



# Your Voice Sample Survey, Patient Group

[View](#) [Edit](#) [Test](#) [Results](#) [Delete](#)

1	2	3	4	5	6	7
<b>Introduction</b>	Experience with Disease	Experience with Other Treatments	Drug-Related Questions	Conclusion	Your Voice Feedback	Complete

**NOTE: As this is a copy of the online survey, there are gaps in the text. Be sure to scroll down so you see every page.** ✕

Thank you for taking the time to fill out BC PharmaCare’s public survey on drugs being reviewed for coverage. You may submit a survey only once. If you do not complete the survey or navigate away from the page while entering your responses, you can return to the last unsaved page and complete the questionnaire. To ensure privacy, you will not be able to go back to review or change your answers on a page once it is saved.

To protect your privacy, do not include in your responses the names of individuals or companies, locations, or any other information that might identify them or anyone else.

Note: mandatory questions are flagged with a red asterisk (\*). To have your input accepted, you must complete the Confirmation of Eligibility and Conflict of Interest sections and you must be a resident of BC or represent patients who reside in the province. You do not need to answer all the optional questions. You need only answer those that you think apply to you.

### Confirmation of Eligibility

The patient input surveys are reserved for patients, caregivers, or patient groups who have experience with the disease in question. Please select the category you identify as below:

- Patient
- Caregiver
- Patient group

I am a representative of a patient group that advocates for residents of British Columbia.

- Yes
- No

**Name of patient group:**

**Name of representative (first, last)**

**Patient group street address:**

**City:**

**Postal code:**

Is your patient group registered with the Ministry of Health to provide input to our drug reviews?

- Yes**
- No**

If not, please register your patient group [here](#).

### Conflict of Interest Declaration

Do you have any conflicts of interest to declare?

To make sure the drug review process is objective and credible, everyone who provides input has to tell us about any possible conflicts of interest.

A conflict of interest exists if you or an immediate family member might benefit from the outcome of PharmaCare's drug review. For example, if you own stock in the company that makes a drug, there could be a financial benefit if PharmaCare decides to cover the drug.

Examples of conflicts of interest include, but are not limited to, financial support from the pharmaceutical industry (e.g., educational or research grants, honoraria, gifts and salary), as well as affiliations or commercial relationships with drug manufacturers or other interest groups.

Even if you or an immediate family member has a conflict of interest, your input will still be considered as long as you declare the conflict of interest in your answers to the questions. All information you provide is protected under the Freedom of Information and Protection of Privacy Act.

- Yes**
- No**

**Please describe any conflicts of interest below**

Have you read the drug information sheet?

- Yes**
- No**

If not, please take five minutes to read the [information sheet](#) found in the Drugs/devices currently under review table.

Save Draft

Next Page >



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[View](#) [Edit](#) [Test](#) [Results](#) [Delete](#)

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For the purposes of this survey, "patients" refers to the patients your organization represents.

### Rating

	0 No impact	1 Mild impact	2 Moderate impact	3 Significant impact	N/A
On a scale of 0 to 3, how would you rate the physical pain and discomfort patients experience from this disease?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a scale of 0 to 3, how would you rate the impact of this disease on patients' activities of daily living?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a scale of 0 to 3, how would you rate the impact of this disease on patients' mental wellbeing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Severity

Please describe the patients' experience with the disease. How severe is it? Consider factors such as symptoms, physical pain and discomfort, and mobility.

### Quality of Life

Please describe how the disease impacts patients' quality of life. Consider factors such as independence, social stigma, social functioning, mental wellbeing, and ability to care for others.

Does this disease limit patients' ability to attend work or school?

- Yes
- No

**On average, in the past 30 days, how many days did your patients miss from work or school as a result of this disease?**

Save Draft

Next Page >



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[View](#) [Edit](#) [Test](#) [Results](#) [Delete](#)

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**Please describe your experience with available treatments. Consider benefits, side effects, and route of administration.**

Are there aspects of the disease that are not being addressed by current treatments?

Yes  
 No

**What aspects of the disease are not being addressed?**

**What trade-offs do you consider when choosing therapy (e.g., more efficacy, less side effects)?**

**Please describe your ability to access treatment. Consider factors such as financial barriers, social stigma, or any other factors beyond your control that may make it difficult to receive treatment (e.g., travel to clinic, time off work).**

[Save Draft](#) [Next Page >](#)

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[View](#) [Edit](#) [Test](#) [Results](#) [Delete](#)

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Ministry of Health

Do the patients you represent have any experience with the drug in question?

Do the patients you represent have any experience with the drug in question? field is required.

- Yes
- No

**Please describe the positive and/or negative impacts this drug has had on patients' condition.**

**How did this drug compare to other treatments patients have tried? Consider factors such as efficacy, side effects, and impact on quality of life.**

**Are there subgroups of patients with this disease for whom this drug is particularly helpful? In what ways?**

Save Draft

Next Page >



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**Is there anything else you would like the Ministry to consider in their review of this drug?**

Save Draft

Next Page >



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**Thank you for taking the time to complete the Your Voice survey. Do you have any suggestions on how we can improve the survey?**

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Submit