IPSOS HEALTHCARE

**Shingrix ATU Consumer Questionnaire**

**EM KPIs:**

**% of consumers that believe HZ is a serious condition (QA1, QA1b)**

**% of consumers who perceive the risk of contracting Shingles (QA5a)**

**% of consumers who are aware of the existence of a HZ vaccine -awareness of all vaccines (QB1)**

**% of consumers who have a future discussion intention for different conditions (QB2.1)**

**% of consumers who have been administered HZ vaccine – all vaccines as an adult (QB3)**

**% of consumers who have discussed about HZ vaccine with HCPs (QB4a)**

* **% of consumers who proactively discussed about Shingles with HCPs (QB4b)**
* **% of consumers who discussed with HCPs driven by HCPs (QB4b)**

**% of consumers who have been recommended / prescribed Shingles during the discussion? (QBNEW1)**

**% primary occasion when the consumer discussed Shingles prevention with HCPs (QBNEW2)**

**% patients that refuse to Vx despite Rx / barriers to get vaccinated (QB5b)**

**% barriers/ reasons for being unlikely to receive shingles vaccine (QB6b)**

**% how long after the prescription they got vaccinated (QB13)**

**% of consumers who say they have completed 2 doses (2nd Dose Compliance (QD1e)**

**% mode of payment for previous immunizations (QB10)**

**% of consumers who have been informed of Shingles from other sources rather than F2F (QC1)**

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| **Question number**  | **Introduction** |  |
| **QUESTION TEXT**  | This survey is being conducted by Ipsos Healthcare, an independent market research agency, on behalf of a pharmaceutical company.We are conducting research about adult vaccinations and would like to ask you some questions on this topic. The survey will take approximately 20 minutes to complete.With your consent, your information will only be collected and used for market research and analysis.As a member of EphMRA, Ipsos is bound by EphMRA Code of Conduct and all applicable laws protecting your personal data and responses. The study is conducted in compliance with ESOMAR/ EphMRA guidelines.Your participation is completely voluntary, and you have the right to stop answering any question you don’t feel comfortable with and withdraw from the interview at any time. For more information about your rights please see our privacy notice, it is available at https://www.ipsos.com/en-id/privacy-data-protectionAny information you give will be treated in the strictest confidence and results will only be reported back on an aggregated basis. You will receive an honorarium for your participation.We are required to pass on to the sponsoring client any details of side effects or product complaints relating to their products that are mentioned during the interview. This is to help them learn more about the safety of their medicines. If this happens, we will need to collect details and report the side effects or product complaint.You will be asked whether you consent to assist by providing additional information to the client company’s drug safety department for their follow up, but you may choose to remain anonymous. This will have no impact on the confidentiality and anonymity associated with the interview itself |  |
| **QUESTION TYPE**  | **SINGLE SELECT**  |  |
| **LOGIC**  | **SHOW EVERYTHING ON ONE SCREEN** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | I have read, understood and accept the points above and am happy to proceed with the market research survey on those basis | MANDATORY TO CONTINUE |
| 2 | I consent to providing information relating to my health/condition for the purpose of this research | MANDATORY TO CONTINUE |
| 3 | No, I do not want to participate in this research | CLOSE |
| 4 | I understand that this study is conducted in compliance with MRS/ ESOMAR/ EphMRA guidelines including the relevant data privacy & security, cross border data transfer might be required to complete the study analytics which will also follow the same guidelines | MANDATORY TO CONTINUE |

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| **Question number**  | **INTRO S1** |  |
| **QUESTION TEXT**  | We will start by asking a few questions to make sure the survey is relevant for you. |  |
| **QUESTION TYPE**  | **INTRO** |  |
| **LOGIC**  | **SHOW EVERYTHING ON ONE SCREEN** |  |
|  |
| **Question number**  | **S4a (BICCE)****DO NOT CHANGE** |  |
| **QUESTION TEXT**  | Which region do you live in? (Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT**  |  |
| **LOGIC**  |  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Delhi  |  |
|  | Kolkata |  |
|  | Mumbai |  |
|  | Bangalore |  |
|  | Chennai |  |
|  | Hyderabad |  |
|  | Others |  |

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| **Question number**  | **S5a (BICCE)****DO NOT CHANGE** |  |
| **QUESTION TEXT**  | How old are you?(Please write in your answer below in whole years) |  |
| **QUESTION TYPE**  | **OPEN NUMERIC, RANGE: 0-150** |  |
| **LOGIC**  |  |  |
|  |  |  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Years | >50 CONTINUE AS CONSUMER SCREEN OUT IF ≤50  |
| 99 | Prefer not to say (this will exit the survey) | CLOSE |

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| **Question number**  |  **S6a (BICCE)** **DO NOT CHANGE** |  |
| **QUESTION TEXT**  | What is your gender? (Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT**  |  |
| **LOGIC**  |  |  |
|  |  |  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Male |  |
| 2 | Female |  |
| 3 | Other | Continue |
| 99 | Prefer not to say | Continue |

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| **Question number**  | **S7a (BICCE)****DO NOT CHANGE** |  |
| **QUESTION TEXT**  | **Which of the following best describes your current working situation?** **(Please select one answer only)** |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  |  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Working full or part time | ASSIGN AS ECONOMICALLY ACTIVE AND CONTINUE |
| 2 | Not working | ASSIGN AS NOT ECONOMICALLY ACTIVE AND CONTINUE |
| 3 | Retired | ASSIGN AS NOT ECONOMICALLY ACTIVE AND CONTINUE |
| 99 | Prefer not to say (this will exit the survey) | CLOSE |

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| **Question number**  | **S8b7** |  |
| **QUESTION TEXT**  | Please list down all the items owned/or you have at your home (It could be owned by you, your family, or provided by the employer or it could be available in the house you live in; but it should be for the use of just you or your family).Does your family own any Agricultural Land, by Agricultural Land I mean land that is currently under cultivation or plantation? |  |
| **QUESTION TYPE**  | **MULTIPLE CODE** |  |
| **LOGIC**  | **ASK ALL IN INDIA** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Electricity | **Please see appendix for** **NCCS classification quotas for recruitment****If respondent is selecting electrical** **appliances (CODE any** **of 2,4,5,6,7, and 10) and not selecting** **electricity (CODE 1),** **Show error “Please** **Check, you haven’t added electricity but** **electrical appliances)****USING NCCS** **CLASSIFICATION IN APPENDIX, IF** **RESPONDENT DOES** **NOT FALL INTO** **A1/A2/A3 SEGMENTS, TERMINATE** |
| 2 | Ceiling Fan  |
| 3 | LPG Stove |
| 4 | Two-Wheeler |
| 5 | Colour TV |
| 6 | Refrigerator  |
| 7 | Washing Machine |
| 8 | Personal Computer/ Laptop |
| 9 | Car/Jeep/Van |
| 10 | Air Conditioner |
| 11 | Agricultural land |
| 12 | None of the above |
| 99 | Prefer not to say (this will exit the survey) | **TERMINATE IF CODE 99 SELECTED** |

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| **Question number**  | **S8b8** |  |
| **QUESTION TEXT**  | Please select what is the education level of the Chief Wage Earner of your household?  |  |
| **QUESTION TYPE**  | **SINGLE CODE** |  |
| **LOGIC**  | **ASK ALL IN INDIA** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Illiterate | **Please see appendix for** **NCCS classification quotas for recruitment****IF RESPONDENT DOES** **NOT FALL INTO** **A1/A2/A3 segments,** **TERMINATE** |
| 2 | Literate but no formal schooling |  |
| 3 | School up to 4 years |  |
| 4 | School 5 to 9 years |  |
| 5 | SSC / HSC |  |
| 6 | Some College but not graduate |  |
| 7 | Graduate/ Post-Graduate - General |  |
| 8 | Graduate/ Post Graduate - Professional |  |

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| **Question number**  | **S8b9** |  |
| **QUESTION TEXT**  | Which of this best describes your **Annual household Income** from all sources? |  |
| **QUESTION TYPE**  | **SINGLE CODE** |  |
| **LOGIC**  | **ASK ALL IN INDIA** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Less than 3.00 Lakhs | TERMINATE |
| 2 | 3.00 Lakhs – 5.99 Lakhs | TERMINATE |
| 3 | 6.00 Lakhs – 8.99 Lakhs | TERMINATE |
| 4 | 9.00 Lakhs – 11.99 Lakhs | TERMINATE |
| 5 | 12.00 – 14.99 Lakhs | CONTINUE |
| 6 | 15.00 – 18.99 Lakhs | CONTINUE |
| 7 | 19.00 – 22.99 Lakhs | CONTINUE |
| 8 | 23 Lakhs and above | CONTINUE |

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| **Question number**  | **S12 (BICCE)** |  |  |
| **QUESTION TEXT**  | Which of the following medical conditions do you have currently, if any?(Please select all that apply) |  |  |
| **QUESTION TYPE**  | **MULTICODE EXCEPT CODE 97, 98 99** |  |  |
| **LOGIC**  | **SHOW TO ALL RESPONDENTS** |  |  |
|  |  |
| **Codes - DOWN**  | **Code text** | **Logic**  | **GLOBAL CODING** |
|  | **COMORBIDITIES** |  |  |
| 1 | Cardiovascular / heart disease e.g. high blood pressure |  | Co-morbid |
| 2 | Type 2 Diabetes |  | Co-morbid |
| 23 | Type 1 Diabetes |  | Co-morbid |
| 7 | Chronic kidney diseases |  | Co-morbid |
| 3 | Asthma |  | Co-morbid |
| 4 | Chronic Obstructive Pulmonary Disease (COPD) |  | Co-morbid |
| 17 | Depression (clinically diagnosed) |  | Co-morbid |
| 21 | Hypertension |  | Co-morbid |
| 22 | Congestive heart failure (CHF) or Coronary heart disease (CHD) |  | Co-morbid |
|  | **IMMUNOCOMPROMISED DISEASES** |  |  |
| 8 | Malignancies (cancer) |  | Co-morbid |
| 9 | Another chronic / long term immunocompromised disease  |  | IC |
| 16 | Inflammatory bowel disease (IBD) e.g. Crohn’s disease, ulcerative colitis |  | AID |
| 10 | Rheumatic arthritis or psoriatic arthritis |  | AID |
| 18 | Systemic lupus erythematosus (commonly known as lupus) |  | AID |
| 24 | Renal transplant recipients |  | IC |
| 25 | Stem cell transplant patients |  | IC |
| 19 | HIV/ AIDS |  | IC |
| 20 | Organ transplant |  | IC |
|  |  |  |  |
| 97 | None of these |  |  |
| 98 | Prefer not to say |  |  |
| 99 | Don’t know |  |  |

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| **Question number**  | **S3 (BICCE)****FEEDS INTO CONSUMER FUNNEL DO NOT AMEND** |  |
| **QUESTION TEXT**  | Which of the following conditions – if any – have you ever heard of? Please select all you have ever heard of, even if you only know the name and nothing else about the condition.(Please select all that apply) |  |
| **QUESTION TYPE**  | **MULTICODE EXCEPT CODE 99** |  |
| **LOGIC**  | **RANDOMISE ROWS** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Influenza (flu) |  |
| 2 | Shingles | **CLOSE IF NOT SELECTED**  |
| 3 | Pneumonia |  |
| 4 | Meningitis |  |
| 14 | Respiratory syncytial virus (RSV)  |  |
| 99 | None of the above | **CLOSE** |

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| **Question number**  | **QSNEW.1**  |  |
| **QUESTION TEXT**  | Which of the following best reflects your level of knowledge about the conditions below? |  |
| **QUESTION TYPE**  | **GRID**  |  |
| **LOGIC**  | **SHOW SELECTED OPTIONS IN S3** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Influenza (flu) |  |
| 2 | Shingles |  |
| 3 | Pneumonia |  |
| 4 | Meningitis |  |
| 14 | Respiratory syncytial virus (RSV)  |  |
|  |
| **Codes - TOP** | **Code text**  | **Logic**  |
| 1 | I have heard of the condition but don’t know anything |  |
| 2 | I know some basic information about the condition |  |
| 3 | I am somewhat knowledgeable about the condition |  |
| 4 | I am extremely knowledgeable about the condition |  |

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| **Question number**  | **S11** |  |
| **QUESTION TEXT**  | Which of the following statements best describes your views about adult vaccinations?A vaccination is defined as a product that offers protection from a disease, and which is typically administered / inoculated through needle injections. |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  |  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | I am open to receiving vaccinations that help prevent infectious diseases | **CONTINUE** |
| 2 | I am not open to receiving vaccinations that help prevent infectious diseases | **CLOSE** |
| 98 | Don’t know/ do not wish to answer | **CLOSE** |

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| **Question number**  | **S9** |  |
| **QUESTION TEXT**  | Do you, or any member of your close family, work in any of the following? (Please select all that apply) |  |
| **QUESTION TYPE**  | **MULTICODE EXCEPT CODE 99** |  |
| **LOGIC**  |  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Market research | **CLOSE** |
| 2 | Pharmaceutical industry | **CLOSE** |
| 99 | None of the above | **CONTINUE** |

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| **Question number**  | **Intro A1** |  |
| **QUESTION TEXT**  | Thank you for your answers so far. We are pleased to say that you meet the profile of the people we are looking for to complete our survey. The survey will take approximately 15 minutes. Thank you so much for your time. |  |
| **QUESTION TYPE**  | **INTRO** |  |
| **LOGIC**  | **SHOW EVERYTHING ON ONE SCREEN**  |  |
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| **Question number**  | **QA0 (BICCE)****TYPING TOOL QUESTION FOR DEFINING CONSUMER SEGMENTS** **DO NOT AMEND** |  |
| **QUESTION TEXT**  | Please indicate the extent you agree or disagree with each of the following statements. Please answer based on your “normal behaviour” before the COVID-19 pandemic |  |
| **QUESTION TYPE**  | **GRID**  |  |
| **LOGIC**  | **RANDOMISE ORDER. SINGLE CODE PER ROW ONLY**  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | I socialise with friends regularly |  |
| 2 | It is very important to me that I see my family regularly  |  |
| 3 | I find I am easily swayed by other people’s views  |  |
| 4 | I am someone who worries a lot  |  |
| 5 | Computers / smart phones confuse me, I’ll never get used to them  |  |
| 6 | It is important for me to ensure I have the latest technology devices (e.g. mobile phones, tablet, smart watches)  |  |
| 7 | I eat healthily  |  |
| 8 | When I’m deciding about whether to have a new medical treatment, I tend to follow what my friends or family are doing  |  |
| 9 | I spend time with my family / friends  |  |
|  |
| **Codes - TOP** | **Code text**  | **Logic**  |
| 1 | Strongly disagree  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 | Strongly agree  |  |
| 8 | Do not know  |  |

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| **Question number**  | **QA1 (BICCE)****CONSUMER GLOBAL KPI DO NOT AMEND** |  |
| **QUESTION TEXT**  | Thinking of the different conditions below, how serious do you think each could be for people who are aged 50 or over? (Please select one answer per condition) |  |
| **QUESTION TYPE**  | **GRID**  |  |
| **LOGIC**  | **LIST OUT CODES FROM S3, SHOW CONDITIONS IN SAME ORDER AS S3. SINGLE CODE PER ROW** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Influenza (flu) |  |
| 2 | Shingles |  |
| 3 | Pneumonia |  |
| 4 | Meningitis |  |
| 14 | Respiratory syncytial virus (RSV)  |  |
|  |
| **Codes - TOP** | **Code text**  | **Logic**  |
| 1 | Not at all serious  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 | Very serious  |  |
| 8 | Do not know  |  |

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| **Question number**  | **QA1b (BICCE)****CONSUMER GLOBAL KPI DO NOT AMEND** |  |
| **QUESTION TEXT**  | How likely do you feel it is that people who are aged 50 or over could develop each of the following different conditions, if at all?  (Please select one answer per condition) |  |
| **QUESTION TYPE**  | **GRID**  |  |
| **LOGIC**  | **LIST OUT CODES FROM S3, SHOW CONDITIONS IN SAME ORDER AS S3. SINGLE CODE PER ROW** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Influenza (flu) |  |
| 2 | Shingles |  |
| 3 | Pneumonia |  |
| 4 | Meningitis |  |
| 14 | Respiratory syncytial virus (RSV) |  |
|  |
| **Codes - TOP** | **Code text**  | **Logic**  |
| 1 | **Not at all likely**  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 | **Very likely**  |  |
| 8 | **Do not know**  |  |

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| **Question number**  | **QA3** |  |
| **QUESTION TEXT**  | We would now like to focus on shingles. Have you, or anyone you know, ever had shingles? |  |
| **QUESTION TYPE**  | **MULTI SELECT**  |  |
| **LOGIC**  | **SELECT ONE OF CODE 1 OR 2 (NOT BOTH) OR CODE 99****CODE 3 CAN BE SELECTED WITH CODE 1 OR 2**  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | I have had or currently have shingles |  |
| 2 | I have never had shingles |  |
| 3 | Someone I know has had or currently has shingles |  |
| 99 | I would rather not say |  |
|  |  |

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| **Question number**  | **QA4** |  |
| **QUESTION TEXT**  | **ASK ALL WHO HAVE NEVER HAD SHINGLES (A3\_2, A3\_3, A3\_99**): To what extent do you think that having shingles would negatively impact on your quality of life - if at all?**ASK ALL THOSE WHO HAVE HAD OR CURRENTLY HAVE SHINGLES (A3\_1):** To what extent did / does shingles impact on your quality of life – if at all?By ‘quality of life’, we mean your ability to carry out day-to-day tasks or work, exercise, spend time with family and friends etc.(Please use the scale to give your answer) |  |
| **QUESTION TYPE**  | **SINGLE SELECT**  |  |
| **LOGIC**  |  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | No negative impact on my quality of life |  |
| 2 |  |  |
| 4 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 | An extremely negative impact on my quality of life |  |
| 99 | I do not know |  |

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| **Question number**  | **QA5a (BICCE)****CONSUMER GLOBAL KPI DO NOT AMEND** |  |
| **QUESTION TEXT**  | What do you think is the likelihood that you might develop shingles in the following timeframes:(Please use the scales to give your answers) |  |
| **QUESTION TYPE**  | **GRID**  |  |
| **LOGIC**  | **NO RANDOMISATION** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | In the next 12 months |  |
| 2 | In the next 5 years |  |
| 4 | In my lifetime |  |
|  |
| **Codes - TOP** | **Code text**  | **Logic**  |
| 1 | Not at all likely |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 | Very likely  |  |
| 99 | I do not know |  |

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| **Question number**  | **J1A** |  |
| **QUESTION TEXT**  | Why do you think you are unlikely to develop shingles within the next 12 months? |  |
| **QUESTION TYPE**  | **MULTICODE EXCEPT 20****RANDOMISE BUT ANCHOR CODE 20 AT THE BOTTOM** |  |
| **LOGIC**  | **SHOW ALL SELECTING CODES 1,2 OR 3 FOR NEXT 12 MONTHS AT A5a**  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | I am of older age |  |
| 3 | I am not aware of the cause of shingles |  |
| 4 | I have a healthy lifestyle |  |
|  | I am in good health |  |
| 7 | I am careful, I try to avoid risks to protect myself |  |
| 8 | I already had shingles in the past | Code as had shingles |
| 10 | I have had no contact with anyone with shingles |  |
| 11 | I just have a feeling |  |
| 13 | A family member had shingles in the past |  |
| 15 | I had chickenpox in the past |  |
| 16 | I am already vaccinated against shingles |  |
| 19 | I do not know much about shingles |  |
| 21 | Shingles is a rare disease |  |
| 23 | I’m too young |  |
| 20 | Other- please specify | Open Text |

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| **Question number**  | **J1B** |  |
| **QUESTION TEXT**  | Why do you think you are likely to develop shingles within the next 12 months? |  |
| **QUESTION TYPE**  | **MULTICODE EXCEPT 20****RANDOMISE BUT ANCHOR CODE 20 AT THE BOTTOM** |  |
| **LOGIC**  | **SHOW ALL SELECTING CODES 5, 6, or 7 FOR NEXT 12 MONTHS AT A5a**  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | I am of older age |  |
| 3 | I am not aware of the cause of shingles |  |
| 5 | Anyone can develop shingles, you cannot predict the future |  |
| 6 | I may suffer from shingles |  |
| 8 | I already had shingles in the past | Code as had shingles |
| 11 | I just have a feeling |  |
| 13 | A family member had shingles in the past |  |
| 15 | I had chickenpox in the past |  |
| 17 | I have a weakened immune system |  |
| 18 | I don't have a healthy lifestyle, I am in poor health |  |
| 19 | I do not know much about shingles |  |
| 21 | Shingles is a common disease |  |
| 20 | Other- please specify | Open Text |

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| **Question number** | **Intro B1** |  |
| **QUESTION TEXT**  | Thank you for your answers so far. In this next section, we will talk about vaccination. |  |
| **QUESTION TYPE**  | **INTRO** |  |
| **LOGIC**  | **SHOW EVERYTHING ON ONE SCREEN** |  |
|  |

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| **Question number**  | **QB1** **FEEDS INTO CONSUMER FUNNEL DO NOT AMEND** |  |
| **QUESTION TEXT**  | You told us earlier that you are aware of the following conditions. Which of these – if any – are you aware that a vaccine is currently available for adults in this country to prevent it? (Please select all that apply) |  |
| **QUESTION TYPE**  | **LIST OUT CODES SELECTED AT S3****MULTICODE EXCEPT CODES 98 AND 99** **RANDOMISE BUT ANCHOR CODES 98 AND 99 AT THE BOTTOM** |  |
| **LOGIC**  |  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Influenza (flu) |  |
| 2 | Shingles |  |
| 3 | Pneumonia |  |
| 4 | Meningitis |  |
| 14 | Respiratory syncytial virus (RSV)  |  |
| 98 | None of the above have a vaccine available in this country |  |
| 99 | I do not know |  |

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| **Question number**  | **QB2.1****FEEDS INTO CONSUMER FUNNEL DO NOT AMEND** |  |
| **QUESTION TEXT**  | Do you intend to speak to your doctor about **[INSERT CODE FROM B1]** vaccination? (Please use the scales to give your answer) |  |
| **QUESTION TYPE**  | **GRID** |  |
| **LOGIC**  | **LIST OUT 2 RANDOMLY SELECTED CODES AT B1 PLUS SHINGLES CODE 2 AND ASK FOR EACH RANDOMISE BUT ANCHOR CODES 98 AND 99 AT THE BOTTOM**  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| **1** | Within the next 3 months |  |
| **2** | In the next 3 -12 months |  |
| **3** | I do not intend to discuss this with my doctor | **EXCLUSIVE, SINGLE SELECT** |
|  |  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Not at all likely |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 | Very likely |  |
| 99 | I do not know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB3 (BICCE)****FEEDS INTO CONSUMER FUNNEL DO NOT AMEND** |  |
| **QUESTION TEXT**  | Which, if any, of the following diseases have you been vaccinated against since you’ve been an adult?(Please select all that apply) |  |
| **QUESTION TYPE**  | **GRID**  |  |
| **LOGIC**  | **LIST OUT ALL CODES SELECTED AT S3** **RANDOMISE BUT ANCHOR CODES 97, 98 AND 99 AT THE BOTTOM** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Influenza (flu) |  |
| 2 | Shingles |  |
| 3 | Pneumonia |  |
| 4 | Meningitis |  |
| 14 | Respiratory syncytial virus (RSV) |  |
| 97 | Other vaccine (please specify) |  |
| 98 | I have not received any vaccinations as an adult |  |
| 99 | I cannot remember | DON’T SHOW |
|  |
| **Codes - TOP** | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |
| 3 | Don't know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB3a (CORE)****GLOBAL QUESTION DO NOT AMEND** |  |
| **QUESTION TEXT**  | Have you discussed shingles or shingles prevention with your friends / family in the last 12 months?(Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  |  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB4a (BICCE)****CONSUMER GLOBAL KPI DO NOT AMEND** |  |
| **QUESTION TEXT**  | Have you ever discussed shingles vaccination with a healthcare professional?(Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **THOSE DID NOT SELECT B3\_2** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB4b (BICCE)** |  |
| **QUESTION TEXT**  | Please think back to the first discussion you had with a healthcare professional (such as a doctor, nurse or pharmacist) about shingles vaccination. Who first raised the topic?(Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT. RANDOMISE CODES BUT ANCHOR CODE 99 AT THE BOTTOM** |  |
| **LOGIC**  | **ALL VACCINATED AGAINST SHINGLES (B3\_2) OR All WHO HAVE DISCUSSED SHINGLES VACCINATION WITH AN HCP (DID NOT SELECT B3\_2 BUT DID SELECT B4A\_1)**  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | I first raised the topic with a healthcare professional |  |
| 2 | A healthcare professional first raised the topic |  |
| 99 | I cannot remember |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QZNEW.1** |  |
| **QUESTION TEXT**  | What would make you consider discussing shingles vaccination with HCPs? Please select up to 3 main reasons. |  |
| **QUESTION TYPE**  | **GRID, RANDOMISE CODES BUT ANCHOR CODE 99 AT THE BOTTOM** |  |
| **LOGIC**  | **All WHO HAVE NOT DISCUSSED SHINGLES VACCINATION WITH AN HCP (WHO DID SELECT B4A\_2)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| **1** | 1st Reason |  |
| **2** | 2nd Reason |  |
| **3** | 3rd Reason |  |
|  |  |  |
| **Codes**  | **Code text**  | **Logic**  |
| **2** | Recommendation from immediate family member (spouse/ kids) |  |
| **3** | Vaccination drive by employers/other institutions/ government |  |
| **4** | Adoption of vaccine by family and friends |  |
| **5** | Disease vaccine awareness campaigns in print/other media |  |
| **6** | Celebrity endorsement/awareness drives of vaccines |  |
| **7** | Recommendation from pharmacist |  |
| **8** | If I had a hospitalization  |  |
| **9** | If I get diagnosed with a major ailment/health condition |  |
| **10** | Complication of existing condition |  |
| **11** | Seeing in social media advertisements (Facebook, Twitter, Instagram, TikTok etc.) |  |
| **13** | Recommended/endorsed/mandated by the government |  |
| **99** | Other (Please specify….) |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QBNEW1** |  |
| **QUESTION TEXT**  | Did your healthcare professional recommend / prescribe shingles vaccination during this discussion?(Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **ALL VACCINATED AGAINST SHINGLES (B3\_2) OR All WHO HAVE DISCUSSED SHINGLES VACCINATION WITH AN HCP (DID NOT SELECT B3\_2 BUT DID SELECT B4A\_1)** |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QBNEW2** |  |
| **QUESTION TEXT**  | What was the primary purpose of visit when you discussed Shingles prevention with your healthcare professional?(Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **ALL VACCINATED AGAINST SHINGLES (B3\_2) OR All WHO HAVE DISCUSSED SHINGLES VACCINATION WITH AN HCP (DID NOT SELECT B3\_2 BUT DID SELECT B4A\_1)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | During a regular visit for a chronic condition |  |
| 2 | During periodic health exams (such as a mammogram check, blood test etc.) |  |
| 3 | During health check-up |  |
| 4 | Counselling / participation to a healthy ageing program |  |
| 5 | Health screening initiated by place of work |  |
| 6 | Emergency department admission |  |
| 7 | During the administration/inoculation or discussion of any other vaccine |  |
| 8 | I was unwell and therefore visited the doctor |  |
| 99 | Other (Please specify….) |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB5b** |  |
| **QUESTION TEXT**  | If a healthcare professional recommended / prescribed that you have a shingles vaccination, how willing would you be to get vaccinated? |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **ALL RESPONDENTS WHO HAVE NOT RECEIVED A SHINGLES VACCINATION (DID NOT SELECT B3\_2);**  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Not at all willing |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 | Very willing |  |
| 99 | I do not know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB6b** |  |
| **QUESTION TEXT**  | Why would you be unlikely to receive a shingles vaccine if it was recommended to you by a healthcare professional? |  |
| **QUESTION TYPE**  | **MULTICODE EXCEPT CODE 99** **RANDOMISE BUT ANCHOR CODES 98 AND 99 AT THE BOTTOM** |  |
| **LOGIC**  | **ALL RESPONDENTS WHO HAVE NOT RECEIVED A SHINGLES VACCINATION (QB3\_2 SELECTED NO OR DON’T KNOW), AND ARE UNLIKELY TO GET IT (B5B CODE 1, 2 OR 3 IN SCALE FOR ANY OPTION)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
|  | **PERCEIVED NECESSITY OR EFFICACY OF THE VACCINE** |  |
| 1 | I do not believe that it is important to be vaccinated against shingles |  |
| 4 | I don’t think it’s very likely that I will develop shingles |  |
| 8 | I am not convinced that the vaccine will protect me against shingles |  |
|  | **CONCERNS ABOUT SIDE EFFECTS OR HEALTH RISKS** |  |
| 6 | I am worried that the vaccination will make me sick |  |
| 7 | I have concerns regarding the side effects of shingles vaccine |  |
| 29 | I have had too many vaccinations |  |
|  | **PRIORITY OF OTHER VACCINES OR HEALTH MEASURES** |  |
| 21 | I am prioritising other adult vaccines (please specify: \_\_\_\_\_) |  |
|  | **INFORMATION OR KNOWLEDGE GAPS** |  |
| 9 | I do not have enough information about shingles vaccine |  |
| 27 | I do not know that one can be vaccinated against shingles |  |
| 30 | I need more information / advice from the HCP before getting vaccination  |  |
| 31 | I don’t know where to get vaccination |  |
|  | **COST & AVAILABILITY ISSUES** |  |
| 10 | Because of the cost / it is expensive |  |
| 11 | The vaccine is not covered by my health insurance or government |  |
| 14 | Because the shingles vaccine is not available in my country / Not available |  |
|  | **TIMING OR CONVENIENCE** |  |
| 5 | I am waiting until I am older |  |
| 13 | Because of the time needed to get the vaccine / the inconvenience it causes |  |
| 98 | Other (please state) | OPEN TEXT |
| 99 | I do not know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB13** |  |
| **QUESTION TEXT**  | How long did it take for you to be vaccinated against Shingles once you discussed with your healthcare provider? |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **ALL RESPONDENTS WHO HAVE RECEIVED A SHINGLES VACCINATION (B3\_2)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | 1 week or less |  |
| 2 | 2 weeks |  |
| 3 | 1 month |  |
| 4 | 2 months |  |
| 5 | Over two months |  |
| 6 | Don't know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QD1d** |  |
| **QUESTION TEXT**  | Thinking about the shingles vaccine that you received, how many doses are needed?  |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **ALL RESPONDENTS WHO HAVE RECEIVED A SHINGLES VACCINATION (B3\_2)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | One dose |  |
| 2 | Two doses |  |
| 99 | I don’t know  |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QD1e** |  |
| **QUESTION TEXT**  | Thinking about when you received your shingles vaccine, which of the below applies to you? (Please select one answer) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **ALL RESPONDENTS WHO HAVE RECEIVED A SHINGLES VACCINATION (B3\_2) AND SELECTED CODE 2 AT D1D (TWO DOSES)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | I have received two doses of the shingles vaccine |  |
| 2 | I have received one dose of the shingles vaccine, and I am due to receive the second dose (within recommended timeframe)  |  |
| 3 | I have received one dose of the shingles vaccine not the second dose (within recommended timeframe) |  |
| 4 | I have received one dose of shingles vaccine and am done with my vaccination schedule  |  |
| 5 | I have received one dose of shingles vaccine (with this vaccine, one dose is sufficient for complete immunisation) |  |
| 99 | I do not know  |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QDNEW1e** |  |
| **QUESTION TEXT**  | Thinking about the shingles vaccine you received, what are the reasons you have not received the second dose of the vaccine? |  |
| **QUESTION TYPE**  | **MULTI SELECT** |  |
| **LOGIC** | **ALL RESPONDENTS WHO HAVE RECEIVED A SHINGLES VACCINATION (B3\_2) AND SELECTED CODE 3 (RECEIVED ONE DOSE WITHIN RECOMMENDED TIMEFRAME)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Lack of time |  |
| 2 | Having difficulty while accessing the vaccine |  |
| 3 | Missed / Forgot the appointment |  |
| 4 | Financial issues (e.g., cost of vaccine or associated costs) |  |
| 5 | Prioritizing another vaccine |  |
| 6 | Fear of injection |  |
| 98 | Other |  |
| 99 | None of the above |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **D2A**  |  |
| **QUESTION TEXT**  | To what extent may the following perceptions influence your decision to get vaccinated against shingles in the future? Please select one answer per statement)  |  |
| **QUESTION TYPE**  | **GRID** |  |
| **LOGIC**  | **SHOW TO THOSE YET TO BE VACCINATED AGAINST SHINGLES (if B3 No or don’t know for Shingles)** |  |
|  |  |  |
| **DOWN Codes**  | **Code text**  | **Logic**  |
| 1 | I could develop shingles as it’s unpredictable and can develop at any time |  |
| 2 | I can’t afford to develop shingles because it will have an impact on my ability to work |  |
| 3 | I know someone who had a very negative experience with shingles |  |
| 4 | I can’t afford to develop shingles because I am a carer and have responsibilities in my private life |  |
| 5 | I believe shingles is painful and do not want to experience this pain |  |
| 6 | I am concerned about developing severe health complications if I developed shingles |  |
| 7 | I believe that shingles can develop in someone like me |  |
| 8 | I don’t like the idea that the virus is already inside me and could be reactivated |  |
| 9 | I want to take preventative control for something that I think I may be at risk of developing |  |
| 10 | Protecting myself means I can reduce uncertainty and carry on my life as normal |  |
| 11 | Vaccination helps me maintain good health  |  |
| 12 | My independence is important to me and I don’t want shingles to have an impact on this |  |
|  | My doctor has recommended it to me |  |
|  | My friends or family have recommended it to me |  |
|  | Vaccination against shingles is recommended by national health authorities |  |
|  |  |  |
| **TOP codes** | **Code text**  | **Logic**  |
| 1 | A great deal of influence |  |
| 2 | A fair amount of influence |  |
| 3 | Just a little |  |
| 4 | No influence at all |  |
| 99 | Don’t know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **D2AB**  |  |
| **QUESTION TEXT**  | To what extent did the following perceptions influence your decision to get vaccinated against shingles?(Please select one answer per statement)  |  |
| **QUESTION TYPE**  | **GRID** |  |
| **LOGIC**  | **SHOW TO THOSE WHO HAVE BEEN VACCINATED** **(if B3 Yes for Shingles)** |  |
|  |  |  |
| **DOWN Codes**  | **Code text**  | **Logic**  |
| 1 | I could develop shingles as it’s unpredictable and can develop at any time |  |
| 2 | I can’t afford to develop shingles because it will have an impact on my ability to work |  |
| 3 | I know someone who had a very negative experience with shingles |  |
| 4 | I can’t afford to develop shingles because I am a carer and have responsibilities in my private life |  |
| 5 | I believe shingles is painful and do not want to experience this pain |  |
| 6 | I am concerned about developing severe health complications if I developed shingles |  |
| 7 | I believe that shingles can develop in someone like me |  |
| 8 | I don’t like the idea that the virus is already inside me and could be reactivated |  |
| 9 | I want to take preventative control for something that I think I may be at risk of developing |  |
| 10 | Protecting myself means I can reduce uncertainty and carry on my life as normal |  |
| 11 | Vaccination helps me maintain good health  |  |
| 12 | My independence is important to me and I don’t want shingles to have an impact on this |  |
| 13 | Knowing that I am at increased risk of developing shingles |  |
| 14 | Knowing you can get shingles multiple times |  |
|  | My doctor has recommended it to me |  |
|  | My friends or family have recommended it to me |  |
|  | Vaccination against shingles is recommended by national health authorities |  |
|  |  |  |
| **TOP codes** | **Code text**  | **Logic**  |
| 1 | A great deal of influence |  |
| 2 | A fair amount of influence |  |
| 3 | Just a little |  |
| 4 | No influence at all |  |
| 99 | Don’t know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB10** |  |
| **QUESTION TEXT**  | How was your shingles vaccination paid for? (Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  | **All respondents who have received a shingles vaccination (B3\_2)**  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
|  | **OUT OF POCKET** |  |
| 1 | I paid for it myself |  |
|  | **INSURANCE** |  |
| 2 | My health insurance paid for it |  |
| 7 | My private health insurance paid for it |  |
| 11 | Other health insurance paid for it (100% reimbursement) |  |
|  | **GOVERNMENT** |  |
| 6 | It was funded by the government National Immunisation Schedule |  |
| 9 | It was paid by my local authority (government) |  |
|  | **EMPLOYER** |  |
| 5 | My employer paid for it (directly or via an insurance company) |  |
| 8 | My work health insurance paid for it |  |
|  | **SHARED** |  |
| 3 | It was paid partly by myself and partly by my insurance |  |
| 98 | Other  |  |
| 99 | I do not know  |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QB11** |  |
| **QUESTION TEXT**  | Where did you receive your shingles vaccination? (Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC** | **ALL RESPONDENTS WHO HAVE RECEIVED A SHINGLES VACCINATION (B3\_2)** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | At a GP practice |  |
| 2 | At a vaccination centre |  |
| 9 | At an internist |  |
| 10 | At a polyclinic |  |
| 4 | At an elderly / retirement home |  |
| 5 | At the hospital |  |
| 7 | At a specialist’s private practice |  |
| 6 | At home by a visiting GP/ nurse |  |
| 11 | At a specialist’s practice |  |
| 12 | At a private health clinic |  |
| 13 | At a public health centre |  |
| 14 | At a private vaccination clinic |  |
| 15 | Other clinics |  |
| 16 | At home, by a delivery service of a vaccination clinic |  |
| 17 | Regional Hospital  |  |
| 18 | Area Hospital  |  |
| 19 | Medical Centre  |  |
| 98 | Somewhere else (please state) | **OPEN TEXT** |
| 99 | I cannot remember |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **Intro C1** |  |
| **QUESTION TEXT**  | Next, we would like to go into more detail about what you may or may not have seen or heard about shingles and/ or shingles prevention/ treatment. |  |
| **QUESTION TYPE**  | **INTRO** |  |
| **LOGIC**  | **SHOW EVERYTHING ON ONE SCREEN**  |  |
|  |
| **Question number**  | **QC1 (BICCE)** |  |
| **QUESTION TEXT**  | In the past 3 months, from which of the following sources – if any – have you seen or heard information about shingles or shingles prevention? (Please select all that apply) |  |
| **QUESTION TYPE**  | **MULTICODE EXCEPT CODES 98 & 99** **RANDOMISE BUT ANCHOR CODES 97, 98 & 99 AT THE BOTTOM** |  |
| **LOGIC**  |  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| **Healthcare professionals** |
| 1 | Healthcare professional  |  |
| 12 | GP |  |
| 13 | Nurse |  |
| **Family / Social** |
| 2 | Friends / family |  |
| **Information materials** |
| 3 | A poster / leaflet inside of a healthcare setting |  |
| 4 | A poster / leaflet outside of a healthcare setting |  |
| 5 | Television (specify) OPEN TEXT |  |
| 6 | Magazine |  |
| 9 | Radio |  |
| 11 | Newspaper |  |
| 21 | Public Space Streets |  |
| 22 | Airport |  |
| 24 | Screens on health care centers |  |
| **Online** |
| 7 | On the internet – (specify) OPEN TEXT |  |
| 8 | Social media - (specify) OPEN TEXT |  |
| 19 | Newspaper or news website  |  |
| 20 | Governmental websites (e.g. MOH, SFDA) websites |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QC3b (BICCE)** |  |
| **QUESTION TEXT**  | Have you seen this information campaign recently (no matter the format in which you have seen it, could be on a poster, television, in a leaflet, in a website, in a video etc.)? |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC** | **SHOW STIMULUS AT THE TOP OF THE SCREEN ABOVE THE QUESTION** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes | MARK AS RECOGNISER - ASK CODE 1 FOR EACH VISUAL/VIDEO SHOWN  |
| 2 | No | MARK AS NONRECOGNISER |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QC4 (BICCE)** |  |
| **QUESTION TEXT**  | What – if anything – did you do as a result of seeing this information campaign?(Please select all that apply) |  |
| **QUESTION TYPE** | **MULTICODE EXCEPT CODE 98 AND 99** **RANDOMISE BUT ANCHOR CODES 97, 98 & 99 AT THE BOTTOM** |  |
| **LOGIC** | **ALL WHO SELECTED CODE 1 (YES) AT QC3B** |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | I spoke to a healthcare professional about shingles and how to prevent it |  |
| 2 | I spoke to friends / family about shingles and how to prevent it  |  |
| 3 | I did some research online |  |
| 4 | I received one dose (or more) of a shingles vaccine | DO NOT SHOW IF CODE 2 IN QB3 SELECTED |
| 5 | I searched for information on the internet  |  |
| 6 | I contacted a clinic/ hospital/ polyclinic to ask about shingles prevention  |  |
| 7 | I searched for more information  |  |
| 9 | I recommended friends / family about how to get the shingles vaccination |  |
| 10 | I spoke to friends/ family about the risk of developing shingles  |  |
| 11 | I spoke to a doctor, pharmacist or nurse about how I can protect myself against shingles  |  |
| 12 | I searched for information on the website of a vaccination centre |  |
| 18 | I contacted a vaccination centre to ask about shingles prevention |  |
| 13 | I spoke to pharmacist about shingles and how to prevent it  |  |
| 14 | I spoke to a GP about shingles and how to prevent it  |  |
| 16 | I spoke to a nurse about shingles and how to prevent it |  |
| 17 | I spoke to a specialist about shingles and how to prevent it  |  |
| 22 | I spoke to a nurse at my GP clinic about shingles and how to prevent it |  |
| 19 | I spoke to a nurse in a private vaccination clinic about shingles and how to prevent it  |  |
| 20 | I consulted the webpage |  |
| 22 | I consulted the webpage from the Ministry of Health and Family Welfare (DoHFW) for further information |  |
| 97 | Other (please state) | OPEN TEXT |
| 98 | I did not do anything as a result of seeing / hearing this information and will not consider doing anything as a result of seeing this information |  |
| 96 | I did not do anything as a result of seeing this information but I am considering taking action within the next month |  |
| 99 | I do not know  |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **Intro E1** |  |
| **QUESTION TEXT**  | You have almost reached the end of the survey. We just have a few more simple questions for you.  |  |
| **QUESTION TYPE**  | **INTRO** |  |
| **LOGIC**  | **SHOW EVERYTHING ON ONE SCREEN**  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QE1** |  |
| **QUESTION TEXT**  | Are you currently receiving an immunosuppressive treatment? |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  |  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |
| 3 | Don't know |  |
| 99 | I prefer not to say |  |
| **Question number**  | **QE3** |  |
| **QUESTION TEXT**  | What is the highest level of education you have attained? (Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  |  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Postgraduate degree (e.g. PhD, Master’s degree) |  |
| 2 | Undergraduate degree |  |
| 3 | Higher education below degree level |  |
| 4 | High school or equivalent |  |
| 5 | Trade apprenticeships |  |
| 6 | No formal educational qualifications |  |
| 99 | I prefer not to say |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QE4a** |  |
| **QUESTION TEXT**  | Do you have a private health insurance policy?(Please select one answer only) |  |
| **QUESTION TYPE**  | **SINGLE SELECT** |  |
| **LOGIC**  |  |  |
|  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |
| 99 | I do not know |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QE5a (BICCE)****TYPING TOOL QUESTION FOR DEFINING CONSUMER SEGMENTS** **DO NOT AMEND** |  |
| **QUESTION TEXT**  | Do you have any children?  |  |
| **QUESTION TYPE**  |  |  |
| **LOGIC**  |  |  |
|  |  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |
| 99 | Prefer not to say |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QE5b****TYPING TOOL QUESTION FOR DEFINING CONSUMER SEGMENTS** **DO NOT AMEND** |  |
| **QUESTION TEXT**  | Do you have any grandchildren?  |  |
| **QUESTION TYPE**  |  |  |
| **LOGIC**  |  |  |
|  |  |  |
| **Codes**  | **Code text**  | **Logic**  |
| 1 | Yes |  |
| 2 | No |  |
| 99 | Prefer not to say |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QAE1** |  |
| **QUESTION TEXT**  | Thank you for participating in and completing our research. The sponsoring company of this research has an obligation to continuously monitor the safety of their products. Although rare, their Product Safety Department may want to further investigate those issues you may have experienced. If we identify any AE/product complaint mentioned by you during this research, are you willing to be contacted by us to provide more information regarding the adverse event/product complaint? |  |
| **QUESTION TYPE**  | SINGLE SELECT |  |
| **LOGIC**  |  |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Yes | **CONTINUE** |
| 2 | No | **END SURVEY** |

|  |  |  |
| --- | --- | --- |
| **Question number**  | **QAE2** |  |
| **QUESTION TEXT**  | Would you be willing to have your personal data passed on to the sponsoring company for the purposes of obtaining more information regarding the adverse event/ product complaint mentioned in this research?Please note that if you were to consent to have your personal data passed on to the sponsoring company, such data will be controlled and processed by their Product Safety Department.  |  |
| **QUESTION TYPE**  | **SINGLE CODE** |  |
| **LOGIC**  | **[NEW SCREEN] [SHOW ONLY IF CLOSED-END AE TRIGGERED WITHIN SURVEY AND ‘YES’ AT QAE1]** **[IF NO CE AE TRIGGER BUT WITH OE QUESTIONS USE FOR OFF-LINE RE-CONTACT AS REQUIRED]** |  |
|  |
| **Codes - DOWN**  | **Code text**  | **Logic**  |
| 1 | Yes, I agree | **RESPONDENTS DETAILS** **CAN BE PASSED ON IN AER FORM** |
| 2 | No, I do not agree |  |