

Supplemental Content

I. Your Basic Information

1. In which city do you reside? _____
2. What is your year of birth? _____
3. Your ethnicity:
 - A. Han Chinese
 - B. Other ethnic group
4. Your gender:
 - A. Male
 - B. Female
5. Your marital status:
 - A. Single
 - B. Married
 - C. Divorced/Separated
 - D. Widowed
6. Your average monthly income:
 - A. 0–1000 RMB
 - B. 1001–2000 RMB
 - C. 2001–3000 RMB
 - D. 3001–4000 RMB
 - E. 4001–5000 RMB
 - F. 5001–10000 RMB
 - G. 10001–20000 RMB
 - H. Above 20000 RMB
7. Your education level:
 - A. Primary school or below
 - B. Middle school
 - C. High school or vocational school
 - D. Associate degree
 - E. Bachelor's degree or higher
8. How would you describe your current health status?
 - A. Fair
 - B. Good
 - C. Excellent
9. Your alcohol consumption:
 - A. Heavy drinker (≥ 3 times/week, ≥ 100 ml alcohol per session; equivalent to 2 bottles of beer)
 - B. Light drinker (< 3 times/week, < 100 ml alcohol per session; equivalent to 2 bottles of beer)
 - C. Never drink
 - D. Former drinker (quit)

10. Are you a local resident?
- ☐ A. Yes
 - ☐ B. No
11. Have you ever used marijuana, cocaine, heroin, amphetamines (meth), prescription painkillers, ecstasy, or poppers?
- ☐ A. Never used
 - ☐ B. Used in the past but not now
 - ☐ C. Used within the last 6 months

II. Your Disease and Treatment Information

12. Route of infection:
- ☐ A. Intravenous drug use
 - ☐ B. Blood transmission (transfusion or blood selling)
 - ☐ C. Male homosexual contact
 - ☐ D. Heterosexual contact
 - ☐ E. Mother-to-child transmission
13. In which year were you diagnosed with HIV? _____
14. Are you currently on treatment?
- ☐ A. Yes
 - ☐ B. No
15. In which year did you start treatment? _____
16. Which hospital manages your treatment/follow-up?
- ☐ A. The First Affiliated Hospital of China Medical University
 - ☐ B. Other hospital (please specify):
17. Your PID (dependent on hospital selection)
18. What was your most recent HIV viral load? (c/ml) _____
19. Your most recent CD4 count:
- ☐ A. 0–50
 - ☐ B. 51–100
 - ☐ C. 101–200
 - ☐ D. 201–500
 - ☐ E. Above 500
20. Are you on a second-line regimen (e.g., Lopinavir/Ritonavir-based)?
- ☐ A. Yes
 - ☐ B. No
21. Are you taking self-paid medications?
- ☐ A. Yes
 - ☐ B. No
22. Your current medication type:
- ☐ A. Single-tablet regimen (one pill daily)
 - ☐ B. Two or more pills daily
23. How many HIV medication pills should you take daily? _____

24. Your daily dosing frequency:

- ☐ A. Once daily
- ☐ B. Twice daily

25. Rate your medication adherence (0–100 points): _____

26. How difficult is it for you to take medication daily?

- ☐ A. Not at all ·
- ☐ B. Slightly difficult ·
- ☐ C. Unsure ·
- ☐ D. Difficult ·
- ☐ E. Very difficult

27. How many doses did you miss in the last 2 weeks? _____

28. How convenient is it to refill prescriptions at the hospital?

- ☐ A. Very convenient ·
- ☐ B. Convenient ·
- ☐ C. Neutral ·
- ☐ D. Inconvenient ·
- ☐ E. Very inconvenient

29. How difficult is it to schedule hospital tests?

- ☐ A. Not at all ·
- ☐ B. Slightly difficult ·
- ☐ C. Unsure ·
- ☐ D. Not difficult ·
- ☐ E. Not at all difficult

30. How many years have you been on treatment?

- ☐ A. ≤ 1 year
- ☐ B. 1–5 years
- ☐ C. 6–10 years
- ☐ D. >10 years

III. Long-Acting Medication Preferences

31. Have you heard of long-acting medications?

- ☐ A. Yes
- ☐ B. No

32. If the following options were equally effective and priced, which would you prefer?

- ☐ A. Daily oral pill
- ☐ B. Intravenous infusion every 1–2 weeks
- ☐ C. Intramuscular injection every 1–2 months

D. Implant (similar to an indwelling needle) every 6–12 months

33. A new HIV treatment involves a small plastic implant under your skin that slowly releases medication. How likely would you be to try it?

- ☐ A. Definitely try
- ☐ B. Probably try
- ☐ C. Unsure
- ☐ D. Probably not try
- ☐ E. Definitely not try

34. A new HIV treatment requires injections every 1–2 months instead of daily pills. How likely would you be to try it?

- ☐ A. Definitely try
- ☐ B. Probably try
- ☐ C. Unsure
- ☐ D. Probably not try
- ☐ E. Definitely not try

35. What benefits do you see in long-acting treatments?

- ☐ A. No one would see me taking HIV medication
- ☐ B. No need to carry medication
- ☐ C. No need to remember daily doses
- ☐ D. Fewer hospital visits
- ☐ E. Other (please specify):

36. If clinic visits were required for injections, how likely would you be to try this method?

Frequency	Definitely try	Probably try	Unsure	Probably not try	Definitely not try
Weekly					
Biweekly					
Monthly					
Every 2 months					
Quarterly					

37. How concerned are you about the following potential issues with injectable treatments?

Issue	Very concerned	Concerned	Unsure	Slightly unconcerned	Not at all concerned
Side effects (e.g., rash, stomach discomfort)					
Possible need for multiple injections per session					
Swelling/pain at injection site					
Longer-lasting side effects than pills					
Allergic reactions					
Interactions with alcohol/other drugs					

38. How concerned are you about the following potential issues with implant treatments?

Issue	Very concerned	Concerned	Unsure	Slightly unconcerned	Not at all concerned
Side effects (e.g., rash, stomach discomfort)					
Potential treatment inefficacy					

Issue	Very concerned	Concerned	Unsure	Slightly unconcerned	Not at all concerned
Swelling/pain at implant site					
Longer-lasting side effects than pills					
Visibility of the implant					
Scarring from long-term implantation					