**Project\_Y Pricing**

**Patient Questionnaire Version 1**

**Sep 22, 2025**

# Key Objectives

1. **What is the interest in PROJECT\_Y among ECPs and consumers?**
2. **What % of DD CL consumers are willing to pay a premium PROJECT\_Y?**
3. **To what extent does PROJECT\_Y impact ECP willingness to prescribe?**
4. **What is Optimal price point when paired with PROJECT\_T, PROJECT\_A, PROJECT\_R lenses?**
5. **What is the strength of synergies & impact on equity seen when pairing OneTouch packaging with various PROJECT\_AC contact lenses (PROJECT\_T, PROJECT\_R, PROJECT\_A) across target user groups (gender, age group, toric/presby, premium/mainstream market, etc.)**

# Sample Design

|  |  |  |  |
| --- | --- | --- | --- |
| **Countries** | **Patients** | **ECPs** | **With Subset Receiving Prototypes (mix of ECPs and Patients)** |
| US | 200 | 150 | 50 |
| UK | 165 | 80 | 40 |
| Japan | 165 | 80 | 40 |

# Instructions for Programmers

There are several elements in this document that should not be shown to respondents:

* Any text in the “**[ ]**” (square brackets and/or **BLUE font color**) on the screener and questionnaire is for programming only and must NOT be shown on the actual survey
* Do not show section headers to respondents; they are for internal use only
* Do not show question or response numbers to respondents
* Please auto sum totals for all tables adding up to a “total”
* For tables adding to a total, please auto fill with “0” if respondent leaves cell choice empty

**GENERAL INSTRUCTIONS:**

* Assume that there are page breaks between questions unless otherwise specified
* Force a response to each question before continuing unless a question is noted as “optional”
* Ensure that the question numbers from the screener and questionnaire are captured as variable ID’s in the data set

Important: Programming notes/skip logic might appear before and after each question, please make sure that all of them are addressed

# Screener

**Introduction**

Thank you for agreeing to participate in this survey.

We will begin by asking a few questions to ensure you meet the criteria to participate in this market research study. After answering these questions, you will be informed of your eligibility to participate in a 20-minute survey.

Please click **'Next' (>>)** to continue...

SQ01. In the past 30 days, have you participated in a market research study related to?

(Please select all that apply)

[RANDOMIZE]

1. Intravenous infusion therapy
2. Blood collection devices
3. Prescription Medication Brands
4. Hazardous waste treatment
5. Vision correction related products [THANK AND TERMINATE]
6. Contact lens brands [THANK AND TERMINATE]
7. Skin disinfection/Device disinfection
8. Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_ [Text box]
9. None of the above [Exclusive]

SQ02. Do you or any member of your household work for any of the following?

(Please select all that apply)

**[MULTI-SELECT, RANDOMIZE]**

1. A marketing research company or department
2. An advertising agency or public relations firm
3. A company that makes, distributes, or sells eyewear or vision care products
4. An eye care professional such as an optometrist, optician, or ophthalmologist
5. A company that makes or sells automobiles
6. A telecommunication company
7. A financial services company or institution
8. A travel agency
9. None of the above

[THANK AND TERMINATE IF SELECTED [1], [2], [3], OR [4]]

SQ03. Do you actively work for, consult with, or serve as the clinical investigator for any contact lens company?

1. Yes [THANK AND TERMINATE]
2. No

SQ04. What is your Age?

[Insert Numeric OE. RANGE 1-120] \_\_\_\_\_\_\_\_\_\_\_\_

[QUOTA: FOR US- 56 RESPONDENTS BETWEEN 15-18, 19-25, 26-34, 35-65]

[QUOTA: FOR UK- 46 RESPONDENTS BETWEEN 15-18, 19-25, 26-34, 35-65]

[QUOTA: FOR JP- 46 RESPONDENTS BETWEEN 15-18, 19-25, 26-34, 35-65]

TERMINATE IF <15 OR > 65]

SQ05. Which, if any, of the following eye conditions do you have?

(Please select all that apply)

**[MULTI SELECT]**

1. Nearsightedness, Short-sightedness, or Myopia:

*“I can see close objects more clearly than distant objects (or) I have trouble seeing things in the distance.”*

1. Farsightedness, Long-sightedness or Hyperopia:

*“I can see far objects more clearly than close objects (or) I have trouble seeing things close up.”*

1. Astigmatism:

*“I have blurry or distorted vision because my eye/cornea is irregularly or oval shaped.* *The type of contact lenses that correct for this vision issue are often called toric lenses”*

1. **[ONLY SHOW IF 35+ YEARS OF AGE]** Presbyopia/Bifocal:

*“I have had a recent change in my vision (within the last several years), and now I have more difficulty reading fine print, seeing things up close, or seeing things in low light compared to when I was younger. The type of glasses or contact lenses that may correct for this vision issue are often called reading glasses, bifocal, multifocal, or progressive lenses”*

1. None of the above [THANK AND TERMINATE]

[TERMINATE IF SELECTED [5]

[TERMINATE IF **NOT SELECT** [1] NEARSIGHTED, [2] FARSIGHTED SELECTED, **OR** [3] SELECTED]

[ROWS 1 AND 2 ARE MUTUALLY EXCLUSIVE (I.E. CANNOT BOTH BE SELECTED) UNLESS ROW 3 “ASTIGMATISM” IS ALSO SELECTED]

SQ05a. [ASK IF SQ04 >=35] Which vision issues have you experienced since reaching the age of 35+ (i.e. you now have vision issues you didn't experience in your early 30s, or issues have progressed even when wearing glasses or contact lenses)?

*(Please Select all that apply)*

* 1. Difficulty reading small or fine print
  2. Difficulty seeing things close-up
  3. Difficulty seeing things in low or dim light
  4. Difficulty focusing between near and far objects
  5. Difficulty reading low contrast text, such as blue text on a black background
  6. Cannot see well close-up when wearing my current contacts or glasses
  7. Need to take off my glasses to see things close-up
  8. Need to put on reading glasses to see things close-up
  9. None of the above [CLASSIFY AS NON-PRESBYOPIC]

SQ06. Which of the following have you worn in the past seven daysto help you see better?

(Select all that apply)

1. Glasses (including reading glasses or glasses of distance vision)
2. Disposable soft contact lenses, designed to be worn for 1 day before throwing away
3. Reusable soft contact lenses, designed to be worn for 1 week, 2 weeks, or 30 days before throwing away)
4. Hard / rigid contact lenses
5. None of the above [THANK AND TERMINATE]

[IF SELECT 2 OR 4 CLASSIFY AS “CURRENT WEARER”]

[IF SQ05\_4 SELECTED AND 2 OR 4 SELECTED CLASSIFY AS “PRESBYOPIA CURRENT WEARER”]

[TERMINATE IF SELECT ONLY 3 OR ONLY 5 OR ONLY 3&5]

[TERMINATE IF SELECT 5]

SQ07. Of the total time you spend wearing glasses or contacts, what percent of this time is spent wearing each of the following:

|  |  |  |
| --- | --- | --- |
| **1** | [PIPE IN ROWS SELECTED IN SQ06] [IF ONLY ONE ROW SELECTED IN SQ06, AUTOFILL 100% FOR SQ07 AND DO NOT SHOW QUESTION] | \_\_\_% |
|  |  | Total must sum to 100% |

SQ08. How often do you wear Daily Disposable soft contact lenses?

1. 7 days per week
2. 5-6 days per week
3. 2-4 days per week
4. 1 day per week
5. Less than 1 day per week [THANK AND TERMINATE]

SQ09. **[SHOW IF SQ06 [2,4] IS NOT SELECTED]**

How likely are you to consider using soft contact lenses to help you see better in the next 12 months?

(Please select only one option)

**[SINGLE SELECT]**

1. Definitely would **not** consider [THANK AND TERMINATE]
2. Probably would **not** consider [THANK AND TERMINATE]
3. Might or might not consider [THANK AND TERMINATE]
4. Probably would consider
5. Definitely would consider

[IF SELECT 4-5 CLASSIFY AS “CONSIDERER”]

[QUOTA: FOR US NO MORE THAN 120 RESPONDENTS MAX TO BE KEPT IF “CONSIDERER”]

[QUOTA: FOR UK NO MORE THAN 102 RESPONDENTS MAX TO BE KEPT IF “CONSIDERER”]

[QUOTA: FOR JP NO MORE THAN 102 RESPONDENTS MAX TO BE KEPT IF “CONSIDERER”]

SQ10. Which, if any, of the following medical conditions do you suffer from?

(Please select all that apply)

1. Macular degeneration/age-related macular degeneration/AMD [THANK AND TERMINATE]
2. Glaucoma [THANK AND TERMINATE]
3. Cataracts [THANK AND TERMINATE]
4. Diabetic retinopathy (damage to the retina caused by complications of diabetes) [THANK AND TERMINATE]
5. Any form of blindness [THANK AND TERMINATE]
6. Retinal detachment [THANK AND TERMINATE]
7. Ocular hypertension [THANK AND TERMINATE]
8. Clinically diagnosed Dry Eye Syndrome (a condition caused by inadequate tear production that leads to redness, itching or burning of the eye and is severe enough to prevent contact lens usage) [THANK AND TERMINATE]
9. Allergies or hay fever affecting the eyes (e.g. symptoms such as eyes become itchy, burning, watery, red etc.)
10. Asthma
11. Diabetes
12. Dry eyes
13. Eye infection or inflammation
14. Migraine headaches
15. None of the above [EXCLUSIVE]
16. Prefer not to answer [THANK AND TERMINATE]

[THANK AND TERMINATE IF [1], [2], [3], [4], [5], [6], [7], [8], OR [16]]

SQ11. Which of the following medical types of eye surgery have you ever undergone?

(Please select all that apply)

**[MULTI SELECT DO NOT RANDOMIZE]**

1. Cataract surgery [THANK AND TERMINATE]
2. Surgery for detached retina [THANK AND TERMINATE]
3. LASIK/Laser surgery (either to correct for near or far sightedness or for other reasons) [THANK AND TERMINATE]
4. None of the above [EXCLUSIVE]

[TERMINATE IF SELECTED [1], [2], OR [3]]

SQ12.

**Confidentiality Agreement**

I understand that I am being asked to participate in a market research study and that my participation is voluntary.  I understand that I will be presented with information during the research which may or may not be factual or true and that I may be asked to accept certain representations or make certain assumptions about new products or new labeling to answer various questions for the market research study.  I understand that such representations have been made for research purposes and no other purposes, and that information about any [FOR US ONLY] FDA [FOR UK ONLY] EMA [FOR JP ONLY] PMDA approved product should be obtained from the product prescribing information and my health care professional.

I acknowledge that I may receive information during the market research study which is confidential information belonging to the study sponsor.  I agree that I will not disclose or use this confidential information, nor discuss with any party, any of the information with which I have been provided or been made aware in connection with my participation in this market research study.  The term of this non-disclosure will continue until such time, if ever, the information becomes publicly available.

I understand that I will be expected to provide honest feedback during the survey.  I acknowledge and agree that the market research agency and the study sponsor will have access to my feedback for purposes related to the study objective. I understand that the market research agency and the study sponsor will not disclose any confidential information I provide.

1. I Agree
2. I Disagree [THANK AND TERMINATE]

[for Eligible Respondents] Thank you. You are eligible to take part in a 20-minute survey.

[Over Quota/Termination (OQ/DQ) Statement]

Thank you for your interest.

Unfortunately, you do not meet the criteria to participate in this study.

[End of Screener]

# Section A: brand awareness and use

**[SHOW SECTION A ONLY TO THOSE WHO SELECTED [2] IN SQ06]**

**[SHOW DISCLAIMER ON SEPARATE SCREEN PRIOR TO AQ01]**

**Disclaimer: If possible, please have a look at your contact lens packaging prior to answering the following question. It would be appreciated in order to ensure the utmost accuracy. Thank you!**

AQ01. Which of the following brands of contact lenses do you currently wear? (If applicable, please review your contact lens packaging and select your brand from the list below)

*Please select all that apply.*

**[MULTI SELECT]**

|  |  |
| --- | --- |
| **Brand** | |
| **Daily Disposable**  **[ONLY SHOW IF SELECT SQ06 ROW 2 ] [RANDOMIZE]** | |
|  | 1-DAY PROJECT\_AC® MOIST |
|  | 1-DAY PROJECT\_AC® TruEye® |
|  | PROJECT\_AC®OASYS 1-Day with HydraLuxe™ TECHNOLOGY |
|  | Proclear® 1-day |
|  | clariti 1-day |
|  | AIR OPTIX plus HydraGlyde |
|  | MyDay |
|  | DAILIES® AquaComfort PLUS® |
|  | DAILIES® TOTAL1® |
|  | Precision 1 |
|  | Biotrue ONEday |
|  | SofLens daily disposable |
|  | INFUSE |
|  | Scout |
|  | BioSync |
|  | Hubble |
|  | KIRKLAND Signature™ Daily Disposable |
|  | Fresh Day |
|  | Other Daily Disposable |

[IF SELECT ONLY ONE, CLASSIFY BRAND AS “MOST USED BRAND”]

**[SHOW BELOW LIST ONLY TO JAPAN]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Brand** | | **Spherical** | **Toric/ For Astigmatism** | **Multifocal/ For Presbyopia** |
| **Daily Disposable**  **[ONLY SHOW IF SELECT SQ06 ROW 2]** | | | | |
|  | 1day Aquair Evolution | **○** |  |  |
|  | Proclear 1 day | **○** |  |  |
|  | MyDay | **○** |  |  |
|  | 1day Aquair Toric | **○** | **○** |  |
|  | MyDay Toric | **○** | **○** |  |
|  | Proclear 1 day Multifocal | **○** |  | **○** |
|  | Seed 1dayPure Uruoi plus | **○** |  |  |
|  | Seed 1dayFine UV plus | **○** |  |  |
|  | Seed 1dayPure Uruoi plus Toric | **○** |  |  |
|  | Seed 1dayPure Multistage | **○** |  | **○** |
|  | Seed 1dayPure EDOF | **○** |  | **○** |
|  | 1-Day PROJECT\_AC Moist | **○** |  |  |
|  | 1-Day PROJECT\_AC TruEye | **○** |  |  |
|  | PROJECT\_AC®OASYS 1-Day with HydraLuxe™ TECHNOLOGY | **○** |  |  |
|  | 1-Day PROJECT\_AC Moist for Astigmatism | **○** | **○** |  |
|  | PROJECT\_AC 1-Day Oasys for Astigmatism | **○** | **○** |  |
|  | 1-Day PROJECT\_AC Moist Multifocal | **○** |  | **○** |
|  | Dailies Aqua Comfort PLUS | **○** |  |  |
|  | Dailies Total 1 | **○** |  |  |
|  | Dailies Aqua Comfort PLUS Toric | **○** | **○** |  |
|  | Dailies Aqua Comfort PLUS Multifocal | **○** |  | **○** |
|  | Dailies Total 1 Multifocal | **○** |  | **○** |
|  | Biotrue ONEday | **○** |  |  |
|  | Aqualox One Day | **○** |  |  |
|  | Medalist 1Day Plus Toric | **○** | **○** |  |
|  | Biotrue ONEday Toric | **○** | **○** |  |
|  | Biotrue ONEday Multifocal | **○** |  | **○** |
|  | Menicon 1DAY | **○** |  |  |
|  | Magic | **○** |  |  |
|  | 1DAY Menicon Premio | **○** |  |  |
|  | 1DAY Menicon Premio Toric | **○** | **○** |  |
|  | Magic Toric | **○** | **○** |  |

[SHOW ONLY IF SELECTED MORE THAN ONE OPTION IN AQ01]

AQ02. In a **typical week**, what percent of your time wearing the contact lens brands that you previously selected is spent wearing each of the following lenses?

(Please indicate a higher percentage for that which you wear more frequently)

|  |  |
| --- | --- |
| **INSERT ALL BRANDS SELECTED IN AQ01 BELOW, AS: (Manufacturer, Brand)** | **Frequency of Use (% of the time)** |
|  | **\_\_\_\_\_\_\_%** |
|  | **\_\_\_\_\_\_\_%** |
|  | **\_\_\_\_\_\_\_%** |
| **Total:** | **COLUMN TOTAL MUST SUM TO 100%** |

[CLASSIFY BRAND WITH GREATEST ROW TOTAL AS “MOST USED BRAND”]

[DO NOT ALLOW EXACT SAME OE% FOR ANY 2 ROWS]

AQ03. When you purchase an order of contacts, how many of the following **lens packs** do you buy at a time (both eyes)?

[SINGLE SELECT]

**IF ANY BRAND “DAILY DISPOSABLE” SELCTED AT AQ01, SHOW:**

**Daily Disposable Contact Lenses:**

|  |  |  |
| --- | --- | --- |
|  | **Pack Type:** | **Number of Packs Purchased at a time:** |
| **1** | 30 - pack | \_\_\_\_\_\_\_\_ **[OE RANGE 0-100]** |
| **2** | 90 - pack | \_\_\_\_\_\_\_\_ **[OE RANGE 0-100]** |
| **3** | Other (please specify) **[Insert OE \_\_\_\_\_\_\_\_ ]** | \_\_\_\_\_\_\_\_ **[OE RANGE 0-100]** |

AQ04. How frequently do you typically buy new packs of these contact lenses?

1. Twice per month or more often
2. Once per month
3. Once every 2 months
4. Once every 3 months
5. Once every 6 months
6. Once a year
7. Once every 2 years
8. Less frequently than once every 2 years

AQ05. How would you describe the role you played in the choice of this contact lens brand you are using?

(Please select only one option)

[SINGLE SELECT]

1. I relied on my eye care professional’s advice entirely and I haven’t played any role in the brand choice
2. I asked my eye doctor for a particular brand, but he or she recommended something else
3. I asked my eye doctor for a particular brand and now I am using this brand
4. I conducted personal research and purchased a particular brand from a retailer
5. Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_ [Text box]

AQ06. [SHOW IF AQ03 ROWS 1,2, or 3 >0]

You indicated that you typically buy your **daily disposable** contact lensesin a **[PIPE IN ROW SELECTION FROM AQ03 (ex. “30-pack”)]** and you buy **[PIPE IN HIGHEST OE FROM AQ03 ROWS 1-3 (ex. “2”]** packs at a time. Please indicate how much **YOU** **PAY** for this supply in total (without considering insurance reimbursement or rebates). Please provide your best estimate without looking up prices.

|  |
| --- |
| **$ \_\_\_\_\_\_\_\_\_\_ [RANGE 1 – 2000]** |
| **□ I don’t know** |

[DO NOT ALLOW DECIMAL PLACES]

AQ07. Please indicate which option best describes how you feel about the **price** of your contact lenses.

(Please select only one option)

[SINGLE SELECT]

1. A higher price is possible: Given the value of this product, it could support an even higher price.
2. Price is justified: The existing price is justified due to product’s value.
3. Expensive but reasonable: This product is a little expensive, but the price is still reasonable for the value the product offers.
4. Expensive, pushing upper limit: This product seems expensive. I feel the price is really pushing the limit of how much can be asked.
5. Overpriced: This product is clearly overpriced. The value of this product does not at all support the price that is being charged.

AQ07A. [SHOW ONLY UK] Do you currently purchase contact lenses using a subscription?

1. Yes
2. No

AQ08. Where is the primary location that you purchase your contact lenses?   
(Please select only one option)

**[SHOW ONLY TO UK]** [SINGLE SELECT]

[RANDOMIZE]

[1] My doctor's private practice

**Internet Retailer:**

[2] FeelGoodContacts.com

[3] Contactlenses.co.uk

[4] Visiondirect.co.uk

[5] Lenstore.co.uk

**Discount/Club Retailer**:

[6] Boots

[7] Costco/Costco.com

[8] Specsavers

[9] Vision Express

[10] ASDA Opticians

[11] Optical Express

[12] David Clulow

[13] Leightons  
[14] Other discount/club retailer. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

[IF SELECT [1] CLASSIFY PURCHASE LOCATION AS ‘DOCTORS’]

[IF SELECT [2-5] CLASSIFY PURCHASE LOCATION AS ‘INTERNET RETAILER’]

[IF SELECT [6-14] CLASSIFY PURCHASE LOCATION AS ‘DISCOUNT/CLUB RETAILER’]

**[SHOW ONLY TO US]** [SINGLE SELECT]

[RANDOMIZE]

[1] My doctor's private practice

[2] Subscription from retailers/websites

**Online Retailer:**

[3] 1-800 CONTACTS

[4] Other internet retailer. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

**Discount/Club Retailer:**

[5] Wal-Mart/Walmart.com

[6] Sam’s/Sam’s.com

[7] Costco/Costco.com

[8] Sears/Sears.com

[9] Target/Target.com   
[10] Other discount / club retailer. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

**Vision Retailer:**

[11] LensCrafters

[12] Pearle Vision

[13] America’s Best

[14] Eyeglass World

[15] National Vision

[16] Vision Works

[17] MyEyeDr.

[18] Other chain optical retailer. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

[IF SELECT [1] CLASSIFY PURCHASE LOCATION AS ‘DOCTORS’]

[IF SELECT [3-4] CLASSIFY PURCHASE LOCATION AS ‘ONLINE RETAILER]

[IF SELECT [5-10] CLASSIFY PURCHASE LOCATION AS ‘DISCOUNT/CLUB RETAILER]

[IF SELECT [11-18] CLASSIFY PURCHASE LOCATION AS ‘VISION RETAILER]

[SHOW ONLY TO JAPAN] [SINGLE SELECT]

[RANDOMIZE]

[1] My doctor's private practice

**Online:**

[2] Online shopping site (Rakuten, Yahoo, etc.)

[3] Amazon

[4] Manufacturer’s official online store

[5] Vision retailer’s online store (eg. Eye City, Ace contact lens, etc.)

[6] Other internet retailer. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

**Operator Retailer:**

[7] Megane Ichiba

[8] Costco

[9] Megane 21

[10] Megane Super

[11] Megane Yonezawa

[12] Other Opt retailer. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

**CL Retailer:**

[13] Eye City

[14] Heart Up

[15] Chuo contact

[16] Bic contact

[17] Ace contact

[18] Other chain CL retailer. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

**Subscription plan:**

[19] Mels plan

[20] Project\_AC Teikibin

**Others:**

[21] Don Quijote

[22] Drug store (Matsukiyo, etc.)

[23] Other channel. Please Specify: (Insert OE \_\_\_\_\_\_\_\_\_\_)

[IF SELECT [1] CLASSIFY PURCHASE LOCATION AS ‘DOCTORS’]

[IF SELECT [2-12] CLASSIFY PURCHASE LOCATION AS ‘OPERATOR RETAILER’]

[IF SELECT [13-18] CLASSIFY PURCHASE LOCATION AS ‘CL REATAILER]

[IF SELECT [19-20] CLASSIFY PURCHASE LOCATION AS ‘SUBSCRIPTION PLAN’]

# SECTION B: CONCEPT EVALUATION

We will now introduce you to a new potential product concept for an **approach to contact lens removing, handling and insertion of the lens, which we will refer to as PRODUCT CONCEPT X**. Please review carefully, as we will have some follow up questions:

**[RANDOMIZE CONCEPT TO BE SHOWN: 50%-50% SPLIT]**

**[IF SHOWN FOLLOWING, CLASSIFY PROJECT\_R FOCUSED]**

You need to be on top of your game to keep up with your busy lifestyle.  Your vision helps you to not skip a beat across multiple aspects of your day – whether it's getting ready in the morning, high performance over a long day working on the computer or relaxing at the end of day with your latest series binge.  Your ability to see clearly and comfortably in all environments helps you to be your best self.

This newest innovation in contact lenses revolutionizes traditional contact lens wear to meet the demands of today’s busy, digital world.  With a proprietary blue-violet light filter, visual performance and comfort far exceed the performance of everything on the market today.  In addition, its patented, fully re-imagined, packaging system significantly reduces handling of the lens to save time, all while providing a more hygienic experience.

Modernize your contact lens experience with blue-violet light filtration that keeps up with today’s digital lifestyle and a handling experience that makes fumbling with lenses a thing of the past

**[RANDOMIZE CONCEPT TO BE SHOWN: 50%-50% SPLIT]**

**[IF SHOWN FOLLOWING, CLASSIFY PROJECT\_A FOCUSED]**

**[DO NOT SHOW IF CLASSIFIED AS ‘NON-PRESBYOPIC’ from SQ05a]**

Your vision is fundamental to your quality of life and the most valued sense.  Crisp and comfortable vision across all environments allows you to engage and connect fully with people and experiences in your life. Because of that, you make decisions that prioritize the short- and long-term health of your vision and your overall wellness.

Now there is a convenient approach to contact lenses that results in next level protection - health and hygiene. This breakthrough contact lens technology filters harmful blue-violet light for improved protection and crisp, clear vision at all distances and in all lighting conditions. In addition, a patented easy-open packaging design presents the lens to you ready for insertion -- negating the need for glasses or readers to find and prepare the lens. This reduces fumbling with the lens while minimizing dirt and germ transfer to the eye.

Prioritize your eye health, overall hygiene, and daily convenience with an innovation that delivers all-around crisp vision and seamless handling.

**[NEW SCREEN]**

You will now see a short video demonstrating Product Concept X, which is currently in development:

[VIDEO PLACEHOLDER]

*The option to continue will appear momentarily.*

DO NOT ALLOW TO PROCEED FOR 15 SECONDS

Click Next>> to Proceed

BQ00. Which of the following names do you prefer for this new packaging design, as shown in the video?

1. One Touch
2. ReadyLens

BQ01. [INCLUDE HYPERLINK TO CONCEPT X PROFILE]

Thinking about PRODUCT CONCEPT X, on a scale of 1 to 5, where 1 is “Completely Unlikely” and 5 is “Completely Likely”, If your doctor presented this option to you, how likely would you be to purchase and use **this contact lens***,* assumingit is priced similarly to your current options?

*Please click here to review the concept* [SHOW HYPERLINK TO CONCEPT X]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 = Completely Unlikely** | **2 = Somewhat Unlikely** | **3 = Neither likely nor unlikely** | **4 = Somewhat Likely** | **5 = Completely Likely** |
| Likelihood to adopt/use Concept X | O | O | O | O | O |

BQ02. [INCLUDE HYPERLINK TO CONCEPT X PROFILE]

Thinking about **PRODUCT** **CONCEPT X**, on a scale of 1 to 5, where 1 is “Poor” and 5 is “Excellent”, how would you rate your overall impression of **this product**, assuming it is priced similarly to your current options?

*Please click here to review the concept* [SHOW HYPERLINK TO PRODUCT CONCEPT X]

*(Please select one answer)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 = Poor** | **2 = Fair** | **3 = Average** | **4 = Good** | **5 = Excellent** |
| Rate your overall impression | O | O | O | O | O |

BQ03. What are the **main advantages** that you see with using **CONCEPT X** compared to the current CL approach?

*(Please be specific)*

*Please click here to view the CONCEPT X profile again.* [SHOW HYPERLINK TO CONCEPT X]

[INSERT OE TEXT BOX]

BQ04. What are the **potential** **disadvantages** that you see with using **CONCEPT X** compared to the current CL approach?

*(Please be specific)*

*Please click here to view the CONCEPT X profile again.* [SHOW HYPERLINK TO CONCEPT X]

[INSERT OE TEXT BOX]

# Section C: CBC Exercise

[SCREEN 1] [SHOW ONLY ONCE]

In answering questions in this next exercise, we would like you to continue to think about **daily disposable contact lens**

In this exercise, you will see 15 screens.  Each screen will have 5 options – 4 are potential options of a new contact lens, and the fifth is ‘None’, which is the option not to adopt one of the other three options.

Assume the three options presented to you on each screen are the only options available to you to choose,

* Please pick the option that you prefer the most by selecting it on every screen
* If you do not like any of the options on the screen, please select none

For the purpose of this exercise, please keep the following in mind:

* Assume that the product options are **available for purchase as shown, even if they do not match current market offerings.**
* Please assume that you yourself are going to **acquire the product**
* Assume that the product options will deliver to **an equal extent on all other features** that are not listed within the option.
* Please consider **each screen** to be **a completely separate scenario** – only the options available on that individual screen should be part of your consideration.
* Please consider the pricing that you see to be for [SHOW US]: an annual supply for both eyes [SHOW UK and JAPAN:] a 30-pack box for one eye

**Continue to CBC >>**

# SECTION D: VAN WESTENDORP

We will now show you a few new potential product concept for an **approach to contact lens removing, handling and insertion of the lens**. Please review carefully, as we will have some follow up questions.

**[NEW SCREEN]**

*The option to continue will appear momentarily.*

DO NOT ALLOW TO PROCEED FOR 15 SECONDS

Click Next>> to Proceed

DQ01. [SHOW HYPERLINK TO CONCEPT X]

Thinking specifically about **PRODUCT CONCEPT X**, please indicate the price at which you would consider it to be:

|  |  |  |
| --- | --- | --- |
|  | **Cost of annual supply (two eyes)**  [SHOW ONLY FOR US] | **Cost of 1-month supply (30 pack box)**  [SHOW ONLY FOR UK/JAPAN] |
| 1. a good value for the money? | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |
| 1. getting expensive but you would still consider adopting/purchasing it? | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |
| 1. too expensive to consider adopting/purchasing it? | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |
| 1. so cheap that you would question the quality of the product? | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |

**[RANGE US: $1 – 20,000] [RANGE UK:** £**1 – 1,200] [RANGE JAPAN: 100 – 180,000]**

**PROGRAMMING NOTES**:

* DQ02r2 MUST BE GREATER THAN DQ02r1
* DQ02r3 MUST BE GREATER THAN DQ02r2
* DQ02r4 MUST BE LESS THAN DQ02r1

DQ01A. [SHOW HYPERLINK TO CONCEPT X] How likely would you be to recommend PRODUCT CONCEPT X to your patients, at the following prices?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Likelihood to recommend | **1 = Completely Unlikely** | **2 = Somewhat Unlikely** | **3 = Neither likely nor unlikely** | **4 = Somewhat Likely** | **5 = Completely Likely** |
| [PIPE IN EQ01r1] | O | O | O | O | O |
| [PIPE IN EQ01r3] | O | O | O | O | O |

DQ02: [SHOW HYPERLINK TO CONCEPT X]

Thinking specifically about PRODUCT CONCEPT X (**Hydrogel**, Daily Disposable lens), for the quantities shown below, please indicate the price at which you would consider it to be:

|  |  |  |
| --- | --- | --- |
|  | **Cost of annual supply (two eyes)**  [SHOW ONLY FOR US] | **Cost of 1-month supply (30 pack box)**  [SHOW ONLY FOR UK/JAPAN] |
| 1. good value for the money? | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |
| 1. getting expensive but you would still consider prescribing / recommending it to your patients / customers? | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |
| 1. too expensive to consider prescribing / recommending it to your patients? | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |
| 1. so cheap that you would question the quality of the product | **$\_\_\_\_\_\_\_** | ¥\_\_\_\_\_  [SHOW JP]  £\_\_\_\_\_  [SHOW UK] |

**[RANGE US: $1 – 20,000] [RANGE UK:** £**1 – 1,200] [RANGE JAPAN: 100 – 180,000]**

**PROGRAMMING NOTES**:

* DQ02r2 MUST BE GREATER THAN DQ0A2r1
* DQ02r3 MUST BE GREATER THAN DQ02Ar2
* DQ0A2r4 MUST BE LESS THAN DQ02Ar1

# SECTION E: ADDITIONAL QUESTIONS

EQ00. Have you heard about the blue light information from very recent news?

1. Yes
2. No

EQ00A. [ASK IF EQ00=1] Will you change your intention to purchase contact lenses with blue light function because of the new information?

1. Strongly intend to change
2. Somewhat intend to change
3. No difference
4. Somewhat do not intend to change
5. Strongly do not intend to change

EQ01.Which statement best describes your adoption of new products?

[SINGLE SELECT]

1. I am one of the first to adopt new products and technologies
2. I am a fast follower in adopting new products and technologies
3. I wait for new products and technologies to become well-accepted before making them part of my routine
4. I stick to what works, and seldom incorporate new products or technologies into my routine

EQ02. Please select the highest level of education you have completed to date. [SHOW ONLY US/UK]

[SINGLE SELECT]

1. Some high school or less
2. Completed high school
3. Some college
4. Completed college or University
5. Graduate school
6. Other education beyond high school (business, nursing, etc.)
7. Prefer not to answer

EQ03. Please indicate your current work status:

[SINGLE SELECT]

1. Working for pay / employed for less than 5 hours a week
2. Working for pay / employed for 5-29 hours a week
3. Working for pay / employed for 30 or more hours a week
4. Temporarily unemployed
5. Disabled or unable to work
6. Retired from a paying job / employment
7. Full time student
8. I choose not to work
9. Prefer not to answer

|  |
| --- |
|  |

EQ04. [SHOW IF EQ03 = 2 OR 3]

Which of the following describes the environment(s) in which you spend most of your time?

[MULTI SELECT]

1. At a desk or in an office
2. Out of the office/traveling
3. In front of a computer
4. Indoors where the air is dry
5. In a dirty or dusty environment
6. Working with small objects or reading small print
7. Moving frequently from indoors to outdoors
8. In a factory or production line
9. Service industry or restaurant
10. In a retail store
11. Outside work (e.g., landscaping, construction)
12. Outdoor recreation (sports, exercising, outdoor leisure activities, etc.)
13. In front of a TV (watching movies, shows, or gaming)
14. Driving at night
15. None of these

EQ05. Which of the following best describes the area where you live?

[SINGLE SELECT]

1. Rural area
2. Large city
3. Suburb near a large city
4. Small city or town

EQ06. What is your gender?

[SINGLE SELECT]

1. Male
2. Female
3. Prefer not to answer

EQ07. What state/region do you currently live in?

[SINGLE SELECT]

**[INSERT DROP DOWN LIST OF US STATES, UK & JP REGIONS IN ALPHABETICAL ORDER]**

EQ08. Which one of the following groups best describes your household’s total annual income **before taxes**?

**[SINGLE SELECT] [SHOW US]**

1. Under $15,000
2. $15,000 – $34,999
3. $35,000 - $49,999
4. $50,000 - $74,999
5. $75,000 - $99,999
6. $100,000 - $149,999
7. $150,000 - $199,999
8. $200,000 or more
9. Don’t know / Prefer not to answer

**[SINGLE SELECT] [SHOW JAPAN]**

1. Less than JPY800,000
2. JPY800,000 to JPY1,199,999
3. JPY1,200,000 to JPY1,599,999
4. JPY1,600,000 to JPY1,999,999
5. JPY2,000,000 to JPY2,399,999
6. JPY2,400,000 to JPY2,799,999
7. JPY2,800,000 to JPY3,199,999
8. JPY3,200,000 to JPY3,599,999
9. JPY3,600,000 to JPY3,999,999
10. JPY4,000,000 to JPY4,799,999
11. JPY4,800,000 to JPY5,999,999
12. JPY6,000,000 to JPY7,499,999
13. JPY7,500,000+
14. Prefer not to say

**[SINGLE SELECT] [SHOW UK]**

1. Under £10,000
2. £10,000- £29,999
3. £30,000- £49,999
4. £50,000- £69,999
5. £70,000- £89,999
6. £90,000- £124,999
7. £125,000- £149,999
8. £150,000- £199,999
9. £200,000 or more

EQ09. [SHOW ONLY TO JAPAN]

What is the highest level of education you have completed?

[SINGLE SELECT]

1. Some Primary School (Grade 3 or less)
2. Primary School (Grades 5-8)
3. Secondary School
4. Graduated Secondary School
5. Vocational Training
6. Completed some university, but no degree
7. Associate Degree.
8. College Degree (such as B.A, B.S.)
9. Master’s degree
10. Doctorate degree
11. None of the above

This concludes our survey. Thank you for your participation!

**END OF SURVEY**