**PROJECT DISCOVER – QUESTIONNAIRE**

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

|  |
| --- |
| **Doctor Specialty**  |
| Pediatrician (MBBS, DCh/MD Paed) | 1 |

|  |  |
| --- | --- |
| Name of Doctor |  |
| Qualification  |  |
| Dr. Registration number (Pick up from sign board/ visiting card) |  |
| Address |  |
|  |
| Phone Number (mobile) |  | E-mail address |  |
| Phone number of clinic |  |  |  |
| Interview date |  | Duration of interview |  |
| Interviewer name |  | Supervisor Name |  |
| Accompanied | 1 | Back checked | 2 | Scrutinised | 3 |
| Back checked by  |  | Scrutinised by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Centre** | **Code** | **Centre** | **Code** |
| Mumbai | 01 | Hyderabad | 06 |
| Delhi | 02 | Lucknow | 07 |
| Chennai | 03 | Patna | 08 |
| Kolkata | 04 | Pune | 09 |
| Bangalore | 05 | Vizag | 10 |

**Interviewer to assess the type of area basis his/her understanding that the Dr. is practicing in & code the type of area as follows – SINGLE CODING ONLY**

|  |  |
| --- | --- |
| **Type of economic strata** | **Code** |
| Lower income class | 01 |
| Middle income class | 02 |
| Higher income class | 03 |

Good morning/afternoon, I am calling on behalf of Market Excel, an independent international healthcare market research organization. We are conducting a study **to understand about various types of IMF (Infant Milk Products), Infant Cereals and Health food drink products you use among your patients.** The discussion will be conducted face to face and will last for about **15 mins**. The discussion will be arranged at a time to suit you.

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. Your involvement in this study would be highly appreciated.

Based on the (above) information, would you be interested in taking part in this market research program?

|  |  |
| --- | --- |
| Yes  | CONTINUE |
| No | THANK AND CLOSE |

**Recruiter, please read out -**

As I mentioned earlier, we would be pleased to offer an honorarium in appreciation of your time and participation in the study. This compensation will be provided through PAYTM / NEFT / RTGS or Other Online Payment Portals

S1. Do you agree to receive compensation in this method?

|  |  |
| --- | --- |
| Yes  | CONTINUE |
| No | THANK AND CLOSE |

**SECTION I – DOCTOR PROFILE**

**SHOWCARD A**

1. Doctor, **[Show card A]** please tell me what is your primary practice setting, by primary setting, I mean the place where you spend most of your time & see most patients? **[SINGLE CODE ONLY**.**]**
2. Doctor, again please also tell me the first time consulting fees that you charge at this primary practice setting? **[RECORD CORRECTLY IN THE GRID BELOW]**
3. Doctor, could you also please tell me the avg. Number of pediatric patients that you see in a week in total for all indications, in this primary setting?]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Q.A** | **Q.B** | **Q.C** |
| **PRACTICE SETTING** | Name/Location of Practice setting  |  | **First time fees (Rs)** | **No. of Patients seen/week** |
| Private/ solo practice |  | 1 |  |  |  |  |
| Private group practice/ Polyclinic |  | 2 |  |  |  |  |
| Private Hospital- large corporate hospital  |  | 3 |  |  |  |  |
| Private Hospital- others / Trust Hospitals  |  | 4 |  |  |  |  |
| Government Hospital |  | 5 |  |  |  |  |
| Other (Specify: \_\_\_\_\_\_\_\_\_\_\_ ) |  | 6 |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

**SHOWCARD A**

1. Which are the other places where you practice? **[MULTIPLE CODE POSSIBLE]**
2. i) Doctors as you mentioned that you practice in these different practice settings \_\_\_ (read out options coded in Q.D) Could you please tell me approx. how many paediatric patients do you see per week across all these practise setting combined?

**INTERVIEWER TO NOTE: IN CASE MORE THAN ONE PLACE FOR EACH PRACTICE SETTING NOTE NUMBER OF PATIENTS FOR EACH PLACE.**

|  |  |  |
| --- | --- | --- |
| **PRACTICE SETTING** | **Code for Q. D** | **Q.E****No. of Patients seen/week across all settings combined**  |
| Private/ solo practice | 1 |  |
| Private group practice/ Polyclinic | 2 |
| Private Hospital- large corporate hospital  | 3 |
| Private Hospital- others  | 4 |
| Government Hospital | 5 |
| Other (Specify: \_\_\_\_\_\_\_\_\_\_\_ ) | 6 |
| None | 7 |  |

1. Please tell me what is your total number of years of experience of practice in pediatrics? **[RECORD CORRECTLY IN YEARS]**

|  |  |  |
| --- | --- | --- |
|  |  | **Years**  |

 **SHOW CARD G**

1. Of your total paediatric patient pool that you see across all the settings put together\_\_\_\_\_\_ *(Refer QC and E.)* what would be the proportion across different age groups **[Showcard G] - TOTAL SHOULD ADD UP TO 100%]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 – 2 years  |  |  |  | % |
| 2 – 10 years  |  |  |  | % |
| 10 years and above |  |  |  | % |
| **Total** | **100%** |

 **SHOWCARD H**

1. Doctor, looking at this **showcard H**, could you please tell me which of these do you currently recommend/prescribe in your practice? These could be **either oral recommendations or written** prescriptions. **[RECORD RESPONSE IN GRID BELOW AND FOLLOW THE INSTRUCTIONS AS GIVEN ]**

|  |  |  |
| --- | --- | --- |
| **TYPE OF BRANDED NUTRITIONAL PRODUCTS** | **CODE** | **ACTION** |
| Infant Milk Formula (IMF) – Standard IMF or Special IMF (low birth weight & lactose free formulas) for babies 0-2 years | 01 | If coded , then move to **SECTION 2** |
| Infant Cereals for children 6 months – 2 years | 02 | If coded , then move to **SECTION 3** |
| Powdered Nutritional Supplements (PNS) for children 2-10 years | 03 | If coded , then move to **SECTION 4** |
| **None of the above** | **Thank & end the discussion** |  |

**If all three types of “Branded nutritional products” are coded, then ask all Sections**

**ASK SECTION 2 IF “Infant Milk Formulas”, THAT IS “ 01” IS CODED IN Q.H**

**SECTION 2 – INFANT MILK FORMULA**

**SHOWCARD A(i)**

1. (i) Doctor, please look at this card and tell me, how strongly do you agree with these statements with respect to infant nutrition? **SINGLE CODING FOR EACH STATEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Agree more with statement on left** | **Agree more with statement on the right** |
|  |  | **1** | **2** | **3** | **4** |  |
| 1 | Formula Milk is appropriate for mothers to feed their babies in almost all circumstance | 1 | 2 | 3 | 4 | Formula Milk is appropriate for mothers to feed their babies only in certain circumstances |
| 2 | I sometimes proactively raise the topic of Formula Milk with mothers | 1 | 2 | 3 | 4 | .I will discuss feeding with Formula Milk only if my patients raise the topic |
| 3 | I think all brands are the same and would tell my patient this | 1 | 2 | 3 | 4 | I tell them some brands of Formula Milk are better / different to others |
| 4 | If the mother has a brand in mind I typically endorse it  | 1 | 2 | 3 | 4 | Regardless of the brands mothers have in mind, I specifically recommend  |
| 6 | I prefer Easy to afford/ Economic IMF brands which delivers growth & development of baby  | 1 | 2 | 3 | 4 | I prefer scientific brand with novel ingredients when I recommend IMF brand  |

**SHOWCARD 1**

1. Doctor, we appreciate that breastfeeding is the best option for mothers and babies and appreciate that you will always try to recommend breastfeeding because of its various benefits to baby and mother. There may however be situations where it becomes necessary to recommend IMF. So doctor in a particular week, how many NEW prescriptions / recommendations of an Infant milk formula do you end up giving to your patients of up to 2 years of age? This could be either **STANDARD IMF OR SPECIAL IMF.** Also it could be in the form of written prescriptions or oral recommendations. Doctor, please note by NEW prescriptions I am referring to new prescriptions and not the follow-up ones. **[RECORD IN THE SPACE PROVIDED]**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | No. of unique prescriptions of infant milk formula /week |

1. Doctor out of these prescriptions/recommendations that you give per week, what proportion of these prescriptions are for ‘**special’** infant milk formulas and what proportions is for ‘**standard’** infant milk formula. Doctor here by special I mean, infant milk formulas used especially for low-birth-weight baby and/or lactose free formulas and standard infant milk formulas would be all the other except specialized ones. **[RECORD CORRECTLY AS %. TOTAL SHOULD ADD TO 100%]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Special infant milk formulas |  |  |  | % |
| Standard infant milk formula |  |  |  | % |
| Total | 1 | 0 | 0 | % |

1. A. Doctor, can you also tell me number of C- Section birth do you assist in a month?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | No. of C-section births in a month |

1. Doctor, say there are 10 C-section births that you are involved in. In how many of these cases, do you recommend an IMF to the baby? **[RECORD PROPORTION CORRECTLY]**

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Number of C-section cases in which IMF is recommended |

**INTERVIEWER TO IDENTIFY WHETHER DOCTOR IS A STANDARDISED + SPECIALISED IMF PRESCRIBER. IF YES, THEN CONTINUE.**

**IF DOCTOR IS ONLY A SPECIALISED IMF PRESCRIBER, THEN MOVE DIRECTLY TO Q.9 (IF Value in Q.2 for standard Infant formula is more than Zero then ask 5 else move to Q.9)**

**INTERVIEWER TO SAY** – *Doctor next few questions are regarding your awareness and usage of* ***standard*** *infant milk formulas, doctor please note that when I say ‘****Standard’*** *Infant milk formula here I am not talking about the specialised formulas which are used for low birth weight or milk allergies*

1. Doctor, can you please name various brands of standard infant milk formula that you are aware of? **[RECORD IT CORRECTLY AS “FIRST MENTION” AND “OTHERS” AND POST CODE IT IN THE GRID BELOW]. SINGLE CODE FOR FIRST MENTIONS**

|  |
| --- |
| **Top of mind brand recall** |
| First mention 🡪 |
| Others 🡪 |

**SHOW CARD 6 (RANDOMISE THE BRAND LIST FOR EVERY INTERVIEW, TICK START AND ROTATE)**

1. Apart from the brands you mentioned, please take a look at this card **[Show card 6]** and tell me the brands of standard infant milk formula that you are aware of? **[MULTIPLE CODING POSSIBLE]**
2. Doctor, which brand(s) of standard Infant milk formula do you currently prescribe? By currently I mean prescribed at least once in last 3 month. **[MULTIPLE CODING POSSIBLE]**
3. Could you tell me out of 100 paediatric patients to whom you prescribe an standard Infant milk formula, approximately what would be the share that you would be giving to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[READ OUT BRANDS CODED IN Q7 ONE BY ONE]**.

**INTERVIEWER INSTRUCTIONS – EACH BRAND CODED IN Q8 SHOULD BE ASSIGNED PROPORTION, THE TOTAL SHOULD ADD TO 100%**

 **SHOWCARD 6**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q.5** | **Q.6** | **Q.7** | **Q.8** |
| **BRAND NAME** | **TOM – First mention** | **Other unaided** | **Aided** | **Currently prescribing** | **Rx Share** |
| Aptamil/ Aptamil Gold | 01 | 01 | 01 | 01 |  |
| Dexolac | 02 | 02 | 02 | 02 |  |
| Dexolac Premium  | 03 | 03 | 03 | 03 |  |
| Enfamil A+ | 04 | 04 | 04 | 04 |  |
| Farex | 05 | 05 | 05 | 05 |  |
| Lactodex | 06 | 06 | 06 | 06 |  |
| Lactodex NMW | 07 | 07 | 07 | 07 |  |
| Lactogen | 08 | 08 | 08 | 08 |  |
| MMS | 09 | 09 | 09 | 09 |  |
| Nan Excella Pro | 10 | 10 | 10 | 10 |  |
| Nan Pro | 11 | 11 | 11 | 11 |  |
| Nestogen | 12 | 12 | 12 | 12 |  |
| S26 Gold | 13 | 13 | 13 | 13 |  |
| Similac | 14 | 14 | 14 | 14 |  |
| Similac Advance | 15 | 15 | 15 | 15 |  |
| Similac IQ + | 16 | 16 | 16 | 16 |  |
| Other, please specify\_**\_\_\_\_\_\_\_\_** | 12 | 12 | 12 | 12 |  |
| Other, please specify\_**\_\_\_\_\_\_\_\_** | 12 | 12 | 12 | 12 |  |
|  |  |  |  |  | 100% |

**Q.9 to Q.12 to be asked only if doctor has given value more than Zero in special IMF prescription in Q.2 else skip to instruction before Q.13**

**INTERVIEWER TO SAY** – *Doctor next few questions are regarding your awareness and usage of* ***special*** *infant milk formulas, doctor please note when I say ‘****Special’*** *Infant milk formula here I mean formulas which are used especially for* ***low birth weight*** *and/or* ***lactose free formulas for lactose intolerance & diarrhoea*** *only. Here I am not referring to other standard formulas*.

1. Doctor, can you please name various brands of special infant milk formula that you are aware of? **[RECORD IT CORRECTLY AS FIRST MENTION AND OTHERS AND POST CODE IT IN THE GRID BELOW]. SINGLE CODE FOR FIRST AND SECOND MENTIONS**

|  |
| --- |
| **Top of mind brand recall** |
| First mention 🡪 |
| Others 🡪 |

**SHOW CARD 10 (RANDOMISE THE BRAND LIST FOR EVERY INTERVIEW, TICK START AND ROTATE)**

1. Apart from the brands you mentioned, please take a look at this card **[Show card 10]** and tell me the brands of infant milk formula that you are aware of? **[MULTIPLE CODING POSSIBLE]**
2. Doctor, which brand(s) of special Infant milk formula do you currently prescribe? By currently I mean prescribed at least once in last 3 month. **[MULTIPLE CODING POSSIBLE]**
3. Could you tell me out of 100 paediatric patients to whom you prescribe this special Infant milk formula, approximately what would be the share that you would be giving to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[READ OUT BRANDS CODED IN Q11 ONE BY ONE]**.

**INTERVIEWER INSTRUCTIONS – EACH BRAND CODED IN Q11 SHOULD BE ASSIGNED PROPORTION, THE TOTAL SHOULD ADD TO 100%**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q.9** | **Q.10** | **Q.11** | **Q.12** |
| **BRAND NAME** | **TOM – First mention** | **Other unaided** | **Aided** | **Currently prescribing** | **Rx Share** |
| Aptamil Preterm | 01 | 01 | 01 | 01 |  |
| Dexolac Special Care | 02 | 02 | 02 | 02 |  |
| Easum | 03 | 03 | 03 | 03 |  |
| Isomil | 04 | 04 | 04 | 04 |  |
| Nan Lo-Lac | 05 | 05 | 05 | 05 |  |
| Nusobee | 06 | 06 | 06 | 06 |  |
| Pre Lactogen | 07 | 07 | 07 | 07 |  |
| Prenan | 08 | 08 | 08 | 08 |  |
| Similac Neosure | 09 | 09 | 09 | 09 |  |
| Simyl LBW | 10 | 10 | 10 | 10 |  |
| Simyl MCT | 11 | 11 | 11 | 11 |  |
| Zerolac | 12 | 12 | 12 | 12 |  |
| Other, please specify\_\_\_\_\_ | 13 | 13 | 13 | 13 |  |
| Other, please specify\_\_\_\_\_ | 14 | 14 | 14 | 14 |  |
|  |  |  |  |  | 100% |

**ASK SECTION 3 IF “CEREALS”, THAT IS CODED “02” IS CODED IN QH, OTHERWISE GO TO INSTRUCTION BEFORE SECTION 4**

**SECTION 3 – INFANT CEREALS PRESCRIPTION**

1. So doctor in a particular week, how many NEW prescriptions / recommendations of **Cereals** do you end up giving to your patients of upto 2 years of age? This could be either in the form of written prescriptions or oral recommendations. Doctor, please note unique prescriptions I am referring to new prescriptions and not the follow-up ones. **[RECORD IN THE SPACE PROVIDED]**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | No. of unique prescriptions of Infant Cereals / week |

**SHOWCARD 14**

1. Doctor, which brand(s) of **Infant cereals** do you currently prescribe? By currently I mean prescribed at least once in last 3 month. **[MULTIPLE CODING POSSIBLE]**
2. Could you tell me out of 100 paediatric patients to whom you prescribe an **Infant cereals** approximately what would be the share that you would be giving to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[READ OUT BRANDS CODED IN Q16** **ONE BY ONE]**.

**INTERVIEWER INSTRUCTIONS – EACH BRAND CODED IN Q16 SHOULD BE ASSIGNED PROPORTION, THE TOTAL SHOULD ADD TO 100%**

|  |  |  |
| --- | --- | --- |
|  | **Q.14** | **Q.15** |
| **BRAND NAME** | **Currently prescribing** | **Rx Share%** |
| CERELAC | 01 |  |
| EASUM | 02 |  |
| NESTUM | 03 |  |
| CERELAC – SHISHU AAHAR | 04 |  |
| VEELAC | 05 |  |
| Other, please specify\_**\_\_\_\_\_\_\_\_** | 08 |  |
| Other, please specify\_**\_\_\_\_\_\_\_\_** | 09 |  |
|  |  | 100% |

**ASK SECTION 4 IF “POWDERED NUTRITIONAL SUPPLEMENTS, THAT “ 03”IS CODED IN QH,**

**SECTION 4 – POWDERED NUTRITIONAL SUPPLEMENTS (PNS) PRESCRIPTION**

1. So doctor in a particular week, how NEW unique prescriptions / recommendations of PNS do you end up giving to your patients of age group 2 years and above? This could be either in the form of written prescriptions or oral recommendations. Doctor, please note unique prescriptions I am referring to new prescriptions and not the follow-up ones. **[RECORD IN THE SPACE PROVIDED]**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | No. of unique prescriptions of PNS / week |

**SHOWCARD 17**

1. Doctor, which brand(s) of PNS do you currently prescribe? By currently I mean prescribed at least once in last 3 month. **[MULTIPLE CODING POSSIBLE]**
2. Could you tell me out of 100 paediatric patients to whom you prescribe an PNS approximately what would be the share that you would be giving to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[READ OUT BRANDS CODED IN Q21** **ONE BY ONE]**.

**INTERVIEWER INSTRUCTIONS – EACH BRAND CODED IN Q21 SHOULD BE ASSIGNED PROPORTION, THE TOTAL SHOULD ADD TO 100%**

|  |  |  |
| --- | --- | --- |
|  | **Q.17** | **Q.18** |
| **BRAND NAME** | **Currently prescribing** | **Rx Share** |
| Aptagrow | 01 |  |
| Bournvita Li’l Champs | 02 |  |
| Complan Nutrigrow | 03 |  |
| Enfagrow | 04 |  |
| GroViva | 05 |  |
| Horlicks  | 06 |  |
| Junior Horlicks  | 07 |  |
| KidsPro | 08 |  |
| Lactogrow | 09 |  |
| Macprot Junior | 10 |  |
| Nangrow | 11 |  |
| Pediagold | 12 |  |
| Pediasure | 13 |  |
| Prohance Junior | 14 |  |
| Other, please specify\_**\_\_\_\_\_\_\_\_** | 15 |  |
|  |  | 100% |

####

####  SHOW CARD 19

1. Doctors please have a look at the card **[Show card Q 19]** and tell me, when you decide to prescribe / recommend an infant milk formula brand or Cereals or PNS, what attributes do you consider to be important? **[MULTIPLE CODING POSSIBLE]**
2. *(Restrict among the options coded in Q19)* Among the attributes you mentioned, could you please tell me top 3 most important attributes, please rate them as rank 1, 2 and 3 **[INTERVIEWER TO RECORD THE RANK AGAINST EACH FACTOR CORRECTLY]**

|  |  |  |
| --- | --- | --- |
|  | **Q19** | **Q20** |
|  | **Selection attributes** | **Rank** |
| Nutritional ingredients | 01 |  |
| Reputation of manufacturer | 02 |  |
| Quality of interaction with Medical representative | 03 |  |
| Frequency of visits of Medical Representative | 04 |  |
| Price/ Value for money | 05 |  |
| Marketing efforts by company (Seminars/Medical Conferences/symposium)  | 06 |  |
| Quality of scientific material provided | 07 |  |
| Acceptance of the taste  | 08 |  |
| Availability of products in the market  | 09 |  |
| Attractive packaging | 10 |  |
| Help provided by company to manage my patients better like - Nutritionists and Dietician counselling support for my patients  | 11 |  |

**SECTION 6 – OTHER ACTIVITIES AND MEDIA**

1. Please have a look at the following statements. Could you please let me know which of these applies to you? **[MULTIPLE CODING POSSIBLE]**

**SHOWCARD – 21**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Statements** | **Code** |
| 1 | I am an active member of Paediatric Organisations such as India Association of Paediatrics etc  | 1 |
| 2 | I am a principal investigator/country investigator for clinical trials | 2 |
| 3 | I teach medicine at College/University | 3 |
| 4 | I have published papers for medical journals | 4 |
| 5 | I give talks at international conferences | 5 |
| 6 | I regularly attend seminars/conferences organised by Paediatric Associations | 6 |
| 7 | I am closely involved with the local activities organised by the IAP etc | 7 |
| 8 | I regularly give talks at national conferences (IAP and other paediatric organisation) | 8 |
| 9 | I regularly attend/give talks at conferences sponsored by companies | 9 |

**INTERVIEWER TO SAY:** Thank you very much for your time doctor. I would also like to know if you would be willing to share the information you have given us with the company sponsoring this research. Please be assured that no one from the company will be getting in touch with you directly regarding the specific information that you have provided. The information will only be used by the company for working on their promotion strategies and communication for their products to different doctors.

**IF DOCTOR REFUSES**: In that case doctor, would you be willing to share just the category data, which means that no brand related data (no. Of Rxs etc will be shared)

|  |  |
| --- | --- |
| Yes, to share all the data points | 1 |
| Yes, to share only category data points  | 2 |
| No, cannot share any data | 3 |

#### THANK THE DOCTOR AND CLOSE THE INTERVIEW