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| **PROJECT TITLE** | | | | | | | | | | | | | | | | | | | | **JOB NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | **QNNR SL. NO. (For DP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Infecto\_PCV campaign eval** | | | | | | | | | | | | | | | | | | | | **2** | | | | | | | **4** | | | | | | **0** | | | | | | | | | | **3** | | | | | | **2** | | | | | | | **0** | | | | | | **4** | | | | | | | **5** | | | | | | | | | **0** | | | | | | **1** | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | |  | | |
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| **SP - ZONE** | | | | | | | | | | | | | | | | | | | | **SP NO.** | | | | | | | | | | | | | | | | | | | | | **G.C NO.** | | | | | | | | | | | | | | | | | | | | | | **INTERVIEW NO.** | | | | | | | | | | | | | | | | | | | | | | | | **WEEK NO.** | | | | | | | | | | | | | | | | | | | | | | | **MONTH NO.** | | | | | | | | | | | | | | | |
| **N** | **E** | | **W** | | | | | **S** | | | | **C** | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | | | | | |  | | | |
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| **RESPONDENTS HOUSE/OFFICE ADDRESS–COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESPONDENT NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SUR NAME:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Door / House / Bldg No.** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FLOOR No.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **HOUSE / FLAT NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STREET / ROAD NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **AREA NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **TOWN / VILLAGE NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **LANDMARK** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **PINCODE** | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | | | **MOBILE No.** | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | | | | | |
| **PHONE No. (Res)** | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **PHONE No. (Off)** | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | **Extn.** | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| **e-mail ID** | | | |  | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | |  | | | |  | | | | |  | | | | |
| **FIELD CONTROL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTERVIEWER NAME** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **INTERVIEWER CODE (ID)** | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | | | | | **INTERVIEW DATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **D** | | | | | | **D** | | | | | **M** | | | | | | **M** | | | | | | **1** | | | | **5** | | |  | | | | | | | | | |
| **INT Start Time (write in 24hrs)** | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | **INT End Time** | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | **Total Time (min)** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | |  | | | | | | | | | |
| **PLACE OF INTERVIEW** | | | | | | | | | | | | | | | | **Home – 1** | | | | | | | | | | | | | | | | | | | | | | | | | | **Office - 2** | | | | | | | | | | | | | | | | | | | | | | | | **Street Intercept - 3** | | | | | | | | | | | | | | | | | | | | | | | | | | **Shop / Outlet - 4** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **CLT – 5** | | | | | | | | | | | | | | | | | | | | | | | | | | **Hospital / Clinic - 6** | | | | | | | | | | | | | | | | | | | | | | | | **Exit - 7** | | | | | | | | | | | | | | | | | | | | | | | | | | **Others - 8** | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE OF INTERVIEW** | | | | | | | | | | | | | | | | **Random - 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Booster - 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **QUALITY CHECK DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCOMPANIMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | | **YES** | | | | | | | **NO** | | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | **CODE / ID** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGN** | | | | | | | | | | | | | **Col** | | | | | | | | |
| **SUP** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **EIC** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **AFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **FM /RFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **BACK CHECK DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | | **PBC** | | | | | **TBC** | | | | | | **VC** | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | **CODE / ID** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGN** | | | | | | | | | | | | | **Col** | | | | | | | | |
| **SUP** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
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| **AFM** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **FM /RFM** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **SCRUTINY DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | | **YES** | | | | | | | **NO** | | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | **CODE / ID** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGN** | | | | | | | | | | | | | **Col** | | | | | | | | |
| **SUP** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **EIC** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **AFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **FM /RFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | **M** | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
| **BASE CENTER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BASE CENTER** | | | | | | **CODE** | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | | | | | | | **CODE** | | | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | | | | | | **CODE** | | | | | | | | | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | | | | | **CODE** | | | | | | | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | **CODE** | | | | |
| **Mumbai** | | | | | | **01** | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
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| I declare that the interview has been carried out strictly in accordance with your specifications and instructions, written and oral, with a person unknown to me, as per study requirements and strictly in accordance with ESOMAR code of conduct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Signature (Interviewer) | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS QUESTIONNAIRE IS THE PROPERTY OF IPSOS RESEARCH PVT LTD. UNAUTHORISED USE OF THIS QUESTIONNAIRE BY ANY OTHER AGENCY OR BODY IS FORBIDDEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **INTRODUCTION**  Good …….., I am from Ipsos a premier research and consultancy agency. We are currently conducting a study **to understand your perception about various disease prevented by vaccines among adults**. Anything that you tell us will be treated in strictest confidence and will not be attributed to you. Your responses will be viewed in aggregate for overall analysis purpose and will be kept confidential. The project is purely concerned with research and your responses will not be used for any other purpose. There will be no attempt to sell you anything or influence your use of products. The study comprises of online discussions that will last for approximately 20 minutes. I just have a few questions to check if this study will be relevant to you.  Can I continue?  We are required to pass on to our client details of adverse events and product technical complaints that are mentioned during the course of market research. Although this is a market research interview and what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event or product technical complaint in an individual or group of individuals, we will need to report this.  In such a situation you will be asked whether or not you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct specifically in relation to that adverse event or product technical complaint. Everything else you say during the course of the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.  Are you happy to proceed with the interview on this basis?  Yes  No |

**Sample Spread:**

|  |  |  |
| --- | --- | --- |
| **Centre** | **Specialty** | **Sample** |
| Mumbai | Consulting Physician | 30 |
| Chest Physician/ Pulmonologist | 30 |
| Nephrologist | 30 |
| Total | 90 |

NOTE TO INTERVIEWER FOR ADVERSE EVENT REPORTING: Incase during the course of interview there is mention of adverse effects/side-effects for any of the products used either by the physicians for his patients or patient himself, it must be brought to the notice of the researcher in one business day.

Adverse Event

We are now being asked to pass on to our client details of adverse events that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event in a specific patient, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities. In such a situation you will be asked whether you are willing to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event.

Adverse experience information provided is shared with regulatory agencies, the sponsoring company's affiliates worldwide, and business partners with whom the sponsoring company has contractual agreements. Any information that identifies the patient directly, such as the patient's initials or date of birth, will be handled confidentially.

Everything else you say during the course of the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

RECRUITER: Did the respondent agree to the AE statement?

Yes………………………………………1 → CONTINUE

No……………………………………….2 → CONTINUE BUT NOTE ON FILE

|  |  |
| --- | --- |
| **Database** | Code 1 |
| **Non-Database** | Code 2 |
| **Name** |  |

1. What is your primary specialty? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **Specialty** | **Code** | **Action** |
| Consulting Physician (MD General medicine, Diploma in Diabetology, Post graduate Diploma in Diabetology) | 1 | **CONTINUE** |
| Pulmonologist (MD DM Pulmonary Medicine/DNB Respiratory medicine) | 2 |
| Nephrologist (MD DM Nephrology/DNB Nephrology) | 3 |
| Others | 99 | **TERMINATE** |

1. May I know the total number of years since you have been practicing?

**RECORD VERBATIM. FILL IN WITH LEADING ZEROS.**

|  |  |  |  |
| --- | --- | --- | --- |
| Total years of experience post residency |  | **CONTINUE ONLY IF VALUE IS BETWEEN 5-30 YEARS, ELSE TERMINATE** |  |

1. Doctor, which of these is your primary place of practice, where you spend **more than 70% of your time**? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **Place of practice** | **CODE** | **ACTION** |
| In a private solo practice only | 1 | **CONTINUE** |
| In a private group practice / polyclinic | 2 |
| In a private nursing home/ maternity home | 3 |
| In a private hospital / multispecialty hospital | 4 |
| In a private clinic + attached to private hospital | 5 |
| In a private clinic + attached to teaching hospital/ Institutions | 6 |
| In a private clinic + attached government hospital | 7 | **TERMINATE** |
| In a government hospital only (no private practice / in public practice only) | 8 |
| Other | 99 |

1. Doctor, approximately on an average how many patients do you personally see/consult in a typical month (including new and follow-up patients)? **RECORD EXACT NUMBER. DISPLAY THIS QUESTION BASIS THE SPECIALTY CODED IN S1**

**PLEASE SET THE LIMIT FROM 10 to 2000**

|  |  |  |
| --- | --- | --- |
| Consulting physicians |  | **CONTINUE ONLY IF EQUAL TO OR > 500 PATIENTS/MONTH** |
| Nephrologist |  | **CONTINUE ONLY IF EQUAL TO OR > 350 PATIENTS/MONTH** |
| Pulmonologist |  | **CONTINUE ONLY IF EQUAL TO OR > 350 PATIENTS/MONTH** |

1. Doctor, which of the following vaccines have you administered to your adult patients in the last 6 months?

**MULTIPLE CODING POSSIBLE**

1. Doctor, which of the following vaccines are you likely to recommend to your adult patients in the next 6 months? **MULTIPLE CODING POSSIBLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccines** | **S5 Code** | **S6 Code** | **Action** |
| Cervical cancer/HPV vaccine | 1 | 1 | **Terminate If Code 8 Is Not Selected IN S6. (Rejector Of Pneumococcal Vaccine)** |
| Chickenpox/Varicella vaccine | 2 | 2 |
| Hepatitis A vaccine | 4 | 4 |
| Hepatitis B vaccine | 5 | 5 |
| Influenza (Flu) vaccine | 6 | 6 |
| Measles, Mumps and Rubella vaccine | 7 | 7 |
| Pneumococcal vaccine | 8 | 8 |
| Shingles vaccine | 10 | 10 |
| Tdap vaccine | 11 | 11 |

**IF RESPONDENT QUALIFIES, SAY:**

Thank you very much for your responses and the time spent. I would now like to request for your time to conduct the Main discussion. The discussion will last approximately 15 minutes, and it has some questions to understand your perception about various disease prevented by vaccines among adults. Please, be assured that the interview is being conducted under the Market Research Society’s Code of Conduct, whereby your particulars will not be revealed to any other party

PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: / /2024

**TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/ pm**