|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT TITLE** | **JOB NUMBER** |  |  | **QNNR SL. NO. (For DP)** |
| **Active** | **2** | **3** | **0** | **7** | **1** | **2** | **6** | **3** | **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** | **1** | **Kolkata** | **2** | **Mumbai** | **3** | **Bangalore** | **4** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**SAMPLE SIZE (QUOTA)**

**TARGET SAMPLE (n= 35)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **OAB Patients** | **Females** | **Males** |
| **GROUP 1****(With Rx)** | **Treated by Gynaecologists** | 15 | - |
| **Treated by PCP** **(Primary Care Practitioner)** | - | 15 |
| **GROUP 2 (without Rx)** | **Not visited HCP** | 3 | 2 |
|  | **Total** | **18** | **17** |

**Equal distribution across metros: Delhi, Mumbai, Bangalore, Kolkata**

****

**SCREENER:**

S1. In which of the following cities do you live?

PROG: SINGLE CODE.

|  |  |
| --- | --- |
| City | CODE |
| Delhi | 001 |
| Mumbai | 002 |
| Bangalore | 003 |
| Kolkata | 004 |

S2. Can you please tell me your name --------------------

S3. Gender

|  |  |  |
| --- | --- | --- |
| Female | 1 | **CONTINUE** |
| Male | 2 | **CONTINUE** |

**AS PER QUOTA**

S4. Please could you tell me your age in completed years?

PROG: CAPTURE NUMERIC VALUE

|  |  |  |
| --- | --- | --- |
| Patient Age  |  | CONTINUE if 50+ years of age else terminate |

S5. Listed on this card are various types of organizations. Do you or any other member of your household work for any of these organizations? [SINGLE CODE ONLY]

|  |  |  |
| --- | --- | --- |
|   |  |  |
| Market research agency  | 1 | **TERMINATE INTERVIEW** |
| Advertising Agency/PR Agency  | 2 |
| Media Related people (DD, Publishers, TV, Radio, Newspaper, etc.) | 3 |
| Pharmaceutical company | 4 |
| Medicine manufacturing / marketing company / wholesalers / retailers / distributors  | 5 |
| Medical shops / diagnostic centres /Pathological Laboratories | 6 |
| Doctors/Nurse/Paramedics /Working in a Hospital/Nursing Home/Clinic | 7 |
| Manufacturers / Wholesalers / Retailers / Distributors of any personal care category products like soap, facewash, shaving cream Deodorant etc. | 8 | **CONTINUE INTERVIEW** |
| Food products manufacturing company  | 9 |
| Engineering company  | 10 |
| Bank/Financial institution  | 11 |
| None of them  | 12 |

S6. Which of this best describes your **Annual household Income**?

PROG: SINGLE CODE.

|  |
| --- |
| **HOUSEHOLD INCOME** |
| Upto 4.99 Lakhs | 1 | TERMINATE |
| 5.0 – 9.99 Lakhs | 2 | CONTINUE |
| 10.0 – 14.99 Lakhs | 3 | CONTINUE |
| 15.0 – 19.99 Lakhs | 4 | CONTINUE |
| 20.0 – 24.99 Lakhs | 5 | CONTINUE |
| 25.0 – 29.99 Lakhs | 6 | CONTINUE |
| 30 Lakhs and above | 7 | CONTINUE |

S7. Please select what is the education level of the Chief Wage Earner of your household? **SINGLE CODING**

|  |  |
| --- | --- |
| Illiterate | **1** |
| Literate but no formal schooling | **2** |
| School upto 4 years | **3** |
| School 5 to 9 years | **4** |
| SSC / HSC | **5** |
| Some College but not graduate | **6** |
| Graduate / Post-Graduate – General | **7** |
| Graduate / Post-Graduate -Professional | **8** |

S8. Please list down all the items owned/or you have at your 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) **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| Electricity  | **1** |
| Ceiling Fan | **2** |
| LPG Stove  | **3** |
| Two-Wheeler | **4** |
| Color TV | **5** |
| Refrigerator | **6** |
| Washing Machine | **7** |
| Personal Computer/ Laptop | **8** |
| Car/Jeep/Van  | **9** |
| Air Conditioner | **10** |
| Agricultural land | **11** |
| TOTAL NUMBER OWNED |  |

**LOGIC CHECK:** “Please Check, you haven’t added electricity but electrical appliances”

|  |
| --- |
| **Chief Earner: Education**  |
| **No. of Durables** | **Illiterate** | **Literate but no formal schooling / School upto 4 years** | **School (5 - 9 yrs)** | **SSC / HSC** | **Some College (Incl a Diploma) but not Graduate** | **Graduate/ Post Graduate: General** | **Graduate/ Post Graduate: Professional** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **None** | E 3 | E 2 | E2 | E 2 | E 2 | E 1 | D 2 |
| **01** | E 2 | E 1 | E 1 | E 1 | D 2 | D 2 | D 2 |
| **02** | E 1 | E 1 | D 2 | D 2 | D 1 | D 1 | D 1 |
| **03** | D 2 | D 2 | D 1 | D 1 | C 2 | C 2 | C 2 |
| **04** | D 1 | C 2 | C2 | C 1 | C 1 | B 2 | B 2 |
| **05** | C 2 | C 1 | C 1 | B 2 | B 1 | B 1 | B 1 |
| **06** | C 1 | B 2 | B 2 | B 1 | A 3 | A 3 | A 3 |
| **07** | C 1 | B 1 | B 1 | A 3 | A 3 | A 2 | A 2 |
| **08** | B 1 | A 3 | A 3 | A 3 | A 2 | A 2 | A 2 |
| **09 or Above** | B 1 | A 3 | A 3 | A 2 | A 2 | A 1 | A 1 |

**Refer to responses S7/S8 and slot the respondent household into appropriate Socio-Economic classification level**

|  |  |  |
| --- | --- | --- |
| **NEW SEC** | **SINGLE CODE** |  |
| A 1 | **1** | **CONTINUE** |
| A 2 | **2** |
| A 3 | **3** |
| B 1 | **4** | **TERMINATE** |
| B 2 | **5** |
| Others | **6** |

S9. POST CODE NCCS:

|  |  |
| --- | --- |
| NCCS A | **1** |

S10. Are you suffering from any of the following health condition? (MULTIPLE SELECT)

|  |
| --- |
| **COMORBIDITIES** |
| Hypertension | 1 | CONTINUE ONLY IF SELECTED CODE 7 – OAB (OVERACTIVE BLADDER) |
| Asthma/Bronchitis | 2 |
| Diabetes | 4 |
| Liver diseases | 5 |
| Kidney Disorder | 6 |
| OAB (Overactive Bladder) | 7 |
| Hyperthyroidism/ hypothyroidism  | 8 |
| Others (Please specify) | 9 |

(FOR INTERVIEWER’s REFERENCE: Overactive bladder, also called OAB, causes a frequent and sudden urge to urinate that may be difficult to control. You may feel like you need to pass urine many times during the day and night, and may also experience unintentional loss of urine (urgency incontinence)

S11. Since how long you are suffering from Overactive Bladder (OAB)?

|  |  |  |
| --- | --- | --- |
| Past 1 month | 1 | CONTINUE |
| Past 1-3 months | 2 | CONTINUE |
| Past 3-6 months | 3 | CONTINUE |
| More than 6 months | 4 | CONTINUE |
| Not suffering from OAB  | 5 | TERMINATE |

S12. Did you consult a doctor for OAB treatment?

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor Consultation | Yes | 1 | CONTINUE FOR GROUP1 recruitment |
| No | 2 | ASK S15 |

**AS PER QUOTA**

S13. Do you have a doctor’s diagnosis or prescription for OAB?

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor Diagnosis/Rx  | Yes | 1 | CONTINUE |
| No | 2 | ASK S15 |

IF SELECTED YES (CODE 1) RECRUIT UNDER GROUP A AFTER COMPLETING SCREENER, IF SELECTED NO (CODE 2) RECRUIT UNDER GROUP B AFTER COMPLETING SCREENER

**Note: As per screener, all patients with Rx evidence only will be recruited/kept on hold for Group 1, not otherwise**

ASK S14 , IF SELECTED 1 (YES) in S13

S14. Which DOCTOR SPECIALTY are you consulting/did you consult?

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor Specialty | Primary Care Practitioner (GP) | 1 | CONTINUE ONLY FOR MALES |
| Gynaecologist | 2 | CONTINUE ONLY FOR FEMALE |
| Others (Please Specify \_\_\_\_\_\_\_) | 3 | TERMINATE |

**AS PER QUOTA**

**ASK ALL**

S15. Which of the following symptoms have you suffered from due to OAB? **MULTI SELECT**

|  |  |
| --- | --- |
| **CODE**  | **CONDITIONS** |
| 1 | Headache |
| 2 | Nausea |
| 3 | Digestive Issues |
| 4 | Anxiety |
| 5 | Acne |
| 6 | Frequent urge to urine/ Frequent urination |
| 7 | Bed wetting |
| 8 | Urinary incontinence (leaking of urine) |
| 9 | Difficulty in holding the urge to urinate |
| 99 | Others |

**CONTINUE ONLY IF SELECTED 7 OR 8 OR 9**

S16. Considering the severity of your symptoms, how does it impact your daily life?

|  |  |  |
| --- | --- | --- |
| **CODE**  | **Severity**  | **CONDITION** |
| 1 | Insignificant impact on daily life | TERMINATE |
| 2 | Minor impact of daily life |
| 3 | Moderate impact | **CONTINUE AND RECRUIT UNDER GROUP B** |
| 4 | Major impact of daily life |
| 5 | Severe impact of daily life |

**RECRUIT IN GROUP B ONLY IF SELECTED 3 OR 4 OR 5**

**RECRUIT AS PER QUOTA**

**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 45-60 minutes, and it has some questions to understand the journey of OAB patients. 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.

Do you agree to participate?

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

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

DATE: / /2023