medication	No medication/drug interactions occur
	Selection	Selection

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0% 100%

Which of the two treatments would you choose?

(2 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Intramuscular injection (into the muscle)	Pill-based treatment
Frequency of dosing	Daily	Weekly
Location of treatment	Home-based	Physicians' practice/hospital
Risk of short-term side effects	Higher risk (100 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Higher risk (100 of 1000 patients)	Moderate risk (10 of 1000 patients)
Interaction with other medication or (party) drugs	No medication/drug interactions occur	Increased risk of reduced effect due to (party) drugs
	Selection	Selection

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0% 100%

Which of the two treatments would you choose?

(3 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Intramuscular injection (into the muscle)	Pill-based treatment
Frequency of dosing	Every 3 months	Every 2 months
Location of treatment	Physicians´ practice/hospital	Home-based
Risk of short-term side effects	Moderate risk (10 of 1000 patients)	Higher risk (100 of 1000 patients)
Risk of long-term side effects	Higher risk (100 of 1000 patients)	Low risk (1 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to (party) drugs	Increased risk of reduced effect due to other medication
	Selection	Selection

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Which of the two treatments would you choose?

(4 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Subcutaneous injection (subcutaneous fatty tissue)	Pill-based treatment
Frequency of dosing	Daily	Weekly
Location of treatment	Physicians' practice/hospital	Home-based
Risk of short-term side effects	Higher risk (100 of 1000 patients)	Moderate risk (10 of 1000 patients)
Risk of long-term side effects	Low risk (1 of 1000 patients)	Higher risk (100 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to (party) drugs	Increased risk of reduced effect due to other medication
	Selection	Selection

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Which of the two treatments would you choose?

(5 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Pill-based treatment	Subcutaneous injection (subcutaneous fatty tissue)
Frequency of dosing	Every 2 months	Every 6 months
Location of treatment	Home-based	Physicians' practice/hospital
Risk of short-term side effects	Higher risk (100 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Moderate risk (10 of 1000 patients)	Higher risk (100 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to (party) drugs	No medication/drug interactions occur
	Selection	Selection

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Which of the two treatments would you choose?

(6 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Pill-based treatment	Subcutaneous injection (subcutaneous fatty tissue)
Frequency of dosing	Every 6 months	Daily
Location of treatment	Physicians' practice/hospital	Home-based
Risk of short-term side effects	Higher risk (100 of 1000 patients)	Moderate risk (10 of 1000 patients)
Risk of long-term side effects	Low risk (1 of 1000 patients)	Moderate risk (10 of 1000 patients)
Interaction with other medication or (party) drugs	No medication/drug interactions occur	Increased risk of reduced effect due to other medication
	Selection	Selection

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Which of the two treatments would you choose?

(7 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Subcutaneous injection (subcutaneous fatty tissue)	Intramuscular injection (into the muscle)
Frequency of dosing	Every 2 months	Every 3 months
Location of treatment	Physicians' practice/hospital	Home-based
Risk of short-term side effects	Low risk (1 of 1000 patients)	Moderate risk (10 of 1000 patients)
Risk of long-term side effects	Moderate risk (10 of 1000 patients)	Moderate risk (10 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to other medication	No medication/drug interactions occur
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Which of the two treatments would you choose?

(8 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Intramuscular injection (into the muscle)	Subcutaneous injection (subcutaneous fatty tissue)
Frequency of dosing	Weekly	Weekly
Location of treatment	Home-based	Physicians' practice/hospital
Risk of short-term side effects	Higher risk (100 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Higher risk (100 of 1000 patients)	Low risk (1 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to (party) drugs	No medication/drug interactions occur
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Which of the two treatments would you choose?

(9 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Subcutaneous injection (subcutaneous fatty tissue)	Intramuscular injection (into the muscle)
Frequency of dosing	Every 3 months	Daily
Location of treatment	Physicians´ practice/hospital	Home-based
Risk of short-term side effects	Moderate risk (10 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Higher risk (100 of 1000 patients)	Low risk (1 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to other medication	Increased risk of reduced effect due to (party) drugs
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Which of the two treatments would you choose?

(10 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Pill-based treatment	Pill-based treatment
Frequency of dosing	Every 3 months	Daily
Location of treatment	Home-based	Physicians´ practice/hospital
Risk of short-term side effects	Moderate risk (10 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Low risk (1 of 1000 patients)	Higher risk (100 of 1000 patients)
Interaction with other medication or (party) drugs	No medication/drug interactions occur	Increased risk of reduced effect due to other medication
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Which of the two treatments would you choose?

(11 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Intramuscular injection (into the muscle)	Pill-based treatment
Frequency of dosing	Every 6 months	Every 3 months
Location of treatment	Home-based	Physicians´ practice/hospital
Risk of short-term side effects	Higher risk (100 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Low risk (1 of 1000 patients)	Moderate risk (10 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to other medication	Increased risk of reduced effect due to (party) drugs
	Selection	Selection

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Which of the two treatments would you choose?

(12 of 12)

	HIV-Therapy A	HIV-Therapy B
Type of medication	Subcutaneous injection (subcutaneous fatty tissue)	Intramuscular injection (into the muscle)
Frequency of dosing	Every 2 months	Weekly
Location of treatment	Home-based	Home-based
Risk of short-term side effects	Moderate risk (10 of 1000 patients)	Low risk (1 of 1000 patients)
Risk of long-term side effects	Higher risk (100 of 1000 patients)	Moderate risk (10 of 1000 patients)
Interaction with other medication or (party) drugs	Increased risk of reduced effect due to (party) drugs	No medication/drug interactions occur
	Selection	Selection

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From your point of view, why would you rather prefer a pill?

Please describe your thoughts in your own words.

From your point of view, why would you rather not prefer a pill?

Please describe your thoughts in your own words.

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From your point of view, why would you rather prefer an intramuscular injection (i.e., into the muscle)?

Please describe your thoughts in your own words.

From your point of view, why would you rather not prefer an intramuscular injection (i.e., into the muscle)?

Please describe your thoughts in your own words.

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From your point of view, why would you rather prefer a subcutaneous injection (i.e., into the subcutaneous fatty tissue)?

Please describe your thoughts in your own words.

From your point of view, why would you rather not prefer a subcutaneous injection (i.e., into the subcutaneous fatty tissue)?

Please describe your thoughts in your own words.

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Finally, is there anything else you would like to tell us about HIV therapy and the various HIV dosage forms?

Please describe your thoughts in your own words.

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Thank you very much for your participation!

Your answers and opinions will give us valuable insights into HIV-related therapy. The research team would like to thank you for your patience and your willingness to participate in our study.

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