

Share Your Story

We want to hear your story.

Your lived experience helps inform ICER's report on the overall benefit that a new drug brings to its patients. You can watch this quick video to learn about how your submission guides our research: <https://youtu.be/caFMTV8nkV8>

Please note that any information you share below will not be associated with your name or any identifiable information.

Are you filling out this form as a patient or caregiver? *

 

Disease/Condition of the Person You Care For *

1. How has being a caregiver affected YOUR day-to-day life (physical, emotional, or otherwise)?

For example, what have been the most challenging aspects? How much time have you spent as a caregiver on a daily or weekly basis? Tell us about the caregiving activities you do which may include things like keeping track of medical appointments, driving to appointments, and learning new medication regimen. Has your role as a caregiver evolved over time?

2. How has the disease/condition of the person you care for impacted THEIR life?

For example, you may want to share their most challenging symptoms, activities they find difficult or unable to do, or any changes they have made to their life like stopping education, leaving their career, or choosing not to have children.

3. What is the experience of the person you care for with previous and/or current treatments?

Please tell us about any treatment(s) they have taken in the past, why they have switched to current treatments, and the specific ways the treatment is either helping them or making their life more difficult, including any side effects.

4. What is the experience of the person you care for with accessing and affording care for their disease/condition?

For example, you may want to share any issues with getting care such as transportation or needing to take time off of work. Has it been hard for them to find specialists, receive treatment, or access clinical trials? What is their monthly or yearly average cost for care? We also want to know if they have had any any issues

paying for treatment, getting insurance coverage, or have faced any unexpected costs.

For example, you may want to share any issues with getting care such as transportation or needing to take time off of work. Has it been hard for them to find specialists, receive treatment, or access clinical trials? What is their monthly or yearly average cost for care? We also want to know if they have had any any issues

paying for treatment, getting insurance coverage, or have faced any unexpected costs.

5. What are your hopes for a new treatment for the person you care for?

For example, are there certain things you want a new treatment to do for them?

Thank you for sharing your story! Please check this box if you are interested in being contacted by the ICER review team to schedule a phone meeting to share more about your experience.

Learn more about why we want to hear from you on ICER's Patient Portal: <https://icer.org/share-your-patient-experience/>

Submit

Never submit passwords or credit card details through forms

Report this form