

Introduction
<p>How to complete this questionnaire?</p> <p>In this Monitor, the Netherlands Pharmacovigilance Centre Lareb is interested in a number of specific medications, i.e. biological medicine.</p> <p>You can navigate the questionnaire by using the "previous" and "next" buttons at the bottom of the page. Do not use the buttons on the internet browser toolbar.</p> <p>This questionnaire consists of 5 steps.</p> <p>Mandatory questions have been marked with an asterisk (*).</p> <p>If you still have questions, please contact:</p> <p>Netherlands Pharmacovigilance Centre Lareb Goudsbloemvallei 7 5237 MH 's-Hertogenbosch Telephone no.: +31 73 - 64 69 700 (available on working days between 9 a.m. and 5 p.m.)</p>
Your medication
<p>Choose the medicine you use</p> <p><i>Select a medicine from the list</i></p> <p>When did you start using this medication?</p> <p><i>Are you unsure about the starting date? If so, please enter an estimated date.</i></p> <p>When was the last administration of this medicine?</p> <p><i>Are you unsure about the date the medicine was last administered to you? If so, please enter an estimated date.</i></p> <p><i>If biosimilar is chosen</i></p> <p><i>For biosimilar: Did you use the Originator in the past already?</i></p> <p>What do you use this drug for?</p> <p><i>additional information: You may tick multiple answers</i></p>
<p>What is the name of your treatment centre (hospital)?</p> <p><i>Did you pick up the medicine from the outpatient pharmacy (pharmacy inside the hospital)? Please select the name of the hospital.</i></p> <p>If Sint Maartenskliniek is chosen: May the completed questionnaires of this Monitor be shared with your treatment providers at the Sint Maartenskliniek?</p>
<p>Was the agent last administered at the hospital or at home?</p>
<p>Are you familiar with the batch number?</p> <p><i>It is visible on the packaging of the medicine. Below, you can upload a photo of the packaging.</i></p>
<p>Do you have a photo of the packaging? Please upload the photo here. That way you do not have to retype the batch number.</p> <p><i>upload your photo here (this should be a .jpg, .jpeg, or .png file).</i></p>
Side effect(s)
<p>Symptom or side effect?</p> <p>In this questionnaire, you will be asked about any side effects you may have experienced. We are interested in all side effects. Consider also any side effects during or shortly after administration (e.g. pain at the injection site or fever). But think also of infections and a reduced effect of the medicine.</p> <p>Should you experience a symptom and you are not sure whether it is caused by {{surveymedicine.Medicine}}, please report it as a side effect. Even when you have no side effects, we still ask you to complete this questionnaire. This information is important, too.</p>
<p>Did you experience a side effect following the last administration of {{surveymedicine.Medicine}}? *</p> <p><i>This could also be a side effect which started after administration of the medicine, but has already subsided. We are interested in all side effects. Consider also any side effects during or shortly after administration (e.g. pain at the injection site or fever). But think also of infections and a reduced effect of the medicine</i></p>
<p>If the answer = yes</p>

<p>Description of side effect</p> <p>Please enter one side effect in the column 'Description of side effect' text box. You may add multiple symptoms or side effects by clicking the 'Add side effect' button.</p>
<p>Starting date</p> <p>Please enter a date when the relevant side effect started. Have you forgotten when the side effect started? Or did the symptoms start gradually? If so, please enter an estimated date.</p>
<p>How are things now?</p> <p>Please select how things are with the side effect.</p>
<p>(Hide) Description of side effect</p>
<p>(Hide) Approximately when did this side effect start?</p>
<p>The following questions are about: {{SideEffects.Description_SideEffect}}.</p>
<p>Can you tell a little bit more about the side effect?</p> <p>For example:</p> <ul style="list-style-type: none"> - How often do you suffer from this side effect? - At what moments do you suffer from this side effect? - Is there a pattern?
<p>Did you contact a healthcare provider about this side effect?</p>
<p>If yes: With whom did you have contact?</p> <p>Additional information: You may tick multiple answers</p>
<p>If yes: How was this side effect treated? *</p> <p>You may tick multiple answers</p>
<p>Option 1-7: Here you can clarify your response</p>
<p>Option 4: When did you completely stop using {{surveymedicine.Medicine}}? *</p> <p>Are you unsure about the stop date? If so, please enter an estimated date.</p>
<p>Have you been/were you admitted to the hospital because of this side effect? *</p>
<p>Did you do anything yourself about the side effect?</p>
<p>(Hide) The side effect:</p>
<p>option 1: When was the side effect gone?</p> <p>Are you unsure at what date the side effect was gone? If so, please enter an estimated date.</p>
<p>How burdensome was the side effect in your experience?</p>
<p>Can you describe why you experienced the burden of the side effect like you did?</p>
<p>Other medication</p> <p>The below medicines are frequently given in combination with biological medicines.</p> <p>Can you indicate whether you currently use (one of) these agents?</p> <p>additional information: You may tick multiple answers.</p>

General information
Other diseases and general information
The Netherlands Pharmacovigilance Centre Lareb is interested in side effects occurring during use of medicines given which you receive against an inflammatory disease (e.g. rheumatoid arthritis or psoriasis). Which is why it is important to know whether you <u>have any other diseases</u> .
Could you please state which other diseases you have?
<i>additional information: you may tick multiple answers</i>
What is your length?
<i>Please enter whole numbers</i>
What is your weight?
<i>Please enter whole numbers</i>
How often do you smoke?
How have you been informed about this Monitor biological medicines?
Conclusion
Do you have a question, for example about a side effect? Ask your physician or pharmacist. If you have a specific question for the Netherlands Pharmacovigilance Centre Lareb, please send an e-mail to info@mijnbiologischmedicijn.nl .
<u>Do you have any remarks about this questionnaire? Please enter these below.</u>
Would you like to receive the results by e-mail following completion of this Monitor?
<i>These can also be found on www.mijnbiologischmedicijn.nl.</i>
<i>If yes: Please state the desired e-mail address:</i>
Submit your questionnaire!
By clicking submit, the questionnaire is sent to us. We will send you an e-mail as soon as a next questionnaire is available for you.
If you still have questions, please contact us.
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5237 MH 's-Hertogenbosch
Telephone: +31 73 - 64 69 700 (available on working days between 9 a.m. and 5 p.m.)
<i>E-mail: info@mijnbiologischmedicijn.nl</i>
OR the option: (in case the drug is not in the list (1.1A)

Unfortunately, you cannot participate in this survey

You have stated that you use a drug which is not on the drugs list. As a result, it is not possible to participate in this survey. It goes without saying that we like to express our heartfelt thanks for your willingness to participate in this survey. Should you wish to report a side effect of the drug you are using, the online report form on the Netherlands Pharmacovigilance Centre Lareb website is always available.

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Space for comments

Should you have any comments and additions to the questionnaire, please enter these below.

Downloading of overview

Thank you very much for your questionnaire!

You have sent your first questionnaire of this Monitor biological medicines to us. You may download the questionnaire below:

[Download questionnaire](#)

We will send you an e-mail when your next questionnaire is available. Use the top menu to log out of this website.

