**Pre-launch assessment study for Product\_X**

*Screener*

(Patients and caregivers)

January 25th 2024

**SCREENER QUESTIONS**

**INTRODUCTION**

Greetings from EVERSANA, a premier healthcare research and consultancy agency.

We are currently conducting a study among atopic dermatitis patients like you to understand your condition and the challenges faced while managing the same.

We would very much value the incorporation of your opinion into this project.

Anything that you tell us will be treated in strictest confidence and will not be attributed to you. Responses are grouped together for overall analysis purposes.

The study comprises of face-to-face virtual interview that will last for approximately 45-60 minutes.

Your involvement in this study would be very much appreciated.

The project is purely concerned with research, there will be no attempt to sell you anything or influence your use of products.

I just have a few questions to ask to check if this study will be relevant to you.

**SAMPLE SIZE** [Not shown to the respondents]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of consumers** | **Delhi** | **Mumbai** | **Kolkata** | **Chennai** | **Hyderabad** | **Bangalore** | **Total** |
| Patients with Mild to Severe Atopic dermatitis | 4 | 4 | 3 | 3 | 3 | 3 | **20** |

|  |  |  |  |
| --- | --- | --- | --- |
| **S0** | | Please note, if you mention a specific adverse event involving a product marketed of the sponsoring client during our discussion, I am obligated to report this event to their Drug Safety Department in accordance with the sponsoring client’s pharmacovigilance guidelines. If you agree to provide your name for the Adverse Event Reporting, it will only be linked to the adverse event(s) and it will only be shared with the Drug Safety Department. It will NOT in any way be linked to the remainder of your responses given during this interview. Do you agree to the Adverse Event Reporting requirements?  **Note to recruiter:** The term side effects can be used alternatively in place of adverse events if patients don’t understand the term adverse events. | |
| **1** | Yes | | |
| **2** | No | | |
| **Condition:** | | |  |
| <S0> If 1 is selected | | | Continue |
| <S0> If 2 is selected | | | Terminate |

|  |  |  |  |
| --- | --- | --- | --- |
| **S1: [Age]** | | What is your age in completed years? | |
| **1** | Under 18 years old | | |
| **2** | 18 - 25 years old | | |
| **3** | 26 - 40 years old | | |
| **4** | 40 - 60 years old | | |
| **5** | Above 60 years old | | |
| **Condition:** | | |  |
| <S1> If 1 and 5 is selected | | | Terminate |
| <S1> If 2,3 or 4 is selected | | | Continue and check quota |

*[SAMPLE SHOULD BE SPREAD ACROSS THE AGE GROUPS AS: 40%: 18-25 YEARS OLD; 40%: 26-40 YEARS OLD; 20%: 40-60 YEARS OLD]*

|  |  |  |
| --- | --- | --- |
| **S2: [Gender]** | | What is your gender? |
| **1** | Female | |
| **2** | Male | |

*[SAMPLE DISTRIBUTION (SOFT QUOTA 50:50 BETWEEN MALES AND FEMALES)]*

|  |  |  |
| --- | --- | --- |
| **S3: [City of residence]** | Record the city of residence. | |
| City of residence: \_\_\_\_\_\_\_\_\_\_ | | |
| **Condition:** | |  |
| <S3 If Mumbai | | Continue and check quota |
| <S3> If Delhi | | Continue and check quota |
| <S3> If Kolkata | | Continue and check quota |
| <S3> If Bangalore | | Continue and check quota |
| <S3> If Chennai | | Continue and check quota |
| <S3> If Hyderabad | | Continue and check quota |
| <S3> Others | | Terminate |

*[SAMPLE SHOULD BE SPREAD ACROSS CITY OF RESIDENCE]*

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| --- | --- | --- | --- |
| **S4: [Employment]** | | Are you currently affiliated with any pharma company or any other healthcare organization serving as a clinical investigator, consultant, researcher, healthcare practitioner, healthcare professional or any other capacity? | |
| **1** | Yes | | |
| **2** | No | | |
| **Condition:** | | |  |
| <S4> If 1 is selected | | | Terminate |
| <S4> If 2 is selected | | | Continue |

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| --- | --- | --- | --- |
| **S5: [Possible dermatological condition]** | | Have you been diagnosed/ are you a caregiver of someone diagnosed with Atopic Dermatitis?  ***Explain if required: Atopic Dermatitis (AD) is a skin problem that causes itching which leads to redness, swelling, cracking, etc.***  **IMPORTANT NOTE TO RECRUITER: Ensure that the condition identified is Atopic Dermatitis only and not any other forms of Eczema such as Contact Dermatitis, etc** | |
| **1** | I have been diagnosed with AD | | |
| **2** | I am a caregiver to someone suffering with AD | | |
| **3** | No | | |
| **Condition:** | | |  |
| <S5> If 1 or 2 is selected | | | Continue |
| <S5> If 3 is selected | | | Terminate |

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| --- | --- | --- | --- |
| **S6: [Diagnosis]** | | How long have you/the patient been diagnosed with Atopic Dermatitis (AD)? | |
| **1** | 0-1 years | | |
| **2** | 1-5years | | |
| **3** | 5-10 years | | |
| **4** | Above 10 years | | |
| **Condition:** | | |  |
| <S6> If 2, 3 or 4 is selected | | | Continue |
| <S6> If 1 is selected | | | Terminate |

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| **S7: [Level of severity]** | | How many times in a year do you/the patient experience flare-ups?  **Explain flare-up if necessary.**  ***Flare-up***: [*A flare-up is the physical manifestation of inflammation caused by a disordered immune system*](https://www.bing.com/ck/a?!&&p=fae23c8a7bd5d110JmltdHM9MTcwNjA1NDQwMCZpZ3VpZD0yZGYxYzY0ZC0wYjE0LTZiYTEtMjg2ZC1kNTJjMGE4ZjZhYWYmaW5zaWQ9NTk1Ng&ptn=3&ver=2&hsh=3&fclid=2df1c64d-0b14-6ba1-286d-d52c0a8f6aaf&psq=what+is+flare+up+in+eczema&u=a1aHR0cHM6Ly93d3cuaGVhbHRobGluZS5jb20vaGVhbHRoL3NldmVyZS1lY3plbWEvdHJpZ2dlcnMtaG93LXRvLWF2b2lk&ntb=1)*.*[*The symptoms of flare-ups tend to be similar and include itchy skin that oozes, “weeps” fluid, or even bleeds when scratched*](https://www.bing.com/ck/a?!&&p=cab79cf74791b437JmltdHM9MTcwNjA1NDQwMCZpZ3VpZD0yZGYxYzY0ZC0wYjE0LTZiYTEtMjg2ZC1kNTJjMGE4ZjZhYWYmaW5zaWQ9NTk1OA&ptn=3&ver=2&hsh=3&fclid=2df1c64d-0b14-6ba1-286d-d52c0a8f6aaf&psq=what+is+flare+up+in+eczema&u=a1aHR0cHM6Ly93d3cuaGVhbHRobGluZS5jb20vaGVhbHRoL3NldmVyZS1lY3plbWEvdHJpZ2dlcnMtaG93LXRvLWF2b2lk&ntb=1)*.* | |
| **1** | Greater than 3 times a year | | |
| **2** | Less than 3 times a year | | |
| **Condition:** | | |  |
| <S7> If 1 is selected | | | Continue |
| <S7> If 2 is selected | | | Terminate |

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| **S8: [Treatment]** | | Since how long have you/has the patient been seeking treatment for Atopic Dermatitis (AD)? | |
| **1** | I have not taken any treatment yet | | |
| **2** | 0-11 months | | |
| **3** | 1-5years | | |
| **4** | 6-10 years | | |
| **5** | Above 10 years | | |
| **Condition:** | | |  |
| <S8> If 3 or 4 is selected | | | Continue |
| <S8> If 1 or 2 is selected | | | Terminate |

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| **S9: [Type of treatment]** | | Which of the following forms of medicines you/your patient has taken in last 1 year for treatment of your atopic dermatitis?  Pl note, some of these you/your patient might not be taking currently. We want to understand all types of medicines taken by you in last 1 year. | |
| 1 | Topical i.e. to be applied on the skin like cream/gels, etc . | | |
| 2 | Oral i.e. to be taken as a tablet or capsule | | |
| 3 | Injectable | | |
| **Condition** | | |  |
| <S9> If only 1 selected | | | Check for drug list and recruit as conventional therapy if applicable |
| <S9> If 3 is selected (with or without 1 and/or 2) | | | Check for drug list and recruit for advanced therapy if applicable |
| <S9> If 1 and/or 2 is selected | | | Check for drug list to recruit as Conventional or Advanced therapy appropriately if applicable |

*[SAMPLE SHOULD BE SPREAD ACROSS THE TYPE OF TREATMENT AS: 40%: CONVENTIONAL THERAPY; 60%: ADVANCED THERAPY]*

|  |  |  |  |
| --- | --- | --- | --- |
| **S10: [Affordability]** | | What is your annual household income (in INR)? | |
| **1** | Less than ₹10 L | | |
| **2** | ₹10 L - ₹16 L | | |
| **3** | > ₹16 L - ₹25 L | | |
| **4** | More than ₹25 L | | |
| **Condition:** | | |  |
| <S10> If 2,3, or 4 is selected | | | Continue |
| <S10> If 1 is selected | | | Terminate |

*[SAMPLE SHOULD BE WELL SPREAD ACROSS INCOME GROUPS]*

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| **S11: [Compliance]** | | We will be recording the discussion only for the purpose of transcription and no responses will be attributed to you. All responses will be aggregated for analysis purposes. Are you open to record the interview? | |
| **1** | Yes | | |
| **2** | No | | |
| **Condition:** | | |  |
| <S13> If 1 is selected | | | Continue |
| <S13> If 2 is selected | | | Terminate |

|  |  |  |  |
| --- | --- | --- | --- |
| **S12: [Participated earlier]** | | Have you participated in any market research studies related to Atopic Dermatitis in the last 3 months? | |
| 1 | Yes | | |
| 2 | No | | |
| **Condition:** | | |  |
| <S14> If 1 is selected | | | Terminate |
| <S14> If 2 is selected | | | Continue |

|  |  |  |  |
| --- | --- | --- | --- |
| **S13: [English]** | | Are you comfortable with speaking in English? | |
| **1** | Yes | | |
| **2** | No | | |
| **Condition:** | | |  |
| <S15> If 1 is selected | | | Continue |
| <S15> If 2 is selected | | | Terminate |

**INVITATION SCRIPT FOR SUCCESSFUL RESPONDENTS:**

Thank you for answering these questions.

As mentioned earlier, we are currently conducting research among Atopic Dermatitis patients like you to understand your condition and the challenges faced while managing the same. Your views are most important to us, and we would appreciate it if you participated in this research.

The interview would last approximately 45-60 minutes and can be conducted virtually at a time most convenient to you.

Would you be willing to participate?

|  |  |
| --- | --- |
| Yes | Continue |
| No | Terminate |

**Interview Schedule**

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK AND CLOSE**