

English Patient Survey

Welcome to the English Patient Survey. This survey has approximately 35 questions, we anticipate it will take 15-20 minutes to complete.

[Get Started](#)

[Cancel](#)



What is your age?

Tap to answer

Next

Cancel



What is your gender?

Male



Female



Next

Cancel



Height (in cms)

Tap to answer Centimeters

Next

Skip

Cancel



Weight (in kgs)

Tap to answer kilograms (kgs)

Next

Skip

Cancel



Family Status

Single

In a relationship

Married

Divorced

Widowed

Next

Skip

Cancel



Do you have child/children?

Yes, he/she/they live(s) with me

Yes, he/she/they doesn't/don't live with me

No

Next

Skip

Cancel



Living Arrangement:

With family (parents/siblings)

With spouse/partner/children

Alone

In cohabitation (friends, roommates..)

In community (workers home/hostels, student residence...)

In institution

No fixed abode/homeless

Next

Skip

Cancel



Education Level

Did not finish high school

Finished high school

Apprenticeship/Professional qualification

Higher education <3 years

University degree

University higher degree (Masters, PhD)

Next

Skip

Cancel



Are you in education or employment?

Yes

No

Next

Skip

Cancel



If YES, please specify:

Employee, paid

Employee, voluntary

Employee in specialized/protected employment settings

Self-employed worker

Student, professional course/training

Next

Skip

Cancel



If NO, please specify:

Unemployed

Receiving a disability allowance

Seeking employment

Next

Skip

Cancel



Do you have a carer?

Yes

No

Next

Skip

Cancel



Whom do you find important to involve in the treatment decision? (multiple answers)

Patient

Carer

Doctor

Nurse

Other

Next

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Cancel



Health Questionnaire
English version for the UK

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Cancel

Your mobility TODAY

I have no problems in walking about

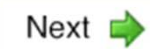
I have slight problems in walking about

I have moderate problems in walking about

I have severe problems in walking about

I am unable to walk about

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Next 

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Cancel

Your self-care TODAY

I have no problems washing or dressing myself

I have slight problems washing or dressing myself

I have moderate problems washing or dressing myself

I have severe problems washing or dressing myself

I am unable to wash or dress myself

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Your usual activities TODAY

(e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities

I have slight problems doing my usual activities

I have moderate problems doing my usual activities

I have severe problems doing my usual activities

I am unable to do my usual activities

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Your pain / discomfort TODAY

I have no pain or discomfort

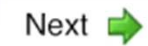
I have slight pain or discomfort

I have moderate pain or discomfort

I have severe pain or discomfort

I have extreme pain or discomfort

 Previous

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Cancel

Your anxiety / depression TODAY

I am not anxious or depressed

I am slightly anxious or depressed

I am moderately anxious or depressed

I am severely anxious or depressed

I am extremely anxious or depressed

 Previous

Next 

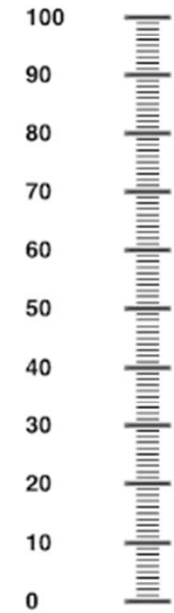
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Cancel

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Please tap on the scale to indicate how your health is TODAY.

YOUR HEALTH
TODAY

The best health you can
imagine



The worst health you can
imagine

← Previous

Next →

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Cancel



How many times have you seen your doctor during the last 6 months?

Tap to answer times

Next

Skip

Cancel



How many times has your carer seen your doctor during the last 6 months?

Tap to answer times

Next

Skip

Cancel



Has the frequency in which you see your doctor changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see your doctor?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



Has the frequency in which your carer sees your doctor changed as a result of switching to PP3M?

They meet more frequently

They meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which your carer sees your doctor?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



In your opinion, how often do you like/want to be seen by your doctor? (regardless of the injection frequency)

More than once per month

Monthly

Once every three months

Less than every three months

Next

Skip

Cancel



Has the quality of your communication with your doctor changed as a result of switching to PP3M?

It has improved

It has not changed

It has worsened

Next

Skip

Cancel



How many times have you seen your nurse during the last 6 months?

Tap to answer times

Next

Skip

Cancel



How many times has your carer seen your nurse during the last 6 months?

Tap to answer times

Next

Skip

Cancel



Has the frequency in which you see your nurse changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see your nurse?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



Has the frequency in which your carer sees your nurse changed as a result of switching to PP3M?

They meet more frequently

They meet less frequently

There is no change

Next

Skip

Cancel



How satisfied are you with the current frequency in which your carer sees your nurse?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel



In your opinion, how often do you like/want to be seen by your nurse? (regardless of the injection frequency)

More than once per month

Monthly

Once every three months

Less than every three months

Next

Skip

Cancel



Has the quality of your communication with your nurse changed as a result of switching to PP3M?

It has improved

It has not changed

It has worsened

Next

Skip

Cancel



How much do you talk with your doctor and nurse about topics other than medication as a result of switching to PP3M?

Talk more

Talk less

Same amount

Next

Skip

Cancel

< IF “Talk More”:

Please indicate topics that you were able to discuss more with your doctor and nurse as a result of switching to PP3M? (multiple answers) Scroll to view all

Family Relationships

Work

Education

External/social communication

Hobbies

Healthy life style guidance (e.g. alcohol, smoking, diet, physical exercise)

Non medication therapy (e.g. psychotherapy)

Other topics

Next

Skip

Cancel



To what extent were you involved in the decision to switch from PP1M to PP3M?

Highly involved

Involved to some extent

Not involved at all

Next

Skip

Cancel



How clear was the explanation on the switch from PP1M to PP3M by your doctor?

Very clear

Somewhat clear

Not clear

No explanation given

Next

Skip

Cancel



Who initiated discussion about switching from PP1M to PP3M?

The doctor

The nurse

It was me

The carer

Private service

Next

Skip

Cancel



What were your main reasons to initiate/switch treatment to PP3M? Select all that apply. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

For my convenience

Reduce the risk of relapse

Next

Skip

Cancel



What was MOST important reason to initiate/switch treatment to PP3M? Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

For my convenience

Reduce the risk of relapse

Next

Skip

Cancel



Select 2nd MOST important reason. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

For my convenience

Reduce the risk of relapse

Next

Skip

Cancel



Select 3rd MOST important reason. Scroll to view all

To live a life that is as normal as possible

To reduce side effects

To improve treatment efficacy

To improve treatment adherence

To decrease stigma

For my convenience

Reduce the risk of relapse

Next

Skip

Cancel



As a result of switching to PP3M have you changed your activity level (e.g. sports / hobbies, education, work, seeing friends and/or family)?

Activity level increased

No changes

Activity level decreased

Next

Skip

Cancel

< If “Activity Level Increased”:

Please indicate in what way your activity level was increased as a result of switching to PP3M? (multiple answers)

I started new sporting activities/hobbies

I returned to previous sporting activities/hobbies

I started working again

I changed job

I spend more time in social situations

Next

Skip

Cancel



As a result of switching to PP3M have you noticed/ felt any change in the frequency of your communications with your family members, friends and/or other people?

I see and meet my friends/family members/other people more often

I see and meet my friends/family members/other people with the same frequency

I see and meet my friends/family members/other people less often

Next

Skip

Cancel



How stigmatized do you feel you are?

Not at all

A little

Somewhat

Very much

Next

Skip

Cancel



To what extent do you think that PP3M impacts on your feeling of being stigmatized?

No impact

Increases stigma

Decreases stigma

Next

Skip

Cancel



How much do you talk with your carer about topics other than medication as a result of switching to PP3M?

Talk more

Talk less

Same amount

Next

Skip

Cancel



If "TALK MORE";

**Please indicate topics that you were able to discuss more with your carer as a result of switching to PP3M? (multiple answers)
Scroll to view all**

Your family relationships

Your work

Your education

Your external/social communication

Your hobbies

Healthy life style guidance (e.g. alcohol, smoking, diet, physical exercise)

Non medication therapy (e.g. psychotherapy)

Other topics

Next

Skip

Cancel



Are you living with your carer?

Yes

No

Next

Skip

Cancel



If "LIVING WITH CARER":

How many times have you seen your carer during the last 2 months?

Tap to answer times

Next

Skip

Cancel



Has the frequency in which you see your carer changed as a result of switching to PP3M?

We meet more frequently

We meet less frequently

There is no change

Not applicable as I am living with my carer

Next

Skip

Cancel



How satisfied are you with the current frequency in which you see your carer?

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

Next

Skip

Cancel

What is your estimate on the total hours per week your carer spends with supporting you (directly with you and managing any additional related tasks)?

Less than 2 hours/week

2-8 hours/week

8-16 hours/week

16-24 hours/week

24-32 hours/week

More than 32 hours/week

Next

Skip

Cancel



Do you feel that the time required for your support from your carer is less or more than before switching to PP3M?

Less

More

The same

Next

Skip

Cancel



As a result of switching to PP3M have you noticed/ felt any change in the amount of support needed to take care of you from your carer?

I feel I need less support from my relative to take care of myself

I feel I need the same amount of support from my relative to take care of myself

I feel I need more support from my relative to take care of myself

Next

Skip

Cancel



To what extent do you feel the PP3M treatment is helping you?

Helps

Neither helps nor worsens

Worsens

Next

Skip

Cancel

On the next screen, please review all of your answers. If there are any unanswered questions, please confirm that you intended not to answer those questions.

Next

Cancel

Please review your answers. Pressing "Next" will submit your answers

You can jump directly to update question by clicking on it in the list below

Welcome to the English Patient Survey. This survey has approximately 35 questions, we anticipate it will take 15-20 minutes to complete. >

What is your age? >

45

What is your gender? >

Female

Height (in cms) >

Weight (in kgs) >

Family Status >

Next

Cancel



Thank you for submitting your answers!



Done

Cancel