|  |  |  |
| --- | --- | --- |
| **PROJECT- Consumer Immersion** | **Allery Therapy** |  |

|  |
| --- |
| **RESPONDENTS HOUSE/OFFICE ADDRESS–COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)** |
| **RESPONDENT NAME** |  | **SUR NAME:** |  |  |
| **Door / House / Bldg No.** |  | **FLOOR No.** |  |  |
| **HOUSE / FLAT NAME** |  | **STREET / ROAD NAME** |  |  |
| **AREA NAME** |  |  |
| **TOWN / VILLAGE NAME** |  |  |
| **LANDMARK**  |  |  |
| **PINCODE**  |  |  |  |  |  |  | **MOBILE No.** |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE No. (Res)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **PHONE No. (Off)** |  |  |  |  |  |  |  |  |  |  | **Extn.** |  |  |  |  |  |  |
| **e-mail ID** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **FIELD CONTROL INFORMATION** |
| **INTERVIEWER NAME** |  |  |
| **INTERVIEWER CODE (ID)** |  |  |  |  |  |  |  | **INTERVIEW DATE** | **D** | **D** | **M** | **M** |  |  |  |
| **INT Start Time (write in 24hrs)** |  |  |  |  | **INT End Time** |  |  |  |  | **Total Time (min)** |  |  |  |  |
| **PLACE OF INTERVIEW** | **Home – 1** | **Office – 2** | **Street Intercept - 3** | **Shop / Outlet – 4** |  |
| **CLT – 5** | **Hospital / Clinic - 6** | **Exit - 7** | **Others – 8** |
| **TYPE OF INTERVIEW** | **Random - 1** | **Booster - 2** |  |

|  |
| --- |
| **QUALITY CHECK DETAILS** |
| **ACCOMPANIMENT DETAILS** |
| **DESG** | **YES** | **NO** | **Date** | **CODE / ID** | **NAME** | **SIGN** | **Col** |
| **SUP** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **EIC** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **AFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **FM /RFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **BACK CHECK DETAILS** |
| **DESG** | **PBC** | **TBC** | **VC** | **Date** | **CODE / ID** | **NAME** | **SIGN** | **Col** |
| **SUP** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **EIC** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **AFM** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **FM /RFM** | **1** | **2** | **3** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **SCRUTINY DETAILS** |
| **DESG** | **YES** | **NO** | **Date** | **CODE / ID** | **NAME** | **SIGN** | **Col** |
| **SUP** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **EIC** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **AFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |
| **FM /RFM** | **1** | **2** | **D** | **D** | **M** | **M** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **I declare that the interview has been carried out strictly in accordance with your specifications and instructions, written and oral, with a person unknown to me, as per study requirements and strictly in accordance with ESOMAR code of conduct.** | **Signature (Interviewer)** |
| **THIS QUESTIONNAIRE IS THE PROPERTY OF \_\_\_\_ RESEARCH PVT LTD. UNAUTHORISED USE OF THIS QUESTIONNAIRE BY ANY OTHER AGENCY OR BODY IS FORBIDDEN** |

**ASK TO SPEAK TO THE ADULT MALE OR FEMALE IN THE HOUSEHOLD**

Good ……... I am \_\_\_\_\_\_\_\_from \_\_\_\_ Research Pvt. Ltd. a premier research agency in India. We are currently conducting a study on Allergy Therapy among people like you. In this research we would like to ask some questions to you. We would appreciate greatly if you could spare some time and answer a few questions.

 **CODE GENDER DO NOT ASK**

**R0**

|  |  |
| --- | --- |
|  |  |
| **Male** | **1** |
| **Female**  | **2** |

R1 Have you participated in any market survey in the last six months?

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

 **SHOW CARD**

R3 Could you please tell me, if you or any of your household members work in any of these types of

 companies/organizations? **(ALLOW MULTIPLE ANSWERS)**

|  |  |  |
| --- | --- | --- |
|  | **()** |  |
| Market research companies | 01 | **TERMINATE** |
| Advertising agency | 02 |
| Company manufacturing \ marketing products of Medicines | 03 |
| Company / Medical Shop either wholesaling or retailing Medicines | 04 |
| Company manufacturing any non-food products like apparel, durables, appliances, etc. | 05 | **CONTINUE** |
| Banks  | 06 |
| Government organization  | 07 |
| Others  | 08 |

**ADDITIONAL QUESTION – NEW SEC (NCCS)**

**TERMINATION CRITERIA TO BE SET ON THE NEW SEC (NCCS)**

**SHOWCARD S1a**

**S1a.** Please take a look at this list and tell me which of these items do you have at home? (It could be owned by you, your family, or provided by the employer or it could be available in the house you live in; but it should be for the use of just you or your family)

EXPLAIN, IF NECESSARY:

We have a standard list of items that we use in all kinds of cities and villages. So don’t worry if an item appears irrelevant for you, or too ordinary-just go ahead and tell me which items you do have. We need this information just for survey purposes only.

Do you have \_\_\_\_\_\_\_\_\_\_\_ (ITEM) in your home (**WHICH IS IN WORKING CONDITION**)?

**CIRCLE ITEMS OWNED/HAVE AT HOME. TICK ITEM IF OWNED. ADD THE NO. OF TICKS IN THE BOX**.

**S1b.** Does your family own any Agricultural Land, by Agricultural Land I mean land that is currently under cultivation or plantation?

|  |  |  |
| --- | --- | --- |
|  |  | **(215-236)** |
|  | **Items owned / Have access at home** | **Code** |
| **S1a** | Color TV  |   | **01** |
| Refrigerator  |  | **02** |
| Mobile phone more than Rs.10000 |  | **03** |
| Two-Wheeler  |  | **04** |
| Washing Machine  |  | **05** |
| Personal Computer/ Laptop  |  | **06** |
| Tablet / iPad |  | **07** |
| Air Conditioner  |  | **08** |
| Car / Jeep / Van  |  | **09** |
| Microwave |  | **10** |
| **S1b** |

|  |
| --- |
| Agricultural Land  |

 |  | **11** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Number of Items in the Household** | **\_\_\_\_\_\_** | **\_\_\_\_\_\_** | **()** |

 **() POST CODE EDUCATION OF CWE FROM R4 \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | **Chief Wage Earner: Education**  |
| **No. of Durables** | **()** | **Illiterate** | **Literate but no formal schooling / School up to 4 years** | **School (5 - 9 yrs.)** | **SSC / HSC** | **Some College (Incl a Diploma) but not Graduate** | **Graduate/ Postgraduate: General** | **Graduate/ Post Graduate: Professional** |
| **(241)** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **None** | **0** | E 3 | E 2 | E2 | E 2 | E 2 | E 1 | D 2 |
| **1** | **1** | E 2 | E 1 | E 1 | E 1 | D 2 | D 2 | D 2 |
| **2** | **2** | E 1 | E 1 | D 2 | D 2 | D 1 | D 1 | D 1 |
| **3** | **3** | D 2 | D 2 | D 1 | D 1 | C 2 | C 2 | C 2 |
| **4** | **4** | D 1 | C 2 | C2 | C 1 | C 1 | B 2 | B 2 |
| **5** | **5** | C 2 | C 1 | C 1 | B 2 | B 1 | B 1 | B 1 |
| **6** | **6** | C 1 | B 2 | B 2 | B 1 | A 3 | A 3 | A 3 |
| **7** | **7** | C 1 | B 1 | B 1 | A 3 | A 3 | A 2 | A 2 |
| **8** | **8** | B 1 | A 3 | A 3 | A 3 | A 2 | A 2 | A 2 |
| **9 or above** | **9** | B 1 | A 3 | A 3 | A 2 | A 2 | A 1 | A 1 |

|  |  |
| --- | --- |
| **NCCS** | **()** |
| ***A 1*** | ***01*** |
| ***A 2*** | ***02*** |
| ***A 3*** | ***03*** |
| ***B 1*** | ***04*** |
| B 2 | 05 |
| C 1 | 06 |
| C 2 | 07 |
| D 1 | 08 |
| D 2 | 09 |
| E 1 | 10 |
| E 2 | 11 |
| E 3 | 12 |

**CONTINUE ONLY IF CODED 1/2/3 FOR NEW SEC (NCCS) for Housewife and 4/5 for working professional and Businessman.**

R6 Kindly let us know your own age in completed years?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Years**  | **()** |

 (**POST CODE IN THE TABLE BELOW)** **SINGLE ANSWER**

|  |  |
| --- | --- |
| Less than 18 years | 1 |
| 18 to 24 years | 2 |
| ***25 to 29 years*** | ***3*** |
| ***30 to 35 years*** | ***4*** |
| ***36 to 40 years*** | ***5*** |
| ***41 to 45 years*** | ***6*** |
| More than 45 years | 7 |

**CONTINUE ONLY IF CODED 4/5 IN R6**

**SHOW CARD**

R7. Please tell me your current occupation. **[SINGLE CODING]**

|  |  |
| --- | --- |
| Not working / Homemaker | 1 |
| Working – Part time (from out of home) – Either Salaried or Self Employed | 2 |
| Working – Part time (from home) – Either Salaried or Self Employed | 3 |
| Working – Full time (from out of home) – Either Salaried or Self Employed | 4 |
| Working – Full time (from home) – Either Salaried or Self Employed | 5 |
| Own business | 6 |

R8. Do you Suffer from Respiratory Allergies (Sneezing, runny nose,)

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

 **CONTINUE ONLY IF CODED 1 IN R8**

R9. Have you visited the doctor for Respiratory Allergies in the last 30 days? (Sneezing, runny nose,)

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

 **CONTINUE ONLY IF CODED 1 IN R9**

R10. **Has the Dr prescribed any of these brands to you for this problem?** Show list of brands here.

|  |  |
| --- | --- |
|  | **Brands****Aware****MC** |
| 1. MONTAIR-LC
 | 1 |
| 1. MONTEK-LC
 | 2 |
| 1. MAXTRA
 | 3 |
| 1. MONTICOPE
 | 4 |
| 1. TELEKAST-L
 | 5 |
| 1. MONTINA-L
 | 6 |
| 1. MONTAIR-FX
 | 7 |
| 1. RYMA M tab
 | 8 |
| 1. TELEKAST F tab
 | 9 |
| 1. VITARESP FX tab
 | 10 |
| 1. XARIA PLUS tab
 | 11 |
| 1. RYMA M tab
 | 12 |
| 1. TELEKAST F tab
 | 13 |
| 1. VITARESP FX tab
 | 14 |
| 1. XARIA PLUS tab
 | 15 |
| 1. OTHER
 | 16 |

R11. How often do you suffer from Respiratory allergies?

|  |  |
| --- | --- |
| Very Rarely | 1 |
| Once a Year | 2 |
| 2-4 times a year | ***3*** |
|  5 times or more per year | ***4*** |

R12. Can you share the Doctor RX?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

 **CONTINUE ONLY IF CODED 1 IN R12 and Post code the brand in below table.**

|  |  |
| --- | --- |
|  | **Brands****Aware****MC** |
| 1. MONTAIR-LC
 | 1 |
| 1. MONTEK-LC
 | 2 |
| 1. MAXTRA
 | 3 |
| 1. MONTICOPE
 | 4 |
| 1. TELEKAST-L
 | 5 |
| 1. MONTINA-L
 | 6 |
| 1. MONTAIR-FX
 | 7 |
| 1. RYMA M tab
 | 8 |
| 1. TELEKAST F tab
 | 9 |
| 1. VITARESP FX tab
 | 10 |
| 1. XARIA PLUS tab
 | 11 |
| 1. RYMA M tab
 | 12 |
| 1. TELEKAST F tab
 | 13 |
| 1. VITARESP FX tab
 | 14 |
| 1. XARIA PLUS tab
 | 15 |
| 1. OTHER
 | 16 |

**R13.** Would you like to take part in this survey?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **(717)** |  |
|  | **SINGLE CODE**  |  |  |  |
|  | Yes  |  | 1 | **CONTINUE** |
|  | No  |  | 2 | **TERMINATE** |

**R14**. Are you going to be travelling away from home in the next week? **SINGLE CODE**

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

**ARRANGE AND RECORD DATE AND TIME Of Appointment as per the schedule given:**

**DATE …………………………………**

**TIME ………………………………….**

|  |
| --- |
| **THANK AND CLOSE THE INTERVIEW** |