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| **PROJECT TITLE** | | | | | | | | | | | | | | | | | | | | **JOB NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | **QNNR SL. NO. (For DP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Cascade\_Digital HCP Behaviour** | | | | | | | | | | | | | | | | | | | | **2** | | | | | | | **3** | | | | | | | | **0** | | | | | | | | | | **1** | | | | | | **0** | | | | | | | **3** | | | | | | **9** | | | | | | | **9** | | | | | | | | | **0** | | | | | | **1** | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | Col - 31-38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Col - 1-7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SP - ZONE** | | | | | | | | | | | | | | | | | | | | **SP NO.** | | | | | | | | | | | | | | | | | | | | | | | | **G.C NO.** | | | | | | | | | | | | | | | | | | | | | | **INTERVIEW NO.** | | | | | | | | | | | | | | | | | | | | | | | **WEEK NO.** | | | | | | | | | | | | | | | | | | | | | | | **MONTH NO.** | | | | | | | | | | | | | | | |
| **N** | **E** | | **W** | | | | | **S** | | | | **C** | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | | |
| Col – 15 | | | | | | | | | | | | | | | | | | | | Col – 16-18 | | | | | | | | | | | | | | | | | | | | | | | | Col – 19-21 | | | | | | | | | | | | | | | | | | | | | | Col – 22-24 | | | | | | | | | | | | | | | | | | | | | | | Col – 25-27 | | | | | | | | | | | | | | | | | | | | | | | Col – 28-29 | | | | | | | | | | | | | | | |
| **RESPONDENTS HOUSE/OFFICE ADDRESS–COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESPONDENT NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SUR NAME:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Door / House / Bldg No.** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FLOOR No.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **HOUSE / FLAT NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STREET / ROAD NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **AREA NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **TOWN / VILLAGE NAME** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **LANDMARK** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **PINCODE** | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | | **MOBILE No.** | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | | | | | |
| **PHONE No. (Res)** | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **PHONE No. (Off)** | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | **Extn.** | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | |
| **e-mail ID** | | | |  | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  | | | |  | | | | |  | | | | |
| **FIELD CONTROL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTERVIEWER NAME** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **INTERVIEWER CODE (ID)** | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | **41-46** | | | | | | | **INTERVIEW DATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **D** | | | | | | **D** | | | | | | **M** | | | | | **M** | | | | | | **1** | | | | **5** | | | **47-52** | | | | | | | | | |
| **INT Start Time (write in 24hrs)** | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | **INT End Time** | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | **Total Time (min)** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | **53-55** | | | | | | | | | |
| **PLACE OF INTERVIEW** | | | | | | | | | | | | | | | | **Home – 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Office - 2** | | | | | | | | | | | | | | | | | | | | | | | | **Street Intercept - 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Shop / Outlet - 4** | | | | | | | | | | | | | | | | | | | | | | | | **56-57** | | | | | | | | | |
| **CLT – 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Hospital / Clinic - 6** | | | | | | | | | | | | | | | | | | | | | | | | **Exit - 7** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Others - 8** | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE OF INTERVIEW** | | | | | | | | | | | | | | | | **Random - 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Booster - 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **60** | | | | | | | | | |
| **QUALITY CHECK DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCOMPANIMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | | **YES** | | | | | | | **NO** | | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | | | | **CODE / ID** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGN** | | | | | | | | | | | | **Col** | | | | | | | | |
| **SUP** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **61-67** | | | | | | | | |
| **EIC** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **68-74** | | | | | | | | |
| **AFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **75-81** | | | | | | | | |
| **FM /RFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **82-88** | | | | | | | | |
| **BACK CHECK DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | | **PBC** | | | | | **TBC** | | | | | | **VC** | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | | | | **CODE / ID** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGN** | | | | | | | | | | | | **Col** | | | | | | | | |
| **SUP** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **91-97** | | | | | | | | |
| **EIC** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **98-104** | | | | | | | | |
| **AFM** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **105-111** | | | | | | | | |
| **FM /RFM** | | **1** | | | | | **2** | | | | | | **3** | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **112-118** | | | | | | | | |
| **SCRUTINY DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | | **YES** | | | | | | | **NO** | | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | | | | **CODE / ID** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGN** | | | | | | | | | | | | **Col** | | | | | | | | |
| **SUP** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **121-127** | | | | | | | | |
| **EIC** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **128-134** | | | | | | | | |
| **AFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **135-141** | | | | | | | | |
| **FM /RFM** | | **1** | | | | | | | **2** | | | | | | | | **D** | | | | | **D** | | | | | | | **M** | | | | | | | **M** | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **142-148** | | | | | | | | |
| **BASE CENTER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BASE CENTER** | | | | | | **CODE** | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | | | | | **CODE** | | | | | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | | | | | | | **CODE** | | | | | | | | | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | | | | | | **CODE** | | | | | | | | | | | **BASE CENTER** | | | | | | | | | | | | | | | **CODE** | | | | | |
| **Delhi** | | | | | | **01** | | | | | | **Kolkata** | | | | | | | | | | | | | | | | | | | **02** | | | | | | | | | | **Mumbai** | | | | | | | | | | | | | | | | | | | | | **03** | | | | | | | | | | | | | | **Chennai** | | | | | | | | | | | | | | | | | | | | **04** | | | | | | | | | | | **Hyderabad** | | | | | | | | | | | | | | | **05** | | | | | |
| I declare that the interview has been carried out strictly in accordance with your specifications and instructions, written and oral, with a person unknown to me, as per study requirements and strictly in accordance with ESOMAR code of conduct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Signature (Interviewer) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS QUESTIONNAIRE IS THE PROPERTY OF IPSOS RESEARCH PVT LTD. UNAUTHORISED USE OF THIS QUESTIONNAIRE BY ANY OTHER AGENCY OR BODY IS FORBIDDEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **INTRODUCTION**  Good …….., I am from Ipsos a premier research and consultancy agency. We are currently conducting a study to understand your opinion on digital channels of engagement. Anything that you tell us will be treated in strictest confidence and will not be attributed to you. Your responses will be viewed in aggregate for overall analysis purpose and will be kept confidential. The project is purely concerned with research and your responses will not be used for any other purpose. There will be no attempt to sell you anything or influence your use of products. The study comprises of face-to-face interviews that will last for approximately 25-30 minutes. I just have a few questions to check if this study will be relevant to you.  Can I continue? |

**Sample Spread:**

**Sample spread – By specialties**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cities (can be discussed) | **GP/ CP** | **Pedia** | **ENT** | **Ortho** | **Dentist** | **Gynea** | **Derma** | **Total** |
| Delhi | 1 |  | 1 | 1 |  | 1 |  | **4** |
| Kolkata | 1 | 1 |  | 1 | 1 |  |  | **4** |
| Mumbai | 1 | 1 | 1 |  |  | 1 | 1 | **5** |
| Chennai | 1 |  |  | 1 | 1 | 1 | 1 | **5** |
| Hyderabad | 1 | 1 | 1 |  | 1 |  |  | **4** |
| **All cities** | **5** | **3** | **3** | **3** | **3** | **3** | **2** | **22** |

S1. Can I go on?

|  |  |  |
| --- | --- | --- |
| Yes | 1 | **CONTINUE** |
| No | 2 | **TERMINATE** |

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

|  |  |  |
| --- | --- | --- |
| **Specialty** | **CODE** | **ACTION** |
| General Physician (GP) MBBS | 1 | **CONTINUE** |
| Consulting Physician (CP) / MD | 2 |
| Pediatrician | 3 |
| ENT | 4 |  |
| Orthopedic | 5 |  |
| Dentist | 6 |  |
| Gynecologist | 7 |  |
| Dermatologist | 8 |  |
| Others | **99** | **TERMINATE** |

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

**RECORD VERBATIM. FILL IN WITH LEADING ZEROS. TERMINATE IF <5&>25**

|  |  |
| --- | --- |
|  | **TOTAL NUMBER OF YEARS OF PRACTICE** |

**RECRUITMENT CRITERIA – TO RECRUIT AS PER THE YEARS OF EXPERIENCE QUOTA**

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

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

1. Doctor, which of the following pharma companies’ sales representative do you recall interacting (via any mode of communication) with in past 3 months, interaction could be for any of their brands? **MULTIPLE CODING POSSIBLE**

|  |  |  |
| --- | --- | --- |
| **NO** | **PHARMA COMPANIES** | **CODE** |
| 1 | Abbott | 01 |
| 2 | Pfizer | 02 |
| 3 | GSK | 03 |
| 4 | Mankind | 04 |
| 5 | DRL | 05 |
| 6 | Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 06 |
| 7 | Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 07 |

**NOTE TO RECUITER – PLEASE READ OUT:**

Doctor, now I would like to ask you questions relating to various doctor networking platforms that are available. These platforms are made available by independent entities or pharmaceutical companies for practicing doctors.

They allow HCPs to build their professional network, acquire healthcare news, latest therapy trends & advancements as well as share and access insights sourced through case studies & practice data thus providing better research opportunities.

1. Doctor, have you ever used any doctor networking platforms in last 1 year? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| Yes | 1 | **CONTINUE** |
| No | 2 | **THANK AND CLOSE** |

**NOTE TO RECRUITER – PLS MAINTAIN THE TERMINATION DATA**

1. Doctor, which of the doctor networking platforms are you aware of? **TOM MENTIONS (UNAIDED).**
2. Doctor, are you aware of any of the below doctor networking platforms? **SHOW THE LIST NOT CODED in S6.**
3. Doctor, listed below are names of some of the doctor networking platforms. Which of these doctor networking platforms have you used in last 3 months? **RECRUITER TO NOTE: ASK and MAINTAIN SCREENSHOT OF THE APP/PLATFORM DOCTOR IS USING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor networking platforms** | **S6**  **Unaided** | **S7**  **Aided** | **S8**  **Used in last 3 months** |
| Academia.edu | 1 | 1 | 1 |
| Bioquest | 2 | 2 | 2 |
| CIMS | 3 | 3 | 3 |
| Clirnet | 4 | 4 | 4 |
| Curofy | 5 | 5 | 5 |
| Dailyrounds | 6 | 6 | 6 |
| Docmode | 7 | 7 | 7 |
| DocOn | 8 | 8 | 8 |
| Docplexus | 9 | 9 | 9 |
| Figure 1 | 10 | 10 | 10 |
| Healthplix | 11 | 11 | 11 |
| Hidoc | 12 | 12 | 12 |
| Indegene | 13 | 13 | 13 |
| Lybrate | 14 | 14 | 14 |
| Medinexus | 15 | 15 | 15 |
| Medisage | 16 | 16 | 16 |
| Medscape Consult | 17 | 17 | 17 |
| Omnicurris | 18 | 18 | 18 |
| Plexus MD | 19 | 19 | 19 |
| Practo | 20 | 20 | 20 |
| Research Gate | 21 | 21 | 21 |
| Scientimed | 22 | 22 | 22 |
| Sermo | 23 | 23 | 23 |
| Others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 24 | 24 | 24 |

**TERMINATE IF CODED ONLY 20 OR ONLY 24 IN S7 BUT MAINTAIN THE TERMINATION DATA**

1. Doctor, are you registered on Google business service? **SINGLE CODE ONLY**

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

1. Doctor, are you associated with any pharmaceutical company as an employee, a panel member or a consultant? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| Yes | 1 | **THANK AND CLOSE** |
| No | 2 | **CONTINUE** |

1. Have you participated in any market research study regarding engagement activities in the last 1 month? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| Yes | 1 | **THANK AND CLOSE** |
| 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 35-45 minutes, and it has some questions regarding understand your opinion on digital channels of engagement. Please, be assured that the interview is being conducted under the Market Research Society’s Code of Conduct, whereby your particulars will not be revealed to any other party

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

DATE: / /2022

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