

PROJECT TITLE		JOB NUMBER				QNNR SL. NO. (For DP)			
Fabric Conditioner						2 0 2 3			
RESPONDENTS HOUSE/OFFICE ADDRESS—COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)									
RESPONDENT NAME									
Door / House / Bldng No.									
FLOOR No.									
HOUSE / FLAT NAME									
STREET / ROAD NAME									
AREA NAME									
TOWN / VILLAGE NAME									
LANDMARK									
PINCODE					MOBILE No.				
PHONE No. (Res)									
PHONE No. PP(C/O)									
PHONE No. (Off)					Extn.				
e-mail ID									

FIELD CONTROL INFORMATION													
RECRUITER NAME													
RECRUITER CODE (ID)					RECRUITMENT DATE			D	D	M	M	2	3
PLACE OF INTERVIEW	Home - 1		Office - 2		Street Intercept - 3			Shop / Outlet - 4					
	CLT - 5		Hospital / Clinic - 6		Exit - 7			Others - 8					

QUALITY CHECK DETAILS											
BACK CHECK DETAILS											
DESG	PBC	TBC	Date				CODE / ID		NAME	SIGN	Col
SUP	1	2	D	D	M	M					
EIC	1	2	D	D	M	M					
GFM	1	2	D	D	M	M					
FM /RFM	1	2	D	D	M	M					

FW CENTER DETAILS									
FW CENTER	CODE	FW CENTER	CODE	FW CENTER	CODE				
Mumbai	01								

AGE GROUP			Brand Usership	
25 – 35 (50%)	1			
36 -45 (50%)	2			
NCCS				
NCCS A	1	Fabric Conditioner users (Any)	1	

[ASK TO SPEAK TO FEMALE HEAD OF HOUSEHOLD WHO MAY BE INTERESTED IN PARTICIPATING IN A NEW PRODUCT TEST]

Introduction
<p>Hello, my name is _____ from Market Xcel, an independent consumer opinion company. We are conducting a study for laundry products and would like to get your opinion.</p> <p>To do so, we would like to invite you to participate in a product test.</p> <p>Since we are looking for certain types of people to participate, I'd like to ask a few questions to see if you qualify...</p>

		Would you like to be considered for participation in this project?	
Single code			
I would like to be considered	1		
I don't want to be considered but know somebody who would	2	Thank and close	
I am not interested in this particular survey and do not wish to refer anyone	3	Thank and close	

S.0	Gender	Please record your gender below	
Single code			
Woman	1		
Man	2	Close	

S.1	AgeGroup	Please enter your age in the box below:	Numeric field (Min = 0 / Max = 99) /_/_/ years old/வயது	
Refused to answer		1	Close	
S.2	AgeGroup	Recode S.1 in REC AGE		
Single code				
Under 18	2	Close		
18 - 24	3			
25 – 35	4	Continue		
36 – 45	5	Continue		
45 and over	6	Close		
Refused to answer	7	Close		

S.3	Industry	Do you or does anyone close to you work in any of the following occupations?	
Multiple code/ randomized			
A clothing manufacturer	1		
A telephone company	2		
A marketing or marketing research company	3	Close	
An advertising / Public relations company/journalism	4	Close	
A fragrance company	5	Close	
A company that manufacturers or sells household (cleaning) products / laundry detergents/ cosmetics/toiletries	6	Close	
A soft-drink manufacturer	7		
Banking	8		
None of these	9		

S4. Can you tell me your marital status:(SINGLE CODING)

Single	1	TERMINATE
Married / Living together (with no children)	2	CONTINUE
Married / Living together (with children)	3	
Separate / Divorced(with children)	4	TERMINATE
Widowed (with children)	5	TERMINATE

RECORD SEC

SHOWCARD S4/READ OUT

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)

EXPLAIN, IF NECESSARY:

We have a standard list of items that we use in all kinds of cities and villages. So don't worry if an item appears irrelevant for you or too ordinary-just go ahead and tell me which items you do have. We need this information just for survey purpose only.

S4.1. Do you have a _____ (MENTION THE ITEMS ONE BY ONE THE GRID BELOW) in your home which is in working condition? IF THE RESPONDENT HAS THAT PARTICULAR ITEM - CIRCLE THE CODE OF THAT ITEM IN THE GRID BELOW
Q55

S4. 2. Does your family own any agricultural land, by agricultural land I mean land that is currently under cultivation or plantation?

Yes	1
No	2

SCRIPTER:IF CODED '1/Yes' IN QS4 CODE 11 IN THE GRID BELOW UNDER COLUMN 'CODED -QS4'

Items	Code (S3)	Code (S4)
Electricity Connection	1	X
Ceiling Fan	2	X
LPG Stove	3	X
Two Wheeler	4	X
Colour TV	5	X
Refrigerator	6	X
Washing Machine	7	X
Personal Computer/ Laptop	8	X
Car/Jeep/Van	9	X
Air Conditioner	10	X
Agricultural Land	X	11

S4.3. Could you tell me upto what level, has the chief wage earner of your household has studied?
RECORD VERBATIM. REFER TO GRID BELOW S5 FOR EDUCATION CODE.

Illiterate	01
Literate but no formal schooling	02
School-Upto4 years	03
School-5 to 9 years	04
SSC/ HSC	05
Some College (includes a Diploma) but not Graduate	06
Graduate/ Post Graduate: General	07
Graduate/ Post Graduate: Professional	08

S4.4. ADD THE NO. OF CIRCLES IN THE BOX ABOVE FOR S3 & S4 AND RECORD IN THE GRID BELOW

No. of Durables (REF – QS4a & QS4b)	Chief Earner : Education (Transfer from QS5)						
	Illiterate	Literate but no formal schooling/ School-Upto4 years	School-5 to 9 years	SSC/ HSC	Some College (include Diploma) but not Grad	Graduate/ Post Graduate: General	Graduate/ Post Graduate: Professional
	1	2	3	4	5	6	7
None	E3	E2	E2	E2	E2	E1	D2
1	E2	E1	E1	E1	D2	D2	D2
2	E1	E1	D2	D2	D1	D1	D1
3	D2	D2	D1	D1	C2	C2	C2
4	D1	C2	C2	C1	C1	B2	B2
5	C2	C1	C1	B2	B1	B1	B1
6	C1	B2	B2	B1	A3	A3	A3
7	C1	B1	B1	A3	A3	A2	A2
8	B1	A3	A3	A3	A2	A2	A2
9 +	B1	A3	A3	A2	A2	A1	A1

S4.5. RECORD SEC BELOW:

SEC	CODE	CONDITION
NCCS A1	1	CONTINUE
NCCS A2	2	
NCCS A3	3	
NCCS B1	4	TERMINATE
NCCS B2	5	
NCCS C1	6	
NCCS C2	7	
OTHERS	99	

CONTINUE ONLY IF NCCS A1/A2/A3 IS CODED. ELSE TERMINATE.

S5.	Health condition	Which, if any, of the following conditions apply to you?	
Multiple code/ randomized			
	Suffer from allergies impacting your ability to smell	1	Close
	Have a cold/ runny or blocked nose	2	Close
	Have given birth over the past 3 month	3	Close
	Are pregnant	4	Close
	Have issues with smelling products	5	Close
	None of the above	6	

S6.	Research participation	When was the last time you participated in any market research test?	
Single code			
	Never	1	
	More than 6 months ago	2	
	More than 3 months ago	3	
	Three months ago	4	
	Less than 3 months ago	5	Close

S7.	Household responsibility	Which of the following household activities are you yourself responsible for in your household?	
Multiple code/ must select both to continue			
Household grocery shopping		1	Must select both to continue
Doing laundry		2	
None of these		3	Close

S8.	Product used	Which, if any, of the following products have you, yourself purchased and/or used regularly in the past 2 year?	
Multiple code/ randomized			
Laundry detergent powder/Liquid		1	Must be selected
All-purpose cleaner		2	
Stain removers		3	
Air freshener		4	
Fabric Conditioner		5	Must be selected
Toilet Soap		6	
Laundry Bars		7	
Scent boosters		8	
Liquid detergent		9	
surface/floor cleaning liquid		10	

TO CONTINUE MUST CODE 1 & 5 IN S10

S9.	Laundry washing frequency	How many times do you do laundry per week?	
Single code			
Twice a day or more		1	CONTINUE
Daily		2	
6 times / week		3	
5 times / week		4	
4 times / week		5	
3 times / week		6	CONTINUE
2 times / week		7	
Less than 2 times / week			Close

S10.	Fabric Conditioner Frequency	How many times do you do you use Fabric Conditioner?	
Single code			
Daily		1	
6 times / week		2	
5 times / week		3	
Less than 4 times / week		4	

S11. Please tell me since when are you using Fabric Conditioner for washing your clothes? **(SINGLE CODING)**

Less than 1 year	1	TERMINATE
1 year	2	TERMINATE
2 years	3	TERMINATE
3 years or more	4	CONTINUE

S12. Which kind of pack of fabric conditioner do you usually use? **(SINGLE CODE)**

Bottle all the time	1	Bottle users
Mostly bottle, occasionally sachet	2	
Sachet all the time	3	Sachet users
Mostly sachet, occasionally bottle	4	

S13.	Wash method	In general, how do you usually wash your laundry?	
Single code			
Hand wash Only		1	Hand Washer
Mix of Handwash and Machine wash predominately by Hand		2	
Mix of Handwash and Machine wash predominately by Machine		3	Machine Washer
Only Machine wash		4	
Predominantly send out		5	Close

Ask S13A if 3 or 4 is coded in S13

S13A.	Type of Machine	Which type of washing machine do you use for laundry	
Single code			
Semi Auto Matic		1	Fair Mix
Fully Auto Matic – Top load		2	
Fully Auto Matic – Front Load		3	

S14.	A. Brands Used in Past 1 Year		Please select from the list below which Fabric Conditioner brands (up to 5 brands max.) you have used in past 1 Year.	Fabcon users	
	B. Brand used in Past 6 Month		Please select from the list below which Fabric Conditioner brands (up to 5 brands max.) you have used in Past 6 month.	Fabcon users	
	C. Brand used in Past 3 Month		Please select from the list below which Fabric Conditioner brands (up to 5 brands max.) you have used in Past 3 month.	Fabcon users	
	D. Brand most Currently		Please select from the list below which Fabric Conditioner brands that you are using currently		
	E. Brand most often used in P 1 Year		Please select from the list below which Fabric Conditioner brands that you have used Most Often in Past 1 Year		
Single code/					
	S14.A.	S14.B.	S14.c.	S14.d.	S14.e.
	Fabric Conditioner brands used P1Y	Fabric Conditioner brands used P6M	Fabric Conditioner brands used P3M	Fabric Conditioner brands used Currently	Fabric Conditioner brand used most often in Past 1 Year
Main brands list in the Indian market					
	Comfort Blue	1	1	1	1
	Comfort Pink	2	2	2	2
	Comfort Green	3	3	3	3
	Comfort Pure	4	4	4	4
	Comfort Sensorial Black	5	5	5	5
	Comfort Sensorial Red	6	6	6	6
	Comfort Perfume Deluxe	7	7	7	7
	Downy sunrise	8	8	8	8
	Soft touch French Perfume (Black)	9	9	9	9
	Soft touch Ocean Breeze (Blue)	10	10	10	10
	Soft touch Garden Bouquet (Pink)	11	11	11	11
	Soft touch 2X Royal Perfume (Purple)	12	12	12	12
	Mugi	13	13	13	13
	Other (Write in _____)	14	14	14	14

Brand Usership		
Fabric Conditioner (Any variant)	1	CODED 1 to 14 IN S14A, S14B & S14C, S14D & S14E

S15. We would like to invite you to our facility for product testing 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 SYMPTOMS 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 HOUSEHOLD MEMBER/S YOU LIVE WITH IS CURRENTLY EXPERIENCING SYMPTOMS OF COVID-19 TODAY OR HAVE HAD ANY SUCH SYMPTOMS 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 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:

- A) 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.
- B) 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.
- C) 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: _____

Informed Consent & Liability Waiver (Individual)

As a part of the project, you will be asked to try some samples of the products that are being discussed and provide your opinions of each. Before you decide to participate, there are some things that you should know:

1. If you have any allergies to any products and/or ingredients, or medical concerns, you may not participate.
2. Participation is at-your-own risk. Market Xcel, its affiliates and partners, and each of their officers, directors, and employees are not responsible for any negative consequences resulting from your participation.

Your participation in this research is strictly voluntary. If you prefer to not participate after reading the terms laid out in this document, please do not continue with this research.

By signing below, you are certifying that:

- i. You do not have any conditions that would increase the likelihood of a physical reaction caused by using certain products or ingredients.
- ii. You agree to allow us to record the discussion sessions which will be used for research purpose only.
- iii. You agree to release Market Xcel, its affiliates and partners, and each of their officers, directors, and employees from liability, including financial responsibility, for any claim whatsoever arising out of or connected with your participation in this, including but not limited to any injuries as a result of an allergic reaction.
- iv. You have read, understand, and accept the statements and accept all of the terms.

Signature

Print name

Date.....