**Project Engage**

**Surgeons \_ Questionnaire**

**December 2022**

**QUESTIONNAIRE**

|  |  |
| --- | --- |
| **Name of Doctor** |  |
| **Qualification** |  |
| **Address** |  |
|  |
| **Phone Number** |  | **Database Code** |  |
| **E-mail address** |  |
| **Interview date** |  | **Duration of interview** |  |
| **Interviewer name** |  | **Supervisor Name** |  |
| **Accompanied** | **1** | **Back checked** | **2** | **Scrutinized** | **3** |
| **Back checked by** |  | **Scrutinized by** |  |

|  |
| --- |
| **INTRODUCTION**Good (Morning/Afternoon/Evening). I am from IQVIA, formerly known as IMS health, a premier research and consultancy agency. We are currently conducting a study **to understand the usage of CO₂ Laser Systems in ENT and H&N surgeries in India.** We would highly value the contribution of your opinions to this project. Anything that you tell us will be treated in confidence and will not be attributed to you. Responses are grouped together for overall analysis purposes. The study comprises face-to-face interview that will last for approximately 30-40 minutes. Your involvement in this study would be highly appreciated. The project is purely concerned with research and there will be no attempt to sell you anything or influence your use of products. I just have a few questions to check if this study will be relevant to you. |

**ADVERSE EVENT REPORTING:**

**NOTE TO INTERVIEWER FOR ADVERSE EVENT REPORTING:** Incase during interview there is mention of adverse effects/side-effects for any of the products used either by the physicians for his patients or patient himself, it must be brought to the notice of the researcher

**Interviewer to read out before interview:**

IQVIA is committed to supply any product safety information resulting from the market research activities as well as carry out all the reporting requirements of pharmaco-vigilance which then must be reported directly to pharmaco-vigilance department of the research sponsor company

**SECTION 1: WARM UP**

1. Before we start, can you tell me **about yourself, your qualifications, and number of years** since when you have been practicing?
	1. Number of hospitals affiliated with, their name and type (government and private)

**MODERATOR TO FURTHER PROBE & CHECK IF THE DOCTOR HAS ANY INTERNATIONAL EXPOSURE (PRACTICE/ STUDIED ABROAD)**

* 1. Doctor, which of the following **Income group patients** do you see inyour primary place of practice? **MULTIPLE CODING POSSIBLE**
	2. Doctor, what **proportion of your patients visiting you fall** under each of theseincome groups? **RECORD EXACT PROPORTION. TOTAL SHOULD ADD TO 100%**

|  |  |  |
| --- | --- | --- |
| **INCOME GROUP** | **CODE** | **% OF PATIENTS** |
| **High income group** (e.g., ministers, industrialists, businessman, corporate executives) | **01** |  |
| **Middle income group** (e.g., govt. service, middle level executives, small time businessmen) | **02** |  |
| **Low-income group** (e.g., daily wage earner, living in rural/semirural/slum areas) | **03** |  |
| **Total** |  | **=100%** |

1. Of the total patients you see in your practice, **what it the payment mode adopted by the patients? MULTIPLE CODING POSSIBLE**
	1. What **proportion of patients adopt each of the payment mode**? **RECORD EXACT PROPORTION. TOTAL SHOULD ADD TO 100%**

|  |  |  |
| --- | --- | --- |
| **PAYMENT MODE**  | **CODE** | **% PROPORTION OF PATIENTS** |
| Private Insurance  | **01** |  |
| Public Insurance  | **02** |  |
| Out-of-pocket  | **03** |  |
| **Total** |  | **=100%** |

**SECTION 2: PATIENT AND SURGERY LOAD**

***MODERATOR NOTE: To start our discussion, I would like to understand more about your patient load…***

1. Doctor, what would be the **total number of patients that you see in a month** (New + Follow-up)? **RECORD THE EXACT NUMBER CORRECTLY. TAKE MIDPOINT IF DOCTOR GIVES A RANGE. FILL IN WITH LEADING ZERO.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL PATIENTS SEEN /MONTH** |

* 1. Of these **what proportion of patients are with cancer condition? RECORD THE EXACT PROPORTION TAKE MIDPOINT IF DOCTOR GIVES A RANGE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **% PROPORTION OF PATIENTS WITH CANCER CONDITION** |

1. Now, can you tell me what will be the proportion of **New Vs. Follow-Up cases of** total number of patients that you see in a month? **RECORD PROPORTION. TOTAL MUST ADD UPTO TO 100%**

|  |  |
| --- | --- |
| **PATIENT TYPES**  | **% PROPORTION PATIENTS** |
| New patients |  |
| Follow up patients |  |
| **TOTAL** | **=100%** |

1. Doctor in your primary place of practice, total how many **surgeries do you perform in a month**? **RECORD THE EXACT NUMBER CORRECTLY. TAKE MIDPOINT IF DOCTOR GIVES A RANGE. FILL IN WITH LEADING ZERO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL NUMBER OF SURGERIES PERFORMED PER MONTH** |

1. Which **surgeries** do you most commonly perform your practice? **CODE APPROPIRATELY. MULTIPLE CODES POSSSIBLE.**
	1. Assuming you perform 100 surgeries in a month, what is the **proportion of surgeries conducted per month across the below surgery types? CAPTURE PROPORTIONS ONLY FOR THE SURGERIES MENTIONED IN Q7 RECORD EXACT PROPORTION TOTAL MUST ADD UPTO TO 100%**
	2. Which **technique (Open/ Lap/ Robotic/** **CO2 Laser)** do you prefer in performing the mentioned surgeries? **CODE APPROPRIATELY MULTIPLE CODES POSSSIBLE**
	3. **Why do you prefer the mentioned technique? MODERATOR TO CAPTURE REASON FOR PREFERED TECHNIQUE**

**ASK ONLY TO ENT SURGEON**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF SURGERIES (ENT)** | **CODE** | **% PATIENTS** | **OPEN**  | **LAP** | **ROBOTIC** | **CO2****LASER** |
| Tracheal papillomatosis, Granuloma | **01** |  | **01** | **02** | **03** | **04** |
| Tracheobronchial amyloidosis | **02** |  | **01** | **02** | **03** | **04** |
| Vocal cord polypectomy & cystectomy | **03** |  | **01** | **02** | **03** | **04** |
| Subglottic hemangioma, stenosis | **04** |  | **01** | **02** | **03** | **04** |
| Laryngomalacia & Supraglottyplasty | **05** |   | **01** | **02** | **03** | **04** |
| Tonsillectomy | **06** |   | **01** | **02** | **03** | **04** |
| Stapedectomy | **07** |   | **01** | **02** | **03** | **04** |
| Cordectomy | **08** |   | **01** | **02** | **03** | **04** |
| Arytenoidectomy | **09** |   | **01** | **02** | **03** | **04** |
| Others, Please specify \_\_\_\_ | **99** |  | **01** | **02** | **03** | **04** |
| **Total** | **=100%** |  |  |  |  |

**ASK ONLY TO HEAD & NECK SURGEON**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF SURGERIES** **(HEAD & NECK)** | **CODE** | **% PATIENTS** | **OPEN**  | **LAP** | **ROBOTIC** | **CO2****LASER** |
| Oral cavity resection | **01** |  | **01** | **02** | **03** | **04** |
| Surgeries for floor of mouth, base of tongue | **02** |  | **01** | **02** | **03** | **04** |
| Buccal lesions | **03** |  | **01** | **02** | **03** | **04** |
| Laryngectomy | **04** |  | **01** | **02** | **03** | **04** |
| Zenker’s diverticulum | **05** |   | **01** | **02** | **03** | **04** |
| Nasopharyngeal Stenosis | **06** |   | **01** | **02** | **03** | **04** |
| Others, please specify \_\_\_ | **99** |   | **01** | **02** | **03** | **04** |
| **Total** | **=100%** |  | **01** | **02** | **03** |

**SECTION 3: ADOPTION OF CO2 LASER TECHNIQUE IN PERFORMING SURGERY**

***Now talking about CO2 laser technique in performing surgeries***

1. What is your **overall perception on adoption and usage of CO2 Laser** in performing surgeries? **ALLOW SPONTANEOUS RESPONSE**
	1. **Why do you say so? PROBE TO CAPTURE REASON FOR MENTIONED PERCEPTION**
2. Doctor, since how many years are you using **CO2 laser technique in performing surgeries**? **RECORD THE EXACT NUMBER CORRECTLY. TAKE MIDPOINT IF DOCTOR GIVES A RANGE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **YEARS OF PERFORMING CO2 LASER SURGERIES**  |

1. How many **CO2 Laser assisted surgeries** do you perform typically **in a month? RECORD THE EXACT NUMBER CORRECTLY. TAKE MIDPOINT IF DOCTOR GIVES A RANGE. FILL IN WITH LEADING ZERO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **NUMBER OF CO2 LASER SURGERIES PERFORMED IN A MONTH** |

1. Of thetotal CO2 laser surgeries performed by you, what proportion of patients are **direct walk-in’s vs referred by other doctors**? **RECORD PROPORTIONS. TOTAL TO ADD TO 100%**

|  |  |
| --- | --- |
| **PATIENT TYPES**  | **% PROPORTION PATIENTS** |
| Direct Walk-ins |  |
| Referred by other Doctors  |  |
| **Total** | **=100%** |

* 1. Which are the **top referring specialties** that refer patients to you for CO2 laser surgeries?
	2. Considering there are 100 referral patients in a month, what would be the **proportion of patients** referred by each specialty?

|  |  |  |
| --- | --- | --- |
| **PATIENT TYPES**  | **CODE** | **% PROPORTION PATIENTS** |
| General Physician | **01** |  |
| General Surgeon  | **02** |  |
| Pulmonologist  | **03** |  |
| ENT **(ASK HEAD & NECK SURGEON )** | **04** |  |
| Head & Neck Surgeon **( ASK ENT SURGEON)** | **05** |  |
| Others, please specify  | **99** |  |
| **Total** |  | **=100%** |

* 1. What are **the reasons for referring the patient out to you**? **PROBE TO UNDERSTAND REASONS FOR REFERRALS**
1. Among the surgeries performed by you, in **which surgeries do you use CO2 Laser? MULTIPLE CODING POSSIBLE**
	1. Of the total surgeries across each type, what proportion of patients are **eligible to undergo CO2 Laser surgery? CAPTURE PROPORTIONS ONLY FOR THE SURGERIES MENTIONED IN Q12**
	2. Of the total eligible patients, **what proportion** of patients do you **recommend CO2 Laser technique? CAPTURE PROPORTIONS ONLY FOR THE SURGERIES MENTIONED IN Q12**
	3. What is the **overall cost incurred** for below mentioned surgeries using **traditional method vs CO2 laser**?
	4. What is your **overall satisfaction with usage of CO2 Laser in mentioned surgeries, on a scale of 1-10,** where 1 is not at all satisfied and 10 is extremely satisfied ?
	5. **Why do you say so?** **MODERATOR TO CAPTURE REASON FOR MENTIONED LEVEL OF SATISFACTION**

**ASK ONLY TO ENT SURGEON**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF SURGERIES (ENT)** | **CODE** | **%PROPORTION OF PATIENTS**  | **COST OF SURGERY (INR)** | **OVERALL SATISFACTION SCALE 1-10** |
| **% ELIGIBLE FOR CO2 LASER**  | **% RECOMMENDED FOR CO2 LASER** | **TRADITIONAL METHOD** | **CO2 LASER** |
| Tracheal papillomatosis, Granuloma | **01** |  |  |  |  |  |
| Tracheobronchial amyloidosis | **02** |  |  |  |  |  |
| Vocal cord polypectomy & cystectomy | **03** |  |  |  |  |  |
| Subglottic hemangioma, stenosis | **04** |  |  |  |  |  |
| Laryngomalacia & Supraglottyplasty | **05** |  |  |  |  |  |
| Tonsillectomy | **06** |  |  |  |  |  |
| Stapedectomy | **07** |  |  |  |  |  |
| Cordectomy | **08** |  |  |  |  |  |
| Arytenoidectomy | **09** |  |  |  |  |  |
| Others, Please specify \_\_\_\_ | **99** |  |  |  |  |  |

**ONLY TO HEAD & NECK SURGEON**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF SURGERIES (HEAD & NECK)** | **CODE** | **%PROPORTION OF PATIENTS**  | **COST OF SURGERY (INR)** | **OVERALL SATISFACTION SCALE 1-10** |
| **% ELIGIBLE FOR CO2 LASER**  | **% RECOMMENDED FOR CO2 LASER** | **TRADITIONAL METHOD** | **CO2 LASER** |
| Oral cavity resection | **01** |  |  |  |  |  |
| Surgeries for floor of mouth, base of tongue | **02** |  |  |  |  |  |
| Buccal lesions | **03** |  |  |  |  |  |
| Laryngectomy | **04** |  |  |  |  |  |
| Zenker’s diverticulum | **05** |  |  |  |  |  |
| Nasopharyngeal Stenosis | **06** |  |  |  |  |  |
| Others, please specify \_\_\_ | **99** |  |  |  |  |  |

**IF % PROPORTION MENTIONED IN Q12b IS NOT EQUAL TO % PROPORTION MENTIONED IN Q12a THEN ASK Q13**

1. According to you **what are the reasons for NOT recommending** CO2 Laser surgery in all the **eligible patients ? ALLOW SPONTANEOUS RESPONSE THEN PROBE**

**CODE APPROPIRATELY. MULTIPLE CODES POSSSIBLE.**

* 1. Among the mentioned reason which is the **most common reason mentioned by the patients** for refusing a surgery? **MODERATOR TO CAPTURE TOP 2 REASONS**

|  |  |  |
| --- | --- | --- |
| **REASONS FOR NOT RECOMMENDING CO2 LASER SURGERY**  | **CODE**  | **TOP 2 RANK** |
| Patient not affording  | **01** |  |
| Patient refused due to fear of undergoing a laser surgery  | **02** |  |
| Inadequate infrastructure e.g., CO2 laser System | **03** |  |
| Unavailability of OT  | **04** |  |
| Unavailability of CO2 laser System | **05** |  |
| Lack of insurance coverage  | **07** |  |
| Others, please specify \_\_\_ | **98** |  |
| Others, please specify \_\_\_ | **99** |  |

1. Apart from the ones mentioned, according to you which are **the potential surgeries in which CO2 Laser technique can be adopted? ALLOW SPONTANEOUS REPONSE**
	1. **Why do you say so? PROBE TO CAPTURE REASON FOR MENTIONED PERCEPTION**

**SECTION 4: DRIVERS & BARRIERS FOR ADOPTION OF CO2 LASER SURGERY**

***Now talking about drivers & barriers of CO2 laser technique in performing surgeries…..***

1. Doctor, which are the factors you consider before **recommending CO2 Laser technique** for surgery in your patients?
	1. Also, rate the factors between 1 & 5 based on their importance with 5 being the most important. **CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. SINGLE RATING PER FACTOR**

|  |  |  |
| --- | --- | --- |
| **FACTORS CONSIDERED FOR RECOMMENDING CO2 LASER SURGERY** | **CODE** | **RATING (1-5)** |
| Patient’s age  | **01** |  |
| Gender of the patient  | **02** |  |
| Site of Surgery | **03** |  |
| Tissue accessibility  | **04** |  |
| Disease tissue adjacency to blood vessels/ neuro-muscular junction | **05** |  |
| Cancer stage 1/2/3 | **06** |  |
| Difficult Airway | **07** |  |
| Comorbidities (such as uncontrolled diabetes and obesity) | **08** |  |
| Patient Medications (such as anticoagulant and antiplatelet medications) | **09** |  |
| Postoperative outcomes- length of stay in hospitals, recovery time  | **10** |  |
| Cost of the Surgery and affordability of the patient | **11** |  |
| Insurance coverage of patients | **12** |  |
| Others, Please specify \_\_\_\_\_\_\_ | **98** |  |
| Others, Please specify \_\_\_\_\_\_\_ | **99** |  |

* 1. **Why do you prefer recommending CO2 Laser** technique in the above mentioned **profile of patients? PROBE TO UNDRSTAND THE REASON FOR PREFERING THE MENTIONED PROFILE OF PATIENTS**
1. According to you, what are the **advantages/ drivers that lead to adoption of CO2 laser technique**  **over conventional procedures**? **CODE APPROPRIATELY. MUTIPLE CODES POSSIBLE.**
	1. Now, please **rank the importance of mentioned advantage,** where 1: most important, rank:2 second important. **SINGLE RANK FOR EACH ADVANTAGE**

**CAPTURE RANKING ONLY FOR THE FACTORS MENTIONED IN Q16**

**PROBE WELL TO UNDERSTAND THE TECHNOLOGY RELATED BENEFITS FOR DOCTORS, PATIENTS AND SURGERY SPECIFIC BENEFITS**

|  |  |  |
| --- | --- | --- |
| **ADVANTAGES OF CO2 LASER TECHNIQUE**  | **CODE** | **RANK** |
| **Surgeon Benefits** | Ease of performing surgery | **01** |  |
| Less time required as compared to conventional technique  | **02** |  |
| High precision in performing surgery  | **03** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_ | **04** |  |
| **Patients benefits**  | Reduced length of hospital stays | **05** |  |
| Less blood loss/ bleeding | **06** |  |
| Faster recovery  | **07** |  |
| Reduced pain  | **08** |  |
| Inclusion in Insurance coverage | **09** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_ | **10** |  |
| **Surgery Benefits**  | Provides excellent hemostasis | **11** |  |
| Minimally invasive surgery with precision | **12** |  |
| Reduced risk of Infection  | **13** |  |
| Minimum post-operative edema | **14** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_ | **15** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_ | **98** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_ | **99** |  |

1. What are the **challenges/ barriers** that you experience in performing CO2 laser surgeries? **CODE APPROPRIATELY. MUTIPLE CODES POSSIBLE. ALLOW SPONTANEOUS RESPONSES**
	1. Now, please **rank the complexity of mentioned challenges,** where 1: major challenge , rank:2 second challenge. **SINGLE RANK FOR EACH CHALLENGE**

**CAPTURE RANKING ONLY FOR THE FACTORS MENTIONED IN Q17**

|  |  |  |
| --- | --- | --- |
| **CHALLENGES IN PERFORMING CO2 LASER SURGERY** | **CODE** | **RANK** |
| Prolonged operating time/ set-up time | **01** |  |
| Availability of CO2 laser systems  | **02** |  |
| Availability of OT for performing CO2 laser surgeries | **03** |  |
| Availability of CO2 Gas cylinder  | **04** |  |
| Complexity of using CO2 laser systems  | **05** |  |
| Lack of trained support staff | **06** |  |
| Damage to adjacent tissue/ blood vessel  | **07** |  |
| Post operative patient management  | **08** |  |
| Lack of awareness among patients  | **09** |  |
| Cost of surgery | **10** |  |
| Reimbursement through Insurance | **11** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_\_ | **98** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_\_ | **99** |  |

Currently in your practice, how do you **overcome these** **challenges/ barriers** faced in performing CO2 Laser surgery? **PROBE WELL**

Do you seek **support from peers or CO2 laser manufacturing companies** in resolving/ overcoming these challenges? **SINGLE CODE ONLY**

|  |  |
| --- | --- |
| **SEEK SUPPORT FOR CO2 LASER SURGERY** | **CODE** |
| Peers | 01 |
| CO2 laser manufacturing companies | 02 |

* 1. In your experience**, how supportive are the** **CO2 laser surgical equipment manufacturers** in resolving these challenges faced by you in your practice on a scale of 1-5 where 1 is not at all satisfied and 5 is extremely satisfied? **SINGLE CODE ONLY**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all satisfied** | **Slightly satisfied** | **Moderately satisfied** | **Very satisfied** | **Extremely satisfied** |
| **01** | **02** | **03** | **04** | **05** |

**SECTION 4: UNDERSTANDING CO2 LASER SURGICAL SYSTEM BRAND IMAGE**

***Now talking about CO2 laser surgery manufacturing companies and brands …..***

1. In your institution of practice, who are the stakeholders involved **in decision making process** while **selecting a company/brand of CO2 laser surgical system**? **MULTIPLE CODING**
	1. Now, please **rank the importance of mentioned stakeholders**, where 1: most important stakeholder, rank:2 second important stakeholder. **SINGLE RANK FOR EACH STAKEHOLDER**

|  |  |  |
| --- | --- | --- |
| **STAKEHOLDERS** | **CODE** | **RANK** |
| ENT Surgeon | **01** |  |
| Head & Neck Surgeon  | **02** |  |
| HOD Surgery  | **03** |  |
| OT Manager | **04** |  |
| Purchase Manager  | **05** |  |
| Hospital Administration  | **06** |  |
| Hospital Finance Team | **07** |  |
| Others, please specify \_\_\_\_\_\_\_\_\_\_\_ | **99** |  |

1. Doctor, which are the **key companies/ brand of CO2 laser surgical system** that you are **aware of**? **OPEN ENDED** **ALLOW SPONTANEOUS RESPONSE**

|  |
| --- |
| 1. |
| 2. |
| 3. |

1. Now can you tell me which **company/brand of** CO2 laser system **is currently being installed in your hospital/places you practice?**
	1. **How many CO2 laser systems do you have installed** in your hospital? **CAPTURE EXACT NUMBER** **ACROSSTHE BRAND MENTIONED IN Q20**

|  |  |  |
| --- | --- | --- |
| **BRAND NAMES** | **CODE** | **NUMBER OF INSTALLATION** |
| Lumenis | **01** |  |
| Deka | **02** |  |
| Jena Surgical | **03** |  |
| KLS Martin | **04** |  |
| ARC Laser  | **05** |  |
| Alma  | **06** |  |
| G3 | **07** |  |
| Others, please specify \_\_\_\_\_\_ | **97** |  |

1. **Do you have dedicated CO2 Laser system** across departments (ENT, Head & Neck, Gynecology, etc.) in your hospital? **SINGLE CODE ONLY**

|  |  |
| --- | --- |
| **DEDICATED CO2 LASER SYSTEM ACROSS DEPARTMENTS** | **CODE** |
| Yes | **01** |
| No | **02** |

**IF 01 IS CODED IN Q21, THEN ASK -**

* 1. **How many** **CO2 Laser systems do you have installed dedicated for your department**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **NUMBER OF CO2 LASER SYSTEM IN YOUR DEPARTMENT**  |

1. How would you rate your **satisfaction level with the with the company/ brand** of CO2 Laser system that you are using in your institution of practice, on a scale of 1-5 where 1 is not at all satisfied and 5 is extremely satisfied? **CAPTURE DATA FOR COMPANY CODED IN Q20**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all satisfied** | **Slightly satisfied** | **Moderately satisfied** | **Very satisfied** | **Extremely satisfied** |
| **01** | **02** | **03** | **04** | **05** |

1. Doctor below are some of the attributes that you may **consider while choosing a CO2 Laser system** for your institution of practice. How important are each of these attributes? Please **rate it on an importance scale of 1 to 10**, where 1 means Not at all important and 10 means Extremely important.

Now, kindly rate your satisfaction for the company/ brand you are currently using.

* 1. How much are you **satisfied with the company/ brand you are currently using** on each of the attributes? **Please rate it on a satisfaction scale of 1 to 10**, where 1 means completely dissatisfied and 10 means Extremely satisfied. **ASK ONLY FOR THE COMPANY/ BRAND CODED IN Q24**

|  |  |  |
| --- | --- | --- |
| **FACTORS CONSIDERED WHILE SELECTING COMPANY/ BRAND OF CO2 LASER SYSTEM** | **SCALE OF IMPORTANCE****1-10**  | **RATE FOR THE COMPANY / BRAND CURRENTLY USED**  |
| **BRAND 1\_** | **BRAND 2\_** | **BRAND 3\_** |
| Brand Reputation |  |  |  |  |
| Experience with the company/ brand |  |  |  |  |
| Availability |  |  |  |  |
| Trust and reliability |  |  |  |  |
| Product Quality: Precision & accuracy of the device |  |  |  |  |
| Ease of usage  |  |  |  |  |
| Supporting studies on benefits of usage |  |  |  |  |
| Regular workshops/ training conducted by the company for the hospital support staff |  |  |  |  |
| Scientific engagements like regular CMEs/conferences  |  |  |  |  |
| Cost/ Reimbursement |  |  |  |  |
| Regular sales/ medical representative visits |  |  |  |  |
| Technical support during the surgery |  |  |  |  |
| Prompt Post sales services like maintenance/repair of the equipment |  |  |  |  |
| Communication presented by companies/ brands |  |  |  |  |
| Promotional activities conducted by the company |  |  |  |  |
| Reusability factor  |  |  |  |  |
| Others , please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. In the CO2 laser system that you use in your practice, **are there any consumables that are used**? **SINGLE CODE ONLY**
	1. Which are the different **types of Consumables** that you use inCO2 laser system, please specify the names of these consumables?
	2. Each of these mentioned consumables is **used in how many patients? CAPTURE EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
| **CONSUMABLES USED** | **CODE** | **NAMES OF CONSUMABLES USED** | **USED IN TOTAL NUMBER OF PATIENTS** |
| Yes  | **01** | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |
| 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |
| 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |
| 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |
| 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |
| No  | **02** |  |  |

1. Do you have any **potential concerns/risks** with the currently used CO2 laser surgical system company/ brand? **ALLOW SPONTANEOUS RESPONSE , THEN PROBE ON –**

|  |  |
| --- | --- |
| **FEATURES TO BE MODIFIED**  | **CODE** |
| Efficiency  | **01** |
| Application across surgeries | **02** |
| Safety aspects | **03** |
| Intraoperative complications  | **04** |
| Others , please specify \_\_\_\_\_\_\_\_\_\_ | **99** |

a. How are you **currently managing them**? **PROBE TO UNDERSTAND THE METHODS ADOPTED TO MANAGE IT**

1. Are there any **features or aspects** of this brand that you **would like to change/modify? ALLOW SPONTANEOUS RESPONSE**
	1. **Why do you say so? PROBE TO UNDERSTAND THE REASON**

|  |
| --- |
| **FEATURES TO BE MODIFIED**  |
| Feature 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feature 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feature 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Others\_\_\_\_\_\_\_\_\_\_\_ |

1. Doctor would you be able to tell us the **cost of the CO2 laser surgical system** installed in your hospital? **RECORD THE EXACT NUMBER CORRECTLY. TAKE MIDPOINT IF DOCTOR GIVES A RANGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL COST OF**  **CO2 LASER SURGICAL SYSTEM** |

* 1. What is the **annual cost incurred for service/maintenance** of CO2 laser surgical system installed in your hospital? **RECORD THE EXACT NUMBER CORRECTLY. TAKE MIDPOINT IF DOCTOR GIVES A RANGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **TOTAL ANNUAL SERVICE AND MAINTENANCE COST OF**  **CO2 LASER SURGICAL SYSTEM** |

**SECTION 4: FUTURE OF CO2 LASER SURGICAL**

1. According to you, do you see an **increase/ decrease/ constant shift** towards adoption of CO2 Laser across each of the surgery types in the next 5 years? **SINGLE CODING ONLY**

**IF 01/02 IS CODED IN Q28, THEN ASK-**

* 1. What would be the **proportion increase/ decrease** towards adoption of CO2 Laser surgery in the next 5 years? **CAPTURE EXACT PROPORTION**
	2. **Why do you say so? PROBE TO UNDERSTAND THE REASON FOR MENTIONED INCREASE/ DECREASE**

**ASK ONLY TO ENT SURGEON**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF SURGERIES (ENT)** | **CODE** | **ADOPTION OF CO2 LASER IN NEXT 5 YEARS** | **% CHANGE** |
| **CODE** | **CHANGE**  |
| Tracheal papillomatosis, Granuloma | **01** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Tracheobronchial amyloidosis | **02** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Vocal cord polypectomy & cystectomy | **03** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Subglottic hemangioma, stenosis | **04** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Laryngomalacia & Supraglottyplasty | **05** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Tonsillectomy | **06** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Stapedectomy | **07** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Cordectomy | **08** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Arytenoidectomy | **09** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Others, Please specify \_\_\_\_ | **99** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |

**ONLY TO HEAD & NECK SURGEON**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF SURGERIES (HEAD & NECK)** | **CODE** | **ADOPTION OF CO2 LASER IN NEXT 5 YEARS** | **% CHANGE** |
| **CODE** | **CHANGE**  |
| Oral cavity resection | **01** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Surgeries for floor of mouth, base of tongue | **02** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Buccal lesions | **03** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Laryngectomy | **04** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Zenker’s diverticulum | **05** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Nasopharyngeal Stenosis | **06** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |
| Others, please specify \_\_\_ | **99** | **01** | Increase | **\_\_\_\_\_\_%** |
| **02**  | Decrease | **\_\_\_\_\_\_%** |
| **03**  | Constant |  |

1. According to you, what are the **steps required to increase the adoption** of CO2 Laser surgery in future in India? **MULTIPLE CODING**
	1. Now, please rate the mentioned steps, where 1 is least essential and 10 is the most essential step. **SINGLE RATING PER FACTOR**

|  |  |  |
| --- | --- | --- |
| **STEPS** | **CODE** | **RATING** |
| Cost reduction | **01** |  |
| Launch new/ advanced technology  | **02** |  |
| Increase availability of CO2 Laser system | **03** |  |
| Increase awareness within patients | **04** |  |
| Financial support like schemes/reimbursement/insurance coverage  | **05** |  |
| Increase applicability across more indications/ surgeries | **06** |  |
| CMEs and seminar for doctors | **07** |  |
| Increase scope for clinical trials supporting advantage of CO2 Laser system | **08** |  |
| Standardized Guidelines for recommending CO2 Laser surgery  | **09** |  |
| Others, please mention\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **99** |  |

1. Doctor, if you had the opportunity to help design a CO2 laser surgical system, what **features would you ensure are there in that system**, in order for it to be an **ideal one,** which would prompt doctors choose it over conventional surgical techniques? **ALLOW SPONTANEOUS RESPONSE**

**THANK YOU**