|  |  |  |
| --- | --- | --- |
| **PROJECT TITLE** | **JOB NUMBER** | **QNNR SL. NO. (For DP)** |
| **Ripe\_Quant\_Gen Consumers** | **2** | **2** | **0** | **7** | **0** | **5** | **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 |

|  |
| --- |
| **Centre Name** |
| **Region** |  | [171] | **Office** |  |  |  | [172-174] | **Centre Code** |  |  |  | [175-177] | **Sample point** |  |  |  |  | [178-181] |

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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)** |  |  |  |  |  |  | **41-46** | **INTERVIEW DATE** | **D** | **D** | **M** | **M** | **2** | **1** | **47-52** |
| **INT Start Time (write in 24hrs)****[161-164]** |  |  |  |  | **INT End Time [165-168]** |  |  |  |  | **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** |

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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** |  |  |  |  |  |  |  |  | **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** |

|  |
| --- |
| **INTRODUCTION**Hello, I am from Ipsos, a premier research and consultancy agency. We are currently conducting a study **to understand your feedback about adult vaccination.** We would very much value the incorporation of your opinions to this project.  |

|  |
| --- |
| To fully partake in this survey, we need your agreement on the following statements.* By participating in this survey, you agree that everything that you share with us will be treated in strictest confidence and will not be attributed to you.
* Responses are grouped together for overall analysis purposes. The survey will take up to 25-30 minutes to complete. Your involvement in this study would be very much appreciated. The project is purely concerned with research, there will be no attempt to sell you anything or influence your use of products.
* You also agree you will not use, disclose, copy, photograph, record, publish on the internet, or reproduce the Information, and that you will avoid discussing the Information with anyone, including friends, and family members or in public places where it might be overheard.
* You will indemnify the Sponsor, Ipsos, and each of their respective affiliates, from and against all claims, losses, damages, costs, and expenses of any kind arising directly or indirectly out of your unauthorized use or disclosure of the Confidential Information.
* This Agreement is entered into for the benefit of the Sponsor which is a third-party beneficiary hereof with the right to claim any benefit and enforce any provision hereof to the same extent as though it were a party to this Agreement.

**Do you acknowledge and agree with the statements above?*** Yes, I agree to keep information confidential, and I wish to participate in this study
* No, I do not agree **[TERMINATE]**
 |

|  |  |
| --- | --- |
| 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 SCREENER QUESTIONNAIRE IS THE PROPERTY OF IPSOS RESEARCH PVT LTD. UNAUTHORISED USE OF THIS SCREENER QUESTIONNAIRE BY ANY OTHER AGENCY OR BODY IS FORBIDDEN |

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

PROG: SINGLE CODE.

|  |  |
| --- | --- |
| **City** | **CODE** |
| Delhi | 001 |
| Kolkata | 002 |
| Mumbai | 003 |
| Ahmedabad | 004 |
| Bangalore | 005 |
| Chennai | 006 |
| Hyderabad | 007 |
| Lucknow | 008 |
| Jaipur | 009 |
| Chandigarh | 010 |
| Varanasi/Agra | 011 |
| Nagpur/Surat | 012 |
| Bhopal/Indore | 013 |
| Vijayawada | 014 |
| Thiruvananthapuram | 015 |
| Raigarh | 016 |
| **Other (Specify)** | **099** |

|  |  |
| --- | --- |
| S1 | Can you please tell us your name? |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| S2 | Do you or anyone else in your household work in any of the organizations listed on this card? [MA]***RECRUTIMENT CRETERIA: TERMINATE IF ANY MEMBER OF THE HOUSEHOLD WORKING IN ANY 1-6 ORGANISATION I.E. CODED 1-6 TERMINATE, ELSE CONTINUE*** | Code | ACTION |
|  | Market research agency  | 1 | ***IF CODED 1 TO 6, TERMINATE*** |
|  | Advertising agency | 2 |
|  | Media (Press / Radio / TV) | 3 |
|  | Company manufacturing / dealing in medicines / health care products | 4 |
|  | Pharmacies/chemists | 5 |
|  | Hospitals / clinics | 6 |
|  | Others | 99 | ***CONTINUE*** |

|  |  |  |  |
| --- | --- | --- | --- |
| S3 | Have you participated in any market research study related to **adult vaccination** in last 1 month? [SA] | Code | ACTION |
|  | YES | 1 | ***TERMINATE*** |
|  | NO  | 2 | ***CONTINUE*** |

|  |  |  |
| --- | --- | --- |
| S4 | Gender. [SA]  | Code |
|  | Female | 1 |
|  | Male | 2 |

|  |  |
| --- | --- |
| S5 | Can you please tell your age in completed years? PROG: CAPTURE NUMERIC VALUE |
|  |  |
|  |
| **SCRIPTER, PLEASE POST CODE** [SA] |
|  | Less than 50 years | 1 | ***TERMINATE*** |
|  | 50-59 years | 2 | ***CONTINUE*** |
|  | 60-69 years | 3 | ***CONTINUE*** |
|  | >69 years | 4 | ***CONTINUE*** |

|  |  |  |
| --- | --- | --- |
| S6 | What is the highest level of education that the main income earner of your household has achieved? [SA]***By Main Income Earner I mean the person who makes the highest contribution to the family budget (IF RETIRED: WHAT WAS YOUR OR HIS /HER OCCUPATION BEFORE RETIREMENT)*** | Code |
|  | Illiterate  | 1 |
|  | School: up to 4 years  | 2 |
|  | School: 5-9 years  | 3 |
|  | SSC / HSC  | 4 |
|  | Some college but not graduate  | 5 |
|  | Graduate/postgraduate (general)  | 6 |
|  | Graduate/postgraduate (professional)  | 7 |

|  |  |  |
| --- | --- | --- |
| S7 | 1. Sir/Madam, could you please tell me, 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).

***RECRUITER: READ OUT. CIRCLE ALL ITEMS OWNED/HAVE AT HOME. MULTIPLE CODDING POSSIBLE***Items owned / have access at home  | Code |
| A | Electricity Connection  | 1 |
| Ceiling Fan  | 2 |
| LPG Stove  | 3 |
| Two-Wheeler  | 4 |
| Colour TV  | 5 |
| Refrigerator  | 6 |
| Washing Machine  | 7 |
| Personal Computer/ Laptop  | 8 |
| Car/Jeep/Van  | 9 |
| Air Conditioner  | 10 |
| B | Agricultural Land | 11 |
|  | **TOTAL NUMBER OF ITEMS OWNED OUT OF 11 (Count & record)** |  |

**RECRUITER TO POST CODE “LEVEL” OF EDUCATION FROM S6 AND NUMBER OF DURABLES FROM S7 a & b IN THE GRID BELOW. READ OUT. RECORD IN GRID. USE GRID TO DETERMINE SEC.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. of Durables**  | **Illiterate** | **Literate but no formal schooling/ School-Upto4 years** | **School-5 to 9 years** | **SSC/ HSC** | **Some College (inclu 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| S8 | RECORD NCCS [SA] | Code | ACTION |
|  | A | 1 | ***RECRUIT*** |
|  | B | 2 | ***RECRUIT*** |
|  | C | 3 | ***TERMINATE*** |
|  | D | 4 | ***TERMINATE*** |
|  | E | 5 | ***TERMINATE*** |

|  |  |  |
| --- | --- | --- |
| S9 | In your family, who is the one person who takes care/supports you with your health condition viz. accompanying with to the doctor, purchasing medicines, health related decisions?  | Code |
|  | Parent (Mother/Father) | 1 |
|  | Spouse (Husband/Wife) | 2 |
|  | Progeny (Daughter/Son) | 3 |
|  | Daughter-in-law/Son-in-law | 4 |
|  | Sibling (Brother/Sister) | 5 |
|  | Others (Please specify) | 6 |

|  |
| --- |
| **Main Questionnaire** |
| **Section A: Demographic and Lifestyle** |

1. Can you tell me how many members are there in your family (including yourself)?

PROG: NUMBERS ONLY

|  |
| --- |
|  |

**ASK Q2 IF VALUE IN Q1 IS >1**

1. Who all do you stay with?

PROG: MULTIPLE CODE

|  |  |
| --- | --- |
| Spouse | 1 |
| Kids | 2 |
| Parents | 3 |
| Brother(s)/ Sister(s) | 4 |
| In-laws | 5 |
| Alone | 6 |

1. Which of this best describes your Employment status, kindly select from the below options?

|  |  |
| --- | --- |
| Self Employed / Business owner | 1 |
| Retired (With pension) | 2 |
| Retired (Without pension) | 3 |
| Salaried (Private) | 4 |
| Salaried (Government) | 5 |
| Never worked | 6 |
| Currently not working | 7 |

|  |
| --- |
| **Section B: Health Condition**  |

1. From the following list, please select the three goals which are most important to you. (Please rank in order where ‘1’ is most important, ‘2’ is second most important, etc.)

**ASK ALL RESPONDENTS**

SCRIPTER INSTRUCTIONS: CAPTURE THE TOP 3 RANKS

|  |  |  |
| --- | --- | --- |
| **CODE** | **RANDOMISE THE STATEMENTS (7 AND 8 WILL BE MUTUALLY EXCLUSIVE)** | **Rank top 3** |
| 1 | Being comfortable financially  |  |
| 2 | Having a successful job/ career |  |
| 3 | Travelling the world |  |
| 4 | Staying in good physical health |  |
| 5 | Raising a family |  |
| 6 | Owning my own house/ property |  |
| 7 | None of the above |  |
| 8 | Don’t know |  |

1. Thinking about the different things you may try to do in order to keep fit and healthy, how important is each of the following on a scale of 1 to 5 where 1 equal ‘not at all important’ and 5 equals ‘extremely important.

1 = not at all important

2 = not important

3 = neither important nor unimportant

4= very important

5= extremely important

1. Which of these measures have you currently adopted for yourself?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RANDOMISE THE STATEMENTS** | **Importance (1-5)** | **Adoption** |
| 1 | Not smoking |  | 1 |
| 2 | Drinking alcohol in moderation |  | 2 |
| 3 | Keeping active/ exercising daily |  | 3 |
| 4 | Eating healthily  |  | 4 |
| 5 | Cancer screening |  | 5 |
| 6 | Regular check-ups with my doctor |  | 6 |
| 7 | Regular visits with my dentist |  | 7 |
| 8 | Vaccination/Immunization for Adults (other than COVID) |  | 8 |
| 8 | Others (please specify) |  | 9 |

1. Are you suffering from any comorbidity?

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

**ASK Q8 & Q9 TO THOSE WHO HAVE CODED 1 (YES) IN Q7**

1. Do you currently suffer from any of these health conditions?

|  |  |
| --- | --- |
| **HEALTH CONDITIONS** | **Q8** |
| Kidney disorder  | 1 |
| Cardiac disorders / heart disease | 2 |
| Hypertension / Blood pressure | 4 |
| Respiratory disorder (Asthma/Bronchitis/COPD) | 5 |
| Diabetes / Blood sugar | 6 |
| Liver diseases | 7 |
| Neurological disorders | 8 |
| Cancer | 9 |
| Vision problem (Cataract, Glaucoma, etc.) | 10 |
| Other <<please specify>> |  |
| None of the above | 99 |

|  |
| --- |
| **Section C: Adult Vaccination**  |

1. When one says ‘Vaccination’ which are the top 3 positive words that you can associate with?

|  |  |
| --- | --- |
| **RANDOMISE THE WORDS** |  |
| Immunity | 1 |
| Prevention | 2 |
| Protection | 3 |
| Wellbeing | 4 |
| Mental satisfaction (relief) | 5 |
| Confidence | 6 |
| Responsible | 7 |

1. Similarly, which are the top 3 negative words that you associate with vaccination.

|  |  |
| --- | --- |
| **RANDOMISE THE WORDS** |  |
| Anxiety | 1 |
| Fear | 2 |
| Apprehension/reluctance | 3 |
| Unaffordable | 4 |
| Pain | 5 |
| Side effects | 6 |

1. Looking at the following statements about vaccinations, please select whether you think each one is true or false.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RANDOMISE THE STATEMENTS** | **True** | **False** | **Don’t know** |
| 1 | Vaccinations are only recommended to children and/or babies |  |  |  |
| 2 | Better immunity is developed from being exposed to the disease than getting vaccinated |  |  |  |
| 3 | For adults vaccinations are only required for travel purposes |  |  |  |
| 4 | Vaccinations are not needed if you are fit and healthy |  |  |  |
| 5 | Adult ‘Vaccination’ are an effective way of helping to prevent serious illness |  |  |  |
| 6 | Vaccination in adults is an important part of overall wellbeing  |  |  |  |

1. Are you aware of any vaccination available for adults (Other than COVID-19)?

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

1. Which of the following statements best describes how up to date you consider yourself to be on vaccinations?

SELECT ONE ANSWER ONLY

|  |  |
| --- | --- |
| **PHRASES** | **CODE** |
| I am aware of the vaccines recommended for adults of my age and have received all of these recommended vaccinations  | 1 |
| I am aware of the vaccines recommended to adults of my age and have received some of these vaccinations  | 2 |
| I am aware of the vaccinations recommended to adults of my age however have not received any of these vaccinations  | 3 |
| I have not received any vaccinations as I am not aware of which vaccines are recommended to adults of my age | 4 |
| Don’t know | 5 |

1. Based on what you have heard and your own perceptions about adult vaccinations, how likely are you to consider vaccination as an important part of overall well-being, on a scale of 1 to 5, where 1 is ‘not at all likely to consider’ and 5 is ‘will definitely consider’.

|  |  |
| --- | --- |
| **PHRASES** | **CODE** |
| Not at all likely to consider  | 1 |
| Not likely to consider | 2 |
| Neither consider nor not consider | 3 |
| Will somewhat consider | 4 |
| Will definitely consider  | 5 |

1. Talking about adults’ vaccination, which of the following vaccines are you aware of that are recommended for adults like yourself?

**SKIP Q15B IF ONLY 1 VACCINE IS CODED FROM 1 TO 8 OR IF 99 IS CODED IN Q15A**

1. Out of the vaccines that you are aware of, please rank them in the order of importance, where Rank 1 = most important, Rank 2 = second most important……and Rank 7 = least important.

|  |  |  |
| --- | --- | --- |
| **RANDOMISE THE VACCINATION** | **Q15a** | **Q15b (Rank 1-7)** |
| Influenza / Flu | 1 |  |
| Pneumonia | 2 |  |
| Pertussis/Whooping cough | 3 |  |
| Covid-19 | 4 |  |
| Tetanus | 5 |  |
| Diphtheria | 6 |  |
| Hepatitis A/B | 7 |  |
| **Others, please specify** | 8 |  |
| **None of these** | 99 |  |

**SKIP Q16 IF 99 IS CODED IN Q15A**

1. Which of the following adult vaccines have you **ever taken during your adulthood** for your overall well-being?

SCRIPTER INSTRUCTION – SHOW ONLY THOSE VACCINATIONS WHICH ARE CODED IN Q15a

1. Which of the following adult vaccine have you taken in the **last 12 months** for your overall well-being?

SCRIPTER INSTRUCTION – SHOW ONLY THOSE VACCINATIONS WHICH ARE CODED IN Q16

SKIP Q17 IF 99 CODED IN Q16

|  |  |  |
| --- | --- | --- |
| RANDOMISE THE VACCINATION | **Q16 (EVER TAKEN)** | **Q17 (CURRENTLY TAKEN)** |
| Influenza / Flu | 1 | 1 |
| Pneumonia | 2 | 2 |
| Pertussis/Whooping cough | 3 | 3 |
| Tetanus | 4 | 4 |
| Diphtheria | 5 | 5 |
| Hepatitis A/B | 6 | 6 |
| **Others, please specify** | 7 | 7 |
| **None of these** | **99** |  |

SKIP Q18 IF 99 CODED IN Q16

1. What was the trigger to get yourself vaccinated? (multiple select)

|  |  |  |
| --- | --- | --- |
|  | RANDOMISE THE STATEMENTS | Code |
| 1 | Doctor recommendation | 1 |
| 2 | Awareness campaign (including TV, newspaper, social media) | 2 |
| 3 | Recommendation by family/friends/relatives/colleagues | 3 |
| 4 | In hospital / clinic awareness materials | 4 |
| 4 | Others( Please specify) | 5 |

SKIP Q18 IF 99 CODED IN Q16

1. Where did you get your vaccination done? (multiple select)

|  |  |  |
| --- | --- | --- |
|  | RANDOMISE THE STATEMENTS | Code |
| 1 | Doctor’s clinic  | 1 |
| 2 | Hospital | 2 |
| 3 | At-home vaccination | 3 |
| 4 | Vaccination camps at society / work | 4 |
| 4 | Others (Please specify) | 5 |

1. We have few statements below can you please tell us to what extent do you agree or disagree with the statements specially in context of adult vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RANDOMISE THE STATEMENTS | Completely agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Totally disagree | Don’t know |
| I have a fear of needles prick when taking vaccination | 1 | 2 | 3 | 4 | 5 | 98 |
| I don’t know which vaccines are available for adults like me | 1 | 2 | 3 | 4 | 5 | 98 |
| I am not convinced of the benefits of vaccination for adults | 1 | 2 | 3 | 4 | 5 | 98 |
| I am not sure about the safety of vaccines in adults | 1 | 2 | 3 | 4 | 5 | 98 |
| Adult vaccines are unaffordable | 1 | 2 | 3 | 4 | 5 | 98 |
| My personal beliefs prevent me from having vaccinations | 1 | 2 | 3 | 4 | 5 | 98 |
| Adult vaccines are not mandatory  | 1 | 2 | 3 | 4 | 5 | 98 |
| I don’t need vaccines because I don’t think I am at risk of getting ill | 1 | 2 | 3 | 4 | 5 | 98 |
| The diseases (apart from covid) are not severe enough to be vaccinated against | 1 | 2 | 3 | 4 | 5 | 98 |
| My doctor has never mentioned the need for adult vaccines to me | 1 | 2 | 3 | 4 | 5 | 98 |
| Vaccination for adults is an important part of staying healthy | 1 | 2 | 3 | 4 | 5 | 98 |
| Vaccination for adults is a cost-effective method of preventing disease | 1 | 2 | 3 | 4 | 5 | 98 |
| Vaccination will benefit my friends and/or family | 1 | 2 | 3 | 4 | 5 | 98 |
| Adult vaccination is not a priority to me | 1 | 2 | 3 | 4 | 5 | 98 |
| Vaccination becomes more important with age due to immune system aging and therefore becoming less effective | 1 | 2 | 3 | 4 | 5 | 98 |
| I don’t know which doctor I should speak to about vaccinations in adulthood | 1 | 2 | 3 | 4 | 5 | 98 |
| I trust my doctor to recommend or tell me about the vaccinations which I should receive | 1 | 2 | 3 | 4 | 5 | 98 |
| I do not know which are the vaccination centers where adult vaccines are administered  | 1 | 2 | 3 | 4 | 5 | 98 |
| Even if the doctor was to recommend an adult vaccination to me; I will check with my friends and relatives before I take the vaccine | 1 | 2 | 3 | 4 | 5 | 98 |
| There are better ways to protect myself from disease than vaccination | 1 | 2 | 3 | 4 | 5 | 98 |
| There is no need for adult vaccination because people live long and healthy lives without it | 1 | 2 | 3 | 4 | 5 | 98 |
| I don't need to get vaccinated because other adults are getting vaccinated | 1 | 2 | 3 | 4 | 5 | 98 |

1. Who are you most likely to turn to for advice on vaccinations which protect against diseases in adulthood? Please rank your top 3, where 1 = most likely to consult for advice on vaccinations, 2 is second most likely to consult for advice on vaccinations etc.)

SCRIPTER INSTRUCTIONS:

* ASK ALL RESPONDENTS
* CAPTURE THE TOP 3 RANKS

|  |  |  |
| --- | --- | --- |
|  | RANDOMISE THE STATEMENTS | Ranking |
| 1 | Doctors e.g., family doctors, diabetologist, cardiologist etc.  |  |
| 2 | Other healthcare professional: nurses, pharmacists |  |
| 3 | Government websites |  |
| 4 | Vaccine manufacturer websites |  |
| 5 | Internet search engines e.g. Google |  |
| 6 | Bloggers, online forums |  |
| 7 | Reports in the media (newspapers, television, online media reports/ newspapers) |  |
| 8 | Celebrities’ views |  |
| 9 | Friends and family |  |
| 10 | Health websites/ magazines |  |
| 11 | Vaccination centres |  |
| 12 | Community or religious leader |  |
| 13 | NGOs |  |
| 14 | International organizations |  |
| 15 | Employer |  |
| 16 | **None of the above** |  |

1. Thinking about the various sources which can be used to look for advice on vaccinations in adulthood, how credible or not do you consider each of the following sources? For each information source please select whether you consider it to be very credible, somewhat credible, not very credible, not at all credible.

SCRIPTER INSTRUCTIONS:

* ASK ALL RESPONDENTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | RANDOMISE THE STATEMENTS | Very credible | Somewhat credible | Not very credible | Not at all credible | Don’t know |
| 1 | Doctors e.g., family doctors, diabetologist, cardiologist etc.  | 1 | 2 | 3 | 4 | 98 |
| 2 | Other healthcare professional: nurses, pharmacists | 1 | 2 | 3 | 4 | 98 |
| 3 | Government websites | 1 | 2 | 3 | 4 | 98 |
| 4 | Vaccine manufacturer websites | 1 | 2 | 3 | 4 | 98 |
| 5 | Internet search engines e.g. Google | 1 | 2 | 3 | 4 | 98 |
| 6 | Bloggers, online forums | 1 | 2 | 3 | 4 | 98 |
| 7 | Reports in the media (newspapers, television, online media reports/ newspapers) | 1 | 2 | 3 | 4 | 98 |
| 8 | Celebrities’ views | 1 | 2 | 3 | 4 | 98 |
| 9 | Friends and family | 1 | 2 | 3 | 4 | 98 |
| 10 | Health websites/ magazines | 1 | 2 | 3 | 4 | 98 |
| 11 | Vaccination centres | 1 | 2 | 3 | 4 | 98 |
| 12 | Community or religious leader | 1 | 2 | 3 | 4 | 98 |
| 13 | NGOs | 1 | 2 | 3 | 4 | 98 |
| 14 | International organizations | 1 | 2 | 3 | 4 | 98 |
| 15 | Employer | 1 | 2 | 3 | 4 | 98 |

1. In last 12 months, how many times did you consult a doctor for your self or your family?

|  |  |
| --- | --- |
| 1 | 1-2 times |
| 2 | 3-4 times  |
| 3 | 5 times or more |
| 4 | 0 times |
| 5 | Unsure/ don’t know |

1. Of the total no. consultations that you have had with your doctor in the last 12 months; can you please tell me what is the proportionate split across the nature of consultation?

|  |  |  |
| --- | --- | --- |
| 1 | Overall preventive healthcare / well-being |  |
| 2 | Consultation for an acute condition (health condition had aggravated) |  |
| 3 | Consultation as part of regular follow-ups (health condition was stable) |  |
|  |  | 100 |

1. Excluding advice on travel vaccines, COVID vaccine and vaccines for children, approximately how many times in the past 12 months, if at all, have you asked the doctor for advice on the vaccinations which protect against diseases in adulthood?

SCRIPTER INSTRUCTIONS:

* ASK ALL RESPONDENTS

|  |  |
| --- | --- |
| 1-2 times | 1 |
| 3-4 times  | 2 |
| 5 times or more | 3 |
| 0 times | 4 |
| Unsure/ don’t know | 5 |

**ASK Q26- Q29 FOR RESPONDENTS CODING 1 / 2 / 3 IN Q25**

1. **What were the reasons that prompted the vaccine enquiry?**

|  |  |
| --- | --- |
| RANDOMISE THE STATEMENTS | Code |
| Suggested by a family member/relative/friend /colleague | 1 |
| Family member/relative/friend diagnosed with a preventable disease | 2 |
| Awareness campaigns on social media/TV/news papers | 3 |
| Suggested by another HCP during health checkup | 4 |
| Came across awareness material in hospital | 5 |
| Others | 6 |

1. **Which doctor specialty did you or your family member visit to enquire about vaccination?**

|  |  |
| --- | --- |
| RANDOMISE THE OPTIONS | Code |
| CP/GP | 1 |
| Diabetologist | 2 |
| Rheumatologist | 3 |
| Oncologist | 4 |
| Dermatologist | 6 |
| Pediatrician | 7 |
| Others (Please specify) | 8 |

1. **Post doctor interaction, did you take the vaccine?**

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

**ASK Q29 IF 2 CODED IN Q28**

1. **What was the main reason you did not take the vaccine?**

|  |  |
| --- | --- |
| RANDOMISE THE OPTIONS | Code |
| Not convinced about the need of vaccination | 1 |
| Wanted to have a second opinion of another doctor | 2 |
| Wanted to discuss amongst family/friends/relatives/colleagues | 3 |
| Adult vaccines are unaffordable | 4 |
| Not convinced about efficacy of the suggested vaccine | 5 |
| Others (Please Specify) | 6 |

**ASK Q30 IF 4 CODED IN Q25**

1. Why did you not discuss vaccination with the doctor?

|  |  |
| --- | --- |
| RANDOMISE THE OPTIONS | Code |
| Adult vaccines are not mandatory  | 1 |
| I don’t need vaccines because I don’t think I am at risk of getting ill | 2 |
| The diseases are not severe enough to be vaccinated against | 3 |
| I am not convinced of the benefits of vaccination for adults | 4 |
| I am not sure about the safety of vaccines in adults | 5 |
| Adult vaccines are unaffordable | 6 |
| Others (Please Specify) | 7 |

**ASK Q31 IF 5 CODED IN Q25**

1. What is the primary reason to not enquire about vaccination?

|  |  |
| --- | --- |
| Doctor did not advise | 1 |
| I don’t think vaccinations are important for overall health | 2 |
| If I am taking care of health, vaccinations are not important | 3 |
| It may cause harm in future / I am scared of injecting chemicals in my body | 4 |

1. Similarly in the last 12 months; approximately how many times did the doctor advice you on vaccinations which protect against diseases in adulthood (please do not include travel vaccines, COVID vaccine and vaccines for children)?

SCRIPTER INSTRUCTIONS:

* ASK ALL RESPONDENTS

|  |  |
| --- | --- |
| 1-2 times | 1 |
| 3-4 times  | 2 |
| 5 times or more | 3 |
| 0 times | 4 |
| Unsure/ don’t know | 5 |

|  |
| --- |
| **Section D: Drivers**  |

1. Talking of adult vaccines have you ever checked with your friends/colleagues or relatives, if they have taken adult vaccination?

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

**ASK Q34 & Q35 IF 1 CODED IN Q33**

1. Apart from Covid, which of the following adult vaccine did you discuss with your friends / colleagues?

|  |  |
| --- | --- |
| RANDOMISE THE VACCINATION | **Q35** |
| Influenza / Flu | 1 |
| Pneumonia | 2 |
| Pertussis/Whooping cough | 3 |
| Tetanus | 4 |
| Diphtheria | 5 |
| Hepatitis A/B | 6 |
| **Others, please specify** | **98** |
| **None of these** | **99** |

**SKIP Q35 IF 99 CODED IN Q34**

1. Which of the following adult vaccine have your friends/colleagues/relatives taken?

**ONLY SHOW VACCINES CODED IN Q35**

|  |  |
| --- | --- |
| RANDOMISE THE VACCINATION | **Q36** |
| Influenza / Flu | 1 |
| Pneumonia | 2 |
| Pertussis/Whooping cough | 3 |
| Tetanus | 4 |
| Diphtheria | 5 |
| Hepatitis A/B | 6 |
| **Others, please specify** | **98** |
| **None of these** | **99** |

**ASK Q36 IF 2 CODED IN Q33**

1. Any reason, why did you not discuss/enquire about the vaccination status with your friends/colleagues/relatives?

|  |  |
| --- | --- |
| RANDOMISE THE STATEMENTS | Code |
| Vaccination status of an adult is private information and shouldn’t be discussed  | 1 |
| Vaccination status against other diseases (pneumococcal, influenza..) is not as important as against Covid | 2 |
| Others (Please specify) | 3 |

1. If all your concerns regarding adult vaccination are addressed, how likely are you to consider vaccination for yourself, on a scale of 1 to 5, where 1 is ‘not at all likely to consider’ and 5 is ‘will definitely consider’. **SCRIPTTER PLEASE CHECK FOR CODE IN Q14; ONLY SHOW CODE SAME OR HIGHER THAN THAT CODE IN Q14 (IF 5 CODED IN Q14 PLEASE SKIP THE QUESTION)**

|  |  |
| --- | --- |
| **PHRASES** | **CODE** |
| Not at all likely to consider  | 1 |
| Not likely to consider | 2 |
| Neither consider nor not consider | 3 |
| Will somewhat consider | 4 |
| Will definitely consider  | 5 |

1. Listed below are few measures/approaches that can be adopted to drive adult vaccination; please tell in your opinion which are the top 3 measures? RANK TOP 3

|  |  |
| --- | --- |
| RANDOMISE THE STATEMENTS | Rank |
| Drive awareness for concept of adult vaccination like that for COVID-19 |  |
| Cost of adult vaccination needs to be covered by government / insurance |  |
| Doctors need to advise/recommend adult vaccine during consultations |  |
| There is need for regular reminders on adult vaccination  |  |
| There is need to create awareness around centers/clinics where adults can get vaccinated |  |
| Issuing vaccination certificate like that of COVID will drive uptake/discussion for adult vaccination |  |

**ASK Q39 FOR ALL CODING 1-8 IN Q16**

1. You mentioned you have taken the following adult vaccine can you tell me how many doses have you taken till date? SCRIPTER INSTRUCTION – SHOW ONLY THOSE VACCINATIONS WHICH ARE CODED IN Q16
2. For each of these vaccines are you aware of the regimen (no. of doses that needs to be taken and the frequency)

|  |  |  |
| --- | --- | --- |
| RANDOMISE THE VACCINATION | **Q39 (NO. OF DOSES TAKEN)** | **Q40 (AWARENESS FOR REGIMEN)** |
| Influenza / Flu |  | Yes - 1; No - 2; Don’t know - 3 |
| Pneumonia |  | Yes - 1; No - 2; Don’t know - 3 |
| Pertussis/Whooping cough |  | Yes - 1; No - 2; Don’t know - 3 |
| Tetanus |  | Yes - 1; No - 2; Don’t know - 3 |
| Diphtheria |  | Yes - 1; No - 2; Don’t know - 3 |
| Hepatitis A/B |  | Yes - 1; No - 2; Don’t know - 3 |

 ‘**THANKS FOR PARTICIPATION’**