Appendix III: PAS Inquiry System

Questionnaire Webform

Questionnaire (3 min)
1. Name: *Enter information in free text*
2. Name of group (if applicable): *Enter information in free text*
3. Patient type: *Choice of (i) Individual patient, caregiver, or advocate or (ii) Patient group*
4. Ask a question or request a meeting: *Choice of (i) Ask a question or (ii) Request a meeting*
5. Product type: *Choice of (i) Medical device, (ii) Drug, (iii) Biologic, (iv) None/unknown*
6. Select a program, if known: *TBD*
7. Name of disease or condition: *Enter information in free text*
8. Tell us about your question or meeting request (e.g., purpose, agenda, attendees, timeline, etc.): *Enter information in free text*
9. How we may contact you (E-mail, phone, address): *Choice of (i) E-mail, (ii) Phone, or (iii) Address*
10. E-mail address, Phone, or Address: *Enter information in free text*