**Project to Improve Food Security (ProMeSA)**

Interview guide

**MOST CONSUMED FOODS**

1. First, list all the foods you are used to eating .

**BELIEFS, ATTITUDES, AND KNOWLEDGE ABOUT NUTRITION**

I want to know what you have heard or what you know about nutrition.

1. In general, how would you describe healthy eating ?

PROBE:

- What foods are important to maintain a healthy diet?

* + What are the benefits of eating these foods?
  + How much do you like to eat these foods?

- Would you say that it is important to eat a variety of foods? Why?

1. How is the diet of an HIV positive person different compared to someone without HIV ?

PROBE:

- What you have heard or know about the food needs for HIV positive people? Where did you heard this?

- What have you heard about food for people on antiretroviral therapy?

- How important is a healthy diet for HIV positive people ?

- What are the foods that are beneficial? What are the foods that are not beneficial?

1. What are the consequences of a lack of food for people who are HIV positive ?

- Can you tell me about one time that you lacked food to you (or someone you know with HIV) ? What were the consequences?

1. What can happen to an HIV positive person if they have a poor diet?

* Can you tell me about one time in which you or someone you know with HIV had a poor diet and what were the consequences?

1. Have you received nutritional counseling?
   1. [If yes] Where did you receive nutritional counseling and what did you learn?

1. Do you have another other health condition such as, for example, diabetes or high blood pressure?
   1. What do you know about how diet affects the management of these other diseases?

**ACQUISITION AND DISTRIBUTION OF FOOD IN THE HOME**

Now we are going to talk about the food situation of your family.

1. Who lives with you in your current home, including adults and children?

1. How do you get food in your home?
   1. Do you receive food from the government, any institution, relatives, neighbors, or other people? What types of food do you receive and from whom? How often?
2. Who shops for the food in your home? Is it a single person or are there several?
   1. Where do you usually go to buy food, for example, do you go to a nearby small corner store or a large supermarket or somewhere else?
   2. Where are these sites are in relation to your home? Can you walk to these stores or do you go in a car or truck?
   3. What factors are important when buying the food? Do you buy food based on a budget, food quality, family preferences, or other factor?

1. What types of healthy foods are offered in your community?

PROBE:

- Where can you get fruits and vegetables in your community (for example, from a family garden, a farmers market, a nearby store, or other places)?

* + How easy is it to get fruits and vegetables in your community? Why?

1. Can you describe how food is distributed food among family members?

PROBE:

- Who is in charge of preparing food in your home? Is it one person or are there several ?

- How do you decide the quantity, when and what foods each person will eat ? [For example, is there anyone in your household who needs a larger portion of food than others in your household? Why?]

**ECONOMIC S ITUATION**

Now we are going to talk about your current financial situation, for example, how you get money to meet your needs. Your responses will be completely confidential.

1. Can you describe your current employment situation?

1. How has your work situation changed since learning about your HIV positive status?
   1. And how has your financial situation changed due to your condition of being HIV positive ?

1. How is the household income allocated to cover the basic needs of your family?

1. What basic needs of your family have you had to sacrifice for not having enough income?

**FOOD SAFETY**

Now we are going to talk about the problems you have in getting enough food for your family or the type of food you want .

1. Do you believe that you receive enough food and nutrients? Why? What kind of food or nutrients are you lacking?

1. What difficulties have you had in getting enough food? Why do you think you have had (or have not had) difficulties?

1. What difficulties have you had to obtain a high quality and variety diet ? Why do you think you have had (or have not had) difficulties?

1. Have you had any changes or difficulties in getting adequate nutrition since learning of your HIV positive status?
   1. Can you describe these changes or difficulties?
   2. To what do you attribute these changes?

1. In what ways do you think your diet and nutrition has affected your health? Have you ever not felt well physically due to lack of good nutrition? ¿Can you tell me a little about this?

1. In what ways you think your food and nutrition has affected your mental or emotional health? Have you ever not felt well mentally or emotionally for lack of good nutrition? ¿Can you tell me a little about this?
2. In what ways do you think that your food and nutrition has affected your adherence to antiretroviral therapy? Have you ever not been able to take your medications or go to the clinic to pick them up due to lack of a good diet? ¿Can you tell me a little about this?
3. Do you receive help from an assistance program of the government, some institution or other people who provide food to you?
   1. [IF YOU RECEIVE HELP] Can you describe the type of help you receive from these sources?
   2. [IF YOU DON'T GET HELP] What are the reasons you don't get help? For example, is it that you do not need any help, prefer not to receive help even if you need it, are not eligible, or do not know where to get it, etc.?

**A CCESS TO HEALTH SERVICES**

Now I want to hear about your experiences going to the health center to receive services for HIV, such as medical appointments . Remember that your responses will be completely confidential and will not affect the quality or type of care you receive.

1. How far is the HIV clinic from your home?
2. Could you tell me how you get to your medical appointments? Is it easy or difficult to get to the clinic?
3. In general, who accompanies you to your medical appointments or do you come alone ?
4. In general , how is the quality of the health services you receive at the clinic, such as waiting time, how you are treated personally, technical capacity of the staff, etc.?
5. In general, how do you feel about your privacy when coming to the clinic ? Do you feel that staff respect your privacy?
6. Think about the last times you were unable to keep a medical appointment and missed it, what are the reasons why this happened? Is there something that does not allow you to adhere to your treatments?
7. What barriers have you had to attend medical appointments or attend the clinic? What has not allowed you to get to your appointments?

**EXPERIENCES WITH HIV**

Thank you for sharing this information . Now I would like to hear about your experiences with HIV.

1. Could you tell me a little about your experience with HIV - for example, when did you learn about your HIV diagnosis? What were the circumstances?

1. Since you were diagnosed HIV positive, have the foods you eat changed? How has your diet changed due to your HIV status ?

1. Since you were diagnosed HIV positive, how has your health changed?
   1. Have you had experiences with loss of appetite, diarrhea, fever, nausea, vomiting, anemia, or any other symptoms ?
   2. How has your weight changed (have you gained or lost weight)? [PROBE before and after TAR]

1. Since being diagnosed HIV positive, ¿how are your relationships with family, friends and community members? Who knows about your diagnosis?

1. What kind of support have you received from family, friends, and community members since you learned of your HIV positive status? The different types of support are informational, emotional, or practical support. Practical support may include someone who cooks for you or gives you food or money.
   1. How do you feel when you receive different types of support?
   2. Do you feel that you receive enough support from family, friends and community members since you found out about your HIV positive condition? Would you say you are satisfied with the support you receive? Why?

1. Have you had feelings of guilt or shame for your HIV positive condition?
   1. [IF THE ANSWER IS YES] Could you tell me more about these feelings? Why do you think you feel this way?

1. Have you been the victim of verbal abuse or physical violence because of your HIV positive condition?
   1. Could you tell me about this?

**ADHERENCE TO ANTIRETROVIRAL TREATMENT**

Now we are going to talk about some issues related to the treatment of HIV infection.

1. I want us to start by talking about experiences you have had with antiretroviral drugs. Can you tell me about this?

PROBE:

- When did the doctor first prescribe antiretroviral treatment for you?

- How long have you been taking antiretroviral treatment?

* 1. [IF YOU HAVE NOT STARTED TREATMENT, ASK THIS QUESTION AND SKIP TO THE NEXT SECTION] Why haven't you started taking antiretroviral treatment ? When do you think you will start taking antiretroviral treatment ?

1. What has been your motivation for taking antiretroviral treatment ?

1. Could you describe the difficulties you have had to start, get, or take antiretroviral treatment?
   1. How do you feel when you take antiretroviral treatment at home?
   2. How do you feel when you have to take antiretroviral treatment to outside your home , such as work, church, school, or anywhere else?

1. In general, would you say you are taking the prescribed dose consistently?
   1. What difficulties have you had in taking your antiretroviral medicines regularly?
      1. Could you tell me about once you had difficulty taking your medications regularly? What was the problem? How did you solve it?
      2. [IF YOU DO NOT REPORT DIFFICULTIES] Why do you think you have never had difficulties taking your medications regularly?

1. Was there ever a time that did not take your dose on time or stopped taking your dose temporarily?
   1. [IF THE ANSWER IS YES] What was the reason? Do you have problems with taking your medicine now?

1. In total, how many different types of medication are you currently taking? [probe for HIV versus other diseases]

1. Can you describe the side effects that you have had taking HIV drugs?
   1. Are these side effects worse when you don’t have food ?
   2. How often have you experienced these side effects in the last month ? Would say every day, once a week, etc.
   3. How bad have these side effects been when taking HIV medications? Would you say these side effects bother you a lot or impede your daily activities?

**FOR THE PLANNING AND DESIGN OF THE INTERVENTION**

1. Could you describe experiences that you have had with agriculture, family or community gardens, or raising chickens or other animals?
   1. (IF YES) How many foods did you grow? Where did you grow them?
      1. Did you have help from the government, some institution, a family member or friend to grow food? What kind of help did they provide: seeds, land preparation, tools, training, etc.

1. If you had the opportunity to grow food, would you be interested in participating?
   1. How much space do you have to grow your own food?
   2. What foods would you like to grow?
   3. Who would you like to participate?
   4. What do you understand that you would need to start: space, tools, seeds, etc.

**CONCLUSION**

1. We are reaching the end of the interview. Is there anything about the topics covered that you have not had the opportunity to explain in more detail?