

Patient General Questionnaire

Welcome to B.C. PharmaCare's Public Input Questionnaire for drugs being reviewed under the B.C. Drug Review Process.

This patient questionnaire is for **[enter drug generic and brand name]**.

You may submit a questionnaire only once. If you do not complete the questionnaire 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, please do not include in your response names of individuals or companies, locations, or any other information that might identify them or anyone else.

Completing the questionnaire

Mandatory questions are flagged with a red asterisk (*).

If you decide not to provide the required information, click the CANCEL button at the bottom of this page to exit the questionnaire. To protect your privacy, your browser window will close.

You do not need to answer all the optional questions. You need only answer those that you think apply to you.

To protect your privacy, please close this browser window after you complete this questionnaire.

Respondent information

To have your input accepted, you must complete the Confirmation of Eligibility, Contact Information and Conflict of Interest Declaration sections of this questionnaire.

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Confirmation of Eligibility

1. I am a resident of British Columbia, **AND**
I have the medical condition or disease which the drug under review would be used for.
*

- Yes
 No

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Contact Information

Your contact information will only be used to retrieve your submission if you submit a request under the Freedom of Information and Protection of Privacy Act (FOIPPA). It will not be used for any other purpose.

2. **First and Last name***

3. **Home Street Address***

4. **City***

5. **Postal Code***

Conflict of Interest Declaration

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 the 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.

6. Do you have any Conflicts of Interest to declare?*
- (If you answer "yes", please complete question 7, which will follow.)
- Yes
- No

7. Describe any Conflicts of Interest below.*
- (You should complete this question only if you answered "yes" to question 6, above.)

Questions on the drug under review

Question 8 is mandatory; all other questions in this section are optional.

8. Have you read the PharmaCare information sheet for this drug?*

(If you would like to read this information now, click on the "this drug's information sheet" link in the *What this drug is for* column of the [List of Drugs Under Review](#). The information sheet will open in a new tab.)*

- Yes, I have read the information sheet.
 No, I have not read the information sheet.

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9. Describe how the medical condition or disease which the drug under review would be used for affects your day-to-day life.

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10. What drugs or other treatments have you used, either now or in the past, to treat the medical condition or disease which the drug under review would be used for?

(Please list all of the drugs or other treatments and tell us about your experience with each. In particular, did you consider any of the drugs or treatments to be successful and why?)

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11. If you have tried the drug under review, please tell us about the effects you experienced.

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12. How do you think you could benefit from using the drug under review?
(For example: relief of existing symptoms; improvement in quality of life; or improvements to your condition and long-term health and well-being. Please provide details.)

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13. Are there any additional factors you would like PharmaCare to consider during its review of this drug?
(For example: does the drug meet any special patient needs that have not been met by other drugs or treatments; is the drug easier to use than other drugs; does the drug reduce visits to the hospital; does the drug reduce days off work or school; or are the drug's side effects acceptable or intolerable?)

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Conclusion

Thank you for your input to B.C. PharmaCare's review of this drug.

Once the survey period for this drug ends, your input, along with other information, will be considered in the drug review process.

Before your input is considered in the drug review process, we will remove all personal information, including the names of patients and any other identifying details.

Would you like to learn more about the drug review process? Visit the [drug review process overview](#) on the PharmaCare website.

Would you like to learn about the drug review decisions? Visit the [PharmaCare drug coverage decision summaries](#) on the PharmaCare website.

Click the DONE button to submit your input and close this questionnaire.

After you have clicked "DONE," your browser may ask you whether you want to close the questionnaire window. To protect your privacy, please answer "yes" at the "close this window?" prompt.