Supplementary file 4: IP impact questionnaire, version 1

# IP Title: xxxxxxxxxxxxx

# IP No: xxxxxx

**Are you (please tick one)**

|  |  |
| --- | --- |
| The IPAC Chair | Lay Committee member |
| IPAC lead for this topic | Committee member |

1. **How much impact do you think the patient commentary had on the guidance?** Please tick one

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1 No impact** | **2 Very little impact** | **3 Some impact** | **4 Moderate impact** | **5 Significant impact** |
|  |  |  |  |  |

1. **If the patient commentary had any impact, please** **tick one or more of the statements below**.  
   It:
   1. **supported (was in line with)** the other evidence/information
   2. **helped interpret** the other evidence/information (please briefly explain).
   3. provided **new evidence**/information (please give a brief example).
   4. Resulted in a **specific committee comment** (please briefly explain why).
   5. had an impact on the **committee’s main recommendation** (section 1) (please briefly explain why).
   6. **Other.** Please explain.