|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **ROJECT TITLE** | **JOB NUMBER** |  |  | **QNNR SL. NO. (For DP)** |
| **Falcon wave 2** | **2** | **3** | **0** | **1** | **5** | **5** | **5** | **3** | **0** | **1** |  |  |  |  |  |  |  |
|  |  |  |  |  |
| **SP - ZONE** | **SP NO.** | **G.C NO.** | **INTERVIEW NO.** | **WEEK NO.** | **MONTH NO.** |
| **N** | **E** | **W** | **S** | **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |
|  |  |  |  |  |   |
| **RESPONDENTS ADDRESS – COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)** |
| **RESPONDENT NAME** |  | **SUR NAME:** |  |  |
| **Hospital/ Clinic name** |  |  |
| **Hospital/ Clinic Address (Line 1)** |  |  |
| **Hospital/ Clinic Address (Line 2)** |  |  |
| **AREA** |  |  |
| **LANDMARK** |  |  |
| **CITY** |  |  |
| **PINCODE**  |  |  |  |  |  |  | **MOBILE No.** |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE No. (Res)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE No. PP(C/O)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE No. (Off)** |  |  |  |  |  |  |  |  |  |  | **Extn.** |  |  |  |  |  |  |
| **e-mail ID** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FIELD CONTROL INFORMATION** |
| **INTERVIEWER NAME** |  |  |
| **INTERVIEWER CODE (ID)** |  |  |  |  |  |  |  | **INTERVIEW DATE** | **D** | **D** | **M** | **M** | **1** | **7** |  |
| **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** |  |
| **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** |  |  |  |  |  |  |  |  |  |
| **GFM** | **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** |  |  |  |  |  |  |  |  |  |
| **GFM** | **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** |  |  |  |  |  |  |  |  |  |
| **GFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **FM /RFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **BASE CENTER DETAILS** |
| **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** |
| Mumbai | 01 | Delhi | 02 | Kolkata | 03 | Bangalore | 04 | Hyderabad | 05 |
| Chennai | 06 | Pune | 07 | Lucknow | 08 | Ahmedabad | 09 | Chandigarh | 10 |
|  |  |  |  |  |  |  |  |  |  |
|  |
| 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 QUESTIONNAIRE IS THE PROPERTY OF IPSOS RESEARCH PVT LTD. UNAUTHORISED USE OF THIS QUESTIONNAIRE BY ANY OTHER AGENCY OR BODY IS FORBIDDEN |

|  |
| --- |
|  **INTRODUCTION**Good …….., I am from Ipsos Healthcare, a premier research and consultancy agency. As discussed earlier, this is a study that we are conducting to understand your opinion on Flu/Influenza vaccines. We would very much value the incorporation of your opinions to this project. Anything that you tell us will be treated in strictest confidence and will not be attributed to you. Responses are grouped together for overall analysis purposes. This study comprises face-to-face interview that will last for approximately 30 minutes. We very much value your participation in this study. |

**New Questions added**

**SECTION 1 – Understand** **Overall Flu/Influenza vaccination practice and disease perception.**

**Q1a.** Can you tell, how many children do you see on an average in a month?

**Auto code from screener S5.**

|  |  |  |
| --- | --- | --- |
| **No of patients in a month** |  |  |

**Q1b.** Of these, what proportion children will belong to each of the below age groups?

**TOTAL SHOULD ADD TO 100**

|  |  |  |
| --- | --- | --- |
| **CODE** | **Age group** | **% patients** |
| 1 | 6months – 1yr |  |
| 2 | 1yr – 2yrs |  |
| 3 | 2yrs – 3yrs |  |
| 4 | 3yrs – 5yrs |  |
| 5 | 5yrs – 8yrs |  |
| 6 | 8 - 12yrs |  |
| 7 | 12 – 15 yrs |  |
| 8 | Above 15yrs |  |
|  | **TOTAL** | **100%** |

**IF CODED MORE THAN ‘0’ IN CODE 8 IN Q1b then ask Q1c**

**Q1c.** Doctor, of the \_\_\_ (response of Q1b -code 8) children above 15 yrs of age, in what proportion do you administer vaccines?

|  |  |
| --- | --- |
| **% children above 15 years administered vaccines** |  |

**Q1 d.** Doctor please rank the vaccines as per the priority in corresponding age groups.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccines** | **Birth - 6 months** | **6 months-1year** | **1 year - 3 years** | **3 years - 5 years** | **5 years - 8 years**  |
| Hepatitis B  |   |   |   |   |   |
| Rotavirus |   |   |   |   |   |
| Diphtheria, Pertussis, & Tetanus (DTap) |   |   |   |   |   |
| Haemophilus influenzae type b (Hib) |   |   |   |   |   |
| Pneumococcal disease (PCV 13, PCV 15)  |   |   |   |   |   |
| Polio (IPV) |   |   |   |   |   |
| Flu/ Influenza vaccine  |   |   |   |   |   |
| Measles, Mumps, & Rubella  |   |   |   |   |   |
| Varicella (Chicken Pox)  |   |   |   |   |   |
| Hepatitis A |   |   |   |   |   |
| Tetanus, Diphtheria, & Pertussis (Tdap) |   |   |   |   |   |

Q1e. Of the total no. of children that you see in a month, in how many children do you recommend Flu vaccine?

**Auto code from screener – S8a.**

Q1f. Of your total Flu vaccine recommendations in a month, i.e. \_\_\_\_\_\_ (PIPE IN THE NO. FROM Q1e) , how many recommendations are for each of the age group below. **Capture in whole number, Total should be qual to Q1e**

Q1g. Of your total Flu vaccine recommendations, In how many children do you administer flu vaccines?

**(Auto code from screener-S8A)**

Q1h. Of the total Flu vaccine administration in a month, i.e. \_\_\_\_\_\_ (PIPE IN THE NO. FROM Q1g), how many Flu vaccine administrations are for each of the below age groups. - **Capture in whole number, Total should be equal to Q1g**

Q3a. For each of the age groups, what proportion recommendations are initiated by you vs. proactively initiated by the parent? **HIGHLIGHT THE DATA FOR Q.1C and Q1e**

**NOTE – TOTAL OF Q3a1 + Q3a2 SHOULD ADD TO 100%**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q1c** | **Q1f** | **Q1h** | **Q3** |
| **Age group** | **(AUTO CODE)****No. of patients in each age band** **(Q.1b1 \*Q1a)** | **No. of children recommended Flu vaccine** | **No. of babies administered Flu vaccine** | **Q3a1. % Flu vaccine recommendation initiated by doctor** | **Q3a2. % Flu vaccine recommendation proactively initiated by the parent** |
| 6mnths – 1yr |  |  |  |  |  |
| 1yr – 2yrs |  |  |  |  |  |
| 2yrs – 3yrs |  |  |  |  |  |
| 3yrs – 5yrs |  |  |  |  |  |
| 5yrs – 8yrs |  |  |  |  |  |
| 8 - 12yrs |  |  |  |  |  |
| 12 – 15 yrs |  |  |  |  |  |
| Above 15yrs |  |  |  |  |  |

**Q4a.** Which of the following statement is true with respect to Flu vaccine conversations with your patients? **SINGLE CODING ONLY**

|  |  |
| --- | --- |
| I initiate Flu vaccine discussion anytime throughout the year | 01 |
| I initiate Flu vaccine discussion during specific time of the year  | 02 |

**IF CODED 2 in Q4a, ASK Q4b.1 and 2:**

**Q4b.1.** In which months do you initiate Flu vaccine discussion?? **MULTIPLE CODING POSSIBLE**

**Q4b.2.** Which of these are the peak months for Flu vaccine discussions?

|  |  |  |
| --- | --- | --- |
| **Months** | **Q4b1** **Month in which Flu vaccine discussion is initiated**  | **Q4b2** **Peak Months for Flu vaccine discussions** |
| Jan | 01 | 01 |
| Feb | 02 | 02 |
| March | 03 | 03 |
| April | 04 | 04 |
| May | 05 | 05 |
| June | 06 | 06 |
| July | 07 | 07 |
| August | 08 | 08 |
| September | 09 | 09 |
| October | 10 | 10 |
| November | 11 | 11 |
| December | 12 | 12 |

1. Of the total children getting administered with Flu/influenza vaccine, what proportion children are typically compliant with annual vaccination? **CAPTURE PROPOTION BELOW**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Proportion children compliant with Annual Flu/Influenza vaccination**

1. On an average, for how many years are these children compliant with their annual Flu/ Influenza vaccination, before they drop out? **CAPTURE IN NUMBER. FILL IN WITH LEADING ZEROS**

|  |  |
| --- | --- |
|  |  |

**Average no. of years the children are compliant with Flu/ Influenza vaccination**

1. Using the scale below, please indicate the extent to which you agree with each of the following statements relating to Flu/Influenza vaccination. **SINGLE CODING.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Code**  | **Code label** | **Strongly disagree**  |  | **Neither agree nor disagree** |  | **Strongly agree** |
| 1. | Influenza is a serious health risk that can lead to hospitalization or death in at-risk individuals (elderly, infants, people with chronic conditions such as respiratory diseases, cardiovascular diseases) | 1 | 2 | 3 | 4 | 5 |
| 2. | Parents understand seriousness of Flu disease for their child | 1 | 2 | 3 | 4 | 5 |
| 3. | Flu/Influenza vaccines are highly effective at reducing the risk of influenza and its complications | 1 | 2 | 3 | 4 | 5 |
| 4. | Flu/Influenza vaccines help prevent serious health problems getting more serious  | 1 | 2 | 3 | 4 | 5 |
| 5. | Parents who refuse flu/Influenza vaccines take a major risk regarding their child’s health | 1 | 2 | 3 | 4 | 5 |
| 6. | When a parent refuses flu/Influenza vaccination, it is my responsibility to convince him/ her of its advantages | 1 | 2 | 3 | 4 | 5 |
| 7. | I feel that I don’t have enough time to offer detailed explanations about flu vaccination | 1 | 2 | 3 | 4 | 5 |
| 8 | Administering flu/Influenza vaccine requires extra efforts  | 1 | 2 | 3 | 4 | 5 |
| 8. | Parents’ acceptance for flu vaccination among their children is improved that Pre Covid times | 1 | 2 | 3 | 4 | 5 |
| 9. | I administer flu vaccines because I believe in them | 1 | 2 | 3 | 4 | 5 |
| 10. | Both Split virion and subunit vaccines are similar in efficacy | 1 | 2 | 3 | 4 | 5 |
| 11 | Subunit vaccines are advanced technology vaccines | 1 | 2 | 3 | 4 | 5 |
| 12 | Split virion vaccines have better efficacy than subunit vaccines | 1 | 2 | 3 | 4 | 5 |
| 13 | Annual flu vaccination is the best way to reduce the risk of flu and its serious complications on a yearly basis | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **SECTION 2** **–- BRAND/ MANUFACTURER AWARENESS, USAGE AND PERCEPTIONS** |

**DISPLAY ALL BRANDS CODED IN S.9D (ASK All Aware Brands)**

1. For each of the Flu/Influenza vaccines listed below, select the one statement that you feel best describes your current familiarity? **Please select one answer per row.**

***Logical check - Fluquadri has to be coded as it is a screening criterion***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Influenza Vaccine Brands** | **I have never recommended it** | **I have recommended it in past and do not recommend currently** | **I have some experience and occasionally recommend it** | **I have vast experience and regularly prescribe/ recommend it** |
| Influvac Tetra | 1 | 2 | 3 | 4 |
| Vaxiflu -4 | 1 | 2 | 3 | 4 |
| FluQuadri | 1 | 2 | 3 | 4 |
| Fluarix Tetra | 1 | 2 | 3 | 4 |
| Others (Please Specify) \_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 |

**SHOW BRANDS CODED 3 / 4 IN ABOVE QUESTION, IN Q9**

1. Of the total children/adolescents administered Flu/Influenza vaccines, in what proportion did you administer each of the below brands? **CAPTURE PROPORTION. TOTAL TO ADD TO 100**

|  |  |
| --- | --- |
| **Influenza Vaccine Brands** | **% children/adolescent administered** |
| Influvac Tetra |  |
| Vaxiflu -4 |  |
| FluQuadri |  |
| Fluarix Tetra |  |
| Others (Please Specify) \_\_\_\_\_\_\_\_ |  |
| **TOTAL** | 100 |

1. Were you personally responsible for the **ordering** of Flu/Influenza vaccines? **SINGLE CODING ONLY**

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

**Q12. A. In an average month**, approximately how many doses of Flu/Influenza vaccine were **ordered (IF CODED 1 IN Q11) /prescribed (IF CODED 2 IN Q11)** by your practice/ clinic? **CAPTURE IN NUMBER. FILL IN WITH LEADING ZEROS**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Avg. of doses ordered/ month.**

**Q12. B. In an average month**, what is the approximate percentage split in terms of number of doses between the vaccines **ordered (IF CODED 1 IN Q11) /prescribed (IF CODED 2 IN Q11)** in your practice/ clinic? **CAPTURE PROPORTIONS.**

**NOTE: SHOW THE BRANDS CODED 3 OR 4 IN Q9**

**CAPTURE PROPORTION. TOTAL TO ADD TO 100.**

|  |  |
| --- | --- |
| **Flu/Influenza Vaccine Brands** | **% doses/month** |
| Influvac Tetra |  |
| Vaxiflu -4 |  |
| FluQuadri |  |
| Fluarix Tetra |  |
| **TOTAL** |  |

1. Approximately how many doses of Flu/Influenza vaccines were **ordered (IF CODED 1 IN Q10) /prescribed (IF CODED 2 IN Q10)** by your practice/ clinic for the below duration? **CAPTURE IN NUMBER. FILL IN WITH LEADING ZEROS**

|  |  |  |
| --- | --- | --- |
| **SH Season (April 2023 – Sept 2023)** |  |  |
|  |  |  |

**No. of doses ordered in 2022 Influenza/Flu vaccination season**

1. What is the approximate percentage split in terms of number of doses between the vaccines **ordered (IF CODED 1 IN Q11) /prescribed (IF CODED 2 IN Q11)** in your practice/ clinic for each of the SH Season?

**NOTE: SHOW THE BRANDS CODED 3 OR 4 IN Q9**

**CAPTURE PROPORTION. TOTAL TO ADD TO 100.**

|  |  |
| --- | --- |
| **Flu/Influenza Vaccine Brands** | **SH Season (April – Sept 2023)****% doses** |
| Influvac Tetra |  |
| Vaxiflu -4 |  |
| FluQuadri |  |
| Fluarix Tetra |  |
| **TOTAL** | **100** |

**Q14A.** Approximately how many doses of Flu/Influenza vaccines do you anticipate to order **(IF CODED 1 IN Q11) /prescribe (IF CODED 2 IN Q11)** by your practice/ clinic for the below duration? **CAPTURE IN NUMBER. FILL IN WITH LEADING ZEROS**

|  |  |  |
| --- | --- | --- |
| **Next NH Season (Oct 2023 – March 2024)** |  |  |

**No. of doses ordered in the next NH Influenza/Flu vaccination season**

**Q.14 A1.**  What will be the approximate percentage split in terms of number of doses between the vaccines **ordered (IF CODED 1 IN Q11) /prescribed (IF CODED 2 IN Q11)** in your practice/ clinic for the NH Season?

**NOTE: SHOW THE BRANDS CODED 3 OR 4 IN Q9**

**CAPTURE PROPORTION. TOTAL TO ADD TO 100.**

|  |  |
| --- | --- |
| **Flu/Influenza Vaccine Brands** | **Next NH Season (Oct 2023 –March 2024)****% doses** |
| Influvac Tetra |  |
| Vaxiflu -4 |  |
| FluQuadri |  |
| Fluarix Tetra |  |
| **TOTAL** | **100** |

1. **B.** Doctor which of the below Flu vaccine variants do you prefer in your clinical practice? **SINGLE CODING ONLY.**

|  |  |
| --- | --- |
| SH Flu vaccine | 1 |
| NH Flu vaccine | 2 |

**IF CODED 2 in Q14B, ASK Q.14C:**

1. **C.** What are your reasons to prefer NH over SH Flu vaccine variant? **STATE YOUR REASONS BELOW:**

***DO NOT ACCEPT “NA”, Don’t know”, “Can’t say” and “None”.***

|  |
| --- |
|  |
|  |
|  |
|  |

**ASK ALL:**

1. **D**. Doctor to what extent do you agree with the below statement? Please rate your agreement on a scale of 1 – 5, where 1 – No Agreement at all and 5 – Totally agree.

|  |  |
| --- | --- |
| **Statement** | **Rating** **(Scale 1 – 5)** |
| Since WHO classifies India as SH country, I will redirect my vaccines in the SH season – either by asking my patients to come in Apr or giving them one vaccine now and asking them to regularize it by getting vaccinated in the SH season (Apr – Sep) |  |

1. **E.** Doctor can you please explain your reasons for the rating? **STATE YOUR REASONS BELOW:**

***DO NOT ACCEPT “NA”, Don’t know”, “Cant say” and “None”***

|  |
| --- |
|  |

**Q.15** Which of these attributes are important to you while selecting/considering any Flu/Influenza vaccine brand? Kindly rate each of these attributes on a scale of 1 – 5, where 1 – Not at all important and 5 – extremely important? **SINGLE CODING FOR EACH ATTRIBUTE**

1. A. Thinking again now about these Flu/Influenza vaccine(s) you are aware of, please tick as many or as few of the vaccines that you strongly associate with the following attributes. **MULTIPLE CODING ACROSS EACH ATTRIBUTE. “None” Should be mutually exclusive**

**DISPLAY ALL AWARE BRANDS CODED IN S9D**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **List of attributes**  | **Q15****Importance** | **Influvac Tetra** | **Vaxiflu 4** | **FluQuadri** | **Fluarix tetra** | **None** |
| 1 | Higher immune response |  | 1 | 2 | 3 | 4 | 5 |
| 2 | Good tolerability and safety profile |  | 1 | 2 | 3 | 4 | 5 |
| 3 | Reduction of number of influenza-related hospitalization/ deaths |  | 1 | 2 | 3 | 4 | 5 |
| 5 | Reasonable price Affordable to patients |  | 1 | 2 | 3 | 4 | 5 |
| 6 | Scientific engagements to share scientific updates like CMEs |  | 1 | 2 | 3 | 4 | 5 |
| 8 | Profitable for my practice |  | 1 | 2 | 3 | 4 | 5 |
| 9 | Has knowledgeable sales reps |  | 1 | 2 | 3 | 4 | 5 |
| 10 | Supports driving patient awareness about Flu vaccines on **Digital mass media** |  | 1 | 2 | 3 | 4 | 5 |
| 11 | Supports driving patient awareness about Flu vaccines through **In-clinic activities** |  | 1 | 2 | 3 | 4 | 5 |
| 12 | Availability in a multi vial pack |  | 1 | 2 | 3 | 4 | 5 |
| 13 | Availability across the year |  | 1 | 2 | 3 | 4 | 5 |
| 14 | Early time to market for the season |  | 1 | 2 | 3 | 4 | 5 |
| 15 | Is a Split Virion vaccine |  | 1 | 2 | 3 | 4 | 5 |
| 16 | Is a Sub unit vaccine |  | 1 | 2 | 3 | 4 | 5 |

1. **B**. Which of the following barriers do you associate with the Flu vaccine brands basis your clinical experience? **MULTIPLE CODING POSSIBLE. “None” Should be mutually exclusive.**

**DISPLAY ALL BRANDS CODED IN S.9D**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **List of attributes**  | **Influvac Tetra** | **Vaxiflu 4** | **FluQuadri** | **Fluarix tetra** | **None** |
| 1 | Cost | 1 | 2 | 3 | 4 | 5 |
| 2 | Irregular Rep interactions | 1 | 2 | 3 | 4 | 5 |
| 3 | Inconsistent availability / Lack of availability throughout the year | 1 | 2 | 3 | 4 | 5 |
| 4 | Availability in multi pack injections instead of single pack injections | 1 | 2 | 3 | 4 | 5 |

**Q17.** Using the scale below, please indicate how satisfied you are you with the current Flu/ Influenza vaccine brands that you are aware of? Please rate your satisfaction on a scale of 1 – 5, 1 – Not at all satisfied and 5 – Extremely satisfied. **SINGLE CODING FOR EACH BRAND**

**DISPLAY ALL AWARE BRANDS CODED IN S9D**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all satisfied** |  | **Neither satisfied nor dissatisfied** |  | **Extremely satisfied** |
| **Influvac Tetra** | **1** | **2** | **3** | **4** | **5** |
| **Vaxiflu 4** | **1** | **2** | **3** | **4** | **5** |
| **Flu Quadri** | **1** | **2** | **3** | **4** | **5** |
| **Fluarix Tetra** | **1** | **2** | **3** | **4** | **5** |

1. How important are each of the attributes to you while dealing with a company responsible for supplying you with your annual Flu/ Influenza vaccines? Kindly rate each of these attributes on a scale of 1 – 5, where 1 – Not at all important and 5 – extremely important? **SINGLE CODING FOR EACH ATTRIBUTE**
2. I would now like to understand which companies you particularly associate with each of the following attributes/activities. Taking each attribute/activity in turn, please tick as many or as few of the companies as you strongly associate with it. **MULTIPLE CODING ACROSS EACH ATTRIBUTE. “None” Should be mutually exclusive**

 **DISPLAY ALL BRANDS CODED IN S.9D**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **List of attributes**  | **Importance****(scale)** | **ABBOTT (Influvac Tetra)** | **ZYDUS****(Vaxiflu 4)** | **SANOFI****(FluQuadri)** | **GSK****(Fluarix Tetra)** | **None** |
| 1 | Gives you peace of mind when recommending/ordering influenza vaccines from this company |  | 1 | 2 | 3 | 4 | 5 |
| 2 | This company is involved in scientific publications of quality |  | 1 | 2 | 3 | 4 | 5 |
| 3 | Is a good substitute when other influenza vaccines are not available |  | 1 | 2 | 3 | 4 | 5 |
| 4 | This manufacturer is proven in terms of safety  |  | 1 | 2 | 3 | 4 | 5 |
| 5 | Provides the standard of care in terms of influenza vaccination |  | 1 | 2 | 3 | 4 | 5 |
| 6 | Is the manufacturer which provides the product on time |  | 1 | 2 | 3 | 4 | 5 |
| 7 | Provides you with the best financial conditions / offers |  | 1 | 2 | 3 | 4 | 5 |
| 8 | Is trusted by patients |  | 1 | 2 | 3 | 4 | 5 |
| 9 | Is trusted by your peers |  | 1 | 2 | 3 | 4 | 5 |
| 10 | Acts as a partner for Healthcare Professionals: provides services as education and training programs for HCPs, etc. |  | 1 | 2 | 3 | 4 | 5 |
| 11 | Provides relevant communication to HCPs/ listens to HCPs (reps, emails, congress, etc.) |  | 1 | 2 | 3 | 4 | 5 |
| 12 | This vaccine manufacturer is good at keeping in touch  |  | 1 | 2 | 3 | 4 | 5 |
| 13 | This manufacturer provides state of the art customer services |  | 1 | 2 | 3 | 4 | 5 |
| 14 | Provides reduced sizes of boxes to increase the capacity of storage  |  | 1 | 2 | 3 | 4 | 5 |
| 15 | Allow return of remaining vaccines |  | 1 | 2 | 3 | 4 | 5 |
| 16 | Provides useful educational materials and tools for patients |  | 1 | 2 | 3 | 4 | 5 |

1. Using the scale below, please indicate how satisfied you are you with the current Flu/ Influenza vaccine manufacturers that you are aware of? Please rate your satisfaction on a scale of 1 – 5, 1 – Not at all satisfied and 5 – Extremely satisfied. **SINGLE CODING FOR EACH BRAND**

**DISPLAY ALL BRANDS CODED IN S.9D**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all satisfied** |  | **Neither satisfied nor dissatisfied** |  | **Extremely satisfied** |
| **Abbott (Influvac Tetra)** | **1** | **2** | **3** | **4** | **5** |
| **Zydus** **(Vaxiflu 4)** | **1** | **2** | **3** | **4** | **5** |
| **Sanofi (FluQuadri)** | **1** | **2** | **3** | **4** | **5** |
| **GSK (Fluarix Tetra)** | **1** | **2** | **3** | **4** | **5** |

|  |
| --- |
| **SECTION 3 –-**  **SALES REP AND MESSAGE EVALUATION** |

1. When was the last time you have been in contact (either face to face or virtually) with representatives detailing each of the following Flu/Influenza vaccines? **SINGLE CODING FOR EACH**

**DISPLAY ALL AWARE BRANDS CODED IN S9D**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1. Within the past month**  | **2. Within the past 1 to 3 months**  | **3. Within the past 3 to 6 months**  | **4. Within the past 6 to 9 months**  | **5. Within the past 9 to 12 months**  | **6. More than a year ago** |
| **Abbott (Influvac Tetra)** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Zydus** **(Vaxiflu 4)** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Sanofi (FluQuadri)** | 1 | 2 | 3 | 4 | 5 | 6 |
| **GSK (Fluarix Tetra)** | 1 | 2 | 3 | 4 | 5 | 6 |

1. Thinking about the value which sales representatives from Flu/Influenza vaccine companies bring to your practice, to what extent are each of the factors important to you? Kindly rate each of these attributes on a scale of 1 – 5, where 1 – Not at all important and 5 – extremely important? **SINGLE CODING FOR EACH ATTRIBUTE**
2. I would now like to understand which companies you particularly associate with each of the following attributes/activities. Taking each attribute/activity in turn, please tick as many or as few of the companies as you strongly associate with it. **MULTIPLE CODING ACROSS EACH ATTRIBUTE. “None” Should be mutually exclusive**

**DISPLAY ALL BRANDS CODED IN S.9D**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **List of attributes**  | **Importance****(scale)** | **Abbott (Influvac Tetra)** | **ZYDUS****(Vaxiflu 4)** | **SANOFI****(FluQuadri)** | **GSK****(Fluarix Tetra)** | **None** |
| 1 | Provides up to date disease state information |  | 1 | 2 | 3 | 4 | 5 |
| 2 | Ensures prompt follow-up |  | 1 | 2 | 3 | 4 | 5 |
| 3 | Provides up to date clinical trial support and information |  | 1 | 2 | 3 | 4 | 5 |
| 4 | Is able to anticipate my informational needs based on our prior interactions / relationship |  | 1 | 2 | 3 | 4 | 5 |
| 5 | Adapts discussion by listening effectively to my interests and needs  |  | 1 | 2 | 3 | 4 | 5 |
| 6 | Communicates effectively and in fair and balanced manner |  | 1 | 2 | 3 | 4 | 5 |
| 7 | Is respectful of my time |  | 1 | 2 | 3 | 4 | 5 |
| 8 | Develops a strong relationship with me |  | 1 | 2 | 3 | 4 | 5 |
| 9 | Is responsive (follows up in timely manner) and is accessible |  | 1 | 2 | 3 | 4 | 5 |
| 10 | Is a reliable and credible source of information  |  | 1 | 2 | 3 | 4 | 5 |

1. Using the scale below, please indicate how satisfied you are you with the rep visits that you had from each of the following vaccine companies? Please rate your satisfaction on a scale of 1 – 5, 1 – Not at all satisfied and 5 – Extremely satisfied. **SINGLE CODING FOR EACH BRAND**

**DISPLAY ALL AWARE BRANDS CODED IN S9D**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all satisfied** |  | **Neither satisfied nor dissatisfied** |  | **Extremely satisfied** |
| **Abbott (Influvac Tetra)** | 1 | 2 | 3 | 4 | 5 |
| **Zydus** **(Vaxiflu 4)** | 1 | 2 | 3 | 4 | 5 |
| **Sanofi (FluQuadri)** | 1 | 2 | 3 | 4 | 5 |
| **GSK (Fluarix Tetra)** | 1 | 2 | 3 | 4 | 5 |

1. Kindly select the message that you have recall been communicated by **Flu/Influenza vaccine sales rep? MULTIPLE CODING POSSIBLE**

**HIGHLIGHT ONLY AWARE BRANDS AND MESSAGES CODED IN Q25 in Q26**

1. Doctor, which brands do you associate with each of these messages given below?

**SCRIPTER NOTE: ROTATE THE CATEGORIES OF COMMUNICATION MESSAGES GIVEN IN THE TABLE BELOW. FOLLOW DIFFERENT SEQUENCE FOR DIFFERENT DOCTORS. MULTIPLE CODING POSSIBLE PER ROW.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMMUNICATION MESSAGES** | **CODE** | **Influvac Tetra** | **Vaxiflu 4** | **FluQuadri** | **Fluarix Tetra** |
| Is the only WHO prequalified Influenza vaccine available in India | 01 | 2 | 3 | 4 | 5 |
| Is a 3rd generation advanced subunit vaccine | 02 | 2 | 3 | 4 | 5 |
| Is an Indian indigenous economical Flu vaccine | 03 | 2 | 3 | 4 | 5 |
| Is the world’s first approved Quad flu vaccine and only vaccine with Indian efficacy data | 04 | 2 | 3 | 4 | 5 |
| It is a quadrivalent Flu vaccine with 8-fold increase in GMT titres in Indian efficacy study | 05 | 2 | 3 | 4 | 5 |
| Provides Peak Protection against all Flu Strains including H3N2 | 06 | 2 | 3 | 4 | 5 |
| Provides Protection that reduces school absentism and hospitalization | 07 | 2 | 3 | 4 | 5 |
| Provides Enhance efficacy with split virion vaccine | 08 | 2 | 3 | 4 | 5 |
| Provides Assurance of Quality | 09 | 2 | 3 | 4 | 5 |
| Provides Knowledge leadership | 10 | 2 | 3 | 4 | 5 |

1. Doctor, please indicate the credibility for each message communicated by Flu/Influenza vaccine brands by using a **5-pointer scale)**

***SCALE - where 1 = Not at all credible and 5 = Extremely credible***

**SCRIPTER NOTE: ROTATE THE CATEGORIES OF COMMUNICATION MESSAGES IN THE TABLE BELOW.**

**FOLLOW DIFFERENT SEQUENCE FOR DIFFERENT DOCTORS. SINGLE CODE PER ROW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMMUNICATION MESSAGES** | **NOT AT ALL CREDIBLE****1** | **2** | **3** | **4** | **EXTREMELY CREDIBLE****5** |
| Is the only WHO prequalified Influenza vaccine available in India | 1 | 2 | 3 | 4 | 5 |
| Is a 3rd generation advanced subunit vaccine | 1 | 2 | 3 | 4 | 5 |
| Is an Indian indigenous economical Flu vaccine | 1 | 2 | 3 | 4 | 5 |
| Is the world’s first approved Quad flu vaccine and only vaccine with Indian efficacy data | 1 | 2 | 3 | 4 | 5 |
| It is a quadrivalent Flu vaccine with 8-fold increase in GMT titres in Indian efficacy study | 1 | 2 | 3 | 4 | 5 |
| Provides Peak Protection against all Flu Strains including H3N2 | 1 | 2 | 3 | 4 | 5 |
| Provides Protection that reduces school absentism and hospitalization | 1 | 2 | 3 | 4 | 5 |
| Provides Enhance efficacy with split virion vaccine | 1 | 2 | 3 | 4 | 5 |
| Provides Assurance of Quality | 1 | 2 | 3 | 4 | 5 |
| Provides Knowledge leadership | 1 | 2 | 3 | 4 | 5 |

1. Doctor, please indicate how influential each of the below messages are when it comes to recommending/ prescribing Flu/Influenza brands, by using a **5-pointer scale.**

***SCALE - where 1 = Not at all influential and 5 = Extremely influential.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMMUNICATION MESSAGES** | **NOT AT ALL INFLUENTIAL****1** | **2** | **3** | **4** | **EXTREMELY INFLUENTIAL** **5** |
| Is the only WHO prequalified Influenza vaccine available in India | 1 | 2 | 3 | 4 | 5 |
| Is a 3rd generation advanced subunit vaccine | 1 | 2 | 3 | 4 | 5 |
| Is an Indian indigenous economical Flu vaccine | 1 | 2 | 3 | 4 | 5 |
| Is the world’s first approved Quad flu vaccine and only vaccine with Indian efficacy data | 1 | 2 | 3 | 4 | 5 |
| It is a quadrivalent Flu vaccine with 8-fold increase in GMT titres in Indian efficacy study | 1 | 2 | 3 | 4 | 5 |
| Provides Peak Protection against all Flu Strains including H3N2 | 1 | 2 | 3 | 4 | 5 |
| Provides Protection that reduces school absentism and hospitalization | 1 | 2 | 3 | 4 | 5 |
| Provides Enhance efficacy with split virion vaccine | 1 | 2 | 3 | 4 | 5 |
| Provides Assurance of Quality | 1 | 2 | 3 | 4 | 5 |
| Provides Knowledge leadership | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **SECTION 4****–- OPINION ON ENGAGEMENT ACTIVITIES** |

**Doctor, from this section onwards please consider your interaction with different influenza vaccine manufacturers during your practice. Please think of all the activities they do to engage with you.**

1. In the 3 months, which of the following channels were used by each Flu/Influenza vaccine manufacturer company to engage with you? **MULTIPLE CODING FOR EACH COMPANY.**

**“None” Should be mutually exclusive**

**DISPLAY ALL AWARE BRANDS CODED IN S9D**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHANNEL LIST**  | **Abbott (Influvac Tetra)** | **ZYDUS****(Vaxiflu 4)** | **SANOFI****(FluQuadri)** | **GSK** **(Fluarix Tetra)** | **None** |
| F2F Sales Rep/ ipads **[example: Detailing by Sales rep]** | 1 | 2 | 3 | 4 | 5 |
| F2F- Adboard & seminar [**example: CMEs, Webinar]** | 1 | 2 | 3 | 4 | 5 |
| Webinars/ video streaming  | 1 | 2 | 3 | 4 | 5 |
| Doctor Networking Platforms (DNPs) - **[example: Advertisements Lybrate, THB, Docmode]** | 1 | 2 | 3 | 4 | 5 |
| Telecall | 1 | 2 | 3 | 4 | 5 |
| E-Detailing **(Remote Detailing)** | 1 | 2 | 3 | 4 | 5 |
| Email - Inhouse  | 1 | 2 | 3 | 4 | 5 |
| Emails - Third Party **(mails sent by agencies)** | 1 | 2 | 3 | 4 | 5 |
| Brand Website | 1 | 2 | 3 | 4 | 5 |
| SMS | 1 | 2 | 3 | 4 | 5 |
| WhatsApp | 1 | 2 | 3 | 4 | 5 |
| Banner Ads **(Ads on DNPs, websites etc]** | 1 | 2 | 3 | 4 | 5 |
| KOL Videos | 1 | 2 | 3 | 4 | 5 |
| Scientific 3rd Party Websites **[example: Science Direct]** | 1 | 2 | 3 | 4 | 5 |
| OTHER *(specify)* **[PROG: Record open ended response]** | 1 | 2 | 3 | 4 | 5 |

1. How well would you say each of the following Flu/Influenza vaccine manufacturers communicate with you, **thinking about channels used, accessibility, quality, relevance and helpfulness of the information they provide**? Please provide a rating on a 7-point scale where: 1 means ‘The company does not communicate well at all’ and 7 means ‘The company communicates extremely well’

**DISPLAY ALL AWARE BRANDS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Influenza vaccine manufacturers**  | The company does not communicate well at all | 2 | 3 | 4 | 5 | 6 | The company communicates extremely well |
| **Abbott (Influvac Tetra)** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Zydus** **(Vaxiflu 4)** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Sanofi (FluQuadri)** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **GSK (Fluarix Tetra)** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**Q30a**Which vaccine campaigns do you recall being conducted flu campaign in last 6 months? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **Flu vaccine campaigns**  | **Code** |
| Flu Shot Friday | 1 |
| Family vacation vaccination  | 2 |
| Vaccination for Family | 3 |
| Vaccination for Monsoon season | 4 |

**Q30b**. Which vaccine campaigns do you associate with? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **Flu vaccine campaigns**  | **Code** |
| Flu Shot Friday | 1 |
| Family vacation vaccination  | 2 |
| Vaccination for Family | 3 |
| Vaccination for Monsoon season | 4 |

**Q34. How likely is it that you would recommend the following brands that you are aware of to a colleague or peer? Please give a rating between 0 (not at all likely) and 10 (extremely likely).**

**DISPLAY ALL AWARE BRANDS CODED IN S9D**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all likely** |  |  |  |  |  |  |  |  | **Extremely Likely** |
| **Influvac Tetra** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Vaxiflu 4** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Flu Quadri** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Fluarix Tetra** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**THANK AND CLOSE**