**Project Diamond**

**Quantitative Questionnaire – Gynecologists**

**25th November 2022**

**CONSENT FORM**

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

|  |  |
| --- | --- |
| ***Project Name*** | ***Diamond*** |
| ***SFDC code*** | ***2931690*** |
| ***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 **Concept testing and Price sensitivity for B6+Magnesium nutraceutical for Migraine & PMS Cramps**. May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

The purpose of our study is **Concept testing and Price sensitivity for B6+Magnesium nutraceutical for Migraine & PMS Cramps.** The discussion will be conducted via online survey and will last for about **30 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 reported 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.

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

Yes……………………………………… …1 **→ CONTINUE**

No……………………………………… …2 **→ THANK AND CLOSE**

**Recruiter, please read out -**

As I mentioned earlier, we would be pleased to offer a honorarium in appreciation of your time and participation in the study. This compensation will be provided through PAYTM

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

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

**[USE IF APPLICABLE]** I am going to audio record our discussion, because I cannot possibly remember everything that is said or write it down. However, as I mentioned earlier the meeting is completely confidential. The recordings will be listened to by an analyst who will summarize the data for confidential reporting purposes.

1. Do you agree to audio recording of the interview?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

It may also be necessary at a future date to re-contact you if we have a query on any of the information you have provided for our analysis.

1. Do you agree to be re-contacted in case of a query?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ CONTINUE BUT NOTE ON FILE**

**[USE IF APPLICABLE TO PROJECT]**

**Adverse Events**

We are now being asked to pass on to our client details of adverse events that are mentioned during market research interviews. Although what you say will of course be treated in confidence, should you raise an adverse event during the discussion we will need to report this even if it has already been reported by you directly to the company or regulatory authorities. In such a situation you will be asked whether you are willing to waive the confidentiality given to you using the market research codes of conduct specifically in relation to that adverse event. Everything else you say during the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

**RECRUITER:** Did the respondent agree to the AE statement?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ CONTINUE BUT NOTE ON FILE**

**CONSENT TO PROCESSING OF PERSONAL DATA OF MARKET RESEARCH PARTICIPANT**

This form constitutes a privacy notice explaining how [IQVIA AG] (“IQVIA”/ “we”, “our”, “us”) will process your personal data for purposes of the Study and a consent declaration form for you to give your consent to this use, should you so choose.

For the purposes of this form, “personal data” means any data relating to you as a person and your personal circumstances, including your contact details, information about your specialization and responses provided in the course of participating in the Study.

If you choose to participate in the Study, you will need to read the following information carefully and provide your consent.

**PURPOSE OF PERSONAL DATA PROCESSING:**

IQVIA will serve as the Controller of personal data collected, and processing of such personal data will relate to conducting the Study and any follow-up contact that you have consented to.

Your responses and any personal contact information you provide in participating in the Study (i.e.: name, business address, email address, and phone number) will be processed by the IQVIA group of companies (“IQVIA”) on a strictly need-to-know basis, for purposes of informing IQVIA and its client(s) about **Concept testing and Price sensitivity for B6+Magnesium nutraceutical for Migraine & PMS Cramps**

**THIRD PARTY TRANSFERS**

In order for IQVIA to conduct the Study, IQVIA may need to transfer your data to third party companies providing services to IQVIA. IQVIA shall ensure adequate contractual terms are in place with such third parties in order to ensure there are protections for your data.

If such third parties are located outside the EEA which may not benefit from a European Commission adequacy decision, IQVIA shall ensure Standard Contractual Clauses approved by the European Commission are in place with such third parties in order to ensure an adequate level of protection.

Your data will not be disclosed to the Study sponsor except in aggregated or non-identified form, provided however that your identity may be disclosed to the Study sponsor and the applicable national regulatory authority if you give your consent for your personal details to be passed on in the event of adverse event reporting, or if the Study Sponsor is required to do so by applicable law to meet mandatory regulatory reporting requirements.

**HOW WE STORE YOUR INFORMATION AND YOUR RIGHTS**

We retain your data for no longer than is necessary for the purposes for which your personal data is collected. Your responses in the Study and your associated personal data will be maintained for ­­­3 years except to the extent required to comply with a legal obligation.

You may contact us to request access to your personal data or to be provided with information on your personal data stored by us, object to the processing of it and request that we correct or delete it. If you have any queries or wish to know more about the information we hold, you can call us on- **7506847265** & **mrane2@in.imshealth.com** or contact our data protection officer mentioning the name of the Study and one of our team will be happy to assist. You also have the right to complain to a data protection authority in the country where you live, work, or where you believe data protection laws have been breached.

The granting of your consent is voluntary and may be revoked at any time without any detrimental effect to you. You will not suffer any detriment should you choose not to participate in the Study.

**Compliance with Anti-Corruption and Anti Bribery Laws:**

You confirm that you are not a Government Official with the ability to influence IQVIA business and have not taken any action, directly or indirectly, that would constitute a violation of any applicable law including any anti-corruption laws or regulations (such as FCPA or UKBA), or IQVIA’s Policy against Bribery and Corruption.

You further confirm that in carrying out the Interview, you have not directly or indirectly made an, offer, authorized, promised to make, or received any Payment:

* to obtain or retain any contract, business opportunity or other similar benefit; or
* to or for the use or benefit of any Government Official; or
* to any person where such Payment violates any laws, decrees, regulations or policies having the force of law in the country or countries of such person or applicable to such person or the laws of [the United States of America and] England and Wales]; or
* to or from any person, whether or not a Government Official, with the intention to bring about or reward the improper performance of a duty or obligation to which you are subject to; or with the knowledge or belief that the acceptance of the advantage in itself constitutes the improper performance of your duty or obligation.
* By participating in this study/survey, you confirm that you are authorized to participate without violating any other commitments/engagements/contracts including but not limited to your employment contract/charter/rules and service agreements.

***Following new regulations, we require you to indicate that you have understood and agree to the information above by signing on the project participation sheet.***

*PLEASE COMPLETE DETAILS ACCURATELY AS THIS INFORMATION WILL BE USED TO PROCESS THE PAYMENT.*

|  |  |  |
| --- | --- | --- |
| **PROJECT NUMBER** | 2931690 | *To be completed by IQVIA* |
| **PROJECT NAME** | Diamond |
| **DATE OF INTERVIEW** |  | *To be completed by Participant* |
| **RESPONDENT NAME** |  |
| **COUNTRY** |  |
| **CITY** |  |
| **TELEPHONE** |  |
| **MOBILE** |  |
| **DATE OF BIRTH** |  |
| **E-MAIL ADDRESS** |  |
| **CARD DELIVERY ADDRESS** |  |  |
| **INCENTIVE TYPE** |  |  |
| **INCENTIVE AMOUNT** |  |  |

**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 for my interview.

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

**CENTERS AND SAMPLE SPREAD**

|  |  |  |  |
| --- | --- | --- | --- |
| **ZONES** | **QUANTITATIVE – GYNECOLOGISTS** | | |
| **CITIES** | **SAMPLE** | **TOTAL** |
| **NORTH** | Delhi | 10 | **15** |
| Lucknow | 5 |
| **EAST** | Kolkata | 10 | **15** |
| Patna | 5 |
| **WEST** | Mumbai | 10 | **15** |
| Ahmedabad | 5 |
| **SOUTH** | Bangalore | 10 | **15** |
| Coimbatore | 5 |
| **TOTAL** | | **60** | **60** |

**AFTER READING THIS, CONTINUE WITH THE QUESTIONNAIRE**

|  |
| --- |
| **SECTION 1: CATEGORY UNDERSTANDING & PERCEPTIONS [10 MINS]** |

***INTERVIEWER SCRIPT:*** *We would like to start the interview by understanding your practice and your perception towards nutraceuticals in the management of patients*

**HANDOVER SHOWCARD 1**

1. [A] Considering 100 non-maternal patients in your practice, how would you distribute them across the below indications? **RECORD PERCENTAGE. TOTAL ACROSS INDICATIONS TO ADD TO 100%**

**SCRIPTING INSTRUCTIONS: ENSURE ROTATION OF THE INDICATIONS FOR EACH RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **INDICATIONS** | **Q1 (% PATIENTS)** | | |
| Anemia |  |  |  |
| Bone Health Concern |  |  |  |
| Diabetes |  |  |  |
| Dysmenorrhea |  |  |  |
| Endometriosis |  |  |  |
| Fibroids |  |  |  |
| Hair Fall |  |  |  |
| Hypertension |  |  |  |
| Infertility |  |  |  |
| Menopause |  |  |  |
| Menstruation |  |  |  |
| Migraine & Headaches |  |  |  |
| Ovarian Cysts |  |  |  |
| Polycystic Ovary Syndrome [PCOS] |  |  |  |
| Premenstrual Syndrome |  |  |  |
| Surgical cases (Hysterectomy, Laparoscopy) |  |  |  |
| Thyroid related issues |  |  |  |
| Urinary Tract Infections [UTI’s] |  |  |  |
| Weight Gain |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| **TOTAL** | **1** | **0** | **0** |

[B] Do you believe that Pharmaceuticals have a role to play in the prophylaxis [prevention] of the below health concerns? **SINGLE CODING ONLY**

|  |  |  |
| --- | --- | --- |
| **ROLE OF PHARMACEUTICALS IN PROPHYLAXIS** | **Migraine** | **PMS Cramps** |
| YES | 1 | 1 |
| NO | 2 | 2 |

[C] Do you believe that Nutraceuticals have a role to play in the prophylaxis [prevention] of the below health concerns? **SINGLE CODING ONLY**

|  |  |  |
| --- | --- | --- |
| **ROLE OF NUTRACEUTICALS IN PROPHYLAXIS** | **Migraine** | **PMS Cramps** |
| YES | 1 | 1 |
| NO | 2 | 2 |

***INTERVIEWER SCRIPT:*** *Now we would like to know about your management of patients seen for Premenstrual Syndrome and Migraines (Menstrual + Pre-Menstrual)*

**HANDOVER SHOWCARD 2A**

1. [A] What do you generally recommend to your Migraine / PMS patients apart from drug therapies? **INTERVIEWER TO READ OUT THE LIST.** **MULTIPLE CODING POSSIBLE**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATIONS OF OPTIONS FOR EACH INDICATION**

**DISPLAY ONLY THOSE OPTIONS CODED IN Q3A**

[B] And which option do you recommend most often? **SINGLE CODING ONLY**

**DISPLAY ONLY THOSE OPTIONS CODED IN Q2A**

[C] Considering 100 patients for Migraine / PMS, to what proportion would you recommend these options? **RECORD PERCENTAGE. TOTAL CAN EXCEED 100%**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NUTRACEUTICAL / ADJUVANT THERAPIES** | Migraine | | | PMS Cramps | | |
| **Q2A [i]** | **Q2B [i]** | **Q2C [i]** | **Q2A [ii]** | **Q2B [ii]** | **Q2C [ii]** |
| **GENERALLY PRESCRIBED** | **MOST OFTEN PRESCRIBED** | **% PATIENTS** | **GENERALLY PRESCRIBED** | **MOST OFTEN PRESCRIBED** | **% PATIENTS** |
| Calcium | 1 | 1 | % | 1 | 1 | % |
| DHA | 2 | 2 | % | 2 | 2 | % |
| Dietary changes | 3 | 3 | % | 3 | 3 | % |
| Iron + Folic acid | 4 | 4 | % | 4 | 4 | % |
| Lifestyle modifications | 5 | 5 | % | 5 | 5 | % |
| Magnesium | 6 | 6 | % | 6 | 6 | % |
| Multivitamins | 7 | 7 | % | 7 | 7 | % |
| Prebiotics | 8 | 8 | % | 8 | 8 | % |
| Protein | 9 | 9 | % | 9 | 9 | % |
| Vitamin B6 | 10 | 10 | % | 10 | 10 | % |
| *Others [please specify] \_\_\_* | *98* | *98* | *%* | *98* | *98* | *%* |
| *Others [please specify] \_\_\_* | *99* | *99* | *%* | *99* | *99* | *%* |

**HANDOVER SHOWCARD 3A**

1. [A] Doctor what role do you think nutraceuticals play in the management of Migraine?

**MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **ROLE OF NUTRACEUTICALS IN MIGRAINE** | **For Migraine** |
| **Q3A** |
| Improve the quality of life of migraine patients | 1 |
| Prevention of Migraine and associated symptoms | 2 |
| Prevention of migraines without side effects | 3 |
| Provide anti-inflammatory action | 4 |
| Reducing Migraine disability in patients | 5 |
| Reduction of oxidative stress | 6 |
| Therapy with better patient compliance due to OD dosage options | 7 |
| Treatment of menstrual migraines | 8 |
| Treatment of migraine and associated symptoms | 9 |
| Treatment of migraine with lesser side effects | 10 |
| *Others [please specify] \_\_\_\_\_\_\_\_* | *98* |
| *Others [please specify] \_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 3B**

[B] Doctor what role do you think nutraceuticals play in the management of PMS Cramps?

**MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **ROLE OF NUTRACEUTICALS IN PMS CRAMPS** | **For PMS Cramps** |
| **Q3B** |
| Easier to use compared to other modalities | 1 |
| Improve the quality of life of PMS patients | 2 |
| Improvement in overall health of patient | 3 |
| Lower muscle pain and spasms | 4 |
| Provide multiple benefits beyond managing cramps | 5 |
| Reduce the number of symptoms before menses | 6 |
| Reduces the instances of night cramps | 7 |
| Reduces the intensity of the cramps | 8 |
| Reduction in frequency of symptoms | 9 |
| Support in maintaining weight | 10 |
| *Others [please specify] \_\_\_\_\_\_\_\_\_* | *98* |
| *Others [please specify] \_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 4**

1. What do you feel are the benefits of nutraceuticals in the management of Migraine and PMS Cramps to patients? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **BENEFITS OF NUTRACEUTICALS** | **CODES** |
| Ability for easy brand switches / changes | 1 |
| Better patient compliance with these products | 2 |
| Convenient usage of the products | 3 |
| Cost effectiveness of the products | 4 |
| Discounts available during purchase of the product | 5 |
| Easy availability of the products | 6 |
| Long term safety compared to pharmaceutical options | 7 |
| More sources available to know about the product | 8 |
| Natural ingredients present in the products | 9 |
| Presence of different variants of the products | 10 |
| *Others [please specify] \_\_\_\_\_\_\_* | *98* |
| *Others [please specify] \_\_\_\_\_\_\_* | *99* |

|  |
| --- |
| **SECTION 2: CONCEPT TESTING [10 MINS]** |

INTERVIEWER SCRIPT: Doctor in this section, I wish to show you a concept for a nutraceutical for Migraine & PMS Cramps. Please have a look at it and let us know your feedback on the same. Please give your honest feedback.

**SCRIPTING INSTRUCTIONS: CONCEPT TO DISPLAYED ON SCREEN AT THIS POINT IN THE INTERVIEW**

***INTERVIEWER INSTRUCTIONS*:** Expose the concept to the doctor and allow the doctor to go through each page for 60-75 seconds. **Do not aid or explain any point to the doctor**

**HANDOVER SHOWCARD 5A**

1. A. Doctor, on a likability scale of 1 to 10 where 1 means “Not at all liked” and 10 means “Extremely liked”, can you please tell me how much did you like this concept? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL LIKABILITY** | | | | | | | | | |
| Not at all liked |  |  |  |  |  |  |  |  | Extremely liked |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 5B**

B. Could you tell some reasons that make the concept likeable? **MULTIPLE CODING POSSIBLE.**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **LIKEABLE ATTRIBUTES OF CONCEPT** | **CODE** |
| Better patient compliance | 1 |
| Good GI Tolerance | 2 |
| Good tolerability | 3 |
| Group of women smiling and exercising | 4 |
| High Bioavailability | 5 |
| India’s 1st Oral Solution for Migraine & PMS Cramps | 6 |
| Limits transmission of pain messages in the brain to prevent Migraines | 7 |
| Limits transmission of pain messages in the brain to prevent PMS Cramps | 8 |
| Magnesium + Vitamin B6 supplementation | 9 |
| Magnesium essential for muscular contraction and limits cramps | 10 |
| Magnesium inhibits pain messages to the brain | 11 |
| Magnesium prevents narrowing of blood vessels | 12 |
| Natural orange and peppermint flavor | 13 |
| Negligible side effects | 14 |
| Novel patented MAG6 platform technology | 15 |
| Once daily in a single-serve solution bottle | 16 |
| Soothing and relaxing action with less fatigue | 17 |
| Unique combination of bioavailable salts | 18 |
| Vit. B6 essential for hormonal balance | 19 |
| Vit. B6 essential for neurotransmitter synthesis | 20 |
| Vit. B6 helps with Irritability in PMS | 21 |
| Vit. B6 keeps nervous system healthy | 22 |
| Working woman on laptop | 23 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 6A**

1. A. Doctor, do you feel this concept is relevant to your practice, on a scale of 1 to 10, wherein 1 means “Not at all relevant” and 10 means “Extremely relevant”? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL RELEVANCE** | | | | | | | | | |
| Not at all relevant |  |  |  |  |  |  |  |  | Extremely relevant |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 6B**

B. Could you tell some reasons that make the concept relevant? **MULTIPLE CODING POSSIBLE. RANDOMIZATION OF ATTRIBUTES**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **RELEVANT ATTRIBUTES OF CONCEPT** | **CODE** |
| Better patient compliance | 1 |
| Good GI Tolerance | 2 |
| Good tolerability | 3 |
| Group of women smiling and exercising | 4 |
| High Bioavailability | 5 |
| India’s 1st Oral Solution for Migraine & PMS Cramps | 6 |
| Limits transmission of pain messages in the brain to prevent Migraines | 7 |
| Limits transmission of pain messages in the brain to prevent PMS Cramps | 8 |
| Magnesium + Vitamin B6 supplementation | 9 |
| Magnesium essential for muscular contraction and limits cramps | 10 |
| Magnesium inhibits pain messages to the brain | 11 |
| Magnesium prevents narrowing of blood vessels | 12 |
| Natural orange and peppermint flavor | 13 |
| Negligible side effects | 14 |
| Novel patented MAG6 platform technology | 15 |
| Once daily in a single-serve solution bottle | 16 |
| Soothing and relaxing action with less fatigue | 17 |
| Unique combination of bioavailable salts | 18 |
| Vit. B6 essential for hormonal balance | 19 |
| Vit. B6 essential for neurotransmitter synthesis | 20 |
| Vit. B6 helps with Irritability in PMS | 21 |
| Vit. B6 keeps nervous system healthy | 22 |
| Working woman on laptop | 23 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 7A**

1. Doctor, can you tell me how believable is the concept, on a scale of 1 to 10, wherein 1 means “Not at all believable” and 10 means “Extremely believable”? **SINGLE** **CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL BELIEVABILITY** | | | | | | | | | |
| Not at all believable |  |  |  |  |  |  |  |  | Extremely believable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 7B**

B. Could you tell some reasons that make the concept believable? **MULTIPLE CODING POSSIBLE**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **BELIEVEABLE ATTRIBUTES OF CONCEPT** | **CODE** |
| Better patient compliance | 1 |
| Good GI Tolerance | 2 |
| Good tolerability | 3 |
| Group of women smiling and exercising | 4 |
| High Bioavailability | 5 |
| India’s 1st Oral Solution for Migraine & PMS Cramps | 6 |
| Limits transmission of pain messages in the brain to prevent Migraines | 7 |
| Limits transmission of pain messages in the brain to prevent PMS Cramps | 8 |
| Magnesium + Vitamin B6 supplementation | 9 |
| Magnesium essential for muscular contraction and limits cramps | 10 |
| Magnesium inhibits pain messages to the brain | 11 |
| Magnesium prevents narrowing of blood vessels | 12 |
| Natural orange and peppermint flavor | 13 |
| Negligible side effects | 14 |
| Novel patented MAG6 platform technology | 15 |
| Once daily in a single-serve solution bottle | 16 |
| Soothing and relaxing action with less fatigue | 17 |
| Unique combination of bioavailable salts | 18 |
| Vit. B6 essential for hormonal balance | 19 |
| Vit. B6 essential for neurotransmitter synthesis | 20 |
| Vit. B6 helps with Irritability in PMS | 21 |
| Vit. B6 keeps nervous system healthy | 22 |
| Working woman on laptop | 23 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 8**

1. Doctor, to what extent do you believe the key ingredients would that the following ingredients will help in the management of Migraines and PMS Cramps? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BELIEVABILITY OF INGREDIENT BENEFITS** | | | | | | | | | |
| Definitely do not believe |  |  |  |  |  |  |  |  | Definitely believe |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |
| --- | --- | --- |
| **INGREDIENTS** | **RATING FOR MIGRAINES** | **RATING FOR PMS CRAMPS** |
| Magnesium |  |  |
| Vitamin B6 |  |  |

**HANDOVER SHOWCARD 9A**

1. A. Can you tell me how unique this concept is on a scale of 1 to 10, in which 1 means “Not at all unique” and 10 means “Extremely unique”? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL UNIQUENESS** | | | | | | | | | |
| Not at all unique |  |  |  |  |  |  |  |  | Extremely unique |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 9B**

B. Could you tell some reasons that make the concept unique? **MULTIPLE CODING POSSIBLE**

**SCRIPTING INSTRUCTIONS: ENSURE RANDOMIZATION OF ATTRIBUTES IN THIS QUESTION**

|  |  |
| --- | --- |
| **UNIQUE ATTRIBUTES OF CONCEPT** | **CODE** |
| Better patient compliance | 1 |
| Good GI Tolerance | 2 |
| Good tolerability | 3 |
| Group of women smiling and exercising | 4 |
| High Bioavailability | 5 |
| India’s 1st Oral Solution for Migraine & PMS Cramps | 6 |
| Limits transmission of pain messages in the brain to prevent Migraines | 7 |
| Limits transmission of pain messages in the brain to prevent PMS Cramps | 8 |
| Magnesium + Vitamin B6 supplementation | 9 |
| Magnesium essential for muscular contraction and limits cramps | 10 |
| Magnesium inhibits pain messages to the brain | 11 |
| Magnesium prevents narrowing of blood vessels | 12 |
| Natural orange and peppermint flavor | 13 |
| Negligible side effects | 14 |
| Novel patented MAG6 platform technology | 15 |
| Once daily in a single-serve solution bottle | 16 |
| Soothing and relaxing action with less fatigue | 17 |
| Unique combination of bioavailable salts | 18 |
| Vit. B6 essential for hormonal balance | 19 |
| Vit. B6 essential for neurotransmitter synthesis | 20 |
| Vit. B6 helps with Irritability in PMS | 21 |
| Vit. B6 keeps nervous system healthy | 22 |
| Working woman on laptop | 23 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 10A**

1. [A] After looking at the concept, what is your intention to recommend the product in Migraine, on a scale of 1 to 10, where 1 means “Definitely will not recommend” and 10 means “Definitely will recommend”? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND IN MIGRAINE** | | | | | | | | | |
| Definitely will not recommend |  |  |  |  |  |  |  |  | Definitely will recommend |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**HANDOVER SHOWCARD 10B**

[B] After looking at the concept, what is your intention to recommend the product in PMS Cramps, on a scale of 1 to 10, where 1 means “Definitely will not recommend” and 10 means “Definitely will recommend”? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND IN PMS CRAMPS** | | | | | | | | | |
| Definitely will not recommend |  |  |  |  |  |  |  |  | Definitely will recommend |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Doctor, can you tell me the 3 key word or phrases that stood out for you? **INTERVIEWER TO RECORD THE PHRASES AS IS MENTIONED BY THE DOCTOR**

|  |  |
| --- | --- |
| **KEYWORD/PHRASE** | **RECORD VERBATIM HERE** |
| First relevant keyword/ phrase |  |
| Second relevant keyword/ phrase |  |
| Third relevant keyword/ phrase |  |

**ASK ONLY TO THOSE RESPONDENTS WHO HAVE GIVEN A RATING OF 7 OR LESS FOR ITR IN EITHER Q10A OR Q10B OR BOTH**

1. Doctor, lastly, are there any improvement areas that would improve your intention to recommend further? **RECORD VERBATIM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HANDOVER SHOWCARD 13A**

1. [A] What type of patient would you consider recommending this product to? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **PROFESSION OF PATIENTS** | **CODE** |
| Athletes | 1 |
| Corporate professionals | 2 |
| Fitness enthusiasts | 3 |
| Homemaker | 4 |
| Married patients | 5 |
| *Others [please specify] \_\_* | *98* |
| *Others [please specify] \_\_* | *99* |

[B] Would you be willing to recommend this product in patients with associated comorbidities?

**SINGLE CODING ONLY**

|  |  |
| --- | --- |
| **WILLINGNESS TO RECOMMEND IN CORMORBIDITIES** | **CODE** |
| Yes | 1 |
| Not sure | 2 |
| No | 3 |

**HANDOVER SHOWCARD 13C**

**ASK ONLY TO RESPONDENTS WHO HAVE CODED YES IN Q13B**

[C] Which are the comorbidities in which you would still consider recommending the product shown in the concept? **MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **COMORBIDITIES** | **CODE** |
| Anemia | 1 |
| Autoimmune Disorders | 2 |
| COPD | 3 |
| Diabetes | 4 |
| Heart Disease | 5 |
| High BMI / Obesity | 6 |
| Hypertension | 7 |
| Low BMI / Underweight | 8 |
| Low energy / fatigued patients | 9 |
| Micronutrient deficiencies | 10 |
| Protein deficiencies | 11 |
| Thyroid | 12 |
| *Others [please specify] \_\_\_\_\_\_* | *98* |
| *Others [please specify] \_\_\_\_\_\_* | *99* |

|  |
| --- |
| **SECTION 3: PRICE SENSITIVITY [10 MINS]** |

***INTERVIEWER SCRIPT****: Doctor, we have a few questions on the price of the product shown in the given concept. Please feel free to answer your mind, as there are no right or wrong answers here. Concept to be handed over the doctor for reference throughout the section*

1. Doctor, I will now present four questions to you to understand the suitable **price per bottle for this product.** Please share your response for each question.
   1. At what cost per bottle do you feel that the productwould be **TOO INEXPENSIVE**, that you would not trust the benefits of the product and not consider prescribing it? **RECORD PRICE POINT IN INR**
   2. At what cost per bottle do you feel that the productwould be **REASONABLY PRICED/BARGAIN** for you to prescribe to your Migraine & PMS patients? **RECORD PRICE POINT IN INR**
   3. At what cost per bottle do you feel that the product would be **EXPENSIVE** for you, but you will still consider prescribing it? **RECORD PRICE POINT IN INR**
   4. At what cost per bottle do you feel that the product would be **TOO EXPENSIVE** that you would not consider prescribing it? **RECORD PRICE POINT IN INR**

**INTERVIEWER SCRIPT**: *Doctor, in the last part of the interview, we have a few more questions on the price of the product.*

**HANDOVER SHOWCARD 15A**

1. [A] Doctor, please consider a price of 250 INR for one bottle. What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND** | | | | | | | | | |
| **Low Intention** |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend the product at 250 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM THE PRODUCT WILL BE RECOMMENDED AT 250 INR** |

**HANDOVER SHOWCARD 16A**

1. [A] Doctor, please consider a price of 265 INR for one bottle. What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND** | | | | | | | | | |
| **Low Intention** |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

[B] Out of 10 patients eligible for this product, to how many are you willing to recommendthe productat 265 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM THE PRODUCT WILL BE RECOMMENDED AT 265 INR** |

**HANDOVER SHOWCARD 17A**

1. [A] Doctor, please consider a price of 275 INR for one bottle. What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND** | | | | | | | | | |
| **Low Intention** |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend the productat 275 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM THE PRODUCT WILL BE RECOMMENDED AT 275 INR** |

**HANDOVER SHOWCARD 18A**

1. [A] Doctor, please consider a price of 275 INR for one bottle. What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND** | | | | | | | | | |
| **Low Intention** |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend the product at 290 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM THE PRODUCT WILL BE RECOMMENDED AT 290 INR** |

**HANDOVER SHOWCARD 19A**

1. [A] Doctor, please consider a price of 310 INR for one bottle. What would be your intention to prescribe/recommend this product? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND** | | | | | | | | | |
| **Low Intention** |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

[B] Out of 10 patients eligible for this product, to how many are you willing to recommend the product at 310 INR? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS TO WHOM THE PRODUCT WILL BE RECOMMENDED AT 310 INR** |

**THANK & CLOSE THE INTERVIEW**