|  |  |  |
| --- | --- | --- |
| **PROJECT TITLE** | **JOB NUMBER** | **QNNR SL. NO. (For DP)** |
| **Infest\_U&A\_Antifungal** | **2** | **3** | **0** | **7** | **5** | **6** | **7** | **1** | **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** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  **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 DESIGN:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cities** | **GPs (Candid B cream)** |  |  | **Gynecs (Candid B cream)** |  |  | **Dermats (Candid B lotion)** |  |  |
| **Prescribers** | **Non - Prescribers** | **Sub Total** | **Prescribers** | **Non-Prescribers** | **Sub Total** | **Prescribers** | **Non-Prescribers** | **Sub**  |
|  |  |  |  |  |  |  |  | **Total** |
| Delhi |   | 4 | **4** |   | 4 | **4** |   | 2 | **2** |
| Kolkata | 3 | 1 | **4** | 3 | 1 | **4** | 2 |   | **2** |
| Mumbai | 2 | 3 | **5** | 1 | 3 | **4** | 1 | 2 | **3** |
| Chennai | 2 | 2 | **4** | 3 | 1 | **4** | 1 | 1 | **2** |
| Hyderabad | 3 |   | **3** | 3 | 1 | **4** | 1 |   | **1** |
| **Total** | **10** | **10** | **20** | **10** | **10** | **20** | **5** | **5** | **10** |

|  |
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| **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. |

INSTRUCTIONS:

**BLUE FONT**: INSTRUCTIONS TO RECRUITER

**BLACK BOLD**: INSTRUCTIONS TO SCRIPTER

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

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

**RECRUITER KINDLY NOTE THE QUALIFICATION IN THE RESPONDENT SHEET. ADD THE VISITING CARD/ PRACTO PROFILE OF THE RESPODENT**

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** |  |
| General Physician (MBBS) | 01 | CONTINUE  |
| General Physician (NON- MBBS) | 02 | CONTINUE |
| Gynaecologist | 03 | CONTINUE  |
| Dermatologist | 04 | CONTINUE  |
| Others | 99 | TERMINATE |

1. 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 06-30 years mentioned, ELSE TERMINATE**
* **Keep a good mix of doctors having experience:**
* **6 – 15 years: 20 doctors**
* **16 – 25 years: 20 doctors**
* **>25 years: 10 doctors**
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 70% of your professional time? **CODE UNDER S4. SINGLE CODE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PLACE OF PRACTICE** | **S3** | **S4** | **RECRUITEMENT CONDITION FOR S4** |
| PVT setup | In a private solo practice  | 1 | 1 | **CONTINUE**  |
| In a private group practice / polyclinic | 2 | 2 |
| In a private nursing home  | 3 | 3 |
| In a private hospital (multispecialty/ corporate hospital) | 4 | 4 |
| Private teaching hospital / institution | 5 | 5 | **TERMINATE** |
| GOV setup | In a government hospital only (no private practice) | 6 | 6 |
|  | Other(s)  | 99 | 99 |

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

|  |
| --- |
| **AVERAGE NUMBER OF PATIENTS** **TREATED / WEEK** |
|  |

**TERMINATE IF LESS THAN**

* **GP: 400 PER MONTH,**
* **DERMA: 200 PER MONTH,**
* **PEDIA: 200 PER MONTH**
1. Doctor out of your 100 patients, could you please tell me proportion of patients that you treat/consult in a week for **superficial fungal skin infections**? **FILL IN WITH LEADING ZEROS**

|  |
| --- |
| **AVERAGE NUMBER OF PATIENTS** **TREATED FOR FUNGAL SKIN INFECTONS/ WEEK** |
|  |

**TERMINATE IF,**

* **Dermat < 40%**
* **GP < 20%**
* **Gyne < 15%**

**ASK S.7A TO GP AND GYNAE (CODED 1 OR 2 IN S1)**

S.7A Thinking now about the different anti-fungal brands that are used to treat superficial fungal skin infections, which brands are you aware of? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **Anti – fungal brands**  | **Code** |
| Candid B Cream | 1 |
| Lulifin | 2 |
| Luligee | 3 |
| Zole F | 4 |
| Eumosone – M | 5 |
| Lobate GM Neo | 6 |
| Surfaz- SN | 7 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 8 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 9 |

**RECRUITMENT CONDITION:**

* **CONTINUE ONLY IF CANDID B IS CODED IN S7A, ELSE TERMINATE**

**ASK S.7B TO DERMAT (CODED 3 IN S1)**

S.7B Thinking now about the different anti-fungal brands that are used to treat superficial fungal skin infections, which brands are you aware of? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **Anti – fungal brands**  | **Code** |
| Candid-b lotion | 1 |
| Zydip-c-lotion | 2 |
| Triben-b lotion | 3 |
| Keto-b lotion | 4 |
| Zole f lotion | 5 |
| Candid lotion | 6 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 7 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 8 |

**RECRUITMENT CONDITION:**

**CONTINUE ONLY IF CANDID B IS CODED IN S7B, ELSE TERMINATE**

S.8.Doctor, can you please tell me no. of superficial fungal infection patients prescribed each of the below brands in your practice in the last 1 month?

**DISPLAY ALL AWARE BRANDS (BRANDS CODED IN Q7A (ASK ONLY FOR GP AND GYNAE)/ Q7B (ASK ONLY FOR DERMAT)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Anti-fungal brands** | **No. of patients (S8A)** | **Anti-fungal brands** | **No of patients (S8B)** |
| Candid B (Cream/ Lotion) |  | Candid-b lotion |  |
| Lulifin |  | Zydip-c-lotion |  |
| Luligee |  | Triben-b lotion |  |
| Zole F |  | Keto-b lotion |  |
| Eumosone - M |  | Zole f lotion |  |
| Lobate GM Neo |  | Candid lotion |  |
| Surfaz- SN |  | Others (Please Specify) \_\_\_\_\_\_\_\_ |  |
| Others (Please Specify) \_\_\_\_\_\_\_\_ |  | Others (Please Specify) \_\_\_\_\_\_\_\_ |  |
| Others (Please Specify) \_\_\_\_\_\_\_\_ |  |  |  |
| Others (Please Specify) \_\_\_\_\_\_\_\_ |  |  |  |
| **TOTAL** |  | **Total** |  |

***RECRUITMENT CRITERIA:***

* + **Predominantly prescribes Candid B to > 30 No. of patients is CANDID B HIGH PRESCRIBER**
	+ **Predominantly prescribes Candid B to 0 - 10 No. of patients is CANDID B NON - PRESCRIBER**

**/ LOW PRESCRIBER, ELSE TERMINATE**

**NOTE TO SCRIPTER: KEEP S9 AS A HIDDEN SCREEN**

S9 Type of Prescriber? **SINGLE CODING ONLY**

|  |  |
| --- | --- |
| **STATEMENTS** | **CODE** |
| Candid B high prescriber | 1 |
| Candid B Non prescriber/ Low presriber | 2 |

IF THE 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 - 40 minutes and will be recorded for analysis purpose, and it has some questions regarding your **opinion about Anti fungal medications**

Do you agree to participate?

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

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

DATE: / /2023 **TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/ pm**