**Project Amber\_ Wound Closure**

**Patient screener**

**August 2024**

**CONSENT FORM**

***IQVIA – PROJECT PARTICIPATION AND CONSENT FORM***

|  |  |
| --- | --- |
| ***Project Name*** | ***Amber*** |
| ***SFDC code*** |  |
| ***Recruiter/ Interviewer Name*** |  |

Good morning/afternoon, I am calling on behalf of IQVIA, an independent international healthcare market research organization. We are conducting a study **to evaluate patients’ awareness and attitude towards wound closure methods.** May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

In depth discussion will be conducted which will last for about **45 mins**. The discussion will be arranged at a time to suit you and we can offer honorarium in appreciation of your time and participation.

Please let me reassure you that this Market Research is sponsored by a company and is conducted in accordance with International Market Research guidelines. The research is not designed to be promotional in any way – we are not trying to sell you anything. You have a right to withdraw from the interview at any time and withhold information as you see fit. All information provided will be treated in the strictest confidence and all data will only report in a consolidated form – no personal information (including your name, email address and phone number) will be included in any reports provided to the company sponsoring the research, or to their affiliated companies or business partners.

**PARTICIPANT CONSENT:**

* **YES**, I want to take part in the Study as outlined above and confirm my consent to the collection, storage and use of my personal data as outlined above.
* **YES**, I confirm that I may be contacted by IQVIA directly by telephone or e-mail using the contact information I have given above.
* **YES,** I have complied with anti-corruption and anti-bribery laws.
* **YES,** I agree to have received the incentive as stated above, in lieu of my interview.

**PARTICIPANT Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**SAMPLE SPREAD:**

|  |  |  |
| --- | --- | --- |
| **Town Class** | **City** | **Patients** |
| **Colorectal** | **Esophagus** | **Lung** | **Gynaecology** | **Obstetrics/Gyn** | **Cardiovascular**  | **Neurosurgery/ spinal**  | **Orthopedic**  | **General surgery** | **Plastic   surgery** | **Total** |
| **Metro** | Mumbai | 1 | 1 | 2 | 1 | 5 | 2 | 2 | 3 | 2 | 3 | **22** |
| Delhi | 1 | 1 | 1 | 2 | 5 | 2 | 2 | 3 | 2 | 3 | **22** |
| Bangalore | 1 | 0 | 2 | 2 | 5 | 2 | 1 | 3 | 1 | 3 | **20** |
| Kolkata | 0 | 1 | 2 | 2 | 5 | 1 | 2 | 2 | 2 | 3 | **20** |
| **Sub Total** | **3** | **3** | **7** | **7** | **20** | **7** | **7** | **11** | **7** | **12** | **84** |
| **Tier 1** | Pune/Ahmedabad | 1 | 1 | 2 | 1 | 5 | 1 | 2 | 2 | 2 | 1 | **18** |
| Chandigarh | 1 | 1 | 1 | 2 | 5 | 2 | 1 | 2 | 1 | 2 | **18** |
| **Sub Total** | **2** | **2** | **3** | **3** | **10** | **3** | **3** | **4** | **3** | **3** | **36** |
| **Total** | **5** | **5** | **10** | **10** | **30** | **10** | **10** | **15** | **10** | **15** | **120** |

|  |
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| **RECRUITMENT INSTRUCTIONS (BASIC SCREENING CRITERIA)** |

**PATIENT SURGICAL HISTORY CRITERIA:**

**RECRUIT ONLY IF PATIENT HAS UNDERGONE ANY OF THE BELOW MENTIONED SURGERY IN THE PAST 1 YEAR:**

|  |  |
| --- | --- |
| **Specialty**  | **Major Surgeries under each specialty**  |
| **Colorectal surgery** | Abdominal surgery, Open LAR (Low Anterior Resection) |
| **Esophageal surgery** | Open Esophagectomy |
| **Lung** | Open Lobectomy, VATS (Video-Assisted Thoracoscopic Surgery) Lobectomy |
| **Gynaecology** | Open Hysterectomy, Myomectomy |
| **Gyn/Obstetrics** | C-Section |
| **Cardiovascular surgery** | Coronary artery bypass grafting (CABG), Heart valve repair or replacement, CHD |
| **Neurosurgery/ spinal surgery** | Spinal neurosurgery, Laminectomy, Spinal Fusion, Thoracic Lumbar Fusion |
| **Orthopedic surgery** | Joint reconstruction, Bone tumour surgery, Complex trauma surgery |
| **General surgery** | Open/ Lap - Appendectomy, Hernia, Colorectal surgery, Oncology |
| **Plastic surgery** | Post Oncology reconstruction, Liposuction, Breast Augmentation, Abdominoplasty |

**QUOTA:**

1. **GENDER**
* **Male: 50% (n=60)**
* **Female: 50% (n=60)**
1. **AGE GROUP**
* **26 – 35 age group: 25% (n=30)**
* **36 – 45 age group: 25% (n=30)**
* **46 – 55 age group: 25% (n=30)**
* **56 – 65 age group: 25% (n=30)**
1. **SEC STATUS**
* **SEC A: 70% (n=84)**
* **SEC B: 30% (n=36)**
1. **PATIENT COUNSELLING REGARDING WOUND CLOSURE METHODS:**
* **Counselled by the surgeon: 20% (n=24)**
* **Not counselled by the surgeon: 80% (n=96)**

|  |
| --- |
| **PATIENT SCREENER** |

**RECRUITER NOTE: RECRUITER TO ENSURE TO CAPTURE THE NUMBER OF RESPONDENTS REACHED OUT IN TOTAL AND SCREENED OUT / TERMINATED AT RESPECTIVE QUESTION**

1. Record gender: **MAINTAIN QUOTA.**

|  |  |  |
| --- | --- | --- |
| **GENDER** | **CODE** | **ACTION** |
| Male | 1 | CONTINUE AND RECRUIT AS PER QUOTA 1 |
| Female | 2 | CONTINUE AND RECRUIT AS PER QUOTA 1 |

1. May I please know your **(patient’s) age? RECORD EXACT AGE AND CODE APPROPRIATELY.**

|  |  |  |
| --- | --- | --- |
| **AGE GROUP** | **CODE** | **ACTION** |
| <25 years | **1** | **TERMINATE** |
| 26-35 years | 2 | CONTINUE AND RECRUIT AS PER QUOTA 2 |
| 36-45 years | 3 | CONTINUE AND RECRUIT AS PER QUOTA 2 |
| 46-55 years | 4 | CONTINUE AND RECRUIT AS PER QUOTA 2 |
| 56-65 years | 5 | CONTINUE AND RECRUIT AS PER QUOTA 2 |
| >65 years | **6** | **TERMINATE** |

1. Could you (patient) please tell us the **highest level of education** that you (patient) have/has completed? **CODE APPROPRIATELY. SINGLE CODING ONLY.**

|  |  |  |
| --- | --- | --- |
| **EDUCATION** | **CODE** | **ACTION** |
| Less than SSC/HSC | **01** | **TERMINATE** |
| SSC/HSC | 02 | CONTINUE  |
| Graduate | 03 |
| Post-graduate master’s degree  | 04 |
| Post-graduate master’s degree & Higher | 05 |

1. Are you (patient) the chief wage earner (by chief wage earner I mean the person who contributes the most to the household income) in your house? **SINGLE CODE ONLY.**

|  |  |  |
| --- | --- | --- |
| **CHIEF WAGE EARNER** | **CODE** | **ACTION** |
| No | 1 | CONTINUE |
| Yes | 2 |

1. Can you (patient) please tell me the **education** and **occupation** **of the Chief wage earner** (by chief wage earner I mean the person who contributes the most to the household income) in your house?

**CODE AS PER EDUCATION AND OCCUPATION.**

|  |  |
| --- | --- |
| **CIRCLE SEC CODE** | **EDUCATION** |
|  | **Illiterate** | **Literate no formal education** | **School upto 4 yrs** | **School 5-9 yrs** | **HSC/SSC** | **Some college but not Grad** | **Grad/Post Grad Gen** | **Grad/ Post Grad Prof** |
|  **OCCUPATION** | **CODE** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Unskilled Workers** | **1** | E2 | E2 | E2 | E1 | D | D | D | D |
| **Skilled Workers** | **2** | E2 | E1 | E1 | D | C | C | B2 | B2 |
| **Petty traders** | **3** | E2 | D | D | D | C | C | B2 | B2 |
| **Shop owners** | **4** | D | D | D | C | B2 | B1 | A2 | A2 |
| **Businessman/Industrialist** **with no. of****Employees** | **None** | **5** | D | C | C | C | B1 | A2 | A2 | A1 |
| **1 - 9** | **6** | C | B2 | B2 | B2 | B1 | A2 | A1 | A1 |
| **10+** | **7** | B1 | B1 | B1 | A2 | A2 | A1 | A1 | A1 |
| **Self-employed professionals** | **8** | D | D | D | D | B2 | B1 | A2 | A1 |
| **Clerical/Salesman** | **9** | D | D | D | D | C | B2 | B1 | B1 |
| **Supervisory level** | **10** | D | D | D | C | C | B2 | B1 | A2 |
| **Officers/Executives - Junior** | **11** | C | C | C | C | B2 | B1 | A2 | A2 |
| **Officers/Executives-Middle/Senior** | **12** | B1 | B1 | B1 | B1 | B1 | A2 | A1 | A1 |

**POST CODE**

|  |  |  |
| --- | --- | --- |
| **SEC** | **CODE** | **ACTION** |
| SEC A | 1 | CONTINUE AND RECRUIT AS PER QUOTA 3 |
| SEC B | 2 | CONTINUE AND RECRUIT AS PER QUOTA 3 |
| SEC C | **3** | **TERMINATE** |
| Others | **4** | **TERMINATE** |

1. Have you purchased any health insurance cover for self (patient) & family? **CODE APPROPRIATELY. SINGLE CODING ONLY.**

|  |  |  |
| --- | --- | --- |
| **INSURANCE STATUS** | **CODE** | **ACTION** |
| Yes  | 01 | CONTINUE |
| No | 02 |

1. Which out of the below mentioned surgeries did you **undergo**? **SINGLE CODING ONLY.**

**PLEASE CHECK PATIENT FILE IN CASE PATIENT/CAREGIVER IS UNABLE TO MENTION SURGERY NAME. ONLY CONSIDER PATIENTS WITH MENTIONED SURGERY.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SURGERY** | **Q07** | **ACTION** |
|  | **CODE** |
| **Colorectal surgery** | Abdominal surgery | 01 | CONTINUE AND RECRUIT AS PER CITY-WISE SAMPLE SPREAD  |
| Open LAR (Low Anterior Resection) | 02 |
| **Oesophagal surgery** | Open Esophagectomy | 03 |
| **Lung** | Open Lobectomy | 04 |
| VATS (Video-Assisted Thoracoscopic Surgery) Lobectomy | 05 |
| **Gynaecology** | Open Hysterectomy | 06 |
| Myomectomy | 07 |
| **Obstetrics** | C-Section | 08 |
| **Cardiovascular surgery** | Coronary artery bypass grafting (CABG) | 09 |
| Heart valve repair or replacement | 10 |
| Surgery for CHD (congenital heart disease) | 11 |
| **Neurosurgery/ spinal surgery** | Spinal neurosurgery | 12 |
| Laminectomy | 13 |
| Spinal Fusion | 14 |
| Thoracic Lumbar Fusion | 15 |
| **Orthopedic surgery** | Joint reconstruction | 16 |
| Bone tumor surgery | 17 |
| Complex trauma surgery | 18 |
| **General surgery** | Open/ Laparoscopic Appendectomy | 19 |
| Hernia | 20 |
| Colorectal surgery | 21 |
| Oncology-related procedures | 22 |
| **Plastic surgery** | Post Oncology reconstruction | 23 |
| Liposuction | 24 |
| Breast Augmentation | 25 |
| Abdominoplasty | 26 |
| Others | 98 | TERMINATE |

1. **When did you undergo** the mentioned surgery? **CODE APPROPRIATELY. SINGLE CODE ONLY**

**ONLY CONSIDER PATIENTS UNDERGONE ANY OF THE MENTIONED SURGERY IN THE PAST 12 MONTHS (i.e. 1 YEAR).**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| <6 months  | 01 | CONTINUE |
| 7-12 months | 02 |
| >12 months | **03** | **TERMINATE** |

1. Which of the following statements best describe your (patient’s) **interaction with the surgeon regarding wound closure method before the surgery**? **CODE APPROPRIATELY. SINGLE CODING ONLY.**

**PLEASE DEFINE WOUND CLOSURE METHOD TO THE PATIENT**: Wound closure methods are techniques doctors use during surgery to close surgical cuts, using various methods such as stitches, staples, glue, and adhesive strips.

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| I was counselled by my surgeon regarding wound closure methods  | 01 |  CONTINUE & RECRUIT AS PER QUOTA 4 |
| I was not counselled by my surgeon regarding wound closure methods | 02 | CONTINUE & RECRUIT AS PER QUOTA 4 |

1. Have you **participated in any market research study** related to wound closure methods in the past 1 month? **SINGLE CODING ONLY.**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | **01** | **THANK AND CLOSE** |
| No | 02 | CONTINUE |

**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 minutes**, and it has some questions **to evaluate your (patients’) awareness and attitude towards wound closure methods.** 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.

**INTERVIEWER TO NOTE THE TIME/DATE/PLACE OF INTERVIEW**

**PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: / /2024** **TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/ pm**

**THANK AND CLOSE**