**Project Ruby**

**Quantitative Questionnaire – Consulting Physician & Psychiatrist**

**29th November 2022**

**CONSENT FORM**

***IQVIA – PROJECT PARTICIPATION AND CONSENT FORM***

|  |  |
| --- | --- |
| ***Project Name*** | ***Ruby*** |
| ***SFDC code*** | ***2931692*** |
| ***Recruiter/ Interviewer Name*** |  |

Good morning/afternoon, I am calling on behalf of IQVIA, an independent international healthcare market research organization. We are conducting a study **Concept testing and Price sensitivity for the nutraceutical for Sleep restoration and Insomnia**. May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

The purpose of our study is **Concept testing and Price sensitivity for the nutraceutical for Sleep restoration and Insomnia.** The discussion will be conducted via online survey and will last for about **30 mins**. The discussion will be arranged at a time to suit you and we can offer honorarium in appreciation of your time and participation.

Please let me reassure you that this Market Research is sponsored by a company and is conducted in accordance with International Market Research guidelines. The research is not designed to be promotional in any way – we are not trying to sell you anything. You have a right to withdraw from the interview at any time and withhold information as you see fit. All information provided will be treated in the strictest confidence and all data will only reported in a consolidated form – no personal information (including your name, email address and phone number) will be included in any reports provided to the company sponsoring the research, or to their affiliated companies or business partners.

Based on the (above) information, would you be interested in taking part in this market research program?

Yes……………………………………… …1 **→ CONTINUE**

No……………………………………… …2 **→ THANK AND CLOSE**

**Recruiter, please read out -**

As I mentioned earlier, we would be pleased to offer a honorarium in appreciation of your time and participation in the study. This compensation will be provided through PAYTM

1. Do you agree to receive compensation in this method?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

**[USE IF APPLICABLE]** I am going to audio record our discussion, because I cannot possibly remember everything that is said or write it down. However, as I mentioned earlier the meeting is completely confidential. The recordings will be listened to by an analyst who will summarize the data for confidential reporting purposes.

1. Do you agree to audio recording of the interview?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

It may also be necessary at a future date to re-contact you if we have a query on any of the information you have provided for our analysis.

1. Do you agree to be re-contacted in case of a query?

Yes………………………………………1 **→ CONTINUE**

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

**[USE IF APPLICABLE TO PROJECT]**

**Adverse Events**

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

**CONSENT TO PROCESSING OF PERSONAL DATA OF MARKET RESEARCH PARTICIPANT**

This form constitutes a privacy notice explaining how [IQVIA AG] (“IQVIA”/ “we”, “our”, “us”) will process your personal data for purposes of the Study and a consent declaration form for you to give your consent to this use, should you so choose.

For the purposes of this form, “personal data” means any data relating to you as a person and your personal circumstances, including your contact details, information about your specialization and responses provided in the course of participating in the Study.

If you choose to participate in the Study, you will need to read the following information carefully and provide your consent.

**PURPOSE OF PERSONAL DATA PROCESSING:**

IQVIA will serve as the Controller of personal data collected, and processing of such personal data will relate to conducting the Study and any follow-up contact that you have consented to.

Your responses and any personal contact information you provide in participating in the Study (i.e.: name, business address, email address, and phone number) will be processed by the IQVIA group of companies (“IQVIA”) on a strictly need-to-know basis, for purposes of informing IQVIA and its client(s) about **Concept testing and Price sensitivity for PRODUCT nutraceutical for Sleep restoration and Insomnia**

**THIRD PARTY TRANSFERS**

In order for IQVIA to conduct the Study, IQVIA may need to transfer your data to third party companies providing services to IQVIA. IQVIA shall ensure adequate contractual terms are in place with such third parties in order to ensure there are protections for your data.

If such third parties are located outside the EEA which may not benefit from a European Commission adequacy decision, IQVIA shall ensure Standard Contractual Clauses approved by the European Commission are in place with such third parties in order to ensure an adequate level of protection.

Your data will not be disclosed to the Study sponsor except in aggregated or non-identified form, provided however that your identity may be disclosed to the Study sponsor and the applicable national regulatory authority if you give your consent for your personal details to be passed on in the event of adverse event reporting, or if the Study Sponsor is required to do so by applicable law to meet mandatory regulatory reporting requirements.

**HOW WE STORE YOUR INFORMATION AND YOUR RIGHTS**

We retain your data for no longer than is necessary for the purposes for which your personal data is collected. Your responses in the Study and your associated personal data will be maintained for ­­­3 years except to the extent required to comply with a legal obligation.

You may contact us to request access to your personal data or to be provided with information on your personal data stored by us, object to the processing of it and request that we correct or delete it. If you have any queries or wish to know more about the information we hold, you can call us on- **7738551216** & **svartak@in.imshealth.com** or contact our data protection officer mentioning the name of the Study and one of our team will be happy to assist. You also have the right to complain to a data protection authority in the country where you live, work, or where you believe data protection laws have been breached.

The granting of your consent is voluntary and may be revoked at any time without any detrimental effect to you. You will not suffer any detriment should you choose not to participate in the Study.

**Compliance with Anti-Corruption and Anti Bribery Laws:**

You confirm that you are not a Government Official with the ability to influence IQVIA business and have not taken any action, directly or indirectly, that would constitute a violation of any applicable law including any anti-corruption laws or regulations (such as FCPA or UKBA), or IQVIA’s Policy against Bribery and Corruption.

You further confirm that in carrying out the Interview, you have not directly or indirectly made an, offer, authorized, promised to make, or received any Payment:

* to obtain or retain any contract, business opportunity or other similar benefit; or
* to or for the use or benefit of any Government Official; or
* to any person where such Payment violates any laws, decrees, regulations or policies having the force of law in the country or countries of such person or applicable to such person or the laws of [the United States of America and] England and Wales]; or
* to or from any person, whether or not a Government Official, with the intention to bring about or reward the improper performance of a duty or obligation to which you are subject to; or with the knowledge or belief that the acceptance of the advantage in itself constitutes the improper performance of your duty or obligation.
* By participating in this study/survey, you confirm that you are authorized to participate without violating any other commitments/engagements/contracts including but not limited to your employment contract/charter/rules and service agreements.

***Following new regulations, we require you to indicate that you have understood and agree to the information above by signing on the project participation sheet.***

*PLEASE COMPLETE DETAILS ACCURATELY AS THIS INFORMATION WILL BE USED TO PROCESS THE PAYMENT.*

|  |  |  |
| --- | --- | --- |
| **PROJECT NUMBER** | 2931692 | *To be completed by IQVIA* |
| **PROJECT NAME** | Ruby |
| **DATE OF INTERVIEW** |  | *To be completed by Participant* |
| **RESPONDENT NAME** |  |
| **COUNTRY** |  |
| **CITY** |  |
| **TELEPHONE** |  |
| **MOBILE** |  |
| **DATE OF BIRTH** |  |
| **E-MAIL ADDRESS** |  |
| **CARD DELIVERY ADDRESS** |  |  |
| **INCENTIVE TYPE** |  |  |
| **INCENTIVE AMOUNT** |  |  |

**PARTICIPANT CONSENT:**

* **YES**, I want to take part in the Study as outlined above and confirm my consent to the collection, storage and use of my personal data as outlined above.
* **YES**, I confirm that I may be contacted by IQVIA directly by telephone or e-mail using the contact information I have given above.
* **YES,** I have complied with anti-corruption and anti-bribery laws.
* **YES,** I agree to have received the incentive as stated above, in lieu for my interview.

**PARTICIPANT Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**CENTERS AND SAMPLE SPREAD**

|  |  |  |
| --- | --- | --- |
| **CITIES** | **QUANTITATIVE- CAPI** | **TOTAL** |
| **CONSULTING PHYSICIANS** | **PSYCHIATRIST** |
| Delhi | 10 | 6 | **16** |
| Mumbai | 10 | 6 | **16** |
| Kolkata | 10 | 6 | **16** |
| Chennai | 10 | 6 | **16** |
| Bangalore | 10 | 6 | **16** |
| **TOTAL** | **50** | **30** | **80** |

**AFTER READING THIS, CONTINUE WITH THE QUESTIONNAIRE**

|  |
| --- |
| **SECTION 1: CATEGORY UNDERSTANDING & PERCEPTIONS [10 MINS]** |

***INTERVIEWER SCRIPT:*** *We would like to start the interview by understanding your practice and your perception towards nutraceuticals in the management of patients suffering from sleep disorders, specifically Insomnia / Sleep Restoration / Sleep Disturbance*

**HANDOVER SHOWCARD 1**

1. [A] Considering 100 patients in your practice, how would you distribute them across the below indications? **RECORD EXACT NUMBER OF EACH INDICATION**

**SCRIPTING INSTRUCTIONS: ENSURE ROTATION OF THE INDICATIONS FOR EACH RESPONDENT**

|  |  |
| --- | --- |
| **INDICATIONS** | **Q1 (# PATIENTS)** |
| Chronic Fatigue Syndrome |  |  |  |
| Complaint of memory loss |  |  |  |
| Forgetfulness |  |  |  |
| Insomnia / Sleep Restoration / Sleep Disturbance |  |  |  |
| Narcolepsy |  |  |  |
| Restless Leg Syndrome |  |  |  |
| Sleep Apnea |  |  |  |
| Sleep Disorders |  |  |  |

***INTERVIEWER SCRIPT****: Doctor, our next set of discussion will be about Insomnia / Sleep Restoration / Sleep Disturbance Hence, with this consideration, please do answer the below questions.*

**HANDOVER SHOWCARD 2**

1. Doctor can you please tell me, what proportion of insomnia patients speak about the following complaints during consultation? **RECORD PROPORTION FOR EACH INDICATION. TOTAL CAN EXCEED 100%**

**SCRIPTING INSTRUCTIONS: ENSURE ROTATION OF THE INDICATIONS FOR EACH RESPONDENT**

|  |  |
| --- | --- |
| **COMPLAINTS** | **Q2 (% PATIENTS)** |
| Memory loss |  |  |  |
| Associated movement difficulty |  |  |  |
| Difficulty in concentrating  |  |  |  |
| Increase in negative moods (anger, frustration, sadness) |  |  |  |
| Depression |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |

**INTERVIEWER SCRIPT*:*** *Now we would like to know about your management of patients with Insomnia / Sleep Restoration / Sleep Disturbance*

**HANDOVER SHOWCARD 3**

1. Doctor for the indications mentioned earlier, could you please tell us the % patients recommended the below treatment protocol? **RECORD PROPORTION. TOTAL TO ADD TO 100% HORIZONTALLY**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATIONS OF OPTIONS FOR EACH INDICATION**

|  |  |
| --- | --- |
| **INDICATIONS** | **Q3 (% PATIENTS)** |
| **Standalone Supplements** | **Supplements + Medical Management** | **Supplements + Lifestyle Changes** | **TOTAL** |
| Insomnia / Sleep Restoration / Sleep Disturbance |  |  |  | **100%** |
| Narcolepsy |  |  |  | **100%** |
| Restless Leg Syndrome |  |  |  | **100%** |
| Sleep Apnea |  |  |  | **100%** |
| Chronic Fatigue Syndrome |  |  |  | **100%** |

**HANDOVER SHOWCARD 4A**

1. [A] What do you generally recommend to your patients suffering from Insomnia / Sleep Restoration / Sleep Disturbance apart from the following drug therapies? **INTERVIEWER TO READ OUT THE LIST.** **MULTIPLE CODING POSSIBLE**. **SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF OPTIONS FOR EACH INDICATION**

**DISPLAY ONLY THOSE OPTIONS CODED IN Q4A**

[B] And which option do you recommend most often? **SINGLE CODING ONLY**

**DISPLAY ONLY THOSE OPTIONS CODED IN Q4B**

[C] Considering 100 patients with Insomnia / Sleep Restoration / Sleep Disturbance, to what proportion would you recommend these options? **RECORD PERCENTAGE. TOTAL CAN EXCEED 100%**

|  |  |  |  |
| --- | --- | --- | --- |
| **INGREDIENTS** | **Q4A** | **Q4B** | **Q4C** |
| **GENERALLY PRESCRIBED** | **MOST OFTEN PRESCRIBED** | **% PATIENTS** |
| 5-Hydroxytryptophan | 1 | 1 | % |
| Ashwagandha | 2 | 2 | % |
| Calcium | 3 | 3 | % |
| Dietary changes | 4 | 4 | % |
| Ginseng | 5 | 5 | % |
| Lifestyle modifications | 6 | 6 | % |
| Magnesium | 7 | 7 | % |
| Melatonin | 8 | 8 | % |
| Theanine | 9 | 9 | % |
| Valerian root | 10 | 10 | % |
| Vitamin B | 11 | 11 | % |
| Vitamin D3 | 12 | 12 | % |
| Vitamin E | 13 | 13 | % |
| Zinc | 14 | 14 | % |
| *Others [please specify] \_\_\_* | *98* | *98* | *%* |
| *Others [please specify] \_\_\_* | *99* | *99* | *%* |

**HANDOVER SHOWCARD 5**

1. Doctor what role do you think nutraceuticals play in the management of Insomnia / Sleep Restoration / Sleep Disturbance? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **ROLE OF NUTRACEUTICALS** | **CODES** |
| Helps in maintaining circadian rhythms by regulating melatonin production | 1 |
| Helps to avoid frequent overuse of narcotic medications  | 2 |
| Helps to minimize other neurological conditions linked sleep disorder such as Anxiety, depression  | 3 |
| Helps to minimize sleep onset latency or maintaining sound sleep | 4 |
| Improves the quality of life of patients | 5 |
| Prevention of other long-term effects such as hypertension, heart diseases, etc. | 6 |
| Reduction of Insomnia / Sleep Restoration / Sleep Disturbance without side effects | 7 |
| Therapy with better patient compliance | 8 |
| *Others [please specify] \_\_\_\_\_\_\_\_* | *98* |
| *Others [please specify] \_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 6**

1. What do you feel are the benefits of nutraceuticals in the management of Insomnia / Sleep Restoration / Sleep Disturbance? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **BENEFITS OF NUTRACEUTICALS** | **CODES** |
| Ability for easy brand switches / changes | 1 |
| Better patient compliance with these products | 2 |
| Convenient usage (OD Dosage) of the products | 3 |
| Discounts available during purchase of the product | 4 |
| Easy availability of the products | 5 |
| More sources available to know about the product | 6 |
| Natural Ingredients present in the products | 7 |
| Non-Habit forming | 8 |
| *Others [please specify] \_\_\_\_\_\_\_* | *98* |
| *Others [please specify] \_\_\_\_\_\_\_* | *99* |

|  |
| --- |
| **SECTION 2: CONCEPT TESTING [10 MINS]** |

INTERVIEWER SCRIPT: Doctor in this section, I wish to show you a concept of nutraceutical for Sleep restoration and Insomnia / Sleep Restoration / Sleep Disturbance. Please have a look and let us know your feedback on the same. Please give your honest feedback.

**SCRIPTING INSTRUCTIONS: CONCEPT TO DISPLAYED ON SCREEN AT THIS POINT IN THE INTERVIEW**

***INTERVIEWER INSTRUCTIONS*:** Expose the concept to the doctor and allow the doctor to go through each page for 60-75 seconds. **Do not aid or explain any point to the doctor**

**HANDOVER SHOWCARD 7A**

1. A. Doctor, on a likability scale of 1 to 10 where 1 means “Not at all liked” and 10 means “Extremely liked”, can you please tell me how much did you like this concept? **SINGLE CODING ONLY**

|  |
| --- |
| **OVERALL LIKABILITY** |
| Not at all liked |  |  |  |  |  |  |  |  | Extremely liked |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 7B**

B. Could you tell some reasons that make the concept likeable? **MULTIPLE CODING POSSIBLE.**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **LIKEABLE ATTRIBUTES OF CONCEPT** | **CODE** |
| Magnesium glycine complex (225 mg) – Glycine elevates serotonin & reduces insomnia symptoms | 1 |
| Magnesium glycine complex (225 mg) - Regulates melatonin & maintains GABA level  | 2 |
| Melatonin alters the sleep architecture, thus improves sleep quality | 3 |
| Melatonin effectively modulates the circadian rhythm | 4 |
| Melatonin improves sleep efficiency | 5 |
| Melatonin initiates a good night’s sleep | 6 |
| Mg & Zn facilitates the endogenous synthesis of melatonin | 7 |
| Non-Habit Forming | 8 |
| Nutraceutical for Insomnia and Sleep Restoration | 9 |
| Restoring Sleep Naturally | 10 |
| Significant improvement in all 4 domains– Ease, Quality, Hangover, Awakening | 11 |
| Synergy of Melatonin, Mg & Zn improves the morning alertness rapidly | 12 |
| Synergy of Melatonin, Mg & Zn improves the sleep onset latency | 13 |
| Synergy of Melatonin, Mg & Zn improves the sleep quality | 14 |
| Synergy of Melatonin, Mg & Zn improves the sleep time  | 15 |
| Unique Blend of Melatonin + Mg + Zn | 16 |
| Zinc gluconate (11.25 mg) - Necessary in the metabolism of melatonin | 17 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 8A**

1. A. Doctor, do you feel this concept is relevant to your practice, on a scale of 1 to 10, wherein 1 means “Not at all relevant” and 10 means “Extremely relevant”? **SINGLE CODING ONLY**

|  |
| --- |
| **OVERALL RELEVANCE** |
| Not at all relevant |  |  |  |  |  |  |  |  | Extremely relevant |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 8B**

B. Could you tell some reasons that make the concept relevant? **MULTIPLE CODING POSSIBLE. RANDOMIZATION OF ATTRIBUTES**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **RELEVANT ATTRIBUTES OF CONCEPT** | **CODE** |
| Magnesium glycine complex (225 mg) – Glycine elevates serotonin & reduces insomnia symptoms | 1 |
| Magnesium glycine complex (225 mg) - Regulates melatonin & maintains GABA level  | 2 |
| Melatonin alters the sleep architecture, thus improves sleep quality | 3 |
| Melatonin effectively modulates the circadian rhythm | 4 |
| Melatonin improves sleep efficiency | 5 |
| Melatonin initiates a good night’s sleep | 6 |
| Mg & Zn facilitates the endogenous synthesis of melatonin | 7 |
| Non-Habit Forming | 8 |
| Nutraceutical for Insomnia and Sleep Restoration | 9 |
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| Synergy of Melatonin, Mg & Zn improves the sleep quality | 14 |
| Synergy of Melatonin, Mg & Zn improves the sleep time  | 15 |
| Unique Blend of Melatonin + Mg + Zn | 16 |
| Zinc gluconate (11.25 mg) - Necessary in the metabolism of melatonin | 17 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 9A**

1. Doctor, can you tell me how believable is the concept, on a scale of 1 to 10, wherein 1 means “Not at all believable” and 10 means “Extremely believable”? **SINGLE** **CODING ONLY**

|  |
| --- |
| **OVERALL BELIEVABILITY** |
| Not at all believable |  |  |  |  |  |  |  |  | Extremely believable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 9B**

B. Could you tell some reasons that make the concept believable? **MULTIPLE CODING POSSIBLE**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **BELIEVABLE ATTRIBUTES OF CONCEPT** | **CODE** |
| Magnesium glycine complex (225 mg) – Glycine elevates serotonin & reduces insomnia symptoms | 1 |
| Magnesium glycine complex (225 mg) - Regulates melatonin & maintains GABA level  | 2 |
| Melatonin alters the sleep architecture, thus improves sleep quality | 3 |
| Melatonin effectively modulates the circadian rhythm | 4 |
| Melatonin improves sleep efficiency | 5 |
| Melatonin initiates a good night’s sleep | 6 |
| Mg & Zn facilitates the endogenous synthesis of melatonin | 7 |
| Non-Habit Forming | 8 |
| Nutraceutical for Insomnia and Sleep Restoration | 9 |
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| Significant improvement in all 4 domains– Ease, Quality, Hangover, Awakening | 11 |
| Synergy of Melatonin, Mg & Zn improves the morning alertness rapidly | 12 |
| Synergy of Melatonin, Mg & Zn improves the sleep onset latency | 13 |
| Synergy of Melatonin, Mg & Zn improves the sleep quality | 14 |
| Synergy of Melatonin, Mg & Zn improves the sleep time  | 15 |
| Unique Blend of Melatonin + Mg + Zn | 16 |
| Zinc gluconate (11.25 mg) - Necessary in the metabolism of melatonin | 17 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 10**

1. Doctor, to what extent do you believe the key ingredients would that the following ingredients will help in the management of Insomnia / Sleep Restoration / Sleep Disturbance? **SINGLE CODING ONLY**

|  |
| --- |
| **BELIEVABILITY OF INGREDIENT BENEFITS** |
| Definitely do not believe |  |  |  |  |  |  |  |  | Definitely believe |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |
| --- | --- |
| **INGREDIENTS** | **RATING FOR INSOMNIA** |
| Melatonin |  |
| Magnesium |  |
| Zinc |  |

**HANDOVER SHOWCARD 11A**

1. A. Can you tell me how unique this concept is on a scale of 1 to 10, in which 1 means “Not at all unique” and 10 means “Extremely unique”? **SINGLE CODING ONLY**

|  |
| --- |
| **OVERALL UNIQUENESS** |
| Not at all unique |  |  |  |  |  |  |  |  | Extremely unique |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 11B**

B. Could you tell some reasons that make the concept unique? **MULTIPLE CODING POSSIBLE**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **UNIQUE ATTRIBUTES OF CONCEPT** | **CODE** |
| Magnesium glycine complex (225 mg) – Glycine elevates serotonin & reduces insomnia symptoms | 1 |
| Magnesium glycine complex (225 mg) - Regulates melatonin & maintains GABA level  | 2 |
| Melatonin alters the sleep architecture, thus improves sleep quality | 3 |
| Melatonin effectively modulates the circadian rhythm | 4 |
| Melatonin improves sleep efficiency | 5 |
| Melatonin initiates a good night’s sleep | 6 |
| Mg & Zn facilitates the endogenous synthesis of melatonin | 7 |
| Non-Habit Forming | 8 |
| Nutraceutical for Insomnia and Sleep Restoration | 9 |
| Restoring Sleep Naturally | 10 |
| Significant improvement in all 4 domains– Ease, Quality, Hangover, Awakening | 11 |
| Synergy of Melatonin, Mg & Zn improves the morning alertness rapidly | 12 |
| Synergy of Melatonin, Mg & Zn improves the sleep onset latency | 13 |
| Synergy of Melatonin, Mg & Zn improves the sleep quality | 14 |
| Synergy of Melatonin, Mg & Zn improves the sleep time  | 15 |
| Unique Blend of Melatonin + Mg + Zn | 16 |
| Zinc gluconate (11.25 mg) - Necessary in the metabolism of melatonin | 17 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 12**

1. After looking at the concept, what is your intention to recommend the product for Insomnia / Sleep Restoration / Sleep Disturbance, on a scale of 1 to 10, where 1 means “Definitely will not recommend” and 10 means “Definitely will recommend”? **SINGLE CODING ONLY**

|  |
| --- |
| **INTENTION TO RECOMMEND FOR INSOMNIA / SLEEP RESTORATION / SLEEP DISTURBANCE** |
| Definitely will not recommend |  |  |  |  |  |  |  |  | Definitely will recommend |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Doctor, can you tell me the 3 key word or phrases that stood out for you? **INTERVIEWER TO RECORD THE PHRASES AS IS MENTIONED BY THE DOCTOR**

|  |  |
| --- | --- |
| **KEYWORD/PHRASE** | **RECORD VERBATIM HERE** |
| First relevant keyword/ phrase |  |
| Second relevant keyword/ phrase |  |
| Third relevant keyword/ phrase |  |

**ASK ONLY TO THOSE RESPONDENTS WHO HAVE GIVEN A RATING OF 7 OR LESS FOR ITR IN Q12**

1. Doctor, lastly, are there any improvement areas that would improve your intention to recommend further? **RECORD VERBATIM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HANDOVER SHOWCARD 15A**

1. [A] What type of patient would you consider recommending this product to? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **PROFILE OF PATIENTS** | **CODE** |
| College Students | 1 |
| Corporate professionals | 2 |
| Homemaker | 3 |
| Manual Laborers | 4 |
| Mason workers | 5 |
| Pregnant women | 6 |
| Sales/ Field job professionals | 7 |
| Retired patients | 8 |
| *Others [please specify] \_\_* | *98* |
| *Others [please specify] \_\_* | *99* |

[B] Would you be willing to recommend this product in patients with associated comorbidities?

**SINGLE CODING ONLY**

|  |  |
| --- | --- |
| **WILLINGNESS TO RECOMMEND IN CORMORBIDITIES** | **CODE** |
| Yes | 1 |
| Not sure | 2 |
| No | 3 |

**HANDOVER SHOWCARD 15C**

**ASK ONLY TO RESPONDENTS WHO HAVE CODED YES IN Q15B**

[C] Which are the comorbidities in which you would still consider recommending the product shown in the concept? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **COMORBIDITIES** | **CODE** |
| Anemia | 1 |
| Autoimmune Disorders | 2 |
| COPD | 3 |
| Diabetes | 4 |
| Heart Disease | 5 |
| High BMI / Obesity | 6 |
| Hypertension | 7 |
| Low BMI / Underweight | 8 |
| Low energy / fatigued patients | 9 |
| Micronutrient deficiencies | 10 |
| Protein deficiencies | 11 |
| Thyroid | 12 |
| *Others [please specify] \_\_\_\_\_\_* | *98* |
| *Others [please specify] \_\_\_\_\_\_* | *99* |

[D] What would the top two preferred age groups in which you would consider recommending the product? **ALLOW CODING TOP TWO OPTIONS**

|  |  |
| --- | --- |
| **AGE GROUPS** | **CODE** |
| 20-29 Years | 1 |
| 30-39 Years | 2 |
| 40-49 Years | 3 |
| 50-59 Years | 4 |
| > 60 Years | 5 |

|  |
| --- |
| **SECTION 3: PRICE SENSITIVITY [10 MINS]** |

***INTERVIEWER SCRIPT****:* *Doctor, we have a few questions on the price of the product shown in the given concept. Please feel free to answer your mind, as there are no right or wrong answers here. Concept to be handed over the doctor for reference throughout the section*

1. Doctor, I will now present four questions to you to understand the suitable **price per strip (10 tablets) for this PRODUCT**. Please share your response for each question.
	1. At what cost per strip (10 tablets) do you feel that **PRODUCT** would be **TOO INEXPENSIVE**, that you would not trust the benefits of product and not consider prescribing it? **RECORD PRICE POINT IN INR**
	2. At what cost per strip (10 tablets) do you feel that **PRODUCT** would be **REASONABLY PRICED/ BARGAIN** for you to prescribe to your sleep restoration and Insomnia / Sleep Restoration / Sleep Disturbance patients? **RECORD PRICE POINT IN INR**
	3. At what cost per strip (10 tablets) do you feel that **PRODUCT** would be **EXPENSIVE** for you, but you will still consider prescribing it? **RECORD PRICE POINT IN INR**
	4. At what cost per strip (10 tablets) do you feel that **PRODUCT** would be **TOO EXPENSIVE** that you would not consider prescribing it? **RECORD PRICE POINT IN INR**

***INTERVIEWER SCRIPT****:* *Doctor, in the last part of the interview, we have a few more questions on the price of the product.*

**HANDOVER SHOWCARD 17A**

1. [A] Doctor, please consider a price of 150 INR for one strip (10 tablets). What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |
| --- |
| **INTENTION TO RECOMMEND** |
| **Low Intention**  |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**~~ASK TO RESPONDENTS WHOSE RATING IS 7 AND ABOVE IN Q17A~~**

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend **PRODUCT** at 150 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM PRODUCT WILL BE RECOMMENDED AT 150 INR** |

**HANDOVER SHOWCARD 18A**

1. [A] Doctor, please consider a price of 180 INR for one strip (10 tablets). What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |
| --- |
| **INTENTION TO RECOMMEND** |
| **Low Intention**  |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**~~ASK TO RESPONDENTS WHOSE RATING IS 7 AND ABOVE IN Q18A~~**

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend **PRODUCT** at 180 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM PRODUCT WILL BE RECOMMENDED AT 180 INR** |

**HANDOVER SHOWCARD 19A**

1. [A] Doctor, please consider a price of 220 INR for one strip (10 tablets). What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |
| --- |
| **INTENTION TO RECOMMEND** |
| **Low Intention**  |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**~~ASK TO RESPONDENTS WHOSE RATING IS 7 AND ABOVE IN Q19A~~**

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend **PRODUCT** at 220 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM PRODUCT WILL BE RECOMMENDED AT 220 INR** |

**HANDOVER SHOWCARD 20A**

1. [A] Doctor, please consider a price of 260 INR for one strip (10 tablets). What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |
| --- |
| **INTENTION TO RECOMMEND** |
| **Low Intention**  |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**~~ASK TO RESPONDENTS WHOSE RATING IS 7 AND ABOVE IN Q20B~~**

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend **PRODUCT** at 260 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM PRODUCT WILL BE RECOMMENDED AT 260 INR** |

**HANDOVER SHOWCARD 21A**

1. [A] Doctor, please consider a price of 299 INR for one strip (10 tablets). What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |
| --- |
| **INTENTION TO RECOMMEND** |
| **Low Intention**  |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**~~ASK TO RESPONDENTS WHOSE RATING IS 7 AND ABOVE IN Q21B~~**

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend **PRODUCT** at 299 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM PRODUCT WILL BE RECOMMENDED AT 299 INR** |

**THANK & CLOSE THE INTERVIEW**