**Project Engage**

**Screener**

**December 2022**

**NOTE: ALL SCREENERS SHOULD HAVE A VISITING CARD ATTACHED**

|  |  |
| --- | --- |
| Name of Doctor |  |
| Qualification  |  |
| Address |  |
|  |
| Phone Number |  | Database Code |  |
| E-mail address |  |  |  |
| Interview date |  | Duration of interview |  |
| Interviewer name |  | Supervisor Name |  |
| Accompanied | 1 | Back checked | 2 | Scrutinized | 3 |
| Back checked by  |  | Scrutinized by |  |

Good morning/afternoon, I am calling on behalf of IQVIA, an independent international healthcare market research organization. We are conducting market study **to understand the usage of CO₂ Laser Systems in ENT and H&N surgeries in India** and would like to speak to a small number of people in India about this subject. May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

The discussion will be conducted telephonic and will last for about **30-40 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 COMPLETE DETAILS ACCURATELY AS THIS INFORMATION WILL BE USED TO PROCESS THE PAYMENT.*

|  |  |  |
| --- | --- | --- |
| **PROJECT NUMBER** |  | *To be completed by IQVIA* |
| **PROJECT NAME** | Engage |
| **DATE OF INTERVIEW** |  | *To be completed by Participant* |
| **RESPONDENT NAME** |  |
| **COUNTRY** | **India** |
| **CITY** |  |
| **TELEPHONE** |  |
| **MOBILE** |  |
| **DATE OF BIRTH** |  |
| **E-MAIL ADDRESS** |  |
| **CARD DELIVERY ADDRESS** |  |  |
| **INCENTIVE TYPE** |  |  |
| **INCENTIVE AMOUNT**  |  |  |

**PARTICIPANT CONSENT:**

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

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

**SAMPLE SPREAD:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Centers** | **Corporate/Private large hospital** | **Private medium/small hospital** | **Standalone ENT/Cancer centers** | **Total** |
| **ENT, H&N surgeon** | **Biomedical engineer/ technical support staff** | **ENT, H&N surgeon** | **Biomedical engineer/ technical support staff** | **ENT, H&N surgeon** | **Biomedical engineer/ technical support staff** |
| Mumbai | 4 | 1 | 3 | 1 | 4 | 1 | 14 |
| Delhi | 4 | 1 | 3 | 1 | 4 | 1 | 14 |
| Kolkata | 4 | 1 | 3 | 1 | 4 | 1 | 14 |
| Bangalore/Chennai | 4 | 1 | 3 | 1 | 4 | 1 | 14 |
| Patna | 2 | 1 | 2 | 1 | 2 | 1 | 9 |
| Chandigarh | 2 | 1 | 2 | - | 1 | 1 | 7 |
| Coimbatore | 2 | 1 | 2 | 1 | 1 | 1 | 8 |
| **TOTAL** | **22** | **7** | **18** | **6** | **20** | **7** | **80** |

**SCREENER QUESTIONS**

|  |
| --- |
| **RESPONDENT 1: SURGEONS** |

1. Which of the following best describes your **medical speciality**? **SINGLE CODE**

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** | **ACTION** |
| **ENT Surgeon** (MBBS, MS Surgery/ MD ENT, Diploma in Otorhinolaryngology)  | **01** | **RECRUIT AS PER QUOTA** |
| **Head & Neck surgeon** (MBBS, MS Surgery/ MD ENT, Diploma in Otolaryngology) | **02** |
| Any other specialty | **99** | **THANK AND TERMINATE** |

1. May I know the **total number of years** since you have been practicing, post your residency? **RECORD VERBATIM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL NUMBER OF YEARS OF PRACTICE** |

**ACTION: TERMINATE IF <5 and >30 YEARS OF PRACTICE**

1. Now can you tell me the **hospital set-up** that you are currently associated with? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **PLACE OF PRACTICE** | **CODE** | **ACTION** |
| Corporate/ Private large hospital >200 beds | **01** | **CONTINUE RECRUIT AS PER QUOTA** |
| Medium/Small private hospital 100-200 beds | **02** |
| Cancer centers 50-100 beds | **03** |
| Standalone clinics 30-50 beds | **04** |
| Others | **99** | **TERMINATE** |

1. Since how many years you have been associated with this hospital? **R**ECORD VERBATIM. TAKE MID-POINT IF THE RESPONDNET GIVES RANGES. FILL IN WITH LEADING ZERO

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **TOTAL NUMBER OF YEARS OF ASSOCIATION WITH THE HOSPITAL** |

**ACTION: TERMINATE IF < 2 YEARS**

1. Doctor, how many surgeries have your performed in **the past 3 months**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL NUMBER OF PROCEDURES** |

**ACTION: TERMINATE IF < 30 PROCEDURES**

1. Doctor, did you perform any **surgery in the last 6 months using CO2 laser systems? SINGLE CODE ONLY RECRUITMENT AS PER QUOTA**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE**  | **ACTION** |
| Yes | **01** | **CONTINUE** |
| No | **02** | **TERMINATE** |

1. Doctor, how many **CO2 laser surgeries** have your performed in **the past 6 months**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL NUMBER OF PROCEDURES** |

**ACTION: TERMINATE IF < 10 PROCEDURES**

1. Are you **associated** with any medical device / pharmaceutical company as an employee, a panel member or consultant? **SINGLE CODE ONLY**

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

1. Have you participated in any **market research study related** **to use of CO2 laser systems in ENT and H&N surgeries** in last 1 month? **SINGLE CODE ONLY**

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

**Explain purpose of recording the discussion** – Doctor, can I get your permission to record this interview. The tape recording of this discussion is for my transcribing purposes only since it would otherwise be difficult to keep writing down the responses as we discuss. In case you want me to pause the recording at any point, please let me know.

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

**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 30-40 minutes, and it has some questions for healthcare practitioners like you **to understand the usage of CO₂ Laser Systems in ENT and H&N surgeries in India.** 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.

**DATE: / /2022** **TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/ pm**

**THANK AND CLOSE**

|  |
| --- |
| RESPONDENT 2: OT TECHNICAL STAFF |

1. Could you please tell what is your **designation in your current hospital**? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **PROFILE** | **CODE** | **ACTION** |
| **OT Technician** (BSC/BPMT/DIP- OT TECHNOLOGY) | **01** | **CONTINUE** |
| Others | **99** | **TERMINATE** |

1. May I know the total number of **years of experience** in your role as an Operation Theatre Technician? **RECORD VERBATIM. TAKE MID-POINT IF RESPONDENT GIVES RANGES. FILL IN WITH LEADING ZEROS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL NUMBER OF YEARS OF PRACTICE** |

**ACTION: TERMINATE IF <2 and >20 years.**

1. Now can you tell me the type of **hospital set-up** in which you are currently associated? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **PLACE OF PRACTICE** | **CODE** | **ACTION** |
| Corporate/ Private large hospital >200 beds | **01** | **CONTINUE RECRUIT AS PER QUOTA** |
| Medium/Small private hospital 100-200 beds | **02** |
| Cancer centers 50-100 beds | **03** |
| Standalone clinics 30-50 beds | **04** |
| Others | **99** | **TERMINATE** |

1. Since how many years you have been associated with this hospital? **RECORD VERBATIM. TAKE MID-POINT IF THE RESPONDNET GIVES RANGES. FILL IN WITH LEADING**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **TOTAL NUMBER OF YEARS OF ASSOCIATION WITH THE HOSPITAL** |

**ACTION: TERMINATE IF <2 YEARS**

1. Now, I will read out some general description statements about your role. After each option that I will read out, I would like you to tell me if that corresponds to your exact role in this hospital.

(ATTENTION INTERVIEWER: READ OUT STATEMENT 1, OBTAIN AN ANSWER, READ OUT STATEMENT 2, OBTAIN AN ANSWER)

|  |  |  |
| --- | --- | --- |
| **STATEMENTS** | **CODE** | **ACTION** |
| I am actively involved in providing technical assistance to the doctors while conducting **CO2 laser** surgeries  | **01** | **CONTINUE ONLY IF 01/ 02/03 ARE DEFINITELY CODED, ELSE TERMINATE** |
| I am actively involved in preventive maintenance and repairing malfunctions of **CO2** **laser** surgical systems  | **02** |
| I am actively involved in conducting tests and reviewing performance of **CO2** laser surgical systems  | **03** |

1. Now can you tell me whether you are **associated with any pharmaceutical or medical device** company as an employee, a panel member, or a consultant? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | **01** | **TERMINATE** |
| No | **02** | **CONTINUE** |

1. Have you participated in any **market research study related to use of CO2 laser systems in ENT and H&N surgeries** in last 1 month? **SINGLE CODE ONLY**

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

**Explain purpose of recording the discussion** – Doctor, can I get your permission to record this interview. The tape recording of this discussion is for my transcribing purposes only since it would otherwise be difficult to keep writing down the responses as we discuss. In case you want me to pause the recording at any point, please let me know.

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

**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 30-40 minutes, and it has some questions for healthcare practitioners like you **to understand the usage of CO₂ Laser Systems in ENT and H&N surgeries in India.** 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.

**DATE: / /2022** **TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/ pm**

**THANK AND CLOSE**

|  |
| --- |
| **RESPONDENT 3: BIOMEDICAL ENGINEER** |

1. Could you please tell what is your role at the current place of practice? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** | **ACTION** |
| Biomedical Engineer (BE, B. Tech- Biomedical engineering | **01** | **CONTINUE** |
| Others | **99** | **TERMINATE** |

1. May I know the total number of **years of experience** in your role as an Biomedical Engineer? **RECORD VERBATIM. TAKE MID-POINT IF RESPONDENT GIVES RANGES. FILL IN WITH LEADING ZEROS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL NUMBER OF YEARS OF PRACTICE** |

**ACTION: TERMINATE IF <2 AND >20 YEARS**

1. Now can you tell me the type of **hospital set-up** in which you are currently associated? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **PLACE OF PRACTICE** | **CODE** | **ACTION** |
| Corporate/ Private large hospital >200 beds | **01** | **CONTINUE RECRUIT AS PER QUOTA** |
| Medium/Small private hospital 100-200 beds | **02** |
| Cancer centers 50-100 beds | **03** |
| Standalone clinics 30-50 beds | **04** |
| Others | **99** | **TERMINATE** |

1. Since how many years you have been associated with this hospital? **RECORD VERBATIM. TAKE MID-POINT IF THE RESPONDNET GIVES RANGES. FILL IN WITH LEADING**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **TOTAL NUMBER OF YEARS OF ASSOCIATION WITH THE HOSPITAL** |

**ACTION: TERMINATE IF <2 YEARS**

1. Now, I will read out some general description statements about your role. After each option that I will read out, I would like you to tell me if that corresponds to your exact role in this hospital.

(ATTENTION INTERVIEWER: READ OUT STATEMENT 1, OBTAIN AN ANSWER, READ OUT STATEMENT 2, OBTAIN AN ANSWER)

|  |  |  |
| --- | --- | --- |
| **STATEMENTS** | **CODE** | **ACTION** |
| Identifying suppliers and vendors for medical equipment (CO2 laser surgical systems) | **01** | **CONTINUE ONLY IF CODE 01,02,03 IS DEFINITELY CODED** |
| Decision making process for purchase of brands for medical equipment (CO2 laser surgical systems) | **02** |
| Selection, installation, and maintenance of equipment (CO2 laser surgical systems) | **03** |
| Support Healthcare professionals to assess technology beneficial for patient care | **04** |
| Price and payment negotiations | **05** |
| Decision on rate contracts | **06** |
| Decision on vendor service contracts | **07** |

1. Now can you tell me which of the below statement best describes your **role in installation of CO2 laser Surgical System** in your hospital? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **STATEMENTS** | **CODE** | **ACTION** |
| I am actively involved in the evaluation/selection /installation of CO2 laser Surgical Systems in my hospital | **01** | **CONTINUE** |
| I am not involved in the evaluation/selection /installation of CO2 laser Surgical Systems in my hospital | **02** | **TERMINATE** |

1. Now can you tell me whether you are **associated with any pharmaceutical or medical device** company as an employee, a panel member, or a consultant? **CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | **01** | **TERMINATE** |
| No | **02** | **CONTINUE** |

1. Have you participated in any market research study related to use of CO2 laser systems in ENT and H&N surgeries in last 1 month? SINGLE CODE ONLY

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

**Explain purpose of recording the discussion** – Doctor, can I get your permission to record this interview. The tape recording of this discussion is for my transcribing purposes only since it would otherwise be difficult to keep writing down the responses as we discuss. In case you want me to pause the recording at any point, please let me know.

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

**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 30-40 minutes, and it has some questions for healthcare practitioners like you **to understand the usage of CO₂ Laser Systems in ENT and H&N surgeries in India.** 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.

**DATE: / /2022** **TIME: \_\_\_\_\_\_\_\_\_\_\_\_ am/ pm**

**THANK AND CLOSE**