CONTACT ONLY DOCTORS FROM THE DATABASE

**SCREENER QUESTIONNAIRE**

**For Office Use Only**

FIELD NOTE: THE FOLLOWING INFORMATION NEEDS TO BE VERIFIED BEFORE THE INTERVIEW STARTS, SOME INFORMATION MIGHT NEEDS TO BE FILLED

|  |  |
| --- | --- |
| DOCTOR NAME  |  |
| UNIQUE ID (**BLUE LITMUS TO ASSIGN**) |  |
| EMAIL ADDRESS  |  |
| CLINIC ADDRESS  |  |
| CENTER | MumbaiLucknow Jaipur BangaloreChennaiCochin |

Interviewer Declaration

I certify that this interview has been personally carried out by me with the respondent. I further declare that all the information is truthful and correct as told to me by the respondent. I understand that any discrepancies discovered during back-checking of this questionnaire will result in the cancellation of this interview

|  |
| --- |
| **Section 1. RECRUITMENT** |

QR1 **RECORD SETUP**

|  |  |  |  |
| --- | --- | --- | --- |
|  | o   Standalone Clinic | 1 | CONTINUE |
|  | o   Polyclinic | 2 | CONTINUE |
|  | o   Private nursing home/small hospital (Up to 25 beds) | 5 | CONTINUE |
|  | o   Small/ medium private hospital (50 to 75 beds) | 6 | CONTINUE |
|  | o   Large private hospital (100 or more beds) | 7 | CONTINUE |
|  | o   Large hospital of corporate chains (like Fortis, Apollo) | 8 | CONTINUE |
|  | o   Govt / PHCs/ ESIS/ civil/ municipal hospitals clinics | 9 | **TERMINATE** |

QR2 **RECORD DOCTOR SPECIALIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Consultant physician | 1 | CONTINUE |
|  | Chest physician/Pulmonologist  | 2 | CONTINUE |
|  | Others | 3 | **TERMINATE** |

**SAY** Good \_\_\_\_\_\_\_\_, (Morning/Afternoon/Evening) I am from The Blue Litmus Research Services. We conduct surveys from time to time on different subjects and seek opinion from doctors like you to understand their needs better. We are presently carrying out a study in COPD.

Your views and opinion are very valuable to us. Could you please spare some time for this interview? All the information that you provide to us would be kept confidential; please feel free to be candid when you offer your opinions. Thank you!

**CLARIFY**: We are not trying to sell any products or services and are purely interested in your opinion

QR3 Doctor, can you please tell me the total number of years you have been in active hospital practice?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Up to 4 years | 1 | **TERMINATE** |
|  | 4-6 years | 2 | **TERMINATE** |
|  | 7-10 years | 3 | CONTINUE |
|  | 11-15 years | 4 | CONTINUE |
|  | 16-20 years | 5 | CONTINUE |
|  | 21-25 years | 6 | CONTINUE |
|  | 26-30 years | 6 | CONTINUE |
|  | More than 30 years | 7 | CONTINUE |

QR4 Doctor, do you manage personally COPD in the institutions that you practice?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | 1 | CONTINUE |
|  | No | 2 | **TERMINATE** |

QR5 Doctor, as part of your COPD management , do you use glycopyrronium combinations?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | 1 | CONTINUE |
|  | No | 2 | **TERMINATE** |

QR7 Can you please tell me which all of these brands of glycopyrronium combinations (**USE SHOWCARD**), are you aware of? **MULTIPLE ANSWER**

QR8 Can you please tell me which all of these brands of glycopyrronium combinations (**USE SHOWCARD**), have you ever used? **MULTIPLE ANSWER**

|  |  |  |
| --- | --- | --- |
| **Brands**  | **Aware** | **Ever Used** |
| **Glycohale F** | **1** | **1** |
| **Glycohale FB** | **2** | **2** |
| **Forglyn MDI**  | **3** | **3** |
| **Forglyn Forte**  | **4** | **4** |
| **Forglyn plus** | **5** | **5** |
| **AirZ F** | **6** | **6** |
| **Airz 25F** | **7** | **7** |
| **Airz FF** | **8** | **8** |
| **Airz FB** | **9** | **9** |
| **Trimium** | **10** | **10** |

* **CONTINUE ONLY IF ‘AWARE OF ATLEAST 7 OF THE 10 BRANDS LISTED ELSE TERMINATE**
* **CONTINUE ONLY IF USING ATLEAST 5 OF THE 10 BRANDS LISTED**

*Doctor, we would like to have a detailed conversation with you on the management of COPD at a time convenient to you. This interview is likely to take 45-60 minutes. Will you be interesting in participating in it. (YES/NO)*

SAMPLE GRID FOR RECRUITMENT:

