|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT TITLE** | **JOB NUMBER** |  |  | **QNNR SL. NO. (For DP)** |
| **Cygnus\_Comm Test for ACOG ARNI** | **2** | **3** | **0** | **7** | **7** | **9** | **2** | **6** | **0** | **1** |  |  |  |  |  |  |
|  | Col - 31-38 | Col - 1-7 |
| **SP - ZONE** | **SP NO.** | **G.C NO.** | **INTERVIEW NO.** | **WEEK NO.** | **MONTH NO.** |
| **N** | **E** | **W** | **S** | **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |
| Col – 15 | Col – 16-18 | Col – 19-21 | Col – 22-24 | Col – 25-27 | Col – 28-29 |
| **RESPONDENTS HOUSE/OFFICE ADDRESS–COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)** |
| **RESPONDENT NAME** |  | **SUR NAME:** |  |  |
| **Door / House / Bldg No.** |  | **FLOOR No.** |  |  |
| **HOUSE / FLAT NAME** |  | **STREET / ROAD NAME** |  |  |
| **AREA NAME** |  |  |
| **TOWN / VILLAGE NAME** |  |  |
| **LANDMARK**  |  |  |
| **PINCODE**  |  |  |  |  |  |  | **MOBILE No.** |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE No. (Res)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE No. (Off)** |  |  |  |  |  |  |  |  |  |  | **Extn.** |  |  |  |  |  |  |
| **e-mail ID** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FIELD CONTROL INFORMATION** |
| **INTERVIEWER NAME** |  |  |
| **INTERVIEWER CODE (ID)** |  |  |  |  |  |  | **41-46** | **INTERVIEW DATE** | **D** | **D** | **M** | **M** | **1** | **5** | **47-52** |
| **INT Start Time (write in 24hrs)** |  |  |  |  | **INT End Time** |  |  |  |  | **Total Time (min)** |  |  |  | **53-55** |
| **PLACE OF INTERVIEW** | **Home – 1** | **Office - 2** | **Street Intercept - 3** | **Shop / Outlet - 4** | **56-57** |
| **CLT – 5** | **Hospital / Clinic - 6** | **Exit - 7** | **Others - 8** |
| **TYPE OF INTERVIEW** | **Random - 1** | **Booster - 2** | **60** |
| **QUALITY CHECK DETAILS** |
| **ACCOMPANIMENT DETAILS** |
| **DESG** | **YES** | **NO** | **Date** | **CODE / ID** | **NAME** | **SIGN** | **Col** |
| **SUP** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **61-67** |
| **EIC** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **68-74** |
| **AFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **75-81** |
| **FM /RFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **82-88** |
| **BACK CHECK DETAILS** |
| **DESG** | **PBC** | **TBC** | **VC** | **Date** | **CODE / ID** | **NAME** | **SIGN** | **Col** |
| **SUP** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **91-97** |
| **EIC** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **98-104** |
| **AFM** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **105-111** |
| **FM /RFM** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **112-118** |
| **SCRUTINY DETAILS** |
| **DESG** | **YES** | **NO** | **Date** | **CODE / ID** | **NAME** | **SIGN** | **Col** |
| **SUP** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **121-127** |
| **EIC** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **128-134** |
| **AFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **135-141** |
| **FM /RFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  | **142-148** |
| **BASE CENTER DETAILS** |
| **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** |
| **Mumbai** | **01** | **Delhi** | **02** | **Kolkata** | **03** | **Chennai** | **04** | **Bangalore** | **05** |
|  |  |  |  |  |  |  |  |  |  |
| 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 a premier research and consultancy agency. We are currently conducting a study to evaluate the effectiveness of visual aid communication for Carmada. Anything that you tell us will be treated in strictest confidence and will not be attributed to you. Your responses will be viewed in aggregate for overall analysis purpose and will be kept confidential. The project is purely concerned with research and your responses will not be used for any other purpose. There will be no attempt to sell you anything or influence your use of products. The study comprises of face-to-face interviews that will last for approximately 45 minutes. I just have a few questions to check if this study will be relevant to you. Can I continue?We are required to pass on to our client details of adverse events and product technical complaints that are mentioned during the course of market research. Although this is a market research interview and what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event or product technical complaint in an individual or group of individuals, we will need to report this.In such a situation you will be asked whether or not you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct specifically in relation to that adverse event or product technical complaint. Everything else you say during the course of the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.Are you happy to proceed with the interview on this basis?YesNo |

**Sample Spread:**

|  |  |  |
| --- | --- | --- |
| **Centers** | **Cardiologist** | **Total** |
| Mumbai | 2 | 2 |
| Delhi | 2 | 2 |
| Bangalore | 2 | 2 |
| Kolkata | 2 | 2 |
| Chennai | 2 | 2 |
| **Total** | **10** | **10** |

**NOTE TO INTERVIEWER FOR ADVERSE EVENT REPORTING: Incase during the course of interview there is mention of adverse effects/side-effects for any of the products used either by the physicians for his patients or patient himself, it must be brought to the notice of the researcher in one business day.**

1. What is your primary specialty? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **Specialty**  | **CODE** | **ACTION** |
| Cardiologists (DM Cardiologist) | 1 | CONTINUE |
| Others | **99** | **TERMINATE** |

1. May I know the total number of years since you have been practicing?

**RECORD VERBATIM. FILL IN WITH LEADING ZEROS. TERMINATE IF <7 & >25 years of experience.**

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

1. Doctor, which of these is your primary place of practice, where you spend **more than 70% of your time**? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **Place of practice** | **CODE** | **ACTION** |
| In a private solo practice only | 1 | CONTINUE |
| In a private group practice / polyclinic | 2 | CONTINUE |
| In a private nursing home/ maternity home | 3 | CONTINUE |
| In a private hospital / multispecialty hospital | 4 | CONTINUE |
| In a private clinic + attached to private hospital | 5 | CONTINUE |
| In a private clinic + attached to teaching hospital/ Institutions | 6 | CONTINUE |
| In a private clinic + attached government hospital | 7 | **TERMINATE** |
| In a government hospital only (no private practice / in public practice only) | 8 | **TERMINATE** |
| Other  | 99 | **TERMINATE** |

1. Doctor, approximately on an average how many patients do you personally see/consult in a month? **RECORD EXACT NUMBER.**

|  |  |  |
| --- | --- | --- |
| Cardiologists (DM Cardiologist) |  | **CONTINUE ONLY IF >150 PATIENTS, ELSE TERMINATE** |

1. Doctor, what is your treatment approach, when it comes to heart failure patients in your practice? **MULTIPLE CODING POSSIBLE**

|  |  |  |
| --- | --- | --- |
| **Treatment approach** | **CODE** | **ACTION** |
| ACE inhibitors | **01** | **TERMINATE, IF NOT CODED 03 (ARNI)** |
| ARB’s | **02** |
| ARNI | **03** |
| MRA | **04** |
| Beta Blocker | **05** |
| SGLT 2 | **06** |
| Diuretics (Oral) | **07** |
| Diuretics (IV) | **08** |
| **TOTAL** |  |  |

**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 with regards to evaluate the effectiveness of visual aid communication for Carmada. 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

PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: / /2023

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