## Supplemental Table 1. Comparison of constructs between the surveys of HIV physicians and people living with HIV in Germany, Italy, UK, and France, 2019

Indicator	Survey of HIV physicians		Survey of People Living with HIV	
Indicator Medical conditions	presenting cha experience ar	ions below have been identified by HCPs as ones hallenges for daily oral ART intake. Based on your and knowledge, overall, approximately what of <u>HIV patients</u> are diagnosed with the following %	Malabsorption	"Have you been diagnosed by a doctor or other healthcare provider with any of the following medical conditions?" "Disseminated disease caused by MAC (mycobacterium avium complex)", "Chronic Diarrhea (e.g. inflammatory bowel disease, recurrent clostridium difficile colitis, cryptosporidiosis)", "Abnormal opening in your digestive tract that causes gastric fluids to leak (gastrointestinal fistula or GIF)", "Removal of parts of the gastrointestinal system for instance after cancer (e.g. abdominal resection) or other gastrointestinal surgeries such as gastric bypass"; "Other reasons which might prevent oral drugs to pass through your gastrointestinal system into
	Interfering gastro- intestinal conditions Dysphagia	"Gastro-intestinal issues interfering with oral administration (Gastro-esophageal reflux disease [GERD], other disease of esophagus)" "Difficulty to swallow (e.g. phobia or pill	Interfering gastro-intestinal conditions	your blood stream" "Have you been diagnosed by a doctor or other healthcare provider with any of the following medical conditions?" "Gastroesophageal reflux disease (GERD)", "Diseases of food pipe"; "Ulcer".
	CNS disorders	<ul> <li>aversion, esophagitis, mechanical obstruction, excluding CNS disorders)"</li> <li>"CNS disorders (e.g. Parkinson. Alzheimer), mental health issues (e.g. depression, anxiety, dementia, schizophrenia), behavioral/ mood or emotional disorder due or not to recreational drug use"</li> </ul>	Dysphagia	"Please use the scale below to indicate how difficult you find swallowing pills for any reason (i.e., physical/mechanical, psychological/phobia/pill aversion or medical/infections), where 1 means 'No difficulty to swallow pills' and 5 means 'High levels of difficulty to swallow pills'" (1) "No difficulty to swallow pills" (2) (3) (4) (5) "High levels of difficulty to swallow pills"
			CNS disorders	"Have you been diagnosed by a doctor or other healthcare provider with any of the following medical conditions?" "Parkinson's disease", "Alzheimer's disease", "Depression", "Anxiety",

		"Dementia", "Schizophrenia", "Behavioral and/or emotional disorders", "Disorders due to recreational drug use (e.g. crystal meth, mephedrone)", "Other mood disorders", or "HIV Associated Neurocognitive Disorder (HAND)"
Drug-drug interactions	"In <u>your</u> experience, what percentage (%) of HIV patients did you have to change ART, or have additional monitoring, or change the time of intake due to potential drug-drug or drug-food interactions? (e.g. antacids, PPIs, H2-blockers, food requirement)"%	"With your current HIV treatment, do you have any of the following constraints? Please select all that apply" "I need additional monitoring when I take other medications on top of my HIV treatment"; "I had to change at least one drug of my HIV treatment to avoid issues/ complications with another drug I had to take at the same time"
Suboptimal adherence	"When we consider adherence to treatment, not only in terms of missed doses but also taking the pills at the right time and under the right conditions without overdosing, what percentage of your <u>patients</u> on ART do you believe are not perfectly adhering to their regimen?"%	<ul> <li>"When we consider adherence to treatment not only in terms of missed doses but also taking the pills at the right time and under the right conditions without overdosing, in the past month how often have you missed taking your HIV pills exactly as prescribed by your HIV physician?" <ul> <li>(1) "Never" (2) "Rarely" (3) "Sometimes" (4) "Often" (5) "Very Often"</li> </ul> </li> </ul>
Use of adherence support program	"What percentage of your patients are enrolled in any kind of adherence/compliance programs (i.e. designed to improve adherence to daily oral ART) available within your practice or in your region?"%	Are you part of any HIV support groups or programs that help to remind you how to best take your HIV treatment every day? <b>1</b> "Yes" (2) "No"
Privacy concerns	<ul> <li>"Based on your best estimate, what percentage of your patients living with HIV represent the below categories? Please note that the patients might fit into more than one category."% [A-D]</li> <li>"How common do you consider each of the following disclosure worries among your HIV patients? Please select one response for each statement"</li> <li>(1) Never (2) Rarely (3) Sometimes (4) Often (5) Don't Know [E - L]</li> <li>A "Patients who ever reported hiding their medication to avoid revealing their HIV status. (including changing labels)"</li> </ul>	<ul> <li>How open are you about your HIV status? Please select one of the following which best describes your situation [B-D]</li> <li>A "In the past 6 months, have you ever hidden your HIV treatment to avoid revealing your HIV status? (Including changing labels or using other ways to dissimulate.) Please select one answer below" 1 "Yes" (2) "No"</li> <li>B "No one knows about my HIV"</li> <li>C "I am generally open in talking about my status"</li> <li>D "My status is only known to people very close to me and I would not tell others even when asked"</li> <li>E "In the past 4 weeks, I've limited what I tell others about my HIV… (1) "NONE of the time" (2) "A LITTLE of the time" (3) "SOME of the time" (4) "A LOT of the time" (5) "ALL the time"</li> </ul>

	<ul> <li>B "Patients who have not disclosed their HIV status to anyone"</li> <li>C "Patients who are generally open in talking about their HIV status to anyone"</li> <li>D "Patients whose HIV status is only known to people very close to them and they would not tell others even when asked"</li> <li>E "Patients have been limited about what they tell others about their HIV"</li> <li>F "Patients have been worried about family members finding out that they have HIV"</li> <li>G "Patients have been worried about people at their job/routine daily activities finding out about their HIV treatment"</li> <li>H "Patients have been worried that they'll lose their source of income if other people find out that they have HIV"</li> <li>J "Patients have been worried that someone would see their pills and know about their HIV"</li> <li>K "When on holiday with friends, patients have been worried about their HIV</li> <li>treatment"</li> <li>L "When travelling for leisure or business, patients have been worried about airport security or customs finding and asking about their HIV treatment"</li> </ul>	<ul> <li>F "In the past 4 weeks, I've been worried about my family members finding out about my HIV treatment" <ol> <li>"NONE of the time"</li> <li>"A LITTLE of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"ALL the time"</li> </ol> </li> <li>G "In the past 4 weeks, I've been worried about people at my job/routine daily activities finding out about my HIV treatment" <ol> <li>"NONE of the time"</li> <li>"A LITTLE of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"A LITTLE of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"ALL the time"</li> </ol> </li> <li>H "In the past 4 weeks, I've been afraid to tell other people about the HIV treatment I am on" <ol> <li>"NONE of the time"</li> <li>"A LOT of the time"</li> <li>"ALL the time"</li> </ol> </li> <li>H "In the past 4 LOT of the time"</li> <li>"ALL the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"SOME of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li> <li>"SOME of the time"</li> <li>"A LOT of the time"</li></ul>	
		<ul> <li>airport security or customs finding and asking about my HIV treatment"</li> <li>(1) "NONE of the time" (2) "A LITTLE of the time" (3) "SOME of the time" (4) "A LOT of the time" (5) "ALL the time"</li> </ul>	
Emotional	Below is a list of worries that have been reported by patients in	"Below is a list of worries that have been reported by patients in qualitative research. How common would you consider each of the	
challenges	qualitative research. How common would you consider each of		
with daily	the following to be among your patients? Please select one	following to be among your patients? Please select one response for	
tablet	response for each statement."	each statement."	
requiremen t	(1) Never (2) Rarely (3) Sometimes (4) Often (5) Don't Know	(1) "Strongly disagree" (2) (3) "Neither agree nor disagree" (4) (5) "Strongly agree"	
		A "I sometimes worry about long-term effects of these HIV treatments"	

	A "I sometimes worry about long-term effects of these HIV	B "I am not worried, but I would rather not have to think about taking		
ĺ	treatments"	the pills every day"		
	B "I am not worried, but I would rather not have to think about	C "I wish my HIV treatment was a smaller part of my life"		
	taking the pills every day"	D "Taking daily HIV treatment reminds me that I have HIV and/or of a		
	C "I wish my HIV treatment was a smaller part of my life"	mistake or bad memory from my past"		
	D "Taking daily HIV treatment reminds me that I have HIV	E "I worry about missing doses and not being suppressed anymore"		
	and/or of a mistake or bad memory from my past"	F "I just want to forget that I have HIV"		
	"I worry about missing doses and not being suppressed	G "I worry about missing /forgetting to take my HIV treatment or take		
	anymore"	it later than I planned"		
	F "I just want to forget that I have HIV"	H "Having to remember to take my HIV treatment at the right time		
	G "I worry about missing /forgetting to take my HIV treatment	every day causes me stress or anxiety"		
	or take it later than I planned"	I "I worry about missing doses and transmitting the disease which is		
	H "Having to remember to take my HIV treatment at the right	impacting my sex life"		
	time every day causes me stress or anxiety"	J "Being tied to my daily HIV treatment limits me in my day-to-day		
	I "I worry about missing doses and transmitting the disease	life"		
	which is impacting my sex life"	K "My HIV medication disrupts my day-to-day leisure activities"		
	J "Being tied to my daily HIV treatment limits me in my day-to-	L "The routine I have in place to remember to take my daily HIV		
	day life"	treatment causes me stress or anxiety"		
	K "My HIV medication disrupts my day-to-day leisure	M "My HIV medication disrupts my day-to-day work routine"		
	activities"			
	L "The routine I have in place to remember to take my daily			
	HIV treatment causes me stress or anxiety"			
	M "My HIV medication disrupts my day-to-day work routine"			

Note: Solid circles were classified as a positive response, where applicable.

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