Supplementary file 5: IP impact questionnaire, version 2

# IP Title: xxxxxxxxxxxxxxxxx IP No: xxxxxx Committee date: xxxxxxxxx)

**Are you (please tick one):**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IPAC Chair | Lay Committee member | | | | IPAC lead for this topic | | | | Committee member | IP team |
| ***The patient commentary…*** | | **No** | **Somewhat agree** | | | **Completely agree** | | **If you agree please explain why** | | | |
| 1. **changed the recommendation** | |  |  | | |  | |  | | | |
| 1. **resulted in a change** in the text of the guidance (please specify) | |  |  | | |  | |  | | | |
| 1. **provided new evidence**  **and information** | |  |  | | |  | |  | | | |
| 1. **helped interpret** the other evidence and information | |  |  | | |  | |  | | | |
| 1. **was inconsistent with the other evidence** | |  |  | | |  | |  | | | |
| 1. **In your opinion the overall impact of patient commentary on the guidance was…** | | **0**  **(None)** | **1** | **2** | | **3** | **4**  **(High)** | **Please explain why** | | | |
|  |  |  | |  |  |  | | | |

**7. Is there anything else you would like to add?**