# AIR OPTIX plus HydraGlyde Pricing & Value Study

Quantitative pricing and value perception study using Gabor-Granger and Van Westendorp, with competitive benchmarks and feature valuation.

## Sample Plan

Participant qualification criteria, recruitment requirements, and quotas

**Study\_Intro [REQUIRED]**

*Introduction*

Thank you for agreeing to participate in this research study about contact lenses. The survey will take approximately 15-25 minutes to complete. Your responses are confidential and will be reported only in aggregate. Participation is voluntary, and you may stop at any time without penalty. By continuing, you confirm you are 18 years of age or older and consent to proceed.

**Please confirm you are 18 years of age or older.**

*\* Required*

*Select one option:*

○ Yes, I am 18 or older

○ No, I am under 18

**Which of the following best describes your current contact lens usage?**

*\* Required*

*Select one option:*

○ Currently wear contact lenses

○ Do not currently wear contact lenses but considering in next 6 months

○ Do not wear and not considering

**Which age group do you fall into?**

*\* Required*

*Select one option:*

○ 18-24

○ 25-34

○ 35-44

○ 45+

**What is your gender?**

*\* Required*

*Select one option:*

○ Female

○ Male

○ Non-binary

○ Prefer to self-describe

○ Prefer not to say

**Which of the following best describes your household annual income before taxes?**

*\* Required*

*Select one option:*

○ $40,000 to $74,999

○ $75,000 to $124,999

○ $125,000 or more

○ Prefer not to say

**Which best describes your area of residence?**

*\* Required*

*Select one option:*

○ Urban

○ Suburban

○ Regional or rural

**Which of the following best describes your typical contact lens replacement schedule?**

*\* Required*

*Select one option:*

○ Daily disposable

○ Weekly or bi-weekly

○ Monthly

○ Infrequent or occasional use

○ I do not currently use contact lenses

**Please select the word 'Vision' from the list below.**

*\* Required*

*Select one option:*

○ Garden

○ Vision

○ Metal

○ River

## Screener

Initial qualification questions and basic demographics

**Have you purchased contact lenses for yourself in the past 12 months?**

*\* Required*

*Select one option:*

○ Yes

○ No

○ Not applicable

**Which of the following best describes your primary vision correction method?**

*\* Required*

*Select one option:*

○ Contact lenses only

○ Contact lenses and glasses

○ Glasses only

○ Neither

**When thinking about contact lens brands, which brands come to mind first? Please type up to three.**

*\* Required*

Detailed Response:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any dryness or comfort issues when wearing contact lenses?**

*\* Required*

*Select one option:*

○ Frequently

○ Sometimes

○ Rarely

○ Never

○ Not applicable

**Please indicate your region of residence.**

*\* Required*

*Select one option:*

○ North America

○ Europe

○ Asia-Pacific

○ Latin America

○ Middle East or Africa

**In the past month, how many days did you wear contact lenses?**

*\* Required*

*Select one option:*

○ 0 days

○ 1-10 days

○ 11-20 days

○ 21-30 days

**Please confirm you are willing to evaluate product concepts and pricing for research purposes only.**

*\* Required*

*Select one option:*

○ Yes, I agree

○ No, I do not agree

## Brand/Product Awareness & Usage

Brand recall, awareness funnel, and usage patterns

**Product\_Usage [REQUIRED]**

Before we begin, please tell us about your experience with contact lenses and related brands. Your answers help us understand your current usage and familiarity with the market.

**Which of the following contact lens brands are you aware of? Alcon AIR OPTIX, Alcon DAILIES, Acuvue, Biofinity, Bausch + Lomb ULTRA, Other, None of these.**

*\* Required*

*Select one or more options:*

☐ Alcon AIR OPTIX

☐ Alcon DAILIES

☐ Acuvue

☐ Biofinity

☐ Bausch + Lomb ULTRA

☐ Other

☐ None of these

**Which brand do you currently use most often for contact lenses?**

*\* Required*

*Select one option:*

○ Alcon AIR OPTIX

○ Alcon DAILIES

○ Acuvue

○ Biofinity

○ Bausch + Lomb ULTRA

○ I do not currently use contact lenses

○ Other

**How important are the following when choosing monthly contact lenses? Overall comfort, Dryness relief, Oxygen permeability, Price, Brand reputation, Extended wear capability, Lens cleanliness and deposit resistance.**

*\* Required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Not at all important | Slightly important | Moderately important | Very important | Extremely important |
| Overall comfort | ○ | ○ | ○ | ○ | ○ |
| Dryness relief | ○ | ○ | ○ | ○ | ○ |
| Oxygen permeability | ○ | ○ | ○ | ○ | ○ |
| Price | ○ | ○ | ○ | ○ | ○ |
| Brand reputation | ○ | ○ | ○ | ○ | ○ |
| Extended wear capability | ○ | ○ | ○ | ○ | ○ |
| Lens cleanliness and deposit resistance | ○ | ○ | ○ | ○ | ○ |

**In the past 12 months, approximately how much did you pay per box of 6 monthly lenses for your primary brand? Please enter a price in your local currency.**

*\* Required*

Currency: $ Amount: $\_\_\_\_\_\_\_\_\_ per box of 6 monthly lenses for your primary brand

**Please indicate your agreement with the following about your current lenses: I experience end-of-day dryness, I often need rewetting drops, My lenses stay clean throughout the month, I am satisfied with the value for the price.**

*\* Required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| I experience end-of-day dryness | ○ | ○ | ○ | ○ | ○ |
| I often need rewetting drops | ○ | ○ | ○ | ○ | ○ |
| My lenses stay clean throughout the month | ○ | ○ | ○ | ○ | ○ |
| I am satisfied with the value for the price | ○ | ○ | ○ | ○ | ○ |

## Concept Exposure

Product/concept introduction and reaction assessment

**Concept\_Intro [REQUIRED]**

*Introduction*

Please review the following product concept carefully. You will be asked to evaluate the description and later consider pricing scenarios. This is a research concept and not a sales offer.

**Based on the concept shown, how clear is your understanding of this product?**

*\* Required*

*Select one option:*

○ Not at all clear

○ Slightly clear

○ Moderately clear

○ Very clear

○ Extremely clear

**How appealing do you find the overall product concept?**

*\* Required*

*Select one option:*

○ Not at all appealing

○ Slightly appealing

○ Moderately appealing

○ Very appealing

○ Extremely appealing

**How convincing are the following benefits for you? Month-long comfort, HydraGlyde Moisture Matrix for lasting hydration, SmartShield Technology for deposit resistance, High oxygen permeability (138 Dk/t), Up to 6 nights of extended wear (as directed by your eye care professional).**

*\* Required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Not at all convincing | Slightly convincing | Moderately convincing | Very convincing | Extremely convincing |
| Month-long comfort | ○ | ○ | ○ | ○ | ○ |
| HydraGlyde Moisture Matrix for lasting hydration | ○ | ○ | ○ | ○ | ○ |
| SmartShield Technology for deposit resistance | ○ | ○ | ○ | ○ | ○ |
| High oxygen permeability (138 Dk/t) | ○ | ○ | ○ | ○ | ○ |
| Up to 6 nights of extended wear (as directed by your eye care professional) | ○ | ○ | ○ | ○ | ○ |

**Please allocate 100 points across the following features based on their importance to you: Comfort throughout the month, Hydration and dryness relief, Deposit resistance and cleanliness, Oxygen permeability, Extended wear flexibility.**

*\* Required*

*Allocate 100 points across the following items:*

|  |  |
| --- | --- |
| Item | Points |
| Comfort throughout the month | \_\_\_\_ |
| Hydration and dryness relief | \_\_\_\_ |
| Deposit resistance and cleanliness | \_\_\_\_ |
| Oxygen permeability | \_\_\_\_ |
| Extended wear flexibility | \_\_\_\_ |

**Total: \_\_\_\_\_ / 100 points**

## Methodology

Research-specific questions (Conjoint, Pricing, Feature Importance)

**Thinking about premium monthly contact lenses, which competitors would you seriously consider? AIR OPTIX plus HydraGlyde, Acuvue Vita, Biofinity, Bausch + Lomb ULTRA, Other premium monthly brand, None of these.**

*\* Required*

*Select one or more options:*

☐ AIR OPTIX plus HydraGlyde

☐ Acuvue Vita

☐ Biofinity

☐ Bausch + Lomb ULTRA

☐ Other premium monthly brand

☐ None of these

**Considering your typical purchase, what price per box of 6 monthly lenses would you consider to be so low that you would question the quality? Please enter a price in your local currency.**

*\* Required*

**Van Westendorp Price Sensitivity Question**

*Please think about the price point where you would have the described reaction to the product. Consider your local market conditions and personal budget.*

Currency: $ Amount: $\_\_\_\_\_\_\_\_\_ per box of 6 monthly lenses would you consider to be so low that you would question the quality

**At what price per box of 6 monthly lenses would you consider the product to be a bargain for the quality? Please enter a price in your local currency.**

*\* Required*

**Van Westendorp Price Sensitivity Question**

*Please think about the price point where you would have the described reaction to the product. Consider your local market conditions and personal budget.*

Currency: $ Amount: $\_\_\_\_\_\_\_\_\_ per box of 6 monthly lenses would you consider the product to be a bargain for the quality

**At what price per box of 6 monthly lenses would you start to think the product is getting expensive, but still worth considering? Please enter a price in your local currency.**

*\* Required*

**Van Westendorp Price Sensitivity Question**

*Please think about the price point where you would have the described reaction to the product. Consider your local market conditions and personal budget.*

Currency: $ Amount: $\_\_\_\_\_\_\_\_\_ per box of 6 monthly lenses would you start to think the product is getting expensive

**At what price per box of 6 monthly lenses would you consider the product too expensive to purchase? Please enter a price in your local currency.**

*\* Required*

**Van Westendorp Price Sensitivity Question**

*Please think about the price point where you would have the described reaction to the product. Consider your local market conditions and personal budget.*

Currency: $ Amount: $\_\_\_\_\_\_\_\_\_ per box of 6 monthly lenses would you consider the product too expensive to purchase

**Gabor-Granger: If AIR OPTIX plus HydraGlyde were priced at $30 per box of 6 monthly lenses, how likely would you be to purchase?**

*\* Required*

*Select one option:*

○ Definitely would buy

○ Probably would buy

○ Might or might not buy

○ Probably would not buy

○ Definitely would not buy

**Gabor-Granger: If AIR OPTIX plus HydraGlyde were priced at $40 per box of 6 monthly lenses, how likely would you be to purchase?**

*\* Required*

*Select one option:*

○ Definitely would buy

○ Probably would buy

○ Might or might not buy

○ Probably would not buy

○ Definitely would not buy

**Gabor-Granger: If AIR OPTIX plus HydraGlyde were priced at $50 per box of 6 monthly lenses, how likely would you be to purchase?**

*\* Required*

*Select one option:*

○ Definitely would buy

○ Probably would buy

○ Might or might not buy

○ Probably would not buy

○ Definitely would not buy

**Gabor-Granger: If AIR OPTIX plus HydraGlyde were priced at $60 per box of 6 monthly lenses, how likely would you be to purchase?**

*\* Required*

*Select one option:*

○ Definitely would buy

○ Probably would buy

○ Might or might not buy

○ Probably would not buy

○ Definitely would not buy

**Gabor-Granger: If AIR OPTIX plus HydraGlyde were priced at $70 per box of 6 monthly lenses, how likely would you be to purchase?**

*\* Required*

*Select one option:*

○ Definitely would buy

○ Probably would buy

○ Might or might not buy

○ Probably would not buy

○ Definitely would not buy

**How likely would you be to choose AIR OPTIX plus HydraGlyde over your current brand at the same price?**

*\* Required*

*Select one option:*

○ Much more likely

○ Somewhat more likely

○ About the same

○ Somewhat less likely

○ Much less likely

**How much would you pay for each benefit as an added value per box? HydraGlyde Moisture Matrix, SmartShield Technology, High oxygen permeability (138 Dk/t).**

*\* Required*

*Provide numeric values for each item:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | $0 | $1-4 | $5-9 | $10-14 | $15+ |
| HydraGlyde Moisture Matrix | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| SmartShield Technology | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| High oxygen permeability (138 Dk/t) | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

**How strongly do you agree with the following statements about value for money for AIR OPTIX plus HydraGlyde compared to premium monthly competitors? Offers better overall value, Worth paying a small premium, Only acceptable at a discount, Similar value to competitors.**

*\* Required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| Offers better overall value | ○ | ○ | ○ | ○ | ○ |
| Worth paying a small premium | ○ | ○ | ○ | ○ | ○ |
| Only acceptable at a discount | ○ | ○ | ○ | ○ | ○ |
| Similar value to competitors | ○ | ○ | ○ | ○ | ○ |

## Additional Questions

Supplementary research questions and follow-ups

**If priced at your preferred price, what is the probability you would purchase AIR OPTIX plus HydraGlyde on your next purchase?**

*\* Required*

*Select one option:*

○ 0-10%

○ 11-30%

○ 31-50%

○ 51-70%

○ 71-90%

○ 91-100%

**Which factors most justify paying a premium price for monthly lenses? Comfort, Hydration, Deposit resistance, Oxygen permeability, Brand reputation, Eye care professional recommendation, Extended wear approval.**

*\* Required*

*Select one or more options:*

☐ Comfort

☐ Hydration

☐ Deposit resistance

☐ Oxygen permeability

☐ Brand reputation

☐ Eye care professional recommendation

☐ Extended wear approval

**Please indicate your agreement with the following to help ensure data quality: I paid attention and answered honestly, I did not rush through the survey, My answers reflect my true opinions.**

*\* Required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| I paid attention and answered honestly | ○ | ○ | ○ | ○ | ○ |
| I did not rush through the survey | ○ | ○ | ○ | ○ | ○ |
| My answers reflect my true opinions | ○ | ○ | ○ | ○ | ○ |

**Do you have any additional comments about AIR OPTIX plus HydraGlyde or pricing for monthly contact lenses?**

*\* Required*

Detailed Response:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Closing\_Text [REQUIRED]**

*Closing*

Thank you for your time and thoughtful responses. Your feedback will help improve contact lens products and pricing strategies.

## Programmer Instructions

Technical implementation notes and data specifications

**📋 Instructions**

Implement quotas: Age 18-24 25%, 25-34 40%, 35-44 25%, 45+ 10%; Gender 60% female/40% male; Income $40k-$75k 40%, $75k-$125k 35%, $125k+ 25%; Geography Urban 60%, Suburban 30%, Regional 10%; Experience Monthly 50%, Daily/Weekly 20%, Infrequent 15%, Non-users considering 15%.

**📋 Instructions**

Screening and routing: Terminate if under 18; Terminate if not current wearer and not considering; Soft cap non-wearers considering at 30% max; Show pricing questions to all qualified; Use currency auto-detection by IP and allow manual override.

**📋 Instructions**

Randomization: Randomize order of competitor brands in q16 and q25; Randomize order of benefit items in q23 and q18; Rotate Gabor-Granger price sequence up or down based on first response if platform supports adaptive Gabor-Granger; Otherwise ask fixed ladder from lowest to highest.

**📋 Instructions**

Quality controls: Include attention check q8; Flag speeders under 1/3 median time; Include straightlining detection on matrix items; Enforce constant sum total equals 100 with soft warning then hard stop.

**📋 Instructions**

Device and accessibility: Mobile-first layout; One question per screen for matrices; Ensure large tap targets; Allow progress indicator; Estimated time 15-25 minutes.

**📋 Instructions**

Statistical targets: Total n=800-1200 with 95% confidence and ±3-4% MOE overall; Store timestamps by question; Save raw numeric entries for VwS and paid price.

**📋 Instructions**

Data outputs: Provide respondent-level dataset with derived VwS intersections, Gabor purchase probabilities by price, WTP feature premiums, and simulated elasticity curves by segment and region.

**📋 Instructions**

Compliance: Include standard data protection notice and consent; Do not collect personally identifiable information beyond region and demographics.