





ne Survey-Questionnaire: Research on Elobixibat : Experts – June'25

Hello! We are reaching out to you from Docintosh/ BrandCare and established Brand vertising and Consulting firm based in Mumbai. From time to time, we meet experts (and sumer) like you across specialities to understand their views and feedback on various products and services so that companies can improvise to meet the needs and expectations of experts and patients/ consumers better.

this regard we would like to have your views and response to a set of questions on medication for chronic constipation.

There are no right or wrong answers, we only need your honest opinion. It would take 10 – minutes of your time

All your responses will be kept confidential and only the aggregated total segment wise responses will be shared with our client, not your individual response as per the MRSI code conduct with regard to privacy.

💳 uld you be ok with this, please continue.

YES - 1 CONTINUE NO - 2 THANK AND CLOSE

ORD SEGMENTS

YSEGMENTS	CODE – SINGLE	SAMPLE SIZE
Gastroenterologists	Α	<mark>1000</mark>
nsulting Physicians	В	<mark>1000</mark>
TAL		2000

_	QI.	Can you indicate the key aliments your patients come to you? Any others?
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_	Υ.	
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l		

On an average week how many patients do you consult in total in a week?

Number of patients consulted in a week: - ACCORDINGLY POST CODE BELOW

	Number of patients consulted in a week /icconbine				JET 1 OST CODE DELOW
		Upto 100	100 - 200	201 – 300	301+
ı	₹	1	2	3	4

Q2b. Of the total number of patients, you consult in a week _____ (MENTION FROM RESPONSE IN Q2a), How many of them come to you with complaints of constipation?

Total number of patients with complaints of constipation in an average week:

Q2c. Of say 100 patients who come to you with complaint of constipation, what is the intensity level of the complaint? **MULTIPLE CODING POSSIBLE.**

ASK FOR EACH LEVEL CODED IN Q2c - ELSE INDICATE A '0' (ZERO) %

Q2d. Of say 100 patients who come to you with complaint of constipation, what % had mild, moderate, severe level of constipation?

Q2c	Q2c Mild – 1		Severe – 3
Q2d	()/n %:		%:

Q3. Doctor, can you now indicate / tell how you would define the severity of constipation. Please indicate with its symptoms and effects on the patient.

i. Severe Constipation:	
ii. Moderate Constipation:	
III Baild Countingtion.	
iii. Mild Constipation:	

Now we will focus only on those patients who come to you with complaints of severe constipation.

 $\mbox{\it Q4a.}\,$ Doctor, can you indicate the gender split amongst the patients with severe constipation complaints

Gender of patients with severe constipation	%
Male	
Female	

Q4c. What % of patients with severe constipation complaints will be from _____ (ASK FOR EACH AS IN TABLE BELOW) age group?

Age band of patients with severe constipation	%
Below 16 years	
16 – 29 years	
30 – 39 years	
40 – 49 years	
50+ years	

Commented [vv1]: These bands are as per IRS - universe age bands, if client needs any others we can modify accordingly

Q4d. What % of patients with severe constipation complaints will be from High / Middle / Low Income Groups according to You?

Income Groups	%
Very High	
High	
Middle	
Low	
Very low	

DOCTOR, WE WILL CONTINUE TO DISCUSS ABOUT PATIENTS WHO COME TO YOU WITH SEVERE CONSTIPATION CONDITION ONLY.

Q5a. What are the various complaints that these patients with severe constipation conditions tell you? Any others?

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Q5b. By what all symptoms that the patients describe do you decide it is a case of severe constipation? Any others?

1.		
2.		
3.		
4.		
5.		
6.		

Q5bi. How would you classify the complaints of constipation that the patients tell you into the reasons as below? Any others? MULTIPLE CODE POSSIBLE

Commented [vv2]: Can be dropped.

Q5bii. Which of these complaints according to you are symptoms of severe constipation? Any others? MULTIPLE CODE POSSIBLE

FOR THE RESPONSES CODED IN Q5bii - ASK Q5biii.

Q5biii. Amongst the reasons for severe constipation that you have cited earlier (AS IN Q5bii) please rank them in order of severity of constipation causes – RANK TOP 6

Reasons for severe constipation	5bi	5bii	5biii – RANK
Low fibre diet	1	1	
Inadequate hydration	2	2	
Unhealthy gut microbiome	3	3	
Physical inactivity	4	4	
Side effects of medicine – antacids, iron, calcium	5	5	
Less or irregular sleep	6	6	
Sedentary lifestyle	7	7	
Stress based	8	8	
Avoiding the urge when it arises	9	9	
Hypothyroidism	10	10	
Diabetes	11	11	
Parkinson's disease	12	12	
Multiple sclerosis	13	13	
Gastrointestinal disorders	14	14	
Due to pain medication / over use of pain medication	15	15	
Antihistamines medication use	16	16	
Iron supplements in-take	17	17	
Dairy products consumption	18	18	
Gluten intolerance	19	19	
Processed foods consumption	20	20	
Due to Ageing	21	21	
Pregnancy	22	22	
Travel – change in routine/ exhaustion	23	23	
Any Others 1 - SPECIFY:	24	24	
Any Others 2 – SPECIFY:	25	25	

Q6a. Which of these molecules are you familiar with for treating severe constipation?

ASK Q6b FOR THOSE MOLECULES FAMILIAR WITH/ CODED IN Q6a

Q6b. Which of these molecules do you currently prescribe for your patients with severe constipation?

ASK Q6c FOR THOSE MOLECULES CODED 'YES' – CURRENTLY PRESCRIBE IN Q6b

Q6c. Which of these molecules/ medication that you currently prescribe for your patients with severe constipation are your most preferred, second, third preferred and so on. Please Rank them in order of preference.

ASK Q6d FOR THOSE MOLECULES CODED 'NO' - CURRENTLY NOT PRESCRIBED IN Q6b

Q6d. Which of these molecules you have prescribed in the past but have now stopped prescribing for your patients with severe constipation?

NOTE: MULTIPLE CODE POSSIBLE FOR ALL THREE QUESTIONS 6a, 6b, 6c. ROTATE ORDER

Molecules	Familiar	Q6b – Currently Prescribe		Currently Prescribe		Q6c – Preference - RANK	Q6d – Stopped Prescribing Now,
		YES	NO	ORDER	Prescribed Earlier		
Prucalopride tablet	1	1	1		1		
Lactulose syrup	2	2	2		2		
Elobixibat tablet/syrup	3	3	3		3		
Lactulose syrup	4	4	4		4		
Others – 1: SPECIFY:	5	5	5		5		
Others – 2 : SPECIFY :	6	6	6		6		

ASK Q7a FOR THOSE WHO HAVE NOT CODED 'NO FOR 3' [ELOBIXIBIT] IN Q6b, ELSE GO TO INSTRUCTION BEFORE Q7b.

Q7a. What are the reasons for not prescribing Elobixibit for your patients with severe constipation? Any other reasons?

1.			
2.			
3.			
4			

ASK Q7b FOR THOSE WHO HAVE STOPPED PRESCRIBING NOW – CODED '3' [ELOBIXIBIT] IN Q6d, ELSE GO TO INSTRUCTION BEFORE Q7c.

Q7b. What are the reasons for stopping to prescribe Elobixibit for your patients with severe constipation? Was it due to efficacy or issues of side effects? Any other reasons like availability or pricing?

1.		
2.		
3.		
4		
5		
6		

ASK Q7c FOR THOSE WHO HAVE NOT CODED '3' [ELOBIXIBIT] IN Q6b, ELSE GO TO INSTRUCTION BEFORE Q8a.

Q7c. What are the reasons for not prescribing Elobixibit for your patients with severe constipation? Any other reasons?

1.		
2.		
3.		
4		

ASK Q8a FOR THOSE MOLECULES CODED IN Q6a

Q8a. Doctor how would you rate the various molecules available for treating severe constipation on the following aspects?

Parameters – Molecules	Prucalopride	Lactulose	Elobixibat	Lactulose
	tablet	syrup	tablet/ syrup	syrup
a) Safety				
Very High	5	5	5	5
High	4	4	4	4
Moderate	3	3	3	3
Low	2	2	2	2
Very Low	1	1	1	1
b) Efficacy				
Very High	5	5	5	5
High	4	4	4	4
Moderate	3	3	3	3
Low	2	2	2	2
Very Low	1	1	1	1
c) Side Effects				
Very High	5	5	5	5
High	4	4	4	4
Moderate	3	3	3	3
Low	2	2	2	2
Very Low	1	1	1	1
d) Quality				
Very good	5	5	5	5
Good	4	4	4	4
Moderate	3	3	3	3
Low	2	2	2	2
Very Low	1	1	1	1
e) Availability				
Very good (in all pharmacies)	5	5	5	5
High (in almost all pharmacies)	4	4	4	4
Moderate (in most	3	3	3	3
pharmacies)		-		_
Low (in some of the	2	2	2	2
pharmacies)	_	_	_	_
Very Low (in very few	1	1	1	1
pharmacies)				
Not available	0	0	0	0
	-			_

Parameters – Molecules	Prucalopride tablet	Lactulose syrup	Elobixibat tablet/syrup	Lactulose syrup
e) Price				
Very High	5	5	5	5
High	4	4	4	4
Affordable	3	3	3	3
Low	2	2	2	2
Very Low	1	1	1	1

ASK Q8b AS PER THE RESPONSE/	CODE FOR	'Elobixibat'	IN Q8a-b)	Efficacy",	ELSE G	о то
INSTRUCTION BEFORE O9a.						

ISTRUCTION BEFORE Q9a.
8b. What are the reasons for rating the efficacy of Elobixibit in the treatment of severe
onstipation as[MENTION RESPONSE FROM Q8Ab) – Efficacy? Any other
easons?
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2.
3.

ASK Q9a FOR THOSE MOLECULES CODED IN Q6b – YES.

Q9a. Doctor can you now indicate the efficacy of each of the molecules you prescribe for severe constipation on their effectiveness across the various symptoms? SINGLE CODE PER MOLECULE.

Parameters – Molecules	Prucalopride tablet	Lactulose syrup	Elobixibat tablet/syrup	Lactulose syrup
Efficacy for severe constipation across Symptoms including those of medical factors -				
Is effective for all symptoms	5	5	5	5
Is effective for almost every symptom	4	4	4	4
Is effective for most of the symptoms	3	3	3	3
Is effective for some of the symptoms	2	2	2	2
Is effective for only few of the symptoms	1	1	1	1

ASK ALL

Q9b. Apart from the medication do you insist that your patients also follow some lifestyle changes as listed below towards the treatment of their severe constipation? Any other? MULTIPLE CODING POSSIBLE.

Suggestions beyond medication to patients	Q9b
Home remedies	1
Pre-biotics	2
Pro biotics	3
Food habits	4
Water intake	5
Exercise routine	6
Yoga	7
Any Others 1 – SPECIFY:	. 8
Any Others 2 – SPECIFY:	9

ASK ALL

Q10a. Doctor for how many years have you been practising? : ______ years

10b. In which of these practice locations do you consult?

10c. In the practice locations you go to for practice, what is the average number of hours you spend in a full working day

10d. Of the total number of patients, you consult in a week (as said for Q2a), what % do you consult in each of the practice locations you go to?

Practice Locations	10b. Cons	ult at	10c.	10c. Average time		10d. % spread of patients
			spen	t in	a day:	(of the total in Q2a) in a
			hours*		•	week.
 Govt Hospitals 	Yes – 1	No – 2	No	of	hours	%
			in a day		day	
 Private Hospitals 	Yes – 1	No – 2	No	of	hours	%
			in a day		day	
Govt PHCs/ Clinics	Yes – 1	No – 2	No	of	hours	%
			in a day			
 Private Clinics 	Yes – 1	No – 2	No	of	hours	%
				_in a	day	
• Own Hospital /	Yes – 1	No – 2	No	of	hours	%
Clinic			in a day		day	
TOTAL			* - i	ndica	te 'O' if	Must Add to 100%
			not	р	racticed	
				е		

Thank you very much Doctor for your views and your precious time, we truly appreciate.