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| **Section 1: Introduction** | **5 mins** |
| **Self-Introduction**   * Let me first introduce myself. I am…..,. My work involves speaking to people like you on various topics and understanding their experiences on various products and services... With regards to the same, I would like to have a little discussion with you. * Please note that this is not a test and you are not being evaluated for your answers. There are no wrong or right answers, so, please feel free to express yourself. Everything you say is important for me so please speak freely. * The discussion will be anonymous in nature and will be aggregated with responses from many other respondents like you. Your identity will not be disclosed. * This discussion should take about 1 hour. I hope it is fine with you. * Please keep your phone on silent mode during the discussion * We will be recording the discussion as I cannot take note of everything that we discuss today. But do not worry this will be strictly confidential.   **ROTATION PLAN FOR PACK FEEDBACK – FOR 3 PACKS CODED A, B, C**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Groups** | **GENDER** | **1st exposure** | **2nd exposure** | **3rd exposure** | | **Delhi group 1 (D1)** | **Female** | **A** | **B** | **C** | | **Delhi group 2 (D2)** | **Male** | **B** | **C** | **A** | | **Mumbai group 1 (M1)** | **Female** | **C** | **A** | **B** | | **Mumbai group 2 (M2)** | **Male** | **A** | **B** | **C** |   **Introduction of the Respondents.**   * So let’s start off by getting to know a little bit about you.   + Your name, age, occupation?   + Also tell me a little about your family and home? | |
| **Section 2: Health and wellness overview** | **15 mins** |
| **MODERATOR TO KEEP THE DISCUSSION ON OTC HEALTH / WELLNESS ITEMS AND STEER THE DISCUSSION TOWARDS OTC IF RESPONSES START GOING TOWARDS RX MEDICINES/ PHYSICAL WELLNESS ACTIVITIES / MENTAL HEALTH ISSUES.**   1. Let’s talk about health a little. What does it mean to you?    * Do you do anything in your life that you think is good for health? **PROBE ON DIET, EXERCISE, NUTRITIOUS FOOD, REGULAR CHECK UPS ETC.** 2. Do you have any concerns / hopes about your health? What are your concerns? What are your hopes? **PROBE ON REASONS FOR CONCERNS / HOPES**    * How do you address these concerns / hopes? What are the steps you have taken / plan to take to address these concerns / hopes? **PROBE ON SEEKING INFORMATION, COUNSELLING / TREATMENT, DIAGNOSIS, RECOMMENDATION, SUPPLEMENTS / MUTRITION / PROBIOTIC USE**   **ABOUT PROBIOTIC**   1. What comes to your mind when I say “Probiotics”. What kind of products can be Probiotic?    * Can you give an example. Any brand, any product? Do you use this? **PROBE FOR THE EXAMPLES ON WHETHER USED**    * Any product you currently use or have used earlier that is Probiotic? Have you seen anybody else using any Probiotic products? Which ones? Who uses it? For what?    * Where have you first heard about Probiotics? **PROBE ON AD, DOCTOR, CHEMIST, SOCIAL MEDIA**      + Did you hear about any brand / type of product? Which ones? Any other new brands?      + Please tell us what you learnt about it when you first heard about the probiotic products? **PROBE ON PRODUCT INFORMATION, METHOD OF USE, BENEFITS ETC.**    * Overall what do you understand about it? **PROBE ON BELOW ASPECTS**      + Who it is for      + Who it is NOT for      + Advantage      + Disadvantage      + What should one do before taking it **PROBE ON INFORMATION, CONSULT WITH DOCTOR OR NOT, CHECK SUITABILITY**      1. Do you use any “wellness / happy health” products? What kind of products?    * I want you to think carefully and list all the “wellness / happy health” products you have used / use regularly or occasionally on the SCQ sheet shared. Please also write why you used / use it for    * Earlier in the discussion, you mentioned your health concerns / hopes. If you use any products to address these concerns / hopes, please include here.   **MODERATOR TO SHARE THE SCQ SHEET TO ALL RESPONDENTS. GIVE 5 MINUTES TO FILL UP THE SCQ**   1. Lets talk about “wellness / happy health”. When I say “wellness / happy health” what comes to your mind. Any behaviour / habit? Any product? Any issue or worry? Why do you say so? **PROBE ON WELLNESS, NUTRITION, IMMUNITY, INNER STRENGTH, AGILITY, PREVENTIVE HEALTH ETC.**    * Do you do anything for “wellness / happy health”? What do you do? **PROBE ON PHYSICAL ACTIVITIES, EATING HABITS, HYGEINE HABITS ETC.**    * Has there been any changes in your approach for “wellness / happy health” post Covid times? What kind of changes?      1. Do you use any “wellness / happy health” products? What kind of products?    * I want you to think carefully and list all the “wellness / happy health” products you have used / use regularly or occasionally on the SCQ sheet shared. Please also write why you used / use it for    * Earlier in the discussion, you mentioned your health concerns / hopes. If you use any products to address these concerns / hopes, please include here.   **MODERATOR TO SHARE THE SCQ SHEET TO ALL RESPONDENTS. GIVE 5 MINUTES TO FILL UP THE SCQ. INCLUDE THE PROBIOTICS (IF USED ALSO)**  **MODERATOR TO READ OUT TOP PRODUCTS USED AND REASON BY ALL RESPONDENTS ONE BY ONE. AFTER READING OUT MODERATOR TO PROBE ON EACH OF THESE FOLLOWING QUESTIONS IN SECTION 3.** | |
| **Section 3: Product use journey** | **30 mins** |
| **MODERATOR TO ASK Q.5 AND 6 FOR ALL PRODUCTS MENTIONED. IF SAME PRODUCT IS USED BY MULTIPLE RESPONDENTS, MENTION IT FOR RECORDING PURPOSE AND ASK BOTH SIMULTANEOUSLY**   1. Now you mentioned using (INSERT PRODUCT NAME FROM SCQ\_\_\_\_\_\_\_\_)?    * What is the format? **PROBE ON LIQUID, CONCENTRATE, POWDER, DISSOLVABLE, EDIBLE, PASTE, TABLET ETC.**    * Does it have any flavor or smell? How do you feel about it?    * all in the family use this (INSERT PRODUCT NAME FROM SCQ \_\_\_\_\_\_\_\_\_\_\_)    * How often do you use it? PROBE ON FREQUENCY OF USE, INTERVAL BETWEEN USE    * When do you usually use it? **PROBE ON OCCASIONS / TIME OF DAY ASK IF NOT USED REGULARLY**       + Why do you use it on some days and not on other days?      + How do you decide on which days to use it? **PROBE ON ANY HEALTH / ENERGY INDICATOR USED AS A CUE**    * What do you feel about the method of use / preparation? **PROBE ON ADDITIONAL INGREDIENTS, EASE OF USE / CONSUMPTION, WAITING TIME IF ANY** 2. Since when have you been using it (INSERT PRODUCT NAME FROM SCQ\_\_\_\_\_\_\_\_)?    * Why did you start using it? **PROBE ON RECOMMENDATION, ADS / PROMOTION, TRIAL EXPERIENCE, BRAND, COVID FEARS, PERCEIVED NEED FOR BOOSTING HEALTH AND IMMUNITY ETC.**      + Who all influenced your decision to purchase? How? **PROBE ON CHEMIST, DOCTOR, OTHER USERS ETC.**      + **IF USED LONG TERM** What makes you buy it for such as long time?    * How did you come to know about it? **PROBE ON ADS, SHOP, RECOMMENDATION**    * What are the advantages or using it in your opinion?    * What are the disadvantages? 3. How was the experience of using it (INSERT PRODUCT NAME FROM SCQ\_\_\_\_\_\_\_\_)? Does it only address specific health issues or multiple kinds of health issues? What do you feel? | |
| **Section 4: Trigger and barrier** | **10 mins** |
| 1. Please tell us, about how you decided to start using this kind of products like (INSERT PRODUCT NAME FROM SCQ\_\_\_\_\_\_\_\_)?    * When and how did you start thinking about using something for “wellness / happy health”?      + Were there any health concern or issues? **PROBE ON REPEATEDLY FALLING ILL, FATIGUE, LACK OF ENERGY, PAIN / BONE / MUSCLE ISSUES ETC.**    * How and from where did you get information about products for “wellness / happy health”? **PROBE ON ADS, FRIENDS / FAMILY, DOCTORS, CHEMISTS ETC.**    * Were there any information that helped you to select the product? **PROBE ON INFORMATION ON INGREDIENT, BRAND REPUTATION, EASE OF USE, EASE OF PURCHASE, EFFECT ON HEALTH**    * Were there any queries or doubts in your mind about it? **PROBE ON CHALLENGES BENEFITS PERCEIVED REGARDING REGLAR USE, USE BY THOSE WHO DO NOT HAVE HEALTH ISSUES**    * What were the top reason why you decided to try these products?    * What about the brand strike you to start using it? What else? How do you feel about it? 2. What about these products made you continue using it? 3. If you were to replace this, what can be the replacement / alternatives available in the market? **PROBE ON BRAND, FORMAT** 4. Overall if you consider all these wellness / happy health products, what are the reasons for someone to pursue “wellness / happy health”? Why do you say so? **PROBE ON SELF AWARENESS, FRIENDS AND FAMILY, LIFE STAGE, HEALTH / WELLNESS STATUS ETC.** 5. What can be some reason someone does not pursue “wellness / happy health”? Why do you say so? **PROBE ON AWARENESS / INFORMATION, AVAILABILITY OF RESOURCES, COST, TIME, OTHER HABITS ETC.** | |
| **Section 5: Pack evaluation** | **25 mins** |
| ***Now I have something to show you. Please take your time to see it. (Moderator to show the packs per rotation plan).***  ***MODERATOR TO ASK Q.13-14 FOR ALL 3 PACKS.***     1. Likes & dislikes    * What did you like in this? What else… anything else? What makes you like this?      + Was it the look & feel, colours, drawings / pictures, taglines? What about the look & feel, colours, drawings / pictures, taglines did you like? Why?    * Is there anything that you did not like in this? How did that make you feel? Why?    * How do you feel about the aesthetic style? How does it make you feel?Why?    * How about the colors/ color scheme? How does it make you feel? Why?    * How do you feel about the way visuals are there? Can you describe it? What is this style? How does it make you feel? Why?    * **Overall how much would you give it for how much you like it out of 10.** 2. Comprehension    * What’s the product? Can you describe the product? How would it taste like?    * What would it do? How does that benefit it?    * Overall what are the messages? What else…what else? From where do you get this?      + Which of these messages stand out the most? Why?    * Is there anything that is easy to understand? What parts?    * Is there anything that is difficult to understand? What parts?    * What was written on it? What does it mean? How do you feel about it? Anything else written on it?    * Is this pack saying anything new / about anything new? What is it? How does it make you feel?   **MODERATOR TO SHOW PACK B AND C AND REPEAT Q. 13 – 14 FOR BOTH** | |
| **Section 4: Comparison** | **5 mins** |
| 1. Lets discuss these packs that I showed you today.    * Which one will you give the 1st, 2nd and 3rd rank? 2. Overall how are these products different from other such product?    * What kind of brand is this for…? What element tells you about the brand?    * If you had to describe this brand, what would you say…any word/adjective to describe it? What makes you say so? 3. Any final thoughts?   **THANK THE RESPONDENTS AND END THE GROUP** | |