|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROJECT TITLE** | | | | | | | | | | **JOB NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | **QNNR SL. NO. (For DP)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Infecto\_PCV campaign eval** | | | | | | | | | | 2 | | | | | 4 | | | | | | 0 | | | | | 3 | | | | | | 2 | | | | | 0 | | | 4 | | 5 | | 0 | | 1 | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | |  | |  | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SP - ZONE** | | | | | | | | | **SP NO.** | | | | | | | | | | | | | | | | | **G.C NO.** | | | | | | | | | | | | | | **INTERVIEW NO.** | | | | | | | | | | | | | | **WEEK NO.** | | | | | | | | | | | | | | | | | | | **MONTH NO.** | | | | | | | | | | | |
| **N** | **E** | | **W** | | | **S** | | | **C** | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | |  | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **RESPONDENTS ADDRESS – COMPLETE ADDRESS IS MUST (Write in CAPITAL letters)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESPONDENT NAME** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **SUR NAME:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hospital/ Clinic name** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hospital/ Clinic Address (Line 1)** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hospital/ Clinic Address (Line 2)** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AREA** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LANDMARK** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CITY** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PINCODE** | | | | | | | | |  | | |  | | | | |  | |  | | | |  | | | | |  | | | | | **MOBILE No.** | | | | | | | | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |
| **PHONE No. (Res)** | | | | | | | | |  | | |  | | | | |  | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHONE No. PP(C/O)** | | | | | | | | |  | | |  | | | | |  | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHONE No. (Off)** | | | | | | | |  | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | | |  | **Extn.** | | | | | | | | | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | | | | | | |  |
| **e-mail ID** | |  | |  |  | | |  | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | | |  |  | | | |  | | |  | | | | |  | | | | |  | | |  | | |  | | | | | | |  | | | |  | | |  | |  |
| **FIELD CONTROL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTERVIEWER NAME** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTERVIEWER CODE (ID)** | | | | | | |  | | | | | | |  | | | |  | |  | |  | | | | |  | | | |  | | | | | | | **INTERVIEW DATE** | | | | | | | | | | | | | | | | | | | **D** | | | | | **D** | | | **M** | | | | **M** | | | | | **1** | | | | | **5** | | | | |
| **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** | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **GFM** | | **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** | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **GFM** | | **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** | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **GFM** | | **1** | | **2** | **D** | **D** | | **M** | **M** | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **FM /RFM** | | **1** | | **2** | **D** | **D** | | **M** | **M** | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **OPEN-END TRANSLATOR DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **NAME** | | | |  |  |  | |  |  | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **CODE / ID** | | | |  |  |  | |  |  | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
|  | | | |  |  |  | |  |  | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **SIGN** | | | |  |  |  | |  |  | |  | | | |  | |  | |  | |  | | | | |  | |  | | | |  | |  |
| **Actual Qualification/ degree (From Drs visiting card)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  |
| **Year of last Qualification** | | | |  |  | |  | | |  | | |  | | |  | |  |  | | | |  | |  | |  | | |  | |  | |  |
| **Gender** | | | | **(271)** |  | |  | | |  | | |  | | |  | |  |  | | | |  | |  | |  | | |  | |  | |  |
| **Male** | | | | **1** |  | |  | | |  | | |  | | |  | |  |  | | | |  | |  | |  | | |  | |  | |  |
| **Female** | | | | **2** |  | |  | | |  | | |  | | |  | |  |  | | | |  | |  | |  | | |  | |  | |  |
|  | | | | **(273)** | | | **(274)** | | | | | |  | | |  | |  |  | | | |  | |  | |  | | |  | |  | |  |
| **Place of primary Practice (from screener)** | | | | **Place of practice**  **(MC poss)** | | | **Place of primary practice**  **(where resp spends more than 70% of his/ her time) (SC only** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |
| **Clinic/ Polyclinic** | | | **1** | | | **1** | | | | |  | |  | | |  |  | |  | |  | |  | | | | |  | |  | |  | |
| **Nursing Home** | | | **2** | | | **2** | | | | |  | |  | | |  |  | |  | |  | |  | | | | |  | |  | |  | |
| **Pvt Hospital** | | | **3** | | | **3** | | | | |  | |  | | |  |  | |  | |  | |  | | | | |  | |  | |  | |
| **Govt Hospital** | | | **4** | | | **4** | | | | |  | |  | | |  |  | |  | |  | |  | | | | |  | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BASE CENTER DETAILS** | | | | | | | | | | | |
| **BASE CENTER** | | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | **BASE CENTER** | **CODE** | | **BASE CENTER** | **CODE** |
| **Mumbai** | | **01** |  |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  |  |  | |  |  |
|  | | | | | | | | | | | |
| 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 IPSOS RESEARCH PVT LTD. UNAUTHORISED USE OF THIS QUESTIONNAIRE BY ANY OTHER AGENCY OR BODY IS FORBIDDEN | | | | | | | | | | |

|  |
| --- |
| **INTRODUCTION**  This study is conducted **to understand your perception about various disease prevented by vaccines among adults**. Anything opinion incorporation is highly valued for this project. Anything that will be captured as a part of this of survey would be treated in strictest confidence and will not be attributed to you. Responses are grouped together for overall analysis purposes. The project is purely concerned with research, there will be no attempt to sell you anything or influence your use of products.  You are about to enter a market research interview. We are required to pass on to our client details of adverse events and product technical complaints that are mentioned during the course of market research. Although this is a market research interview and what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event or product technical complaint in an individual or group of individuals, we will need to report this.  In such a situation you will be asked whether or not you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct specifically in relation to that adverse event or product technical complaint. Everything else you say during the course of the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.  Are you happy to proceed with the interview on this basis?  Yes  No |

**CONSENT**

Before starting the survey, please be informed about some basic information you need to know and confirm.

As it has been informed to you earlier, this is a market research survey and we are not trying to market or sell you anything. You confirm you are of legal age to participate and your participation in this research study is strictly voluntary.

You further agree to keep confidential and not to share, disclose, post any information about this study in public domain or any social media, as it may be new product or concept of the sponsor for whom the study is being done.

Your personal information will be kept confidential. Your answers will be combined with information collected from other participants and only the total results (without sharing any personal information of yours) will be used for market research reporting to the sponsor of this study.

Please let me know if you agree so that we can proceed.

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

**ASK ALL**

1. Doctor, approximately how many **patients do you personally see/consult** on **an average in a month?**

**NOTE TO SCRIPTER: PIPE IN THE RESPONSE FROM S4**

|  |
| --- |
|  |

**ASK ALL**

1. What proportion of your adult patients would be eligible for adult vaccination across below listed diseases?   
   **SCRIPTER INSTRUCTION:** **ROW WISE VALUE SHOULD NOT EXCEED 100. COLUMN TOTAL CAN BE GREATER THAN 100.**

|  |  |
| --- | --- |
| **Disease** | **% of patients** |
| Cervical cancer/HPV infection |  |
| Chickenpox |  |
| Hepatitis A |  |
| Hepatitis B |  |
| Influenza (Flu) |  |
| Measles, Mumps and Rubella (MMR) |  |
| Pneumococcal disease |  |
| Shingles |  |
| Tdap |  |
| Others, please specify |  |

**ASK ALL**

1. Doctor, for which of the following diseases do you recommend an adult vaccine among your adult patients?

**MULTIPLE CODING POSSIBLE**

**NONE : CODE 99 IS EXCLUSIVE**

**ASK ALL**

1. Doctor, to what proportion of your adult patients you have administered vaccines for each of the below listed diseases in past 6 months. **OPEN NUMERIC. VALUE SHOULD NOT EXCEED 100. TOTAL WILL NOT ADD UPTO 100.**

|  |  |  |
| --- | --- | --- |
| **Disease** | **Q3 Code** | **Q4 % PATIENTS** |
| Cervical cancer/HPV infection | 1 |  |
| Chickenpox | 2 |  |
| Hepatitis A | 4 |  |
| Hepatitis B | 5 |  |
| Influenza (Flu) | 6 |  |
| Measles, Mumps and Rubella | 7 |  |
| Pneumococcal disease | 8 |  |
| Shingles | 10 |  |
| Tdap | 11 |  |
| Others, please specify | 98 |  |

**ASK ALL**

1. Doctor for which of the following adult vaccines do you get proactive enquiries from adult patients? **MULTIPLE CODING POSSIBLE**

**NONE : CODE 99 IS EXCLUSIVE**

|  |  |
| --- | --- |
| **Disease** | **Q5 Code** |
| Cervical cancer/HPV infection | 1 |
| Chickenpox | 2 |
| Hepatitis A | 4 |
| Hepatitis B | 5 |
| Influenza (Flu) | 6 |
| Measles, Mumps and Rubella | 7 |
| Pneumococcal disease | 8 |
| Shingles | 10 |
| Tdap | 11 |
| Others, please specify | 98 |
| **None of the above** | 99 |

**DOCTOR FROM HEREON WE WILL FOCUS ONLY ON PNEUMOCOCCAL DISEASE**

**ASK ONLY IF CODED 8 IN Q5**

1. Doctor, considering all the patients whom you have administered pneumococcal vaccine, could you please indicate what proportion of vaccinations were due to proactive enquiries from patients vs recommendation from you?

**TOTAL SHOULD ADD UPTO 100**

|  |  |
| --- | --- |
| **Proactive vs Doctor led** | **Percent patients** |
| Proactive enquiry from patients |  |
| Your recommendation |  |
| **Total** | **100%** |

**ASK IF RESPONSE FOR “PROACTIVE ENQUIRY” IS GREATER THAN “0” IN Q6**

1. How many enquiries have you received for adult Pneumococcal vaccine in last 3 months?

**OPEN ENDED. PLEASE ENTER THE RESPONSE IN WHOLE NUMBER**

|  |
| --- |
|  |

**ASK ALL**

1. Doctor, basis your understanding about pneumococcal disease, please select the suitable profile of patients who should receive Pneumococcal vaccine. **MUTIPLE CODING POSSIBLE**

**ASK IF RESPONSE FOR “PROACTIVE ENQUIRY” IS GREATER THAN “0” IN Q6**

1. Doctor, considering the patients enquiring proactively, what is the profile of patients who sought proactive pneumococcal vaccination? **MUTIPLE CODING POSSIBLE  
   NO GENDER SPECIFIC: CODE 98 IS EXCLUSIVE**

|  |  |  |
| --- | --- | --- |
|  | **Q8** | **Q9** |
| **Groups** | **Code** | **Code** |
| **Age** |  |  |
| 20-35 yrs. | 1 | 1 |
| 36-50 yrs. | 2 | 2 |
| 51 – 65 yrs. | 3 | 3 |
| More than 65 yrs. | 4 | 4 |
| **Gender** |  |  |
| Males | 1 | 1 |
| Females | 2 | 2 |
| No gender specific | 98 | 98 |
| **High risk medical conditions** |  |  |
| Cancer | 1 | 1 |
| Asthma | 2 | 2 |
| COPD | 3 | 3 |
| Diabetes | 4 | 4 |
| Coronary Heart Disease | 5 | 5 |
| Chronic kidney disease | 6 | 6 |
| None of the above | 7 | 7 |
| **Lifestyle conditions** |  |  |
| Smoking | 1 | 1 |
| Alcoholism | 2 | 2 |
| None of the above | 3 | 3 |
| Any other please specify (---) | 98 | 98 |

**ASK ALL**

1. Doctor, how would you rate the overall intent of patients to vaccinate themselves or their family against pneumococcal disease, on a scale of 1-5, where 1 “very weak/least likely” and 5 “Very strong/Extremely likely”

**SINGLE CODING POSSIBLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Least likely |  |  |  | Extremely likely |

**ASK ALL**

1. What could be the possible reasons among adults to not opt for Pneumococcal vaccine? **MULTIPLE CODING POSSIBLE**

**CODE 99 IS EXCLUSIVE**

|  |  |
| --- | --- |
| **Challenges** | **CODE** |
| Lack of awareness about Pneumococcal disease/vaccine | 1 |
| Concerns about vaccine safety or side effects | 2 |
| Financial constraints | 3 |
| Lack of access to healthcare facilities | 4 |
| Others: Please specify (\_\_\_\_\_\_) | 98 |
| Don’t know/Can’t say | 99 |

**ASK ALL**

1. Doctor, what would encourage adults to get themselves or family members vaccinated against Pneumococcal disease? **MULTIPLE CODING POSSIBLE**

**CODE 99 IS EXCLUSIVE**

|  |  |
| --- | --- |
| **Motivating factors** | **CODE** |
| Educating people about Pneumococcal disease and vaccine | 1 |
| Providing clear and accurate information about Pneumococcal disease and vaccine | 2 |
| Addressing concerns or misconceptions about vaccine safety | 3 |
| Offering vaccination reminders or incentives | 4 |
| Collaborating with other healthcare providers or community organizations | 5 |
| Endorsement about adult vaccine via a popular celebrity | 6 |
| Improving access of adult vaccines | 7 |
| Others: Please specify (\_\_\_\_\_\_) | 98 |
| Don’t know/Can’t say | 99 |

**Thank You!**