	PID:					
	STRIBILD SWITCH - Survey					
	- Complete this form using pen or pencil (not felt-tip marker).					
	- Print only one character/number per box.					
Please complete all sections of this questionnaire which is about the recent switch to your HIV medication						
Section 1: How you learned about the change from Stribild to Genvoya						
1. Did anyone talk (in person or on the phone) with you about switching your HIV medications prior to the switch?						
	○ Yes> Continue to question 2					
	<ul><li>○ No&gt; Skip to question 4</li><li>○ I don't know/I can't remember&gt; Skip to question 4</li></ul>					
<ul> <li>2. How were you informed of the medication switch? (Please check all that apply)</li> <li>Phone call from a pharmacist, doctor or nurse</li> <li>In person conversation with a pharmacist, doctor or nurse</li> <li>Can't remember</li> <li>Other, please give details:</li> </ul>						
<ul> <li>3. Who informed you of the medication switch? (Please check all that apply)</li> <li>A pharmacist from the UNMC HIV clinic/Specialty Care Center</li> <li>A pharmacist NOT at the UNMC HIV clinic/Specialty Care Center (e.g. Walgreen's, Elmwood, CVS)</li> <li>Physician</li> <li>Nurse Practitioner</li> <li>Other, please give details:</li> </ul>						
	4. Did you receive written information about the new medication?  ○ Yes> Continue to question 5  ○ No> Skip to Section 2 (question 6)  ○ I don't know/I can't remember> Skip to Section 2 (question 6)					
	<ul><li>5. Was the written information about the new medication helpful?</li><li>○ Yes</li><li>○ No</li></ul>					
	○ I don't know/I can't remember					

Please continue on to the next page...

Stribild Switch Survey 11/2015 page 1 of 3 8479635080

## Stribald Switch - Survey (cont.)

## Section 2: Your views about the change to your Stribild prescription

Please indicate how strongly you agree or disagree with each of the following statements.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
6.	I am <b>happy</b> that my Stribild was switched to Genvoya.	0	0	0	0	0
7.	I am <b>happy</b> with the way in which the switch was explained to me.	0	0	0	0	0
8.	I do not understand why my Stribild has been switched.	0	0	0	0	0
9.	My medication was switched because Genvoya is <b>better for my kidneys</b> than Stribild.	0	0	0	0	0
10.	My medication was switched because Genvoya is better for my bones than Stribild.	0	0	0	0	0
11.	Genvoya and Stribild are both <b>equally effective</b> in treating HIV.	0	0	0	0	0
Section 3: About you  12. What is your gender?  O Male O Female						
1	3. What is your age?					
1	4. What is your race? (Please check all that a White or European American African American or Black Asian or Pacific Islander Native American Other, please specify:	apply)				

Please continue on to the next page...

Stribild Switch Survey 11/2015 page 2 of 3 5224635085

## Stribald Switch - Survey (cont.) 15. Are you Hispanic/Latino/Latina?

O Yes  ○ No
16. What is the highest level of education you have completed?  Grades 1-8 or no formal schooling Grades 9-12 High school diploma or GED Some college, no degree Two year associate's degree Bachelor degree from 4 year university Postgraduate or professional degree
17. Which of the following describes your current health insurance coverage? (Please check all that apply)  Private health insurance  Medicaid  Medicare  Ryan White Program  ADAP  I do not have health insurance  I don't know
18. Who pays for your HIV medications? (Please check all that apply)    I pay   Private health insurance   Medicare/Medicaid   ADAP or Ryan White Program   Pharmaceutical company (e.g. pharmacy assistance program)   I don't take HIV medications   I don't know

Thank you for your time, we appreciate it very much!

Stribild Switch Survey 11/2015 page 3 of 3 9346635084