



NATIONAL HEALTH COUNCIL

FMV Calculator Worksheet

Instructions for Use: Please use this worksheet to help you complete the NHC Fair-Market Value Calculator. The Calculator uses the expertise level and the activity time information to calculate a fair-market value range. Other questions on this worksheet help you determine if there will be extra costs incurred due to special circumstances or other considerations.

Example: A company recruits a **patient-group staff representative** who is a **senior leader** at the organization to serve as a **virtual roundtable participant** about patient-focused drug development. The participant is requested to have **subject matter expertise on a particular topic**. The participant must read materials before the roundtable, which will take approximately **3** hours. The roundtable itself will take approximately **3** hours. The post-roundtable survey will take the participant approximately **1** hour.

Participant Information:

Participant Type (Check one only)	<input type="checkbox"/> Individual Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Family Member <input type="checkbox"/> Patient Group Representative Other _____
Patient Needs a Confirmed Diagnosis	Yes / No Diagnosis _____
Patient Needs to Have Treatment Experience	Yes / No Describe: _____
If a Patient Group Representative, Must	



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Have Experience as a Senior Leader in the Organization (e.g., CEO, CMO, VP?)	Yes / No Describe _____
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Other Experiences or Expertise:

Living with / At Risk for the Condition:	YES / NO
Knowledge about the Condition Beyond Individual/Personal Experience:	YES / NO
Subject Matter Expert:	YES / NO
Skilled at Public Speaking:	YES / NO

Activity Information

How will the Person be Engaged?	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Web Meeting <input type="checkbox"/> Paper-based (e.g., a survey) Other _____
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Activity Time Information

Total Number of Expected Events/Interactions:	Indicate number: _____
Total Number of Expected Hours Spent on Preparation:	Number of hours:_____
Total Number of Expected Hours Spent on Activity	Number of hours:_____
Total Number of Expected Hours Spent on Post-Activity	Number of hours:_____
Total Hours:	Number of hours:_____

Travel Information

Total Expected Travel Hours	Number of hours:_____
Mileage:	Number of miles:_____
Special Travel Accommodations	Travels with a service animal Special dietary requirements Rest breaks needed? Other_____



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Other Considerations

Risk or Liability (of activity)?	YES / NO
Wages Lost?	YES / NO
Care Support Needed (e.g., childcare, eldercare):	YES / NO
Size of Organization:	YES / NO
Urgency (short time to prepare):	YES / NO