
Your Voice Sample Survey, Caregivers

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.

Introd..

Experience with
Disease

Experience with Other
Treatments

Drug-Related
Questions

Con...

Co..

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.

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

Patient

Caregiver

Patient group

I am a caregiver for someone who is resident of British Columbia.

Yes

No

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?

If not, please take five minutes to read the drug information sheet [here](#).

Yes

No

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Rating

0	1	2	3	
No impact	Minimal impact	Moderate impact	Significant impact	N/A

On a scale of 0 to 3,
how would you rate
the physical pain
and discomfort the
person in your care
experiences from
this disease?

On a scale of 0 to 3,
how would you rate
the impact of this
disease on the
person in your
care's activities of
daily living?

On a scale of 0 to 3,
how would you rate
the impact of this

disease on the person in your care's mental wellbeing?

Severity

Please describe the person you look after's experience with the severity of the disease in question. Consider factors such as symptoms, physical pain and discomfort, and mobility.

Quality of Life

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

Does this disease limit their ability to attend work or school?

Yes

No

In the past 30 days, how many days did they miss from work or school as a result of this disease?

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Please describe the person you look after's 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 they consider when choosing therapy (e.g., more efficacy or less side effects)?

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

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Does the patient you look after have any experience with the drug in question?

Yes

No

How did they access the drug?

Clinical trial

Paid out of pocket

Private insurance

Compassionate program

Other...

Please describe the positive and/or negative impact this drug has had on their condition.

How did this drug compare to other treatments the person you look after

/

has tried? Consider factors such as efficacy, side effects, and impact on quality of life.

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Does the patient you look after have any experience with the drug in question?

Yes

No

What do they expect this drug will do differently from other treatments currently available and how would it change their life?

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