**Project Clarius Express Track [W11]**

**Quantitative Questionnaire- General Physicians**

**20th October 2023**

**CONSENT FORM**

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

|  |  |
| --- | --- |
| ***Project Name*** | ***Clarius W11*** |
| ***SFDC code*** | ***2994375*** |
| ***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 **Awareness and usage of various brands in the Diabetes and Non-Diabetes Powdered Nutritional Supplements space** 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 **Awareness and usage of various brands in the Diabetes and Non-Diabetes Powdered Nutritional Supplements space.** The discussion will be conducted face to face and will last for about **20 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 summarize 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 **Awareness and usage of various brands in the Diabetes and Non-Diabetes Powdered Nutritional Supplements space.**

**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 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- **avani.deshraj@iqvia.com**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** | 2994375 | *To be completed by IQVIA* |
| **PROJECT NAME** | Clarius W11 |
| **DATE OF INTERVIEW** |  | *To be completed by Participant* |
| **DOCTOR NAME** |  |
| **SPECIALITY** |  |
| **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 for my interview.

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

**CENTERS AND SAMPLE SPREAD:**

|  |
| --- |
| **GENERAL PHYSICIAN EXPRESS TRACK (W11)** |
| **ZONES** | **CENTERS** | **CENTRE CODES** | **SAMPLE** |
| **East** | Kolkata | 1 | **30** |
| Bhubaneshwar | 2 | **30** |
| Guwahati | 3 | **30** |
| **South 1** | Chennai | 4 | **30** |
| Coimbatore | 5 | **30** |
| Cochin | 6 | **30** |
| Trivandrum | 7 | **30** |
| **South 2** | Hyderabad | 8 | **30** |
| Bangalore | 9 | **30** |
| **Central** | Patna | 10 | **30** |
| **TOTAL** | **300** |

**AFTER READING THIS, CONTINUE WITH THE INTERVIEW QUESTIONS**

|  |
| --- |
| **SECTION 1- PATIENT LOAD, INDICATIONS SEEN AND ROLE OF PNS [5 MINS]** |

**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 talk about your opinion towards the powdered nutrition category*

1. How many individual patients do you see in an average week?

**DOCTOR INSTRUCTION-** **RECORD NUMBER. FILL IN WITH LEADING ZEROES**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **PATIENTS SEEN PER WEEK** |

1. A. Doctor, assuming you see 100 cases in a month, what would be the proportion for various age-groups listed below?

B. Doctor, among the patients you see in each age group, how many patients are recommended powdered nutritional supplements (PNS) in a week?

**DOCTOR INSTRUCTION- RECORD EXACT NUMBER FOR EACH AGE GROUP**

**SCRIPTING INSTRUCTION-**

* **THE % PATIENTS FOR EACH AGE-GROUP SHOULD ADD TO 100%**
* **VALUE OF PNS RECOMMENDATION IN EACH AGE GROUP CANNOT BE 0**

|  |  |  |
| --- | --- | --- |
| **AGE GROUP** | **% PATIENTS** | **PNS RECOMMENDATIONS** |
| 18 to 30 years |  |  |  |  |
| 31 to 40 years |  |  |  |  |
| 41 to 50 yeas |  |  |  |  |
| 50 to 60 years |  |  |  |  |
| 60+ years |  |  |  |  |
|  | **SHOULD ADD TO 100%** |  |  |  |

1. Assuming you see 100 cases in a month, what would be the proportion of cases across the following?

**TOTAL TO ADD TO 100%. DOCTOR INSTRUCTION- RECORD PERCENTAGE IN GRID BELOW**

1. *Diabetes*
2. *Non-Diabetes*

|  |  |
| --- | --- |
| **TYPE OF PATIENTS** | **SHARE %** |
| Diabetes |  |  |  |
| Non-Diabetes |  |  |  |
| **TOTAL** | **1** | **0** | **0** |

**INTERVIEWER NOTE: RESPONSE MENTIONED IN Q3 SHOULD MATCH RESPONSE FILLED IN FOR S8**

1. A. Doctor, assuming you see 100 cases in a week, what would be the proportion of cases across the following indications? **RECORD PERCENTAGE IN GRID BELOW. FILL IN WITH LEADING ZEROES. TOTAL TO ADD TO 100%**

**ASK Q4B FOR ALL INDICATIONS MENTIONED IN Q4A**

B. Doctor, assuming you see 100 patients among each indication seen by you, what proportion of patients in each indication will be recommended a powdered nutritional supplement? **RECORD PERCENTAGE IN GRID BELOW FOR EACH INDICATION MENTIONED IN Q4A**

**SCRIPTING INSTRUCTION: DISPLAY ONLY THOSE INDICATIONS WITH PROPORTION >0% IN Q4A**

|  |  |  |
| --- | --- | --- |
| **INDICATIONS** | **Q4A (% PATIENTS)** | **Q4B (% PATIENTS)** |
| Anemia |  |  |  |  |  |  |
| Bone or Joint Pain related issues |  |  |  |  |  |  |
| Diabetes and related co-morbidities |  |  |  |  |  |  |
| Fever, Cough and Cold |  |  |  |  |  |  |
| Frailty |  |  |  |  |  |  |
| Gastro - intestinal disorders |  |  |  |  |  |  |
| Hypertension and other cardiac ailments |  |  |  |  |  |  |
| Loss of appetite |  |  |  |  |  |  |
| Menstruation and other related disorders |  |  |  |  |  |  |
| Respiratory Infections |  |  |  |  |  |  |
| Thyroid Disorders |  |  |  |  |  |  |
| Weight Management |  |  |  |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_* |  |  |  |  |  |  |
| **TOTAL** | **1** | **0** | **0** |  |  |  |

|  |
| --- |
| **SECTION 2- BRAND AWARENESS AND USAGE [5 MINS]** |

**Interviewer Script:** *Thank you for your feedback on the category and its usage. Now let us talk about the awareness of brands of powdered nutritional supplements/ protein powders that you recommend*

1. Can you tell us all the PNS brands that you are aware of for patients across indications?

**DOCTOR INSTRUCTION- RECORD ALL BRANDS THAT YOU ARE AWARE OF. CODE APPROPRIATELY**

**SCRIPTING INSTRUCTIONS- CAPTURE FIRST RESPONSE SELECTED UNDER ‘TOM’ MENTIONS AND REMAINING ‘SPONT’ MENTIONS UNDER Q5 IN THE TABLE BELOW. ROTATE THE ORDER OF BRANDS****. SINGLE CODING FOR TOM AND MULTIPLE CODING FOR SPONT**

**HORLICKS STRENGTH PLUS ONLY TO BE CHECKED WITH KOLKATA DOCTORS**

|  |  |
| --- | --- |
| **POWDERED NUTRITIONAL SUPPLEMENT** **BRAND NAME** | **Q5** |
| **TOM** | **SPONT** |
| B-Protin | 1 | 1 |
| Celevida | 2 | 2 |
| D-Protin | 3 | 3 |
| Ensure | 4 | 4 |
| Ensure Diabetes Care | 5 | 5 |
| Ensure High Protein | 6 | 6 |
| GRD | 7 | 7 |
| GRD Sugar Free | 8 | 8 |
| Horlicks | 9 | 9 |
| Horlicks Diabetes Plus | 10 | 10 |
| Horlicks Protein Plus | 11 | 11 |
| Horlicks Strength Plus *(to be checked in Kolkata only)* | 12 | 12 |
| Horlicks Women's Plus | 13 | 13 |
| Macprot | 14 | 14 |
| Maxvida | 15 | 15 |
| Prohance | 16 | 16 |
| Prohance-D | 17 | 17 |
| Protinex | 18 | 18 |
| Protinex Diabetes Care | 19 | 19 |
| Resource Diabetic | 20 | 20 |
| Resource High Protein | 21 | 21 |
| Vidavance | 22 | 22 |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *98* | *98* |
| *Any others, (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *99* | *99* |

1. Which PNS brands have you **ever prescribed** including both, oral recommendations, and written prescriptions?

**DOCTOR INSTRUCTION- CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE.**

**SCRIPTING INSTRUCTIONS - APPLICABLE FOR THOSE BRANDS CODED IN Q5**

1. Out of the PNS brands that you have ever prescribed, which brands are you **currently prescribing** to your patients, including both, oral recommendations, and written prescriptions?

**DOCTOR INSTRUCTION- CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE.**

**SCRIPTING INSTRUCTIONS - APPLICABLE ONLY FOR BRANDS CODED IN Q6, I.E. DISPLAY ONLY THOSE OPTIONS WHICH HAVE BEEN CODED UNDER Q6**

1. Doctor, now considering all the brands that you are currently recommending to your patients, which of these will be the **most often recommended brand**?

**DOCTOR INSTRUCTION-** **CODE APPROPRIATELY. SINGLE CODING ONLY.**

**SCRIPTING INSTRUCTIONS - APPLICABLE ONLY FOR THOSE BRANDS CODED IN Q7, I.E. DISPLAY ONLY THOSE OPTIONS WHICH HAVE BEEN CODED UNDER Q7**

1. A. Assuming you have **100 non-diabetes patients** recommended with PNS, what are the **recommendation shares** of each of the PNS brands that you are currently recommending?

**DOCTOR INSTRUCTION- RECORD PROPORTIONS. TOTAL TO ADD TO 100%**

**SCRIPTING INSTRUCTIONS - APPLICABLE ONLY FOR BRANDS CODED IN Q7**

B. Assuming you have **100 diabetes patients** recommended with PNS, what are the **recommendation shares** of each of the PNS brands that you are currently recommending?

**DOCTOR INSTRUCTION- RECORD PROPORTIONS. TOTAL TO ADD TO 100%**

**SCRIPTING INSTRUCTIONS - APPLICABLE ONLY FOR BRANDS CODED IN Q7**

1. Which of the following brands are you recommending for patients in the age group of 50+ years? **SCRIPTING INSTRUCTIONS - APPLICABLE ONLY FOR BRANDS CODED IN Q7**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **POWDERED NUTRITIONAL SUPPLEMENT** **BRAND NAME** | **Q6** | **Q7** | **Q8** | **Q9A** | **Q9B** | **Q10** |
| **Ever recommended** | **Currently recommending** | **MORB** | **Recommendation Share %** | **Recommended in 50+ years** |
| **Non-Diabetic** | **Diabetic** |
| B-Protin | 1 | 1 | 1 |  |  |  |
| Celevida | 2 | 2 | 2 |  |  |  |
| D-Protin | 3 | 3 | 3 |  |  |  |
| Ensure | 4 | 4 | 4 |  |  |  |
| Ensure Diabetes Care | 5 | 5 | 5 |  |  |  |
| Ensure High Protein | 6 | 6 | 6 |  |  |  |
| GRD | 7 | 7 | 7 |  |  |  |
| GRD Sugar Free | 8 | 8 | 8 |  |  |  |
| Horlicks | 9 | 9 | 9 |  |  |  |
| Horlicks Diabetes Plus | 10 | 10 | 10 |  |  |  |
| Horlicks Protein Plus | 11 | 11 | 11 |  |  |  |
| Horlicks Strength Plus *(to be checked in Kolkata only)* | 12 | 12 | 12 |  |  |  |
| Horlicks Women's Plus | 13 | 13 | 13 |  |  |  |
| Macprot | 14 | 14 | 14 |  |  |  |
| Maxvida | 15 | 15 | 15 |  |  |  |
| Prohance | 16 | 16 | 16 |  |  |  |
| Prohance-D | 17 | 17 | 17 |  |  |  |
| Protinex | 18 | 18 | 18 |  |  |  |
| Protinex Diabetes Care | 19 | 19 | 19 |  |  |  |
| Resource Diabetic | 20 | 20 | 20 |  |  |  |
| Resource High Protein | 21 | 21 | 21 |  |  |  |
| Vidavance | 22 | 22 | 22 |  |  |  |
| *Any others, (Please Specify) \_\_\_\_* | *98* | *98* | *98* |  |  |  |
| *Any others, (Please Specify) \_\_\_\_* | *99* | *99* | *99* |  |  |  |
|  |  |  |  | **100%** |  |  |

|  |
| --- |
| **SECTION 3 - FEEDBACK TO REPS AND PROMOTION [10 MINS]** |

**Interviewer Script:** *Doctor in this section we wish to discuss characteristics/ attributes of Reps who contact you*

1. Doctor, which consumer healthcare companies are you aware of who promote nutrition products to you? **DOCTOR INSTRUCTIONS- CODE APPROPRIATELY. MULTIPLE CODE POSSIBLE. DO NOT AID**

**SCRIPTING INSTRUCTIONS- CAPTURE FIRST RESPONSE SELECTED UNDER ‘TOM’ MENTIONS AND REMAINING ‘SPONT’ MENTIONS UNDER Q11 IN THE TABLE BELOW. ROTATE THE ORDER OF BRANDS. SINGLE CODING FOR TOM AND MULTIPLE CODING FOR SPONT**

|  |  |
| --- | --- |
| **COMPANIES** | **Q11** |
| **TOM** | **SPONT** |
| Abbott Nutrition | 1 | 1 |
| British Biologicals | 2 | 2 |
| Danone  | 3 | 3 |
| Nestle | 4 | 4 |
| Signutra | 5 | 5 |
| Sun Pharma | 6 | 6 |
| Unilever Health Science/ Hindustan Unilever Limited | 7 | 7 |
| Zydus Nutriva | 8 | 8 |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *98* | *98* |
| *Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *99* | *99* |

**ASK Q12A FOR THOSE COMPANIES CODED IN Q12**

1. A. Doctor, from which of the following consumer healthcare companies, have reps contacted you (through either of the channels—face-to-face, call, email, WhatsApp, webinars etc.) in the last 1 month?

**DOCTOR INSTRUCTIONS- CODE APPROPRIATELY. SINGLE CODING ONLY**

**SCRIPTING INSTRUCTIONS: ALLOW SINGLE CODING ONLY FOR EACH COMPANY**

**ASK Q12B FOR THOSE REPS CODED ‘YES’ IN Q12A**

B. Among those reps who have contacted you, who has visited you in-clinic? **MULTIPLE CODE POSSIBLE. CODE IF REP HAS VISITED IN-CLINIC**

1. Doctor, you mentioned to have been contacted by the Medical Representative of \_\_\_\_\_\_\_\_\_\_ **(MENTION COMPANIES FROM Q12A)**, how often have they contacted you in the last 1 month?

**DOCTOR INSTRUCTION- RECORD MR CONTACT FREQUENCY FOR ALL COMPANIES ON SCREEN. CODE APPROPRIATELY. SINGLE CODE ONLY**

**SCRIPTING INSTRUCTIONS - DISPLAY ONLY THOSE COMPANIES CODED “YES” IN Q12A**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANIES** | **Q12A** | **Q12B** | **Q13 REP CONTACT FREQUENCY** |
| **YES** | **NO** | **CODE** | **EVERY WEEK** | **EVERY 15 DAYS** | **EVERY MONTH** | **ONCE EVERY 2 MONTHS** | **ONCE EVERY 3 MONTHS** |
| Abbott Nutrition | 1 | 2 | 1 | 1 | 2 | 3 | 4 | 5 |
| British Biologicals  | 1 | 2 | 2 | 1 | 2 | 3 | 4 | 5 |
| Danone  | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| Nestle | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 5 |
| Signutra | 1 | 2 | 6 | 1 | 2 | 3 | 4 | 5 |
| Sun Pharma | 1 | 2 | 7 | 1 | 2 | 3 | 4 | 5 |
| Unilever Health Science/ Hindustan Unilever Limited | 1 | 2 | 8 | 1 | 2 | 3 | 4 | 5 |
| Zydus Nutriva | 1 | 2 | 9 | 1 | 2 | 3 | 4 | 5 |

1. [A] Doctor, I have a list of messages from **Diabetic PNS Brands**. Could you please let us know which messages you have heard of? **MULTI-CODING POSSIBLE**

[B] Could you please let us know which brand is this message from? **MULTI-CODING POSSIBLE.**

**SCRIPTING INSTRUCTIONS FOR Q14A:**

**DISPLAY THE LIST OF MESSAGES AS PER THE BELOW ORDER ONLY. DO NOT ROTATE MESSAGES IN Q14A**

**SCRIPTING INSTRUCTIONS FOR Q14B:**

**DISPLAY ONLY THOSE MESSAGE WHICH ARE CODED IN Q14A. DO NOT ROTATE MESSAGES.**

|  |  |  |
| --- | --- | --- |
| **MESSAGES** | **Q14A** | **BRAND ASSOCIATION Q14B** |
| **D-PROTIN** | **ENSURE DIABETES CARE** | **HORLICKS DIABETES PLUS** | **PROHANCE-D** | **PROTINEX DIABETES CARE** | **DON’T KNOW / CAN’T SAY** |
| 22 gm High Fiber | 1 | 1 | 2 | 3 | 4 | 5 | 99 |
| Clinically Proven to support Glycemic Control from Day 1 | 2 | 1 | 2 | 3 | 4 | 5 | 99 |
| Clinically Shown to Work from the First Serve | 3 | 1 | 2 | 3 | 4 | 5 | 99 |
| Dual Blend High Fiber Nutriose and Fibersol (22gm High Soluble Fiber) | 4 | 1 | 2 | 3 | 4 | 5 | 99 |
| Dual Fiber Blend (Nutriose & Fibersol) | 5 | 1 | 2 | 3 | 4 | 5 | 99 |
| Helps improve Metabolic Pentad | 6 | 1 | 2 | 3 | 4 | 5 | 99 |
| High Fiber + High Protein Diabetes Nutrition | 7 | 1 | 2 | 3 | 4 | 5 | 99 |
| Manage Blood Sugar within 40 Days with High Protein & High Fiber | 8 | 1 | 2 | 3 | 4 | 5 | 99 |
| Manage Blood Sugar within 40 Days with High Protein & High Fiber | 9 | 1 | 2 | 3 | 4 | 5 | 99 |
| No Maltodextrin | 10 | 1 | 2 | 3 | 4 | 5 | 99 |
| Only DSN brand that closely meets ICMR recommendation of energy distribution | 11 | 1 | 2 | 3 | 4 | 5 | 99 |
| Worlds #1 selling diabetes supplement drink, Supplement tested in Indian patient | 12 | 1 | 2 | 3 | 4 | 5 | 99 |

1. [A] Doctor, I have a list of messages from **Protein PNS Brands**. Could you please let us know which messages you have heard of? **MULTI-CODING POSSIBLE**

[B] Could you please let us know which brand is this message from? **MULTI-CODING POSSIBLE.**

**SCRIPTING INSTRUCTIONS FOR Q15A:**

**DISPLAY THE LIST OF MESSAGES AS PER THE BELOW ORDER ONLY. DO NOT ROTATE MESSAGES IN Q15A**

**SCRIPTING INSTRUCTIONS FOR Q15B:**

**DISPLAY ONLY THOSE MESSAGE WHICH ARE CODED IN Q15A. DO NOT ROTATE MESSAGES.**

|  |  |  |
| --- | --- | --- |
| **MESSAGES** | **Q15A** | **BRAND ASSOCIATION Q15B** |
| **B-PROTIN** | **PROTINEX** | **ENSURE** | **HORLICKS PROTEIN PLUS** | **PROHANCE** | **DON’T KNOW / CAN’T SAY** |
| 34% higher strength & energy nutrients | 1 | 1 | 2 | 3 | 4 | 5 | 99 |
| Balanced energy to enhance recovery | 2 | 1 | 2 | 3 | 4 | 5 | 99 |
| Enriched with HMB to overcome loss of strength and improve muscle health | 3 | 1 | 2 | 3 | 4 | 5 | 99 |
| Helps Improve Strength in 8 Weeks | 4 | 1 | 2 | 3 | 4 | 5 | 99 |
| More Strength, More Power | 5 | 1 | 2 | 3 | 4 | 5 | 99 |
| No 1 Brand recommended by Doctors for Strength and Energy | 6 | 1 | 2 | 3 | 4 | 5 | 99 |
| Protein & Leucine support strength in 8 weeks | 7 | 1 | 2 | 3 | 4 | 5 | 99 |
| Scientifically designed to help overcome Loss of Strength and improve muscle health | 8 | 1 | 2 | 3 | 4 | 5 | 99 |
| The Better Protein - Triple Protein Blend (Whey, Soy, Casein) | 9 | 1 | 2 | 3 | 4 | 5 | 99 |
| Triple blend protein enriched with lysine | 10 | 1 | 2 | 3 | 4 | 5 | 99 |
| Zero Maltodextrin | 11 | 1 | 2 | 3 | 4 | 5 | 99 |

**THANK THE DOCTOR AND CLOSE THE INTERVIEW**