

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? *

 

Your Disease/Condition *

1. How has your disease/condition affected your day-to-day life (physical, emotional, or otherwise)?

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

[Empty text box]

2. What is your experience with previous and/or current treatments?

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

[Empty text box]

3. What is your experience with accessing and affording care for your 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. How hard has it been to find specialists, receive treatment, or access clinical trials? What is your monthly or yearly average cost for care? We also want to know if you have had any issues paying for your treatment, getting insurance coverage, or any unexpected costs you faced.

[Empty text box]

4. What are your hopes for a new treatment?

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

[Empty text box]

[Empty text box]

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[Empty text box]

5. How has your disease/condition impacted your family and caregivers?

For example, how dependent are you on your caregivers? Please share how your disease/condition has affected your caregivers' social, physical, and emotional quality of life.

[Empty text box]

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