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| **PROJECT TITLE** | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Falcon** | | | | | | **2** | | **2** | | **0** | | **6** | | **0** | | **8** | | **0** | **6** | | **0** | | **1** | |  | |  | |  | |  | |  | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **SP – ZONE** | | | | | **SP NO.** | | | | | | **G.C NO.** | | | | | | **INTERVIEW NO.** | | | | | | | **WEEK NO.** | | | | | | **MONTH NO.** | | | | |
| **N** | **E** | **W** | **S** | **C** |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
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| **RESPONDENTS HOUSE/OFFICE ADDRESS–COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESPONDENT NAME** | | | |  | | | | | | | | **SUR NAME:** | | | | | | | | |  | | | | | | | | | |  |
| **Door / House / Bldg No.** | | | |  | | | | | | | | **FLOOR No.** | | | | | | | | |  | | | | | | | | | |  |
| **HOUSE / FLAT NAME** | | | |  | | | | | | | | **STREET / ROAD NAME** | | | | | | | | |  | | | | | | | | | |  |
| **AREA NAME** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **TOWN / VILLAGE NAME** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **LANDMARK** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **PINCODE** | | | |  |  |  |  |  |  | **MOBILE No.** | | | | |  |  | |  | | |  |  | |  | |  | |  |  |  |  |
| **PHONE No. (Res)** | | | |  |  |  |  |  |  |  |  | |  |  |  | | | | | | | | | | | | | | | |  |
| **PHONE No. (Off)** | | | |  |  |  |  |  |  |  |  | |  |  | **Extn.** | | | |  |  | | |  | |  | |  | | | |  |
| **e-mail ID** |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | |  |  | | |  | |  | |  |  |  |  |  |

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| **FIELD CONTROL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **INTERVIEWER NAME** |  | | | | | | | | | | | | | | | | | |  |
| **INTERVIEWER CODE (ID)** |  |  |  |  |  |  |  | **INTERVIEW DATE** | | | | | **D** | **D** | **M** | **M** | **2** | **0** |  |
| **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** | | | | | | | | |  |

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| **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** |  |  |  |  |  |  |  |  |  |

SAMPLE DESIGN:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pediatrician (n = 160)** | **Gold** | **Silver** | **Competition** | **Low user** | **Total** |
| Ahmedabad | 4 | 4 | 4 | 4 | 16 |
| Chandigarh | 4 | 4 | 4 | 4 | 16 |
| Mumbai | 4 | 4 | 4 | 4 | 16 |
| Delhi | 4 | 4 | 4 | 4 | 16 |
| Kolkata | 4 | 4 | 4 | 4 | 16 |
| Bangalore | 4 | 4 | 4 | 4 | 16 |
| Hyderabad | 4 | 4 | 4 | 4 | 16 |
| Chennai | 4 | 4 | 4 | 4 | 16 |
| Pune | 4 | 4 | 4 | 4 | 16 |
| Lucknow | 4 | 4 | 4 | 4 | 16 |
| **TOTAL** | **40** | **40** | **40** | **40** | **160** |

|  |  |
| --- | --- |
| **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** | |

|  |
| --- |
| **INTRODUCTION**  Good \_\_\_\_\_\_\_\_, (Morning/Afternoon/Evening) I am from Ipsos a premier research and consultancy agency. We carry out surveys from time to time on a variety of issues and are currently carrying out a study in the area of healthcare disease and conditions . Your views and opinion are very valuable to us and your co-operation would be greatly appreciated. Could you please spare some time to answer a few questions. Thank you!  ..... Please be informed that we are not selling/ trying to sell any products or services and are interested only in your opinion. Also let me you assure on behalf of Ipsos Research India that your answers will remain totally anonymous and confidential and will not be attributed to you as an individual. |

|  |
| --- |
| **SECTION 1 – SCREENER** |

**SHOWCARD**

1. a. What is your primary specialty? **SINGLE CODE ONLY. RECRUITER KINDLY NOTE THE QUALIFICATION AS WELL**

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** |  |
| Paediatrician | 01 | CONTINUE |
| Others | 99 | TERMINATE |

1. a. Could you please tell me the total number of years that you have been practicing post residency? **FILL IN WITH LEADING ZEROS AND ROUND OFF TO NEAREST YEAR**

|  |  |
| --- | --- |
| **YEARS** | |
|  |  |

**RECRUITMENT CONDITION:**

* CONTINUE IF BETWEEN **06 - 25 YEARS** MENTIONED, ELSE TERMINATE

1. Doctor, could you tell me which of these places do you practice in? **CODE APPROPRIATELY UNDER S3. MULTIPLE CODE POSSIBLE.**
2. And which of these is your primary place of practice, i.e. where you spend more than 50% of your professional time? **CODE UNDER S4. SINGLE CODE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place of practice** | **S3** | **S4** | **ACTION** |
| In a private solo practice only **(EXCLUSIVE)** | 1 | 1 | CONTINUE |
| In a private group practice / polyclinic | 2 | 2 | CONTINUE |
| In a private nursing home | 3 | 3 | CONTINUE |
| In a private hospital / multispecialty hospital | 4 | 4 | CONTINUE |
| In a private clinic + attached to private hospital | 5 | 5 | CONTINUE |
| In a private clinic + attached government hospital | 6 | 6 | THANK AND CLOSE |
| In a government hospital only (no private practice / in public practice only) **(EXCLUSIVE)** | 7 | 7 | THANK AND CLOSE |
| In a private clinic + attached to teaching hospital/ Institutions | 8 | 8 | THANK AND CLOSE |
| Other | 9 | 9 | THANK AND CLOSE |

1. Can you please tell the average number of Children that you treat in a month across all your practice settings? **FILL IN WITH LEADING ZEROS**

|  |  |  |  |
| --- | --- | --- | --- |
| **AVERAGE NUMBER OF CHILDERN TREATED / MONTH** | | | |
|  |  |  |  |

1. Can you please tell me what proportion of your Children that you see are in lower, middle and upper income group across all your practice settings? **RECORD EXACT NUMBER. TOTAL SHOULD ADD TO 100.**

|  |  |
| --- | --- |
| **SEC** | **PROPORTION OF CHILDERN** |
| Lower income group |  |
| Middle income group |  |
| Upper income group |  |
| Total | 100% |

1. Do you personally recommend and/or administer flu vaccines? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| STATEMENTS | CODE |  |
| Only recommend flu vaccine to my Children | 1 | TERMINATE |
| Both recommend and administer flu vaccine to my children | 2 | CONTINUE |
| Neither recommend nor administer flu vaccine to my children | 3 | TERMINATE |

**S9A** - Thinking now about the different types/ brands of Flu/Influenza vaccines, which influenza vaccine brands are you aware of? **CAPTURE THE 1ST MENTION AS TOM**.

***PROVIDE A DROP DOWN LIST OF THE BRANDS***

|  |  |
| --- | --- |
| **Influenza Vaccine Brands** | **Code** |
| Influvac Tetra | 1 |
| Vaxiflu -4 | 2 |
| FluQuadri | 3 |
| Fluarix Tetra | 4 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 5 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 6 |

**S9 B  *CAPTURE* *OTHERS SPONTANEOUS RESPONSES AS SPONT*.**

***PROVIDE A DROP DOWN LIST OF THE BRANDS ( PROVISION TO CAPTURE 4 BRANDS)***

|  |  |
| --- | --- |
| **Influenza Vaccine Brands** | **Code** |
| Influvac Tetra | 1 |
| Vaxiflu -4 | 2 |
| FluQuadri | 3 |
| Fluarix Tetra | 4 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 5 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 6 |

**S9 C -** Which of the other brands **(SHOW THE BRAND LIST OR READ OUT THE BRANDS)** of influenza vaccine brands are you aware of.

|  |  |
| --- | --- |
| **Influenza Vaccine Brands** | **Code** |
| Influvac Tetra | 1 |
| Vaxiflu -4 | 2 |
| FluQuadri | 3 |
| Fluarix Tetra | 4 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 5 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 6 |

**S9 D *AUTOCODE TOTAL AWARENESS. ALL BRANDS CODED IN S9A, S9B & S9C***. ***KEEP THIS SCREEN HIDDEN***

|  |  |
| --- | --- |
| **Influenza Vaccine Brands** | **Code** |
| Influvac Tetra | 1 |
| Vaxiflu -4 | 2 |
| FluQuadri | 3 |
| Fluarix Tetra | 4 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 5 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 6 |

1. **A.** In a typical month, to what number of children do you personally administer flu vaccine? **RECORD RESPONSES.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Number of Children |

S.8 **B. Please let us know the proportion for vaccine brand been administered.**

**Total should add up to 100**

|  |  |
| --- | --- |
| **Influenza Vaccine Brands** | **Proportion** |
| Influvac Tetra |  |
| Vaxiflu -4 |  |
| FluQuadri |  |
| Fluarix Tetra |  |
| Others (Please Specify) \_\_\_\_\_\_\_\_ |  |
| **Total** | **100** |

**RECRUITMENT CONDITION:**

* **QS9D –** IF“Fluquadri” IS NOT CODED IN S9C THEN **TERMINATE**, **ELSE CONTINUE**
* **Q.S8A:** IF LESS THAN < 15 Children ARE ADMINISTERED WITH FLU VACCINE TERMINATE, ELSE CONTINUE
* **QS8B :** IF THE RESPONSE FOR “Fluquadri” IS 0 THEN **Terminate, ELSE CONTINUE**

|  |  |  |
| --- | --- | --- |
| S No. | Segment | Definition |
| 1 | Gold User | >60 children /month  >=60% share of FluQuadri |
| 2 | Silver User | 30-60 children /month  >= 60% share of FluQuadri |
| 3 | Competition user | 30-60 children /month  <60% share of FluQuadri |
| 4 | Low User | <30 children /month  <60% share of FluQuadri |

|  |  |  |
| --- | --- | --- |
| S No. | Segment | Definition |
| 1 | Gold User | >11 children /month  >=60% share of FluQuadri |
| 2 | Silver User | 1-10 children /month  >= 60% share of FluQuadri |
| 3 | Competition user | >11 children /month  <60% share of FluQuadri |
| 4 | Low User | 1-5 children /month  <60% share of FluQuadri |

S10 Doctor have you participated in any market research on Flu vaccine anytime in past 3 months? **SINGLE CODING ONLY**

|  |  |  |
| --- | --- | --- |
| **STATEMENTS** | **CODE** | **RECRUITEMENT CONDITION** |
| Yes | 1 | TERMINATE |
| No | 2 | CONTINUE |

S11 Are you, or any member of your immediate family, directly involved in work for pharmaceutical companies, or healthcare-related companies (such as pharmaceutical market research or pharmaceutical marketing)? **SINGLE CODING ONLY**

|  |  |  |
| --- | --- | --- |
| **STATEMENTS** | **CODE** | **RECRUITEMENT CONDITION** |
| Yes | 1 | TERMINATE |
| No | 2 | CONTINUE |

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 60 minutes, and it has some questions regarding your opinion about influenza disease and its prevention.

Do you agree to participate?

|  |  |  |
| --- | --- | --- |
| Yes | 1 | RECRUIT AND SCHEDULE THE INTERVIEW DATE AND TIME |
| No | 2 | TERMINATE |

**NOTE TO DP:** ALIGN THE SCREENER TO THE MAIN QUESTIONNAIRE FOR THE RESPONDENT

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

DATE: / /2021 **TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/ pm**