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| **PROJECT TITLE** | | | | | | | | | | | | | | | | | | | | **JOB NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | **QNNR SL. NO. (For DP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Halo\_Growth Opps Hair care** | | | | | | | | | | | | | | | | | | | | **2** | | | | | | | **2** | | | | | | | | **0** | | | | | | | | | | **4** | | | | | | **1** | | | | | | **1** | | | | | | **7** | | | | | | | **0** | | | | | | | | | **0** | | | | | **1** | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | |  | |
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| **SP – ZONE** | | | | | | | | | | | | | | | | | | | | **SP NO.** | | | | | | | | | | | | | | | | | | | | | | | **G.C NO.** | | | | | | | | | | | | | | | | | | | | | **INTERVIEW NO.** | | | | | | | | | | | | | | | | | | | | | | | **WEEK NO.** | | | | | | | | | | | | | | | | | | | | | | **MONTH NO.** | | | | | | | | | | | | | | |
| **N** | **E** | | **W** | | | | | **S** | | | | **C** | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | |
| **RESPONDENT NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SUR NAME:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Hospital/ Clinic name** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Hospital/ Clinic Address (Line 1)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Hospital/ Clinic Address (Line 2)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **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** | | | | | | **2** | | | | **2** | | |  | | | | | | | | |
| **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** | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| **EIC** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| **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** | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| **Delhi** | | | | | | **01** | | | | | | **Mumbai** | | | | | | | | | | | | | | | | | | | | **02** | | | | | | | | | | **Bangalore** | | | | | | | | | | | | | | | | | | | | **03** | | | | | | | | | | | | | | **Chennai** | | | | | | | | | | | | | | | | | | | **04** | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |

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| --- |
| **INTRODUCTION**  Hello doctor, I am from IPSOS, a premier research and consultancy agency. We are currently conducting a study **to discuss about your practice in hair care.** We would very much value the incorporation of your opinions to this project. Everything that you share with us will be treated in strictest confidence and will not be attributed to you. Responses are grouped together for overall analysis purposes and may be disclosed to the Sponsor for their knowledge purpose only, in strictest confidence, without identifying you and/or attributing it to you. We would take around 5 minutes to check the screening details, once you successfully meet all the criteria required to take part in the survey, we would proceed with the main discussion which will take upto 45-50 minutes to complete. Your involvement in this study would be very much appreciated. The project is purely concerned with research and knowledge purpose only, there will be no attempt to recommend, endorse, sponsor or sell you anything or influence your use of products and/or clinical judgment. There are a few questions to check if this study will be relevant to you. |

|  |
| --- |
| To fully partake in this survey, we need your agreement on the following statements.   * By participating in this survey, you may have access to confidential information of the Sponsor, including information about the Sponsor’s products and services, ideas, concepts and/or projects (collectively, “Confidential Information”). * You agree that you will not use, disclose, copy, photograph, record, publish on the internet, or reproduce the Confidential Information, and that you will avoid discussing the Confidential Information with anyone, including friends, and family members or in public places where it might be overheard. * You will indemnify the Sponsor, Ipsos, and each of their respective affiliates, from and against all claims, losses, damages, costs, and expenses of any kind arising directly or indirectly out of your unauthorized use or disclosure of the Confidential Information. * This Agreement is entered into for the benefit of the Sponsor which is a third-party beneficiary hereof with the right to claim any benefit and enforce any provision hereof to the same extent as though it were a party to this Agreement.   **Do you acknowledge and agree with the statements above?**   * Yes, I agree to keep information confidential, and I wish to participate in this study * No, I do not agree **[TERMINATE]** |

|  |  |
| --- | --- |
| 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 | | |

**Sample spread – Qualitative**

|  |  |
| --- | --- |
|  | **TOTAL** |
| Delhi | 7 |
| Bangalore | 7 |
| Mumbai | 8 |
| Chennai | 8 |
| **TOTAL** | **30** |

***ASK ALL***

|  |  |  |  |
| --- | --- | --- | --- |
| S1 | What is your **primary specialty**? [SA] | Code | ACTION |
|  | Cosmetic Dermatologist/ Dermatologist/ Trichologist | 1 | ***CONTINUE*** |
|  | OTHERS | 99 | ***TERMINATE*** |

***ASK ALL***

|  |  |  |  |
| --- | --- | --- | --- |
| S2 | Are you **associated with any pharmaceutical company** as a panel member or a consultant? [SA] | Code | ACTION |
|  | YES | 1 | ***TERMINATE*** |
|  | NO | 2 | ***CONTINUE*** |

***ASK ALL***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S3 | Could you please tell me for **how many years you have been practicing post residency (in years)**? [SA] ***CAPTURE IN NUMBER*** ***RANGE: All: 15–25 years, else terminate*** | | | |
|  | Total years of experience (in years) |  |  |  |

***ASK ALL***

|  |  |  |  |
| --- | --- | --- | --- |
| S4 | ***READ OUT THE STATEMENTS***  Could you please tell me, which of the following is your **primary place of practice**? [SA]  ***“By primary place of practice, we mean the set up where you spend more than 70% of your time”.*** | Code | ACTION |
|  | In a private solo practice, only | 1 | ***CONTINUE*** |
|  | In a private group practice / polyclinic | 2 | ***CONTINUE*** |
|  | In a private hospital / multispecialty hospital/ corporate hospital | 3 | ***CONTINUE*** |
|  | In a government hospital, only (no private practice / in public practice only) | 4 | ***TERMINATE*** |
|  | Attached to teaching hospital/ Institutions | 5 | ***TERMINATE*** |

***ASK ALL***

|  |  |
| --- | --- |
| S6 | Doctor, of the patients seen in a month, what patients do you consult on an average in a month? **[SA] *CAPTURE IN PERCENTAGE*** |
| ***MINIMUM SELECTION CRITERIA:***   |  | | --- | | * ***CONTINUE ONLY IF*** ***>=500, ELSE TERMINATE*** | |
|  | |

***ASK ALL***

|  |  |
| --- | --- |
| S6 | Doctor, of the total patients you consult. What proportion patients are consulted for hair/ scalp related concerns? **[SA] *CAPTURE IN PERCENTAGE*** |
| ***MINIMUM SELECTION CRITERIA:***   |  | | --- | | * ***CONTINUE ONLY IF*** ***>=50%, ELSE TERMINATE*** | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| S7 | Doctor, which of these conditions do you treat in your practice?  **PROBE ON INDICATION**  ***MULTIPLE CODING POSSIBLE*** | Code | ACTION |
|  | Androgenetic alopecia | 1 | ***IF NOT CODED 1, 2, & 3, PLEASE TERMINATE*** |
|  | Alopecia Areata | 2 |
|  | Seborrheic dermatitis | 3 |
|  | Telogen Effluvium | 4 |
|  | Anagen effluvium | 5 |
|  | Hypertrichosis | 6 |
|  | Scalp Infections | 7 |
|  | Others | 8 |

|  |  |  |  |
| --- | --- | --- | --- |
| S8 | Doctor, do you conduct any hair procedures like PRP, Hair Transplant, etc. **SINGLE CODING ONLY** | Code | ACTION |
|  | Yes | 1 | ***CONTINUE*** |
|  | No | 2 | ***TERMINATE*** |

|  |  |  |
| --- | --- | --- |
| S9 | Which hair procedures do you conduct? **MULTIPLE CODING POSSIBLE** | Code |
|  | PRP | 1 |
|  | Hair transplant | 2 |
|  | Slit grafting | 3 |
|  | Micro needling | 4 |
|  | Others – Pls specify | 5 |

**IF RESPONDENT QUALIFIES, SAY:**

|  |  |  |  |
| --- | --- | --- | --- |
| S8 | Thank you very much for your responses and the time spent. I would now like to request for your time to conduct the main interview. Do you agree to participate? [SA] | Code | ACTION |
|  | Yes | 1 | ***Thank and schedule interview*** |
|  | No | 2 | ***TERMINATE*** |

**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 Interview. The interview will last approximately 45 minutes, and it has some questions regarding understanding usage of Minoxidil in management of hair loss. 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.

**FOR RECRUITMENT SAY:**

The interview will need to be audio taped for our analysis’s purposes, but please note that we will not be divulging your personal details or quoting you in any manner.

EXPLAIN THE USE OF AUDIO RECORDING – The purpose of audio recording is only for transcriptions; all individual responses will be grouped together while reporting.

I hope you are fine with audio taping.

**Yes : 01 SCHEDULE THE APPOINTMENT**

**Place :**

**Date:**

|  |  |  |
| --- | --- | --- |
| **DD** | **MM** | **YY** |
|  |  | **2022** |
| **Time:** |  |  |
|  | | **AM / PM** |

**No : 02 THANK AND CLOSE**