**Recruitment Screener – Paaho Round 2**

|  |
| --- |
| SAMPLE STRUCTURE |

**Quota**

Females

25 to 45 yr. olds

NCCS AB.

Using Hair oil for at least 2-3 times a week

**Usership Criteria:**

· **Users**

o Current users of Parachute advanced ayurvedic hair oil (Do click picture of MOUB pack)

o Must be using since past 2-3 years and min 2-3 times a week

· **Lapsers**

o In past used Parachute advanced ayurvedic hair oil, have lapsed out in last 3 to 6 months

o Must have used PA Ayurvedic for past 2-3 years and use oil regularly min 2-3 times a week

· **Other vegetable & Ayurvedic brand users**

o User of other 100% CNO oil and anti-hair fall ayurvedic hair oils like Indulekha, Ashwini etc.

o Using the products in last 2-3 years.

|  |
| --- |
| RECRUITMENT PROCESS |

Name of respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_| Mob: |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_|

Name of RC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Back Checked By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Centre | Code |
| Cochin | 1 |

Hello, my name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m from Market Xcel, which is an independent research company. At present, we are conducting a study on personal care products. In this regard we would like to have some information and hence would ask you some Questions.

Your contribution is voluntary, and you can choose not to answer any question if you don’t want to answer.

Q1. How long have you been living in this city? *(According to the center for which the recruitment is happening)*?

|  |  |  |
| --- | --- | --- |
| More than 10 years | 1 | Continue |
| 6 to 9 years | 2 | Continue |
| 3 to 5 years | 3 | Terminate |
| Less than 3 years | 4 | Terminate |

Q2. Have you participated in any market research surveys such as focus group discussions, personal interviews, telephone interviews and so forth, in the past 6 months?

|  |  |  |
| --- | --- | --- |
| Yes | 1 | Thank & terminate |
| No | 2 | Continue |

Q3. Do you or any of your family members work in the following industries?

|  |  |  |
| --- | --- | --- |
| Publisher of newspaper/ magazine/Media | 1 | Thank & Terminate |
| Advertising/Market research agency | 2 |
| Public relations | 3 |
| Retailer / seller/ distributor / marker of Personal care products | 4 |
| Manufacturer of Personal care products | 5 |
| Don’t Know / Refused | 6 |
| Banking & Finance | 7 | Continue |
| Govt. organization | 8 |
| Business | 9 |
| None of the Above | 10 |

Q4. What is your age? (Please write down EXACT age) \_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Below 22 years | 1 | Thank & terminate |
| 25-35 Years | 2 | Continue |
| 36-45 Years | 3 |
| More than 45years | 4 | Thank & terminate |

Please ensure we have a mix in both the age bands.

Q5. Gender

|  |  |  |
| --- | --- | --- |
| Female | 1 | Continue |
| Male | 2 | Terminate |

Q6. Please mention your marital status

|  |  |  |
| --- | --- | --- |
| Single | 1 | Continue |
| Married – no kids | 2 | Continue |
| Married – with kids | 3 | Continue |

Good mix of all categories

Q7. Please tell me your current occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Student | 1 | **Continue** |
| Housewife | 2 | **Continue** |
| Part time working | 3 | **Continue** |
| Full time working | 4 |

Good mix of all categories

8A. Please take a look at this list and tell me which of these items do you have at home? (It could be owned by you, your family or provided by the employer or it could be available in the house you live in; but it should be for the use of just you or your family)

|  |  |  |
| --- | --- | --- |
|  | Electricity Connection | 01 |
| Ceiling Fan | 02 |
| LPG Stove | 03 |
| Two-Wheeler | 05 |
| Color TV | 06 |
| Refrigerator | 07 |
| Washing Machine | 08 |
| Personal Computer/ Laptop | 12 |
| Car/Jeep/Van | 09 |
| Air Conditioner | 10 |
|  | Agricultural Land | 11 |
| TOTAL NUMBEROF STANDARD DURABLES OWNED | |  |

8b Now, I would like to start with knowing something about your household. Please tell me, thinking about the person in the household who makes the biggest contribution to the household expenses, what is the highest level to which he/ she has studied?

|  |  |  |
| --- | --- | --- |
| RECORD EDUCATION |  |  |

POST CODE NEW SEC IN THE GRID BELOW

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Number of Standard Durables Owned  (TRANSFER FROM Q8) |  | Illi-  Terate | School  Upto  4 yrs | School  upto  5-9 yrs | SSC/  HSC | Some college but not Grad. | Grad. /  PG  - Gen. | Grad. /  PG  - Prof. |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| NONE | 0 | E3 | E2 | E2 | E2 | E2 | E1 | D2 |
| 1 | 1 | E2 | E1 | E1 | E1 | D2 | D2 | D2 |
| 2 | 2 | E1 | E1 | D2 | D2 | D1 | D1 | D1 |
| 3 | 3 | D2 | D2 | D1 | D1 | C2 | C2 | C2 |
| 4 | 4 | D1 | C2 | C2 | C1 | C1 | B2 | B2 |
| 5 | 5 | C2 | C1 | C1 | B2 | B1 | B1 | B1 |
| 6 | 6 | C1 | B2 | B2 | B1 | A3 | A3 | A3 |
| 7 | 7 | C1 | B1 | B1 | A3 | A3 | A2 | A2 |
| 8 | 8 | B1 | A3 | A3 | A3 | A2 | A2 | A2 |
| 9+ | 9 | B1 | A3 | A3 | A2 | A2 | A1 | A1 |

Continue only for below.

|  |  |
| --- | --- |
| SEC A1 | 1 |
| SEC A2 | 2 |
| SEC A3 | 3 |
| SEC B1 | 4 |
| SEC B2 | 5 |

9. Which of the following best describes your role in the purchase of your hair care products? Single code

|  |  |  |
| --- | --- | --- |
| I choose and buy my product myself | 01 | CONTINUE |
| I choose the product I like and somebody else from my household buys it | 02 | CONTINUE |
| Somebody else chooses the product and buys it for me | 03 | CLOSE |

Terminate if 3 coded.

10. Are you suffering from any of the following?

|  |  |  |
| --- | --- | --- |
| Cold | 01 | CLOSE IF ANY OF THESE CODED |
| Blocked nose | 02 |
| Skin/ Scalp allergies | 03 |
| Any other ailments that affect smelling ability | 04 |
| Severe dandruff | 05 |
| Severe itchy scalp | 06 |
| Severe hair loss | 07 |
| None of these | 08 | CONTINUE |

12. Where do you or your family members buy the personal care products usually?

|  |  |
| --- | --- |
| Local General Stores | 1 |
| Super Market | 2 |
| Hyper Market | 3 |
| Retail Chain Store | 4 |
| E-Commerce Site/Online | 5 |

14. Please confirm which all personal care products do you buy on regular basis.

a. Please mention the name of the brand.

b. Please tell me frequency of using this product.

c. Since when are you using this product?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Items | Code | a. Please mention the brand name | b. Frequency of using the product | c. Using Since |
| Bathing Soaps | 1 |  |  |  |
| Shower Gel | 2 |  |  |  |
| Face wash | 3 |  |  |  |
| Shampoo | 4 |  |  |  |
| Conditioner | 5 |  |  |  |
| Hair Oil | 6 |  |  |  |
| Face Moisturizer | 7 |  |  |  |
| Body Lotion | 8 |  |  |  |
| Face Serum | 9 |  |  |  |
| Deodorant | 10 |  |  |  |
| Body Mist | 11 |  |  |  |
| Any other - | 12 |  |  |  |

**Hair Oil Must be coded.**

13.Can you please confirm what all brands do you know from the following list? Multiplate code

14.Can you please let us know what all brands have your tried in past? Please select multiple options.

15.Can you please let us know which brand do you use now a days? Single code

16.Which of the brands you would not like to use in near future? Multiplate code

17. Can you please let us since how long you have been using this brand? For selected code in Q15.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brands | Q13 | Q14 | Q15 | Q16 | Q17 |
| Bajaj Almond Drops | 1 | 1 | 1 | 1 |  |
| Vatika Hair Oil | 2 | 2 | 2 | 2 |  |
| Dabur Amla Hair Oil | 3 | 3 | 3 | 3 |  |
| Parachute Coconut | 4 | 4 | 4 | 4 |  |
| Parachute Advance ayurvedic Hair oil | 5 | 5 | 5 | 5 |  |
| Parachute Jasmin | 6 | 6 | 6 | 6 |  |
| Parachute Aloe vera | 7 | 7 | 7 | 7 |  |
| Nartana Oil | 8 | 8 | 8 | 8 |  |
| Himgange | 9 | 9 | 9 | 9 |  |
| Indulekha | 10 | 10 | 10 | 10 |  |
| Mama Earth | 11 | 11 | 11 | 11 |  |
| Nava | 12 | 12 | 12 | 12 |  |
| Kesavardhini | 13 | 13 | 13 | 13 |  |
| Patanjali | 14 | 14 | 14 | 14 |  |
| Kesh Kish | 15 | 15 | 15 | 15 |  |
| Lotus Oil | 16 | 16 | 16 | 16 |  |
| Himalaya Hair Oil | 17 | 17 | 17 | 17 |  |
| Boutique | 18 | 18 | 18 | 18 |  |
| V Care hair Oil | 19 | 19 | 19 | 19 |  |
| VVD | 20 | 20 | 20 | 20 |  |
| Other | 21 | 21 | 21 | 21 |  |

Q 13 – All consumer must Code Parachute Advance ayurvedic Hair oil.

Q14 – Lapsers must code Parachute Advance ayurvedic Hair oil.

Q 15 – Users Must Code Parachute Advance ayurvedic Hair oil Code 5.

18. You mentioned that you use hair oil for oiling your hair. When do you typically apply the oil – is it only before washing your hair (day of wash or night before) or only after washing your hair *One code only?*

|  |  |
| --- | --- |
| I oil my hair *only before* washing it | 01 |
| I oil my hair *only after* washing it | 02 |

Need Mix of both the code

19. How many times do you apply hair oil in a week? Single code

|  |  |
| --- | --- |
|  | Code |
| Daily | 1 |
| Alternate Day | 2 |
| Weekly Twice | 3 |
| Once in a week | 4 |
| Once in 15 Days | 5 |

20.     We would like to invite you to our facility for Focus group discussion and would like to have your valuable feedback. Would you like to visit and participate in this activity?   *(Please select one)*

1.    Yes *CONTINUE*

2.    No *THANK & CLOSE*

**INTERVIEWER TO SAY:**

* **You are requested to not wear any fragrance i.e., Deodorant, perfume, oil etc while visiting to the facility.**
* **You are requested to not consume any mint or chewing gum prior the visit.**
* **You are not allowed to visit for the activity if you are suffering with cough, cold or fever. Please do inform us in this situation.**

**COVID 19 Declaration**

**1. YOU HAVE NOT BEEN INFECTED WITH COVID-19 You understand if you have been infected with COVID-19, you will not participate in this study**

**2. YOU ARE NOT CURRENTLY EXPERIENCING SYMPTOMS OF COVID-19 TODAY OR HAVE HAD ANY SUCH SYMPTONS IN THE PAST 14 DAYS. You understand if you are currently experiencing symptoms of COVID-19 ( as guided by WHO) in any ways (such as cough, sore throat, runny nose, flu, shortness of breath, etc.) today or have had any such symptoms in the past 14 days, you will not participate in this study.**

**3. NONE OF YOUR HOUSELHOLD MEMBER/S YOU LIVE WITH IS CURRENTLY EXPERIENCING SYMPTOMS OF COVID-19 TODAY OR HAVE HAD ANY SUCH SYMPTONS IN THE PAST 14 DAYS, You understand if any of your household member/s you live with experiencing symptoms of COVID-19 in any ways today or have had any such symptoms in the past 14 days, you will not participate in this study.**

**4. NEITHER YOU NOR ANY OF YOUR HOUSEHOLD MEMBERS YOU LIVE WITH HAVE TRAVELED TO ANY [CONTAINMENT ZONE]/[COVID-19 TRAVEL BANNED COUNTRIES] IN THE PAST 14 DAYS. You understand if you or any of your household member/s you live with have travelled to any [containment zone]/[COVID-19 travel banned countries], you will not participate in this study.**

**5. NEITHER YOU NOR ANY OF YOUR HOUSEHOLD MEMBERS YOU LIVE WITH HAVE BEEN IN CLOSE CONTACT WITH SOMEONE WHO IS A [MANDATORY QUARANTINE PERSON] AS IDENTIFIED BY [THE LOCAL/NATIONAL HEALTH AUTHORITY] IN THE PAST 14 DAYS**

**You understand if you or any of your household member/s you live with have been in close contact with someone who is a [mandatory quarantine person] as identified by [the local/national health authority], you will not participate in this study.**

**6. YOU WILL WEAR A [MASK/CLOTH FACE COVERING] WHEN AT THE SITE. You will cover your mouth and nose with a [mask/cloth face covering] (either store bought or homemade using the [local/national health authority] & guidelines) at all time throughout your participation in the study.**

**7. YOU WILL FOLLOW THE SOCIAL DISTANCING NORM You will always maintain a distance of at least 1.5 meters (6 feet) throughout your participation in this study.**

**8. YOU WILL SANITIZE YOUR HAND AT REGULAR INTERVAL Before and after you use any item, material given to you for the purpose of the study and before and after you exit the venue where market research is conducted, you will sanitize your hands and handbag etc. YOU WILL FOLLOW THE GUIDELINES AND [OTHER COVID-19 PREVENTION PROCEDURE] LAID DOWN BY THE [LOCAL/NATIONAL GOVERNMENT]**

**You confirm that you will follow all the guidelines and [otherCOVID-19 prevention procedures] laid down by the [local/national government] to avoid spreading of coronavirus.**

**You hereby agree and confirm that you will abide by the aforesaid throughout the fieldwork. Any lapse shall make you solely liable for it and you will not make MX liable.**

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

**Continue only if coded 1 “Yes”**

**Respondent Confidentiality Disclosure**

Thank you for agreeing to participate in this Research on behalf of Market Xcel Data Matrix Pvt. Ltd.

Before you can participate in this research, we would like you to understand that it will involve products or packaging which may be confidential. By signing this agreement, you will agree as follows:

1. You will hold in confidence any information about the products or packaging that may be disclosed to you directly or indirectly by participating in this research.
2. You will not discuss any of the information about the products/ packaging disclosed to you with anyone, the test object is only to be assessed by the person agreeing to participate in the study and no one else – this includes verbal discussions, texts, blogs, twitters or any other medium.
3. Your contact details may be passed on to the research sponsor, in order for them to re-contact you in order to get further feedback from you if necessary.

You will be compensated for your time, commitment, and confidential obligation. Please confirm your acceptance of these terms by signing and dating this agreement in the space provided below.

I hereby acknowledge and agree to the terms.

By: (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_