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| **PROJECT TITLE** | | | | | | **JOB NUMBER** | | | | | | | | | | | | | | | **QNNR SL. NO. (For DP)** | | | | | | | | | | | | | |
| **Profile\_Shingles Vaccinee** | | | | | | **2** | | **4** | | **0** | | **4** | | **6** | | **5** | | **9** | **6** | | **0** | | **1** | |  | |  | |  | |  | |  | |
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| **SP – ZONE** | | | | | **SP NO.** | | | | | | **G.C NO.** | | | | | | **INTERVIEW NO.** | | | | | | | **WEEK NO.** | | | | | | **MONTH NO.** | | | | |
| **N** | **E** | **W** | **S** | **C** |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
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| **Centre Name** | | | | | | | | | | | | | | | | | | |
| **Region** |  |  | **Office** |  |  |  |  | **Centre Code** |  |  |  |  | **Sample point** |  |  |  |  |  |

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| **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** |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  | |  | | |  | | |  | |  | |  | |  |  |  |  |  |

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| **FIELD CONTROL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **INTERVIEWER NAME** |  | | | | | | | | | | | | | | | | | |  |
| **INTERVIEWER CODE (ID)** |  |  |  |  |  |  |  | **INTERVIEW DATE** | | | | | **D** | **D** | **M** | **M** | **2** | **1** |  |
| **INT Start Time (write in 24hrs)**  **[161-164]** |  |  |  |  | **INT End Time [165-168]** | | |  |  |  |  | **Total Time (min)** | | | |  |  |  |  |
| **PLACE OF INTERVIEW** | **Home - 1** | | | | | **Office - 2** | | | | **Street Intercept - 3** | | | | **Shop / Outlet – 4** | | | | |  |
| **CLT - 5** | | | | | **Hospital / Clinic - 6** | | | | **Exit - 7** | | | | **Others – 8** | | | | |
| **TYPE OF INTERVIEW** | **Random - 1** | | | | | | | | | **Booster - 2** | | | | | | | | |  |

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| **QUALITY CHECK DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCOMPANIMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | **YES** | | | **NO** | | | **Date** | | | | | | **CODE / ID** | | | | | | | **NAME** | | | | **SIGN** | **Col** | |
| **SUP** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **EIC** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **AFM** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **FM /RFM** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **BACK CHECK DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | **PBC** | | **TBC** | | **VC** | | **Date** | | | | | | **CODE / ID** | | | | | | | **NAME** | | | | **SIGN** | **Col** | |
| **SUP** | **1** | | **2** | | **3** | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **EIC** | **1** | | **2** | | **3** | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **AFM** | **1** | | **2** | | **3** | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **FM /RFM** | **1** | | **2** | | **3** | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **SCRUTINY DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESG** | **YES** | | | **NO** | | | **Date** | | | | | | **CODE / ID** | | | | | | | **NAME** | | | | **SIGN** | **Col** | |
| **SUP** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **EIC** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **AFM** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **FM /RFM** | **1** | | | **2** | | | **D** | **D** | **M** | | **M** | |  |  |  |  |  |  | |  | | | |  |  | |
| **BASE CENTER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BASE CENTER** | | | **CODE** | | | | **BASE CENTER** | | | | **CODE** | | **BASE CENTER** | | | | | **CODE** | | **BASE CENTER** | | **CODE** | | **BASE CENTER** | | | **CODE** | |
| **Delhi** | | | **001** | | | | **Lucknow** | | | | **002** | | **Kolkata** | | | | | **003** | | **Patna** | | **004** | | **Mumbai** | | | **005** | |
| **Pune** | | | **006** | | | | **Nagpur** | | | | **007** | | **Hyderabad** | | | | | **008** | | **Bangalore** | | **009** | | **Chennai** | | | **010** | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- |
| **INTRODUCTION**  Good \_\_\_\_\_\_\_\_, (Morning/Afternoon/Evening) I am from Ipsos, a premier research and consultancy agency. We carry out surveys from time to time on a variety of issues and are currently carrying out a study in the area of healthcare disease and conditions. Your views and opinion are very valuable to us and your co-operation would be greatly appreciated. Could you please spare some time to answer a few questions. Thank you!  ..... Please be informed that we are not selling/ trying to sell any products or services and are interested only in your opinion. Also let me you assure on behalf of Ipsos Research India that your answers will remain totally anonymous and confidential and will not be attributed to you as an individual. |

|  |
| --- |
| **SCREENER QUESTIONNAIRE** |

Thank you for agreeing to participate in this survey. The questions here are aimed at getting your perspective on your health.

**This should not take more than 10-15 minutes of your time.** (Please be assured that we will maintain strict confidentiality by only using answers in aggregate. Your answers will not be attributed to you personally). Thank you for your help.

**SAMPLE SPREAD**

|  |  |
| --- | --- |
| **Centres** | **Vaccinated with shingles vaccine (TG 2)** |
| Delhi | 3 |
| Mumbai | 3 |
| Chennai | 3 |
| Kolkata | 3 |
| Madurai | 2 |
| Lucknow | 3 |
| Nagpur | 3 |
| **Total** | **20** |

**NCCS CLASSIFICATION TO BE CONSIDERED FOR RECRUITMENT**

1. Could you please tell me, which of these items (In working condition) do you have at home? (It could be owned by you, your family, or provided by the employer or it could be available in the house you live in; but it should be for the use of just you or your family).

|  |  |
| --- | --- |
| Electricity Connection | 1 |
| Ceiling Fan | 2 |
| LPG Stove | 3 |
| Two-Wheeler | 4 |
| Color TV | 5 |
| Refrigerator | 6 |
| Washing Machine | 7 |
| Personal Computer/ Laptop | 8 |
| Car/Jeep/Van | 9 |
| Air Conditioner | 10 |
| **Agricultural land** | **11** |
| **TOTAL NUMBER OF ITEMS OWNED OUT OF 11 (Count & record)** |  |

1. Does your family own any agricultural land, by agricultural land I mean land that is currently under cultivation or plantation?
2. What is the highest level of education that CWE (**by CWE we mean Chief Wage Earner who makes the biggest contribution to the running of the household)** of the household has achieved? **[SINGLE CODING]**

|  |  |
| --- | --- |
| Illiterate | 1 |
| School: up to 4 years | 2 |
| School: 5-9 years | 3 |
| SSC / HSC | 4 |
| Some college but not graduate | 5 |
| Graduate/postgraduate (general) | 6 |
| Graduate/postgraduate (professional) | 7 |

**USE GRID TO DETERMINE NCCS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. of Durables** | **Illiterate** | **Literate but no formal schooling/ School-Upto4 years** | **School-5 to 9 years** | **SSC/ HSC** | **Some College (inclu Diploma) but not Grad** | **Graduate/ Post Graduate: General** | **Graduate/ Post Graduate: Professional** |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **None** | E3 | E2 | E2 | E2 | E2 | E1 | D2 |
| **1** | E2 | E1 | E1 | E1 | D2 | D2 | D2 |
| **2** | E1 | E1 | D2 | D2 | D1 | D1 | D1 |
| **3** | D2 | D2 | D1 | D1 | C2 | C2 | C2 |
| **4** | D1 | C2 | C2 | C1 | C1 | B2 | B2 |
| **5** | C2 | C1 | C1 | B2 | B1 | B1 | B1 |
| **6** | C1 | B2 | B2 | B1 | A3 | A3 | A3 |
| **7** | C1 | B1 | B1 | A3 | A3 | A2 | A2 |
| **8** | B1 | A3 | A3 | A3 | A2 | A2 | A2 |
| **9+** | B1 | A3 | A3 | A2 | A2 | A1 | A1 |

***DON’T ASK, CODE APPROPRIATELY***

|  |  |  |
| --- | --- | --- |
| **RECORD NCCS** | **Code** | **ACTION** |
| A1,A2 | 1 | **CONTINUE** |
| A3,B | 2 | **TERMINATE** |
| C | 3 |
| D | 4 |
| E | 5 |

1. Tick gender:

|  |  |  |
| --- | --- | --- |
| **Gender** | **CODE** | **ACTION** |
| Male | 1 | **CONTINUE** |
| Female | 2 | **CONTINUE** |

**ENSURE 50% MALE AND 50% FEMALE REPRESENTATION IN SAMPLE**

1. Please specify your age in completed years:

|  |
| --- |
|  |

***RECRUITER NOTE: back-end code***

|  |  |
| --- | --- |
| **AGE BAND** | **ACTION** |
| Less than 50 years | **TERMINATE** |
| 50-59 years | **CONTINUE** |
| 60-69 years | **CONTINUE** |
| 70-75 years | **CONTINUE** |
| More than 75 years | **TERMINATE** |

**ENSURE GOOD COVERAGE ACROSS AGE GROUPS**

S6. Which of the following medical conditions do you have currently, if any?

|  |  |
| --- | --- |
|  | **Code** |
| Allergies | 1 |
| Breathing / respiratory disorder (Asthma, COPD, etc.) | 2 |
| Cancer | 3 |
| Diabetes (Sugar) | 4 |
| Heart / cardiovascular disease | 5 |
| High blood pressure | 6 |
| High cholesterol | 7 |
| Kidney/ renal disease | 8 |
| Liver disease | 9 |
| Orthopaedic / Bone disease (Arthritis) | 10 |
| Others (please specify) | 11 |
| None of these | 12 |

S7. Which of the following conditions have you heard of? Please select all you have heard of, even if you only know the name and nothing else about the condition. Please select all that apply.

|  |  |
| --- | --- |
| Hepatitis A |  |
| Hepatitis B |  |
| Influenza (flu) |  |
| Meningitis |  |
| Pneumococcal disease |  |
| Shingles/ Herpes Zoster | **TERMINATE IF NOT SELECTED** |
| Tetanus |  |
| None of the above |  |

S8. Please look at the list again and tell me which of these diseases are preventable through vaccination,

|  |  |  |  |
| --- | --- | --- | --- |
|  | Can be prevented through vaccination / Vaccine not available | Cannot be prevented through vaccination /Vaccine not available | ACTION |
| Hepatitis A | YES | NO |  |
| Hepatitis B | YES | NO |  |
| Influenza/Flu | YES | NO |  |
| Meningitis | YES | NO |  |
| Pneumonia | YES | NO |  |
| Shingles/ Herpes Zoster | YES | NO | **TERMINATE IF SELECTED ‘NO’** |
| Tetanus | YES | NO |  |

S9. For which condition have you got yourself vaccinated?

|  |  |  |
| --- | --- | --- |
|  | CODE | ACTION |
| Hepatitis A | 1 |  |
| Hepatitis B | 2 |  |
| Influenza/Flu | 3 |  |
| Meningitis | 4 |  |
| Pneumonia | 5 |  |
| Shingles/ Herpes Zoster | 6 | **TERMINATE IF NOT SELECTED** |
| Tetanus | 7 |  |

S10. How many dosages of the Shingles/ Herpes Zoster vaccination have you taken?

|  |  |  |
| --- | --- | --- |
|  | CODE | ACTION |
| 1 dose | 1 | **TERMINATE** |
| 2 doses | 2 | **CONTINUE** |
| 3 or more doses | 3 | **TERMINATE** |

**RECRUITMENT GRID (TG 2):**

|  |  |  |
| --- | --- | --- |
| **CRITERIA** | **ACTION** | **QUOTA** |
| SELECTED 12 IN S6 **AND** 2 IN S10 | RECRUIT | 10 |
| SELECTED ANY CODE BETWEEN 1-11 IN S6 **AND** 2 IN S10 | RECRUIT | 10 |

**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 regarding Adult Vaccination. Please be assured that the interview is being conducted under MRSI (Market Research Society of India) code of conduct whereby your particulars will not be revealed to any other party.

**FOR RECRUITMENT SAY:**

The interview will need to be audio taped for our analysis purpose, but please note that we will not be divulging your personal details or quoting you in any manner.

EXPLAIN THE USE OF AUDIO RECORDING – The purpose of audio recording is only for transcription; all individual responses will be grouped together while reporting. I hope you are fine with audio taping.

**Yes : 01 SCHEDULE THE APPOINTMENT**

|  |  |  |
| --- | --- | --- |
| **DD** | **MM** | **YY** |
|  |  | **2024** |
|  |  |  |
|  | | **AM / PM** |

**THANK AND CLOSE**