**Questionnaire for Jixi CLT study**

**CONFIDENTIALITY AGREEMENT**

**SAY**: Today we are conducting a survey for a laundry category, and I need your help to get your opinion. Your assistance and cooperation are appreciated.

Intro.  **ASK ALL**

Protecting your personal and confidential information is very serious to us and we follow strict privacy rules to ensure this. We also protect our client’s confidential information with the same importance. If you participate in this survey, you will be shown confidential information which is the property of a major manufacturer. This information may include, but is not limited to, experimental new product ideas & concepts. For our client’s benefit, it is mandatory, by participating in this study you agree that you will not:

1. Share any of the confidential and proprietary information included in this study such as technical concepts, products and/or packaging, or use it for your own benefit or the benefit of a third party, or
2. Photograph, record, publish on the internet, copy, or in any other way reproduce any of the confidential information included in this study

By selecting “I agree” below, you signify that you have read, understood and that you agree with these terms. **SINGLE CODING**

|  |  |  |
| --- | --- | --- |
| I agree | 1 | **CONTINUE** |
| I disagree | 2 | **CLOSE** |

**RECRUITMENT SCREENER**

1. GENDER

|  |  |  |
| --- | --- | --- |
| Female | 1 | **CONTINUE for 100%** |
| Male | 2 | **Terminate** |

1. Please tell me your age in completed years.

1. Post code age, SINGLE CODING

|  |  |  |
| --- | --- | --- |
| 24 yrs. or under | 1 | **TERMINATE** |
| 25-35 yrs | 2 | **CONTINUE** |
| 36-45 yrs | 3 |
| Above 45 yrs. | 8 | **TERMINATE** |

**QUOTA, RECRUIT 50% FOR EACH** 25-35 years and 36-45 years

1. What is your marital status? **SINGLE CODING**

|  |  |  |
| --- | --- | --- |
| Single | 1 | **Continue** |
| Married with kids | 2 | **Continue** |
| Married without kids | 3 | **Continue** |

**Below question to be asked to those who coded 2**

1. How many Children do you have?

1. What is the age of your child**?**

|  |  |  |
| --- | --- | --- |
| 0-12 months | 1 | **Continue** |
| 1-2 years old | 2 |
| 3-6 years old | 3 |
| 7-12 years old | 4 |
| 13-18 years old | 5 |
| More than 18 years old | 6 |

1. Post Code SEC, **SINGLE CODING**

|  |  |  |
| --- | --- | --- |
| SEC A | 1 | **CONTINUE** |
| SEC B | 2 | **CONTINUE** |

**CWE Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                       CWE Education:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OCCUPATION** | | Illiterate | School Upto 4 Yrs | School 5-9 Yrs | Ssc/ Hsc | Ssc / Hsc Not Grad | Grad/ Post Grad (Gen) | Grad/ Post Grad (Prof) |
|  |  | **CIRCLE EDUCATION** | | | | | | |
| **CIRCLE OCCUPATION** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Unskilled Worker | **01** | E2 | E2 | E1 | D | D | D | D |
| Skilled Worker | **02** | E2 | E1 | D | C | C | B2 | B2 |
| Petty Traders | **03** | E2 | D | D | C | C | B2 | B2 |
| Shop Owners | **04** | D | D | C | B2 | B1 | A2 | A2 |
| **Industrialists with no. of** employees… |  | | | | | | | |
| -None | **05** | D | C | B2 | B1 | A2 | A2 | A1 |
| -1-10 | **06** | C | B2 | B2 | B1 | A2 | A1 | A1 |
| -10+ | **07** | B1 | B1 | A2 | A2 | A1 | A1 | A1 |
| Self-Employed Professionals | **08** | D | D | D | B2 | B1 | A2 | A1 |
| Clerical/ Salesmen | **09** | D | D | D | C | B2 | B1 | B1 |
| Supervisor Level | **10** | D | D | C | C | B2 | B1 | A2 |
| **Officers/Executives** |  | | | | | | | |
| - Junior | **11** | C | C | C | B2 | B1 | A2 | A2 |
| - Middle/Senior | **12** | B1 | B1 | B1 | B1 | A2 | A1 | A1 |

**QR5.       RECORD SEC BASIS ABOVE GRID (CHECK QUOTAS) .**

|  |  |  |
| --- | --- | --- |
| Sec A1 | 1 | **CONTINUE/** |
| Sec A2 | 2 |
| Sec B1 | 3 |
| Sec B2 | 4 |
| Sec C | 5 |
| Sec D | 6 | **TERMINATE THE RESPONDENT/** |
| Sec E1 | 7 |
| Sec E2 | 8 |

**QUOTA, RECRUIT 50% FOR EACH**

1. Do you have any of the following? **MULTIPLE CODING**

|  |  |  |
| --- | --- | --- |
| Have any kind of allergies or skin rash/irritation | 1 | **TERMINATE** |
| Are allergic to any perfume | 2 |
| Have any respiratory disease | 3 |
| Are allergic to soaps | 4 |
| Currently have a cold or flu | 5 |
| Currently having fever | 6 |
| Are currently pregnant or nursing | 8 |
| Anyone who has health conditions not suitable for sniffing tests, i.e., anosmia symptoms | 10 |
| None of these | 12 | **CONTINUE** |

1. Are you the main purchase decision maker for laundry cleaning/care products in your household?

|  |  |  |
| --- | --- | --- |
| Yes | 1 | **Continue** |
| No | 2 | **Terminate** |

1. Who is responsible for the laundry in your household? (Including using washing machine)

|  |  |  |
| --- | --- | --- |
| By myself | 1 | Continue |
| Mostly by myself, sometimes by others | 2 |
| By servant/house maid | 3 | Terminate |
| Mostly by other family members | 4 |
| Mostly sent to the laundry | 5 |

1. Which of the following laundry cleaning/care products have you purchased and used in the past 12 months?

**Terminate if: Not coded 1, 5, 6, 7 and None of the above**

|  |  |  |
| --- | --- | --- |
| Laundry detergent | 1 |  |
| Laundry powder | 2 |  |
| Laundry pods | 3 |  |
| Laundry soap | 4 |  |
| Laundry sanitizer | 5 |  |
| Laundry softener/Fabric conditioner | 6 |  |
| In-wash scent beads | 7 |  |
| Laundry spray | 8 |  |
| Bleach | 9 |  |
| Stain remover | 10 |  |
| None of the above | 11 | **Terminate** |

1. What’s your usage frequency of the following laundry cleaning/care products in the past 3 months**?**

**Ask only for options coded in Q 11 among laundry detergent, laundry sanitizer, laundry softener and fabric conditioner]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Laundry detergent | Laundry sanitizer | Laundry softener |
| Every day or more | 1 | 1 | 1 |
| 5-6 times a week | 2 | 2 | 2 |
| times a week | 3 | 3 | 3 |
| 3 times a week | 4 | 4 | 4 |
| 2 times a week | 5 | 5 | 5 |
| Once a week | 6 | 6 | 6 |
| Less than once a week | 7 | 7 | 7 |
| I didn’t use it in the past 3 months |  |  |  |

1. Which of the following laundry cleaning/care products would you not consider to use in the future?

|  |  |  |
| --- | --- | --- |
| Laundry detergent | 1 |  |
| Laundry powder | 2 |  |
| Laundry pods | 3 |  |
| Laundry soap | 4 |  |
| Laundry sanitizer | 5 | **Terminate** |
| Laundry softener/Fabric conditioner | 6 | **Terminate** |
| In-wash scent beads | 7 |  |
| Laundry spray | 8 |  |
| Bleach | 9 |  |
| Stain remover | 10 |  |
| None of the above | 99 | **Continue** |

**[Ask Q14 if coded 6 in Q11]**

1. Which of the following brands of laundry softener/Fabric conditioner have you used in the past 12 months. Please tell me all the brands you have used.

|  |  |
| --- | --- |
| **Brand list for liquid laundry fabric conditioners** | **P12M** |
| Comfort | 1 |
| Dettol | 2 |
| Softouch | 3 |
| Savlon | 4 |
| Downy Fresh | 5 |
| Wild Fresh | 6 |
| Jenzy | 7 |
| Born Good | 8 |
| Kaufen | 9 |
| Dr. Gentle | 10 |
| Tropical Dew | 11 |
| Other (Specify) | 12 |
| None/Not on Card |  |

1. Which of the following brands of laundry softener/Fabric conditioner would you not consider using in the future?

|  |  |
| --- | --- |
| **Brand list for liquid laundry fabric conditioners** | **P12M** |
| Comfort | 1 |
| Dettol | 2 |
| Softouch | 3 |
| Savlon | 4 |
| Downy Fresh | 5 |
| Wiild Fresh | 6 |
| Jenzy | 7 |
| Born Good | 8 |
| Kaufen | 9 |
| Dr. Gentle | 10 |
| Tropical Dew | 11 |
| Other (Specify) | 12 |
| None/Not on Card |  |

**[Ask Q16 if coded 5 in Q11]**

1. Which of the following brands of laundry sanitizer have you used in the past 12 months. Please tell me all the brands you have used-TBC-list to be shared by agency

|  |  |
| --- | --- |
| Dettol | 1 |
| Walch | 2 |
| Tide | 3 |
| Ariel | 4 |
| Comfort | 5 |
| Soft touch | 6 |
| Revive | 7 |
| Savlon | 8 |
| Lysol Laundry sanitiser | 9 |
| Other, please specify\_\_\_\_\_\_\_\_\_ | 97 |

1. Which of the following brands of laundry sanitizer would you not consider using in the future?

|  |  |
| --- | --- |
| Dettol | 1 |
| Walch | 2 |
| Tide | 3 |
| Ariel | 4 |
| Comfort | 5 |
| Soft touch | 6 |
| Revive | 7 |
| Savlon | 8 |
| Lysol Laundry sanitiser | 9 |
| Other, please specify\_\_\_\_\_\_\_\_\_ | 97 |

**For this project, if you choose to take part, you will be asked to:**

* **Read an information leaflet about the nature and purpose of this study, and to sign an informed consent declaration form to confirm you are happy taking part (you will be given a copy to keep)**
* **Attend the venue for 4 days. There will be one visit per day (so 4 visits in total). Each visit will last up to 45 min (TBC)**
* **Smell 5 (day 1) & 6 (Day 2,3,4) different liquid antibacterial laundry softener and give your opinion.**

**In order to be able to fully assess the test products, you will need to remember:**

* **You will be asked to refrain from wearing perfume or strong-smelling cosmetics during your interviews.**
* **If you need glasses in order to see/read, you will need to bring these with you for the interview.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Question:* | **EXCLUSIONS**  **Please carefully read the following list of conditions, do any apply to you?**  **Pregnancy and nursing:**  Pregnancy  Attempting to get pregnant  Breast feeding  **Medical conditions:**   * Individuals who suffer with diabetes. * Individuals who suffer with other clinically significant related disease (e.g. renal failure, hepatic dysfunction, cardiovascular disease etc.) * If you have a condition affecting your sense of smell or taste, such as a cold or fever, you will not be able to take part. * Anyone who is allergic to any of the ingredients mentioned below   **INGREDIENTS:**   1. Antibacterial agent 2. Palm esterquat 3. Glyceryl ester 4. Dye & fragrance | | | |
|  | 1 | Yes, one or more of the above apply to myself | | |
|  | 2 | No, none of above apply to myself | | |
| *Terminate:* | 1 | | *Continue:* | 2 |

**Thank you and close**