



Patient Information Sheet - FORWARD Survey

Thank you for your enrollment in the Sotyktu (deucravacitinib) 360 Patient Support Program. Since you were recently prescribed Sotyktu, Bristol Myers Squibb would like to invite you to participate in this survey to better understand your experience with Sotyktu. This survey is completely voluntary and the support you receive in the Patient Support Program will not be impacted whether or not you choose to join or exit the survey.



This patient information sheet was created to give you more information on this survey and contains the following information topics



Eligibility and participation



Payment



Your privacy



Survey results disclosure



Your patient protection and study review board



How do I participate?

We appreciate your consideration of this survey study. If you would like to participate, please click the link provided in the email. It will take you to the website for eligibility questions.

If you meet the eligibility criteria, you will need to review and complete the informed consent form. Once completed, you will receive the first survey.

The survey will ask questions about your experience with your condition and treatments, and how they may affect your daily activities and quality of life.



Please complete each of the surveys so information about your experience with your current health conditions and relevant treatments can be properly evaluated. You can still complete the surveys even if you have stopped taking Sotyktu for any reason.



How many surveys will I have to take?

There will be **two types of surveys** over two years (see timeline example for year 1 below):

- **Comprehensive survey** (~20 to 30 minutes to complete)
 - First survey before or within 7 days after you take your first pill of Sotyktu
 - Every 6 months after starting on Sotyktu
- **Follow-up brief surveys** (~5 minutes) monthly after you have started on Sotyktu



Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Survey 1 of 6					Survey 2 of 6						Survey 3 of 6
	Brief surveys	Brief surveys	Brief surveys	Brief surveys		Brief surveys	Brief surveys	Brief surveys	Brief surveys	Brief surveys	Brief surveys

If you miss a survey, you will receive a reminder email from Bristol Myers Squibb



Payment

Hearing about your story is important; therefore, if you choose to participate, you will be compensated for your time every 6 months, once you complete the comprehensive survey and all the monthly follow-up surveys (see illustration above).

Payment options of your choice will be in the form of a gift card (delivered electronically or by mail), or by check. You will receive payment of \$50 every 6 months for a total of up to \$200 over 2 years.



What are the possible benefits and disadvantages of taking part?

There is no direct health benefit from taking part in this survey. We hope the information learned will help future patients.



Will my participation in the survey be kept confidential?

Yes. All the information about your participation in this survey will be kept confidential and your responses will be de-identified for analysis purposes. All records will be kept strictly confidential. Data will be securely stored, and password protected. All data transfer will be made through a secured channel to ensure data safety.

To minimize the risk of a breach of confidentiality, only your email address will be used to contact you for survey completion and sending compensation.



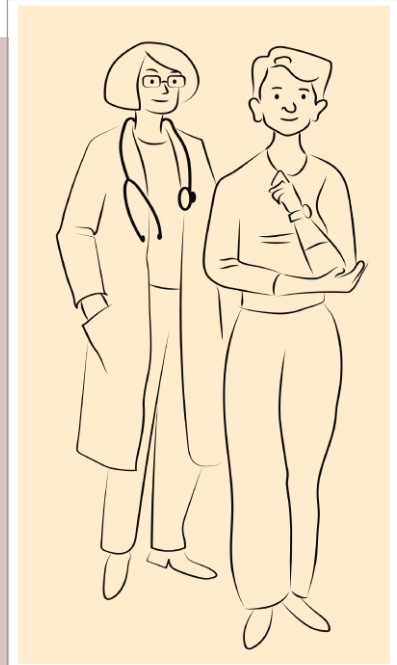
What will happen to the results of the survey?

The results of this survey will be reported to Bristol Myers Squibb, the survey study sponsor, and may be published in journals or presented at medical/scientific conferences. If any information is published or presented, it will only be a summary of all survey participants. You, as an individual, will not be referred to in any instance.



Who has reviewed the survey study?

This survey has been reviewed and approved by an independent group of people to protect your safety, rights, well-being, and dignity. They are called Institutional Review Board at Solutions IRB.



Further information and contact details

If you have questions, concerns or complaints about the survey or think you have been hurt by the research please contact the Investigator using the address and link below:

FORWARD Registry
727 N. Waco, Suite 200
Wichita, KS 67203
1-316-263-2171

https://www.ndb.org/p_contact



Visit www.forwarddatabank.org to learn more about FORWARD.