

## Additional File 2: Demographic Questionnaire

### Are you ready? Exploring readiness to engage in exercise among people living with HIV and multi-morbidity in Toronto, Canada: a qualitative study



CASEY HOUSE

Date: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Interviewer: \_\_\_\_\_

*Interviewer read to participant:* “To help me get to know you better, I am now going to ask you a few background questions. If you are not comfortable answering a question, please ask me to move to the next question.”

*Instructions to interviewer:* For PART 1 of the Demographics questionnaire, read question and let participant answer. Then, (when appropriate) check appropriate answer box. If participant’s answer is not listed as an option, please check “Other” box and specify answer. Do not offer options unless they struggle to answer. For PART 2, provide participant with that page only (Page 4 of 8). Read the question and answers with the participant, then instruct them to check the most appropriate box For PART 3, provide the participant with pages 5 of 7 and 6 of 7. Use page 7 of 7 to clarify answers if participant indicated “Yes” to item.

#### PART 1

- 1) What is your age (in years)? \_\_\_\_\_
- 2) What gender do you identify with?
  - Male
  - Male to female transgender
  - Female
  - Female to male transgender
  - Not sure
  - Other (please specify)\_\_\_\_\_
- 3) What is your sexual orientation?
  - Lesbian, gay or homosexual
  - Straight or heterosexual
  - Bisexual
  - Not sure
  - Other (please specify)\_\_\_\_\_
- 4) What year were you diagnosed with HIV? \_\_\_\_\_

5) Do you have children?

- Yes
- No

If yes, do you currently live with them?

- Yes
- No

6) Are you currently taking antiretroviral therapy?

- Yes
- No

7) Is your viral load detectable?

- Yes
- No

8) Do you identify with a particular ethnic/cultural background?

- Yes
- No

8a) If yes, please check the option that BEST describes your ethnic/cultural background.

- Aboriginal/First Nations
- Métis
- Inuit
- South Asian (East Indian, Pakistani, Punjabi, Sri-Lankan)
- South East Asian (Chinese, Japanese, Korean, Vietnamese, Laotian)
- Black or African
- African-Canadian
- African- Caribbean
- Caucasian-white (English language)
- Caucasian-white (French language)
- Caucasian-white (non-English speaking or French speaking)
- Arabic
- Jewish
- Mediterranean
- Middle Eastern
- Hispanic
- Latino
- Prefer not to answer
- Other (please specify):\_\_\_\_\_

9) Are you currently employed (either full-time or part-time)?

- Yes (include self-employed)
- No (include student)
- Retired

10) What is the highest educational level that you have achieved?

- No schooling completed
- 8<sup>th</sup> grade
- Some high school, no diploma
- High school graduate, diploma
- Some college credits, no degree
- Trade/technical/vocational training
- Bachelors degree
- Masters degree
- Professional degree
- Doctorate degree
- Other (please specify): \_\_\_\_\_

11) What is your current living situation?

- Rent/Own
- Unsheltered
- Affordable housing (Government/public housing)
- Overnight shelter/day shelter
- Temporary housing (include living with a friend)
- Other (please specify): \_\_\_\_\_

## **PART 2 – Perceived Readiness to Exercise**

We are now in the second portion of the interview. Just to reiterate, we discussed the difference between exercise and physical activity. For the purpose of this interview, we said that exercise is an activity that you do for the specific purpose of improving your fitness (becoming stronger or improving your endurance) while physical activity is anything you do during the day that involves moving around (walking up the stairs to your apartment or vacuuming the carpet).

As a summary of everything you have discussed together, in terms of your perspectives, your experiences and the different challenges you have described,

12) Which statement best describes you?

- I currently do not exercise, and I do not intent to start exercise in the next 6 months.
- I currently do not exercise, but I am thinking about starting to exercise in the next 6 months.
- I currently exercise some, but not regularly.
- I currently exercise regularly, but I have only begun doing so within the last 6 months.
- I currently exercise regularly, and have done so for longer than 6 months.
- I have exercised regularly in the past, but I am not doing so currently.

**PART 3** (*Item also will be used to determine study eligibility*) – Researcher will ask: ‘If any, what other health conditions are you living with in addition to HIV?’ - Individual must report having at least 2 of the below conditions.

13) Listed below are some health conditions that individuals may live with in addition to HIV. For each one, check 'Yes' if you are currently living with the following conditions and ‘No if you are not. We are interested in knowing if you are living with these conditions, even if you are managing them with medications.

	Yes (1)	No (0)
a) Addiction (e.g. alcohol, drugs, or gambling)	<input type="checkbox"/>	<input type="checkbox"/>
b) Arrhythmia (irregular heart beat)	<input type="checkbox"/>	<input type="checkbox"/>
c) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
d) Bone and joint disorder (e.g. osteonecrosis (interrupted blood supply to bone); osteopenia or osteoporosis (decreased bone density) or osteoarthritis) or osteoarthritis (degenerative joint disease caused by loss of joint cartilage)	<input type="checkbox"/>	<input type="checkbox"/>
e) Cancer (Please describe below)	<input type="checkbox"/>	<input type="checkbox"/>
f) Cardiovascular disease (e.g. coronary artery disease, heart attack, angina, stroke)	<input type="checkbox"/>	<input type="checkbox"/>
g) Chronic Obstructive Pulmonary Disease (COPD) (e.g. chronic bronchitis, emphysema)	<input type="checkbox"/>	<input type="checkbox"/>
h) Dementia or HIV Associated Neurocognitive Disorder (HAND)		
i) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
j) Elevated triglycerides (triglycerides are a type of fat found in the blood. Elevated levels are considered equal to or greater than 2.3 mmol/L. <sup>1</sup> ) <i>Check ‘yes’ if you are managing your triglycerides with medication.</i>	<input type="checkbox"/>	<input type="checkbox"/>
k) Eye disorder (e.g. glaucoma, macular degeneration)	<input type="checkbox"/>	<input type="checkbox"/>
l) Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>
m) Frailty (a complex condition commonly associated with age that can include a combination of physical, cognitive, functional and social circumstances that place someone at risk of harmful health outcomes)	<input type="checkbox"/>	<input type="checkbox"/>
n) Hepatitis B co-infection	<input type="checkbox"/>	<input type="checkbox"/>
o) Hepatitis C co-infection	<input type="checkbox"/>	<input type="checkbox"/>
p) High blood pressure (defined as having a systolic blood pressure equal to or greater than 140 mm Hg and a diastolic blood pressure equal to or greater than 90 mm Hg (140/90 mm Hg). <sup>2</sup> ) <i>Check ‘yes’ if you are managing high blood pressure with medication.</i>	<input type="checkbox"/>	<input type="checkbox"/>

q) High cholesterol (elevated levels of cholesterol in the blood (hypercholesterolemia) (defined as having higher concentrations of low-density lipoproteins (>3.4mmol/L) and lower concentration of functional high-density lipoproteins (<1-1.3mmol/L) levels in the blood. <sup>3</sup> ) <i>Check 'yes' if you are managing high cholesterol with medication.</i>	<input type="checkbox"/>	<input type="checkbox"/>
r) HPV (human papillomavirus)	<input type="checkbox"/>	<input type="checkbox"/>
s) Joint pain (arthritis)	<input type="checkbox"/>	<input type="checkbox"/>
t) Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
u) Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
v) Mental health condition (e.g. depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>
w) Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
x) Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>
y) Neurocognitive decline (e.g. memory loss, confusion, trouble thinking clearly or solving day-to-day problems)	<input type="checkbox"/>	<input type="checkbox"/>
z) Obesity (when excess body fat has accumulated to the extent that it has harmful effects on your health; or when body mass index (which compares weight and height) is greater than 30kg/m <sup>2</sup> )	<input type="checkbox"/>	<input type="checkbox"/>
aa) Osteonecrosis (e.g. interrupted blood supply to bone)	<input type="checkbox"/>	<input type="checkbox"/>
bb) Osteopenia or osteoporosis (e.g. decreased bone density)	<input type="checkbox"/>	<input type="checkbox"/>
cc) Osteoarthritis (e.g. degenerative joint disease caused by loss of joint cartilage)	<input type="checkbox"/>	<input type="checkbox"/>
dd) Parkinson's Disease (or Parkinsonism)	<input type="checkbox"/>	<input type="checkbox"/>
ee) Peripheral artery disease	<input type="checkbox"/>	<input type="checkbox"/>
ff) Peripheral neuropathy	<input type="checkbox"/>	<input type="checkbox"/>
gg) Rheumatoid Arthritis (e.g. chronic inflammation of the joints)	<input type="checkbox"/>	<input type="checkbox"/>
hh) Stomach Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
ii) Thrombosis (blood clots)	<input type="checkbox"/>	<input type="checkbox"/>
jj) Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>
kk) Other #1 (Please describe below)	<input type="checkbox"/>	<input type="checkbox"/>

13e (*If 13e is yes*) You indicated that you are currently living with Cancer. Please describe the type of Cancer. \_\_\_\_\_

13kk (*If 13kk is yes*) You indicated that you currently living with an “Other” health condition. Please describe: \_\_\_\_\_

13a-13kk, except 13h (*If any of these are checked yes, except 13h*) You indicated that you are currently living with [*health condition name only*]. Were you diagnosed with this condition before you were diagnosed with HIV?

Yes

No

The definitions of the health conditions were derived from these sources:

- 1) Mayo Foundation for Medical Education and Research. High Cholesterol - Triglycerides: Why do they matter?. 2013. Available from: <http://www.mayoclinic.com/health/triglycerides/CL00015>.
- 2) Heart and Stroke Foundation. Getting your blood pressure in check. 2012. Available from: [http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.3484023/k.2174/Heart\\_disease\\_High\\_blood\\_pressure.htm](http://www.heartandstroke.com/site/c.ikiQLcMWJtE/b.3484023/k.2174/Heart_disease_High_blood_pressure.htm).  
Mayo Foundation for Medical Education and Research. High Cholesterol - Cholesterol Levels: What numbers should you aim for? 2013. Available from: <http://www.mayoclinic.com/health/cholesterol-levels/CL00001>

### *Summary/Conclusion*

Is there anything else that you would like to share with me regarding your thoughts on physical activity or exercise? Or other factors that impact your readiness to engage in exercise? Thank you very much for coming to talk with me today. Your insight will help us better understand the factors that impact living with HIV and their readiness to exercise. Once we complete our study, we plan to organize a session where clients will be invited to come and hear about what we’ve learned through this process.

If you feel that today’s discussion has raised any difficult issues for you or you wish to speak with someone about any emotions you felt today, please talk to one of your health care professionals at Casey House for more support. Thank you once again for your time, it is greatly appreciated.

Additional File 2

Date Last Revised: December 3, 2014