Supplementary file 2: HST impact questionnaire, version 1

# HST Title:

**Are you (please tick one)**

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

1. **How much impact do you think the patient submissions 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 submissions 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. had a **significant impact** on the committee’s recommendations (please briefly explain why).
   5. **Other.** Please explain.
2. **Was there other information that you would have found useful, maybe that you have seen it in other HST evaluations, please describe.**