Supplementary file 3: HST impact questionnaire, version 2

HST Title: HST No:

**Are you (please tick one)**

|  |  |  |
| --- | --- | --- |
| The HST Chair | Lay lead for this topic | Lay Committee member |
|  | Other lead team member | Committee member |
|  |  |  |

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

High impact

Low impact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No impact** | | **1** | **2** | **3** | 4 |
|  | |  |  |  |  |
| ***Thank you for your answer*** | **Please answer Q2 below** | | | |

1. **If the patient submissions had any impact, please** **tick one or more of the statements below**. It:
   1. **supported (was in line with)** the other evidence and information
   2. **helped interpret** the other evidence and information (please briefly explain).
   3. provided **new evidence** and information (please give a brief example).
   4. **Other.** Please explain.
2. **Has the patient evidence helped clarify the QALYs and ICERs in this evaluation?**

Yes

Yes No Don’t know

**If yes, what elements of evidence supported this view.**

1. **Was there other information that you would have found useful, maybe that you have seen it in other HST evaluations, please describe.**