**Project EMA**

**Questionnaire – GYNAECOLOGISTS**

**7th September 2023**

**CONSENT FORM**

***IQVIA – PROJECT PARTICIPATION AND CONSENT FORM***

|  |  |
| --- | --- |
| ***Project Name*** | ***EMA*** |
| ***SFDC code*** | ***2990506*** |
| ***Recruiter/ Interviewer Name*** |  |

Good morning/afternoon, I am calling on behalf of IQVIA, an independent international healthcare market research organization. We are conducting a study regarding **evaluate current landscape of maternal nutrition, treatment algorithm and concept test** and would like to speak to a small number of people in (country) about this subject. May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

The purpose of our study is to discuss **evaluate current landscape of maternal nutrition, treatment algorithm and concept test.** The discussion will be conducted face to face and will last for about **30 mins**. The discussion will be arranged at a time to suit you and we can offer honorarium in appreciation of your time and participation.

Please let me reassure you that this Market Research is sponsored by a company and is conducted in accordance with International Market Research guidelines. The research is not designed to be promotional in any way – we are not trying to sell you anything. You have a right to withdraw from the interview at any time and withhold information as you see fit. All information provided will be treated in the strictest confidence and all data will only reported in a consolidated form – no personal information (including your name, email address and phone number) will be included in any reports provided to the company sponsoring the research, or to their affiliated companies or business partners.

Based on the (above) information, would you be interested in taking part in this market research program?

Yes……………………………………… …1 **® CONTINUE**

No……………………………………… …2 **® THANK AND CLOSE**

**Recruiter, please read out -**

As I mentioned earlier, we would be pleased to offer a honoraria in appreciation of your time and participation in the study. This compensation will be provided through PAYTM

1. Do you agree to receive compensation in this method?

Yes………………………………………1 **® CONTINUE**

No……………………………………….2 **® THANK AND CLOSE**

**[USE IF APPLICABLE]** I am going to audio record our discussion, because I cannot possibly remember everything that is said or write it down. However, as I mentioned earlier the meeting is completely confidential. The recordings will be listened to by an analyst who will summaries the data for confidential reporting purposes.

1. Do you agree to audio recording of the interview?

Yes………………………………………1 **® CONTINUE**

No……………………………………….2 **® THANK AND CLOSE**

It may also be necessary at a future date to re-contact you if we have a query on any of the information you have provided for our analysis.

1. Do you agree to be re-contacted in case of a query?

Yes………………………………………1 **® CONTINUE**

No……………………………………….2 **® CONTINUE BUT NOTE ON FILE**

**[USE IF APPLICABLE TO PROJECT]**

**Adverse Events**

We are now being asked to pass on to our client details of adverse events that are mentioned during market research interviews. Although what you say will of course be treated in confidence, should you raise an adverse event during the discussion we will need to report this even if it has already been reported by you directly to the company or regulatory authorities. In such a situation you will be asked whether you are willing to waive the confidentiality given to you using the market research codes of conduct specifically in relation to that adverse event. Everything else you say during the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

**RECRUITER:** Did the respondent agree to the AE statement?

Yes………………………………………1 **® CONTINUE**

No……………………………………….2 **® CONTINUE BUT NOTE ON FILE**

**CONSENT TO PROCESSING OF PERSONAL DATA OF MARKET RESEARCH PARTICIPANT**

This form constitutes a privacy notice explaining how [IQVIA AG] (“IQVIA”/ “we”, “our”, “us”) will process your personal data for purposes of the Study and a consent declaration form for you to give your consent to this use, should you so choose.

For the purposes of this form, “personal data” means any data relating to you as a person and your personal circumstances, including your contact details, information about your specialization and responses provided in the course of participating in the Study.

If you choose to participate in the Study, you will need to read the following information carefully and provide your consent.

**PURPOSE OF PERSONAL DATA PROCESSING:**

IQVIA will serve as the Controller of personal data collected, and processing of such personal data will relate to conducting the Study and any follow-up contact that you have consented to.

Your responses and any personal contact information you provide in participating in the Study (i.e.: name, business address, email address, and phone number) will be processed by the IQVIA group of companies (“IQVIA”) on a strictly need-to-know basis, for purposes of informing IQVIA and its client(s) about [INSERT DESCRIPTION OF STUDY e.g., global survey of pathologies and their therapeutic approaches / evaluation of promotional activities of the pharmaceutical industry.]

**THIRD PARTY TRANSFERS**

In order for IQVIA to conduct the Study, IQVIA may need to transfer your data to third party companies providing services to IQVIA. IQVIA shall ensure adequate contractual terms are in place with such third parties in order to ensure there are protections for your data.

If such third parties are located outside the EEA which may not benefit from a European Commission adequacy decision, IQVIA shall ensure Standard Contractual Clauses approved by the European Commission are in place with such third parties in order to ensure an adequate level of protection.

Your data will not be disclosed to the Study sponsor except in aggregated or non-identified form, provided however that your identity may be disclosed to the Study sponsor and the applicable national regulatory authority if you give your consent for your personal details to be passed on in the event of adverse event reporting, or if the Study Sponsor is required to do so by applicable law to meet mandatory regulatory reporting requirements.

**HOW WE STORE YOUR INFORMATION AND YOUR RIGHTS**

We retain your data for no longer than is necessary for the purposes for which your personal data is collected. Your responses in the Study and your associated personal data will be maintained for ­­­3 years except to the extent required to comply with a legal obligation.

You may contact us to request access to your personal data or to be provided with information on your personal data stored by us, object to the processing of it and request that we correct or delete it. If you have any queries or wish to know more about the information we hold, you can call us on- (Contact number) & (IQVIA Email ID) or contact our data protection officer mentioning the name of the Study and one of our team will be happy to assist. You also have the right to complain to a data protection authority in the country where you live, work, or where you believe data protection laws have been breached.

The granting of your consent is voluntary and may be revoked at any time without any detrimental effect to you. You will not suffer any detriment should you choose not to participate in the Study.

**COMPLIANCE WITH ANTI-CORRUPTION AND ANTI BRIBERY LAWS:**

You confirm that you are not a Government Official with the ability to influence IQVIA business and have not taken any action, directly or indirectly, that would constitute a violation of any applicable law including any anti-corruption laws or regulations (such as FCPA or UKBA), or IQVIA’s Policy against Bribery and Corruption.

You further confirm that in carrying out the Interview, you have not directly or indirectly made an, offer, authorized, promised to make, or received any Payment:

* to obtain or retain any contract, business opportunity or other similar benefit; or
* to or for the use or benefit of any Government Official; or
* to any person where such Payment violates any laws, decrees, regulations, or policies having the force of law in the country or countries of such person or applicable to such person or the laws of [the United States of America and] England and Wales]; or
* to or from any person, whether or not a Government Official, with the intention to bring about or reward the improper performance of a duty or obligation to which you are subject to; or with the knowledge or belief that the acceptance of the advantage in itself constitutes the improper performance of your duty or obligation.
* By participating in this study/survey, you confirm that you are authorized to participate without violating any other commitments/engagements/contracts including but not limited to your employment contract/charter/rules and service agreements.

***Following new regulations, we require you to indicate that you have understood and agree to the information above by signing on the project participation sheet.***

*PLEASE COMPLETE DETAILS ACCURATELY AS THIS INFORMATION WILL BE USED TO PROCESS THE PAYMENT.*

|  |  |  |
| --- | --- | --- |
| **PROJECT NUMBER** | **2990506** | *To be completed by IQVIA* |
| **PROJECT NAME** | **Ema** |
| **DATE OF INTERVIEW** |  | *To be completed by Participant* |
| **DOCTOR NAME** |  |
| **SPECIALITY** | **Gynaecologists** |
| **COUNTRY** | **India** |
| **CITY** |  |
| **HOSPITAL/CLINIC NAME** |  |
| **TELEPHONE** |  |
| **MOBILE** |  |
| **DATE OF BIRTH** |  |
| **E-MAIL ADDRESS** |  |
| **CARD DELIVERY ADDRESS** |  |  |
| **INCENTIVE TYPE** |  |  |
| **INCENTIVE AMOUNT** |  |  |

**PARTICIPANT CONSENT:**

* **YES**, I want to take part in the Study as outlined above and confirm my consent to the collection, storage and use of my personal data as outlined above.
* **YES**, I confirm that I may be contacted by IQVIA directly by telephone or e-mail using the contact information I have given above.
* **YES,** I have complied with anti-corruption and anti-bribery laws.
* **YES,** I agree to have received the incentive as stated above, in lieu of my interview.

**PARTICIPANT Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**CENTERS AND SAMPLE SPREAD**

*Enter relevant code for each city*

|  |  |
| --- | --- |
| **CENTER** | **GYNAECOLOGISTS** |
| **Mumbai** | 10 |
| **Delhi** | 10 |
| **Kolkata** | 10 |
| **Bangalore** | 10 |
| **Hyderabad** | 10 |
| **TOTAL** | **50** |

|  |
| --- |
| **SECTION I: PATIENT DYNAMICS AND MATERNAL NUTRITION LANDSCAPE [5 MINUTES]** |

**INTERVIEWER SCRIPT:** *Thank you for your time Doctor. I would first want to talk a bit about your patient pool and then move on to talking about your perception towards the nutritional supplements available in maternal space*

**HANDOVER SHOWCARD 1**

1. Doctor, as I am aware that you see a sizeable patient pool for planning pregnancy, pregnancy and lactation. What is the proportionate split of the below indications among these patients? **RECORD PROPORTION.** 
   1. Doctor, considering 100 patients for each of these indications, please provide % patients to whom you recommend nutritional supplements in your clinical practice. **RECORD PROPORTION FOR THE INDICATIONS > 0% in Q1**

|  |  |  |
| --- | --- | --- |
| **INDICATIONS / ISSUES SEEN IN PATIENTS** | **% PATIENTS** | **% PATIENTS RECOMMENDED NUTRITIONAL SUPPLEMENTS** |
| **PLANNING PREGNANCY** | |  |
| Anemia |  |  |
| Constipation |  |  |
| Diabetes |  |  |
| Endometriosis and Uterine Fibroids |  |  |
| Gastrointestinal issues (Indigestion, heart burn, bloating, etc.) |  |  |
| Hair Loss |  |  |
| Hormone Imbalances *(Anovulation, Hyperprolactinemia, etc.)* |  |  |
| Hypertension |  |  |
| Hyperthyroidism |  |  |
| Hypothyroidism |  |  |
| Infertility |  |  |
| Obesity |  |  |
| PCOS |  |  |
| Skin problems |  |  |
| Urinary Tract Infections (UTI) |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |
| **PREGNANCY** | |  |
| Anemia |  |  |
| Diabetes |  |  |
| Gestational Diabetes |  |  |
| Hair Loss |  |  |
| Hormonal imbalances (Progesterone, Estrogen, hPL, hCG, etc) |  |  |
| Hypertension |  |  |
| Hyperthyroidism |  |  |
| Hypothyroidism |  |  |
| IUGR (Intra Uterine Growth Retardation) |  |  |
| Obesity |  |  |
| Pre-eclampsia/ High blood pressure in pregnancy |  |  |
| Skin Problems |  |  |
| Urinary Tract Infections (UTI) |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |
| **LACTATION** | |  |
| Breast pain/ engorgement/ mastitis/ nipple pain in lactation |  |  |
| Hair Loss |  |  |
| Hypertension |  |  |
| Hyperthyroidism |  |  |
| Hypothyroidism |  |  |
| Inadequate milk secretion in lactation phase |  |  |
| Joint Pain |  |  |
| Obesity |  |  |
| Perceived insufficient milk supply (PIMS) |  |  |
| Postpartum depression |  |  |
| Skin problems |  |  |
| Urinary Tract Infections (UTI) |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |

**HANDOVER SHOWCARD 2**

1. a. Considering different type of nutritional supplement formats, could you please provide the recommendation shares for these in your practice among patients? **TOTAL TO BE 100%. QUESTION TO BE ADMINISTERED FOR ALL THREE PHASES – PLANNING PREGNANCY, PREGNANCY AND LACTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **RECOMMENDATION SHARE** | | |
| **PLANNING PREGNANCY** | **PREGNANCY** | **LACTATION** |
| Bars |  |  |  |
| Biscuits |  |  |  |
| Capsules / Tablets |  |  |  |
| Gummies |  |  |  |
| Granules |  |  |  |
| Powder *(Maternal PNS - Mama Protinex, Prohance Mom, Pro PL)* |  |  |  |
| Powder *(Regular PNS – Protinex, B-Protin, Ensure)* |  |  |  |
| Sachets |  |  |  |
| Sprinkles |  |  |  |
| Syrups / Tonics |  |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |  |  |
| **TOTAL** | **100%** | **100%** | **100%** |

b. Considering different type of formats for Galactagogues, could you please provide the recommendation shares for these in your practice among patients? **TOTAL TO BE 100%.** **QUESTION TO BE ADMINISTERED FOR LACTATION PHASE ONLY**

|  |  |
| --- | --- |
| **TYPE** | **LACTATION** |
| Bars |  |
| Capsules / Tablets |  |
| Granules |  |
| Powder |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |
| *Any Others (please specify) \_\_\_\_\_\_\_\_\_\_* |  |
| **TOTAL** | **100%** |

**HANDOVER SHOWCARD 3**

1. Doctor, what are the reasons for which you recommend a powdered nutritional supplement to your patients planning pregnancy? **MUTIPLE CODING POSSIBLE. QUESTION TO BE ADMINISTERED FOR PLANNING PREGNANCY PHASE ONLY**

|  |  |
| --- | --- |
| **TRIGGERS FOR PNS RECOMMENDATION** | **PLANING PREGNANCY CASES** |
| Avoid impact of deficiency on patient during pregnancy | 01 |
| Boost fertility | 02 |
| Effective in patients who are suffering from tiredness, lethargy, etc. | 03 |
| Effective in patients with low weight/ low BMI | 04 |
| Effective in weight management among obese patients | 05 |
| For weight management in obese PCOD patients | 06 |
| Helps to increase / maintain immunity | 07 |
| Low immunity/ Frequent health issues | 08 |
| Reduce risk of premature birth / neural defects, etc. | 09 |
| To address protein deficiency | 10 |
| To help baby’s growth and development during pregnancy | 11 |
| To manage anemic condition | 12 |
| To provide balanced nutrition in lean PCOS patients | 13 |
| To provide balanced nutrition to the females who are planning to conceive | 14 |
| Weakness due to hormonal imbalance / menstrual related issues | 15 |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 4**

1. Doctor, could you please tell us the reasons to not recommend powdered nutritional supplements (PNS) to all patients planning pregnancy. Please could you tell us the reasons? **MUTIPLE CODING POSSIBLE. QUESTION TO BE ADMINISTERED FOR PLANNING PREGNANCY PHASE ONLY**

|  |  |
| --- | --- |
| **BARRIERS FOR PNS RECOMMENDATION** | **PLANNING PREGNANCY CASES** |
| Affordability concerns | 01 |
| Can cause allergy in some patients | 02 |
| Causes bloating and constipation in some patients | 03 |
| May cause digestion related issues in some patients | 04 |
| No scientific evidence about its benefits during planning pregnancy | 05 |
| Palatability concerns | 06 |
| Preference for other formats (capsules / tablets) | 07 |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *98* |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *99* |

**HANDOVER SHOWCARD 5**

1. Doctor, what are the reasons for you to recommend a powdered nutritional supplement to your pregnancy and lactation patients? **MUTIPLE CODING POSSIBLE. QUESTION TO BE ADMINISTERED FOR PREGNANCY AND LACTATION PHASE ONLY**

|  |  |  |
| --- | --- | --- |
| **TRIGGERS FOR PNS RECOMMENDATION** | **PREGNANCY**  **CASES** | **LACTATING**  **CASES** |
| Effective in patients who are anemic | 01 | 01 |
| Effective in patients who are deficient in protein | 02 | 02 |
| Effective in patients with gestational diabetes | 03 | 03 |
| Effective in patients with low weight/ low BMI | 04 | 04 |
| Good for brain development of the baby (presence of ingredients such as DHA) | 05 | 05 |
| Good results seen in all profile of patients seen | 08 | 08 |
| Helps in infant growth (optimum birth weight) | 06 | 06 |
| Helps in providing balanced nutrition | 07 | 07 |
| Helps to increase and maintain immunity of patient | 09 | 09 |
| Improve bone mineral density in mothers | 10 | 10 |
| Increases energy & stamina levels of patient | 11 | 11 |
| It is a value for money supplementation | 12 | 12 |
| No added sugar variants available | 13 | 13 |
| No side effects seen even in Overweight/ high BMI patients | 14 | 14 |
| To avoid/ manage SGA, IUGR etc. | 15 | 15 |
| To ensure good weight gain for patients | 16 | 16 |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *98* | *98* |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *99* | *99* |

**HANDOVER SHOWCARD 6**

1. Doctor, could you please tell us the reason to not recommend powdered nutritional supplements (PNS) to **ALL** **pregnant / lactating** patients. **ALLOW SPONTANEOUS RESPONSE THEN HANDOVER SHOWCARD. MUTIPLE CODING POSSIBLE. QUESTION TO BE ADMINISTERED FOR PREGNANCY AND LACTATION PHASE ONLY**

|  |  |  |
| --- | --- | --- |
| **BARRIERS FOR PNS RECOMMENDATION** | **PREGNANCY CASES** | **LACTATING CASES** |
| Do not prefer to prescribe to patients who cannot afford PNS | 01 | 01 |
| Do not prefer to prescribe to patients who complain frequent vomiting | 02 | 02 |
| Do not prefer to prescribe to patients who have or are at risk of gestational diabetes / diabetes | 03 | 03 |
| Do not prescribe to patients who suffer from constipation | 04 | 04 |
| I am concerned it will cause obesity/ excessive weight gain | 05 | 05 |
| Lack of compliance | 06 | 06 |
| Limited/ no studies about the benefits of PNS in these patients | 07 | 07 |
| Not sufficient clinically backed products in the market that provide required benefits | 08 | 08 |
| Patient preference for home food | 09 | 09 |
| Preference for other formats (tablets / capsules / biscuits) | 10 | 10 |
| The patients are not nutrition deficient | 11 | 11 |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *98* | *98* |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *99* | *99* |

|  |
| --- |
| **SECTION II: BRAND AWARENESS AND USAGE [5 MINS.]** |

**INTERVIEWER SCRIPT:** *Doctor, next few questions are regarding your awareness and usage of* ***powdered nutritional*** *supplements*

1. Doctor, when it comes to **powdered nutritional supplement (PNS)**, which brands come to your mind? **SINGLE CODE FOR FIRST MENTIONS (Q7A). CODE SECOND MENTIONS + OTHERS UNDER SPONT (Q7B)**

**HANDOVER SHOWCARD 8**

1. Doctor, after looking at this card and apart from the brands you have mentioned, which other **powdered nutritional supplement (PNS)** are you aware of? **SCRIPTER NOTE- DISPLAY ONLY THOSE BRANDS WHICH HAVE NOT BEEN MENTIONED SPONTANEOUSLY IN Q7A AND Q7B. MULTI CODE POSSIBLE**
2. Doctor, which **powdered nutritional supplement (PNS)** do you **currently recommend**? By ‘currently’ I mean recommended **at least once in last 3 months**. **MULTIPLE CODING POSSIBLE**

**SCRIPTER NOTE: DISPLAY OPTIONS CODED IN Q7 AND 8**

1. Doctor of your 100 patients given **powdered nutritional supplement (PNS)**, please provide the prescription share for each? **TOTAL SHOULD ADD TO 100%**

**INTERVIEWER INSTRUCTION- EACH BRAND CODED IN Q9 SHOULD BE ASSIGNED PROPORTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BRAND NAME** | **Q7A** | **Q7B** | **Q8** | **Q9** | **Q10** |
| **TOM** | **SPONT** | **AIDED** | **CURRENT** | **% SHARE** |
| **PLANNING PREGNANCY** | | | | | |
| B Protin | 01 | 01 | 01 | 01 |  |
| Ensure | 02 | 02 | 02 | 02 |  |
| GRD | 03 | 03 | 03 | 03 |  |
| GRD Smart | 04 | 04 | 04 | 04 |  |
| Horlicks Mother’s Plus | 05 | 05 | 05 | 05 |  |
| Horlicks Protein Plus | 06 | 06 | 06 | 06 |  |
| Horlicks Women’s Plus | 07 | 07 | 07 | 07 |  |
| Mama Protinex | 08 | 08 | 08 | 08 |  |
| Pro PL | 09 | 09 | 09 | 09 |  |
| Prohance | 10 | 10 | 10 | 10 |  |
| Prohance Mom | 11 | 11 | 11 | 11 |  |
| Protinex | 12 | 12 | 12 | 12 |  |
| Simmom IQ | 13 | 13 | 13 | 13 |  |
| Threptin | 14 | 14 | 14 | 14 |  |
| *Others Please specify (\_\_\_\_\_\_)* | *98* | *98* |  | *98* |  |
| *Others Please specify (\_\_\_\_\_\_)* | *99* | *99* |  | *99* |  |
| **TOTAL** | | | | | **100%** |
| **PREGNANCY** | | | | | |
| B Protin | 01 | 01 | 01 | 01 |  |
| Ensure | 02 | 02 | 02 | 02 |  |
| GRD | 03 | 03 | 03 | 03 |  |
| GRD Smart | 04 | 04 | 04 | 04 |  |
| Horlicks Mother’s Plus | 05 | 05 | 05 | 05 |  |
| Horlicks Protein Plus | 06 | 06 | 06 | 06 |  |
| Horlicks Women’s Plus | 07 | 07 | 07 | 07 |  |
| Mama Protinex | 08 | 08 | 08 | 08 |  |
| Pro PL | 09 | 09 | 09 | 09 |  |
| Prohance | 10 | 10 | 10 | 10 |  |
| Prohance Mom | 11 | 11 | 11 | 11 |  |
| Protinex | 12 | 12 | 12 | 12 |  |
| Simmom IQ | 13 | 13 | 13 | 13 |  |
| Threptin | 14 | 14 | 14 | 14 |  |
| *Others Please specify (\_\_\_\_\_\_)* | *98* | *98* |  | *98* |  |
| *Others Please specify (\_\_\_\_\_\_)* | *99* | *99* |  | *99* |  |
| **TOTAL** | | | | | **100%** |
| **LACTATION** | | | | | |
| B Protin | 01 | 01 | 01 | 01 |  |
| Ensure | 02 | 02 | 02 | 02 |  |
| GRD | 03 | 03 | 03 | 03 |  |
| GRD Smart | 04 | 04 | 04 | 04 |  |
| Horlicks Mother’s Plus | 05 | 05 | 05 | 05 |  |
| Horlicks Protein Plus | 06 | 06 | 06 | 06 |  |
| Horlicks Women’s Plus | 07 | 07 | 07 | 07 |  |
| Mama Protinex | 08 | 08 | 08 | 08 |  |
| Pro PL | 09 | 09 | 09 | 09 |  |
| Prohance | 10 | 10 | 10 | 10 |  |
| Prohance Mom | 11 | 11 | 11 | 11 |  |
| Protinex | 12 | 12 | 12 | 12 |  |
| Simmom IQ | 13 | 13 | 13 | 13 |  |
| Threptin | 14 | 14 | 14 | 14 |  |
| *Others Please specify (\_\_\_\_\_\_)* | *98* | *98* |  | *98* |  |
| *Others Please specify (\_\_\_\_\_\_)* | *99* | *99* |  | *99* |  |
| **TOTAL** | | | | | **100%** |

**HANDOVER SHOWCARD 11**

1. Doctor, for lactation patients, which galactagogue brands are you aware of? **MULTI CODE POSSIBLE**
2. Doctor, of your 100 patients given **galactagogue**, please provide the prescription share for each? **TOTAL SHOULD ADD TO 100%**

**INTERVIEWER INSTRUCTION- EACH BRAND CODED IN Q11 SHOULD BE ASSIGNED PROPORTION**

|  |  |  |
| --- | --- | --- |
| **BRAND NAME** | **BRAND AWARENESS** | **BRAND SHARES** |
| Galact | 01 |  |
| Lactare | 02 |  |
| Elact | 03 |  |
| Lactonic | 04 |  |
| Lacteva | 05 |  |
| Galacto Plus | 06 |  |
| *Others Please specify (\_\_\_\_\_\_)* | *98* |  |
| *Others Please specify (\_\_\_\_\_\_)* | *99* |  |
| **TOTAL** |  | **100%** |

|  |
| --- |
| **SECTION III: CONCEPT TEST [20 MINS.]** |

**INTERVIEWER SCRIPT:** *Doctor, now I will show a concept to you which has been designed to address the nutritional gaps commonly seen during the three phases. The concept talks about challenges with nutritional deficiencies and the benefits of the new product on the consecutive pages. Please go through it. Our next set of questions will be on the given concept. Please share your feedback on the information*

**NOTE FOR INTERVIEWER (ONLY FOR INTERVIEWER REFERENCE):**

We will be displaying 4 concepts. A monadic sequencing will be followed to avoid biases towards first concept. The details are as mentioned below-

* + **Concept A:** CELEHEALTH LACTOPLUS
  + **Concept B:** CELEHEALTH FERROBIX
  + **Concept C:** CELEHEALTH PREGAPLUS
  + **Concept D:** CELEHEALTH PROWOMEN

Details of the groups, indicating order of exposure of concepts, are as below-

* + **Group 1** – ABCD
  + **Group 2** – BCDA
  + **Group 3** – CDAB
  + **Group 4** – DABC

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CENTER** | **GYNAECOLOGISTS** | | | | **TOTAL** |
| **G1** | **G2** | **G3** | **G4** |
| Mumbai | 2 | 2 | 3 | 3 | **10** |
| Delhi | 2 | 3 | 3 | 2 | **10** |
| Kolkata | 3 | 3 | 2 | 2 | **10** |
| Bangalore | 3 | 2 | 2 | 3 | **10** |
| Hyderabad | 2 | 2 | 3 | 3 | **10** |
| **TOTAL** | **12** | **12** | **13** | **13** | **50** |

**Q13 TO Q19 TO BE REPEATED FOR ALL CONCEPTS AS PER THE SEQUENCE MENTIONED IN THE TABLE ABOVE**

1. On a likability scale of 1 to 10 where 1 means “Not at all liked” and 10 means “Extremely liked”, can you please tell me how much did you like this **Concept**? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LIKEABILITY** | | | | | | | | | |
| **Not at all liked** |  |  |  | **Fairly liked** |  |  |  |  | **Extremely Liked** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Can you tell me how unique this concept is on a scale of 1 to 10, in which 1 means “Not at all unique” and 10 means “Extremely unique”? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UNIQUENESS** | | | | | | | | | |
| **Not Unique** |  |  |  | **Fairly Unique** |  |  |  |  | **Very Unique** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Doctor, do you feel this concept is relevant to your daily practice and needs of the patients, on a scale of 1 to 10, wherein 1 means “Not at all relevant” and 10 means “Extremely relevant”? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RELEVANCE** | | | | | | | | | |
| **Not Relevant** |  |  |  | **Fairly Relevant** |  |  |  |  | **Very Relevant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Doctor, can you tell me how believable is the concept, on a scale of 1 to 10, wherein 1 means “Not at all believable” and 10 means “Extremely believable”? **SINGLE** **CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BELIEVABILITY** | | | | | | | | | |
| **Not Believable** |  |  |  | **Fairly Believable** |  |  |  |  | **Very Believable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. What would be your intention to recommend such a product on a scale of 1 to 10, where 1 means “Definitely will not recommend” and 10 means “Definitely will recommend”? **SINGLE CODING ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO RECOMMEND** | | | | | | | | | |
| **Low Intention** |  |  |  | **Moderate Intention** |  |  |  |  | **High Intention** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**ASK TO RESPONDENTS WHOSE RATING IS 5 AND ABOVE IN Q17**

1. Out of 10 patients you see, how many patients are eligible for this product? **PLEASE NOTE THIS IS THE NUMBER OF PATIENTS ELIGIBLE AND NOT RECOMMENDED. RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS ELIGIBLE FOR THE PRODUCT** |

1. Out of 10 patients eligible for this **product** to how many patients will you RECOMMENDED this **product**? **RECORD EXACT NUMBER. INSTRUCTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **# PATIENTS WHO WILL BE RECOMMENDED THE PRODUCT** |

**INTERVIEWER SCRIPT:***Doctor, we have a few more questions on the price of the given concept. Please feel free to answer as there are no right or wrong answers here*

**CONCEPT A: CELEHEALTH LACTOPLUS**

1. Doctor, I will now present four questions to you to understand the suitable **price per 200g container for this product** **concept**. Please share your response for each question.
   1. At what cost per container do you feel that product concept would be **TOO INEXPENSIVE**, that you would not trust the benefits of the product and not consider prescribing it? **RECORD NUMBER**
   2. At what cost per container do you feel that product concept would be **REASONABLY PRICED/BARGAIN** for you to prescribe to your patients? **RECORD NUMBER**
   3. At what cost per container do you feel that product concept would be **EXPENSIVE** for you but you will still consider prescribing it? **RECORD NUMBER**
   4. At what cost per container do you feel that product concept would be **TOO EXPENSIVE** that you would not consider prescribing it? **RECORD NUMBER**
2. Please consider the price of 600 INR for a 200g container. What would be your intention to prescribe/recommend this product? **MODERATOR TO CAPTURE INTENTION ON A SCALE OF 1 -10, WHERE 1 IS LOW INTENTION TO PRESCRIBE AND 10 IS HIGH INTENTION TO PRESCRIBE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO PRESCRIBE/ RECOMMEND** | | | | | | | | | |
| Definitely will not prescribe/ recommend |  |  |  |  |  |  |  |  | Definitely will prescribe/ recommend |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Q22A TO BE REPEATED FOR EACH PARAMETER AND THEN CHANGE IN THE RATING (Q2B) HAS TO BE NOTED**

1. a. Doctor, after you have given your ratings for the concept, which of the following attributes will make you increase the ratings for each parameter? **MULTIPLE CODING POSSIBLE. THE RESPONDENT WHO HAS SELECTED OPTION 07 SHOULD ENTER NAMES OF NUTRIENTS WHICH ARE REQUIRED**

|  |  |
| --- | --- |
| **ATTRIBUTES** | **CODE** |
| ***CAPTURE RATINGS*** |
|
| Adequate scientific data to validate clinical endpoints (e.g., Randomized Clinical trials amongst the target patient group showing improvement in markers) | **01** |
| Availability in other formats (capsules / tablets) | **02** |
| Comparison with top competitors to highlight innovation and establish differentiation | **03** |
| Detailed mechanism of action outlining utility | **04** |
| Messages on greater absorption, Nutrient Availability, etc | **05** |
| Provides additional nutrients \_\_\_\_\_\_\_\_\_\_ *(Please specify)* | **06** |
| Removal of nutrients \_\_\_\_\_\_\_\_\_\_ *(Please specify)* | **07** |

**INSTRUCTION: THE RATINGS FOR EACH PARAMETER IN Q22B CANNOT BE LESS THAN Q13 TO Q17**

b. Doctor, if the above coded aspects are incorporated in the concept, what will be your revised ratings for each of the parameters like likeability, uniqueness, relevance, believability, and intention to recommend?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL LIKEABILITY** | | | | | | | | | |
| **Not at All Likeable** |  |  |  |  |  |  |  |  | **Extremely Likeable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL UNIQUENESS** | | | | | | | | | |
| **Not At All Unique** |  |  |  |  |  |  |  |  | **Extremely Unique** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL RELEVANCE** | | | | | | | | | |
| **Not at All Relevant** |  |  |  |  |  |  |  |  | **Extremely Relevant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL BELIEVABILITY** | | | | | | | | | |
| **Not At All Believable** |  |  |  |  |  |  |  |  | **Extremely Believable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL INTENTION TO RECOMMEND** | | | | | | | | | |
| **Not Likely to Recommend** |  |  |  |  |  |  |  |  | **Will Definitely recommend** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**CONCEPT B: CELEHEALTH FERROBIX**

1. Doctor, I will now present four questions to you to understand the suitable **price per pack of 30 biscuits for this product** **concept**. Please share your response for each question.
   1. At what cost per container do you feel that product concept would be **TOO INEXPENSIVE**, that you would not trust the benefits of the product and not consider prescribing it? **RECORD NUMBER**
   2. At what cost per container do you feel that product concept would be **REASONABLY PRICED/BARGAIN** for you to prescribe to your patients? **RECORD NUMBER**
   3. At what cost per container do you feel that product concept would be **EXPENSIVE** for you but you will still consider prescribing it? **RECORD NUMBER**
   4. At what cost per container do you feel that product concept would be **TOO EXPENSIVE** that you would not consider prescribing it? **RECORD NUMBER**
2. Please consider the price of 250 INR for 30 biscuits. What would be your intention to prescribe/recommend this product? **MODERATOR TO CAPTURE INTENTION ON A SCALE OF 1 -10, WHERE 1 IS LOW INTENTION TO PRESCRIBE AND 10 IS HIGH INTENTION TO PRESCRIBE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO PRESCRIBE/ RECOMMEND** | | | | | | | | | |
| Definitely will not prescribe/ recommend |  |  |  |  |  |  |  |  | Definitely will prescribe/ recommend |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Q25A TO BE REPEATED FOR EACH PARAMETER AND THEN CHANGE IN THE RATING (Q25B) HAS TO BE NOTED**

1. a. Doctor, after you have given your ratings for the concept, which of the following attributes will make you increase the ratings for each parameter? **MULTIPLE CODING POSSIBLE. THE RESPONDENT WHO HAS SELECTED OPTION 07 SHOULD ENTER NAMES OF NUTRIENTS WHICH ARE REQUIRED**

|  |  |
| --- | --- |
| **ATTRIBUTES** | **CODE** |
| ***CAPTURE RATINGS*** |
|
| Adequate Scientific data to validate clinical endpoints (e.g., Randomized Clinical trials amongst the target patient group showing improvement in markers) | **01** |
| Availability in other formats (capsules / tablets) | **02** |
| Comparison with top competitors to highlight innovation and establish differentiation | **03** |
| Detailed mechanism of action outlining utility | **04** |
| Messages on enhanced Quality of Life and Improvement in performance and activity status at home/ workplace | **05** |
| Messages on Faster management of symptoms, Greater absorption, Nutrient Availability, etc | **06** |
| Addition of micronutrients \_\_\_\_\_\_\_\_ *(Please specify)* | **07** |
| Removal of nutrients \_\_\_\_\_\_\_\_ *(Please specify)* | **08** |

**INSTRUCTION: THE RATINGS FOR EACH PARAMETER IN Q30B CANNOT BE LESS THAN Q13 TO Q17**

b. Doctor, if the above coded aspects are incorporated in the concept, what will be your revised ratings for each of the parameters like likeability, uniqueness, relevance, believability, and intention to recommend?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL LIKEABILITY** | | | | | | | | | |
| **Not at All Likeable** |  |  |  |  |  |  |  |  | **Extremely Likeable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL UNIQUENESS** | | | | | | | | | |
| **Not At All Unique** |  |  |  |  |  |  |  |  | **Extremely Unique** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL RELEVANCE** | | | | | | | | | |
| **Not at All Relevant** |  |  |  |  |  |  |  |  | **Extremely Relevant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL BELIEVABILITY** | | | | | | | | | |
| **Not At All Believable** |  |  |  |  |  |  |  |  | **Extremely Believable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL INTENTION TO RECOMMEND** | | | | | | | | | |
| **Not Likely to Recommend** |  |  |  |  |  |  |  |  | **Will Definitely recommend** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**CONCEPT C: CELEHEALTH PREGAPLUS**

1. Doctor, I will now present four questions to you to understand the suitable **price per 400g container for this product** **concept**. Please share your response for each question.
   1. At what cost per container do you feel that product concept would be **TOO INEXPENSIVE**, that you would not trust the benefits of the product and not consider prescribing it? **RECORD NUMBER**
   2. At what cost per container do you feel that product concept would be **REASONABLY PRICED/BARGAIN** for you to prescribe to your patients? **RECORD NUMBER**
   3. At what cost per container do you feel that product concept would be **EXPENSIVE** for you but you will still consider prescribing it? **RECORD NUMBER**
   4. At what cost per container do you feel that product concept would be **TOO EXPENSIVE** that you would not consider prescribing it? **RECORD NUMBER**
2. Please consider the price of 1000 INR for 400g container. What would be your intention to prescribe/recommend this product? **MODERATOR TO CAPTURE INTENTION ON A SCALE OF 1 -10, WHERE 1 IS LOW INTENTION TO PRESCRIBE AND 10 IS HIGH INTENTION TO PRESCRIBE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO PRESCRIBE/ RECOMMEND** | | | | | | | | | |
| Definitely will not prescribe/ recommend |  |  |  |  |  |  |  |  | Definitely will prescribe/ recommend |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Q28A TO BE REPEATED FOR EACH PARAMETER AND THEN CHANGE IN THE RATING (Q28B) HAS TO BE NOTED**

1. a. Doctor, after you have given your ratings for the concept, which of the following attributes will make you increase the ratings for each parameter? **MULTIPLE CODING POSSIBLE. THE RESPONDENT WHO HAS SELECTED OPTION 07 SHOULD ENTER NAMES OF NUTRIENTS WHICH ARE REQUIRED**

|  |  |
| --- | --- |
| **ATTRIBUTES** | **CODE** |
| ***CAPTURE RATINGS*** |
|
| Adequate Scientific data to validate clinical endpoints (e.g., Randomized Clinical trials amongst the target patient group showing improvement in markers) | **01** |
| Availability in other formats (capsules / tablets) | **02** |
| Detailed mechanism of action outlining utility | **03** |
| Higher Quality & Quantity of Protein | **04** |
| Messages on enhanced Quality of Life and Improvement in performance and activity status at home/ workplace | **05** |
| Messages on Faster management of symptoms, Greater absorption, Nutrient Availability, etc | **06** |
| Messages on the overall impact on fitness, health, and weight management | **07** |
| Addition of micronutrients \_\_\_\_\_\_\_\_ *(Please specify)* | **08** |
| Removal of nutrients \_\_\_\_\_\_\_\_ *(Please specify)* | **09** |

**INSTRUCTION: THE RATINGS FOR EACH PARAMETER IN Q28B CANNOT BE LESS THAN Q13 TO Q17**

B. Doctor, if the above coded aspects are incorporated in the concept, what will be your revised ratings for each of the parameters like likeability, uniqueness, relevance, believability, and intention to recommend?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL LIKEABILITY** | | | | | | | | | |
| **Not at All Likeable** |  |  |  |  |  |  |  |  | **Extremely Likeable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL UNIQUENESS** | | | | | | | | | |
| **Not At All Unique** |  |  |  |  |  |  |  |  | **Extremely Unique** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL RELEVANCE** | | | | | | | | | |
| **Not at All Relevant** |  |  |  |  |  |  |  |  | **Extremely Relevant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL BELIEVABILITY** | | | | | | | | | |
| **Not At All Believable** |  |  |  |  |  |  |  |  | **Extremely Believable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL INTENTION TO RECOMMEND** | | | | | | | | | |
| **Not Likely to Recommend** |  |  |  |  |  |  |  |  | **Will Definitely recommend** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**CONCEPT D: CELEHEALTH PROWOMEN**

1. Doctor, I will now present four questions to you to understand the suitable **price per 400g container for this product** **concept**. Please share your response for each question.
   1. At what cost per container do you feel that product concept would be **TOO INEXPENSIVE**, that you would not trust the benefits of the product and not consider prescribing it? **RECORD NUMBER**
   2. At what cost per container do you feel that product concept would be **REASONABLY PRICED/BARGAIN** for you to prescribe to your patients? **RECORD NUMBER**
   3. At what cost per container do you feel that product concept would be **EXPENSIVE** for you but you will still consider prescribing it? **RECORD NUMBER**
   4. At what cost per container do you feel that product concept would be **TOO EXPENSIVE** that you would not consider prescribing it? **RECORD NUMBER**
2. Please consider the price of 960 INR for 400g container. What would be your intention to prescribe/recommend this product? **MODERATOR TO CAPTURE INTENTION ON A SCALE OF 1 -10, WHERE 1 IS LOW INTENTION TO PRESCRIBE AND 10 IS HIGH INTENTION TO PRESCRIBE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTENTION TO PRESCRIBE/ RECOMMEND** | | | | | | | | | |
| Definitely will not prescribe/ recommend |  |  |  |  |  |  |  |  | Definitely will prescribe/ recommend |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Q31A TO BE REPEATED FOR EACH PARAMETER AND THEN CHANGE IN THE RATING (Q31B) HAS TO BE NOTED**

1. a. Doctor, after you have given your ratings for the concept, which of the following attributes will make you increase the ratings for each parameter? **MULTIPLE CODING POSSIBLE. THE RESPONDENT WHO HAS SELECTED OPTION 07 SHOULD ENTER NAMES OF NUTRIENTS WHICH ARE REQUIRED**

|  |  |
| --- | --- |
| **ATTRIBUTES** | **CODE** |
| ***CAPTURE RATINGS*** |
|
| Adequate Scientific data to validate clinical endpoints (e.g., Randomized Clinical trials amongst the target patient group showing improvement in markers) | **01** |
| Availability in other formats (capsules / tablets) | **02** |
| Detailed mechanism of action outlining utility | **03** |
| Higher Quality & Quantity of Protein | **04** |
| Messages on enhanced Quality of Life and Improvement in performance and activity status at home/ workplace | **05** |
| Messages on Faster management of symptoms, Greater absorption, Nutrient Availability, etc | **06** |
| Understanding of incidence rate for different indications among Indian population | **07** |
| Addition of micronutrients \_\_\_\_\_\_\_\_ *(Please specify)* | **08** |
| Removal of nutrients \_\_\_\_\_\_\_\_ *(Please specify)* | **09** |

**INSTRUCTION: THE RATINGS FOR EACH PARAMETER IN Q31B CANNOT BE LESS THAN Q13 to Q17**

b. Doctor, if the above coded aspects are incorporated in the concept, what will be your revised ratings for each of the parameters like likeability, uniqueness, relevance, believability, and intention to recommend?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERALL LIKEABILITY** | | | | | | | | | |
| **Not at All Likeable** |  |  |  |  |  |  |  |  | **Extremely Likeable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL UNIQUENESS** | | | | | | | | | |
| **Not At All Unique** |  |  |  |  |  |  |  |  | **Extremely Unique** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL RELEVANCE** | | | | | | | | | |
| **Not at All Relevant** |  |  |  |  |  |  |  |  | **Extremely Relevant** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL BELIEVABILITY** | | | | | | | | | |
| **Not At All Believable** |  |  |  |  |  |  |  |  | **Extremely Believable** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **OVERALL INTENTION TO RECOMMEND** | | | | | | | | | |
| **Not Likely to Recommend** |  |  |  |  |  |  |  |  | **Will Definitely recommend** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**THANK YOU**