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| **PROJECT TITLE** | | | | | | | | | | | | | | | | | | | **JOB NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | **QNNR SL. NO. (For DP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Nino** | | | | | | | | | | | | | | | | | | | **1** | | | | | **6** | | | | | | | **0** | | | | | | **8** | | | | | | | | **1** | | | | | | **3** | | | | | | | | | **8** | | | | | | | **0** | | | | | | | | **0** | | | | | | | | | | | **1** | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | |  | | |  | | | |  | | | | | | | |
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| **SP - ZONE** | | | | | | | | | | | | | | | | **SP NO.** | | | | | | | | | | | | | | | | | | | | | | | | | | **G.C NO.** | | | | | | | | | | | | | | | | | | | | | | | | | **INTERVIEW NO.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **WEEK NO.** | | | | | | | | | | | | | | | | | | | | | | | | | **MONTH NO.** | | | | | | | | | | | | | | | | | | | |
| **N** | | | **E** | | | | **W** | | | **S** | | | | **C** | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | |
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| **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** | | | | **1** | | | | |  | | | | | | | | | | | | |
| **INT Start Time (write in 24hrs)**  **(161-164)** | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | **INT End Time**  **(165-168)** | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  | | | | | | | | | |  | | | | | | | | **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** | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
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| **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** | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
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| **GFM** | | | **1** | | | | | | | | | | | | **2** | | | | | | **D** | | | | | | **D** | | | | **M** | | | | | | | **M** | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| **FM /RFM** | | | **1** | | | | | | | | | | | | **2** | | | | | | **D** | | | | | | **D** | | | | **M** | | | | | | | **M** | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| **OPEN-END TRANSLATOR DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **NAME** | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| **CODE / ID** | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
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| **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)** | | | | | | | | | | | | | | | **P lace of practice**  **(MC poss)** | | | | | | | | | | | | | | | | | **Place of primary practice**  **(where resp spends more than 50% 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** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Mumbai** | | | | | | | | **001** | | | | | **Delhi** | | | | | | | | | | | | | | | | | | | | | | | **002** | | | | | | | | | | | | | | **Chennai** | | | | | | | | | | | | | | | | | | | | | | | | **003** | | | | | | | | | | | | | | | | | **Bangalore** | | | | | | | | | | | | | | | | | | **004** | | | | | | | **Kolkata** | | | | | | | | | | | | | | | | **005** | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **INTRODUCTION**  Good …….., I am from IPSOS, a premier research and consultancy agency. Thank you very much for agreeing to participate in this research. As discussed earlier, we are currently conducting a study to **understand usage and attitude of baby hair and skin care products.** We would very much value the incorporation of your opinions to this project. Anything that you tell us will be treated in strictest confidence and will not be attributed to you. Responses are grouped together for overall analysis purposes. The study comprises face-to-face interview that will last for approximately 30 minutes. Your involvement in this study would be very much appreciated. The project is purely concerned with research, there will be no attempt to sell you anything or influence your use of products. As a token of our appreciation we would like to offer you a gift at the end of the interview. |

Sample Design:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Centres** | **1st time mothers 0 - 3 months** | **1st time mothers 3 - 6 months** | **1st time mothers 6 - 12 months** | **1st time mothers 12 - 18 months** | **2nd time mothers 0 - 6 months** | **TOTAL** |
| Mumbai | 10 | 10 | 10 | 10 | 10 | 50 |
| Delhi | 10 | 10 | 10 | 10 | 10 | 50 |
| Chennai | 10 | 10 | 10 | 10 | 10 | 50 |
| Bangalore | 10 | 10 | 10 | 10 | 10 | 50 |
| Kolkata | 10 | 10 | 10 | 10 | 10 | 50 |
| **TOTAL** | **50** | **50** | **50** | **50** | **50** | **250** |

**SPLIT ACROSS WORKING AND NON\_WORKING MOTHERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quantitative Consumers** | **Center code** | **Working mothers** | **Non-working mothers** | **Total** |
| Mumbai | 01 | 25 | 25 | 50 |
| Delhi | 02 | 25 | 25 | 50 |
| Chennai | 03 | 25 | 25 | 50 |
| Bangalore | 04 | 25 | 25 | 50 |
| Kolkata | 05 | 25 | 25 | 50 |
| **Total** |  | **125** | **125** | **250** |

**CODE IN THE GRID BELOW AS PER THE RECRUITMENT:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1st time mothers 0 - 3 months** | **1st time mothers 3 - 6 months** | **1st time mothers 6 - 12 months** | **1st time mothers 12 - 18 months** | **2nd time mothers 0 - 6 months** |
| CODE | 01 | 02 | 03 | 04 | 05 |

**READ THE BELOW FOR MOTHERS WITH 2 CHILDREN OR CODED 05 ABOVE:**

**DURING THE INTERVIEW PLEASE CONSIDER YOUR 2ND CHILD WHILE RESPONDING TO THE QUESTION**

|  |
| --- |
| **SECTION 1: BABY CARE PRODUCTS – ATTITUDES AND ACTIONS** |

**SHOW CARD 1/ SHOW SCREEN**

1. When I say ‘Baby care’, can you please tell me all the words that come to your mind? **DO NOT AID. CODE APPROPRIATELY IN TABLE BELOW. MULTIPLE CODING POSSIBLE.**

|  |  |
| --- | --- |
| **Baby care-SPONT MENTIONS** | **Q1** |
| **Code** |
| Essentials (Hygiene, Natural, Herbal, Sterile, Pure) | 01 |
| Health (Nutrition, Medicine, Teething, Immunization) | 02 |
| Skin care (Massage oil, Powder, Soap, Cream, Lotion, Cologne, Diaper rash cream) | 03 |
| Hair care (Hair oil, Shampoo) | 04 |
| Physical aspects (Toys, Diaper, Clothing, Pram, High chair, bowl, bottle, sipper) | 05 |
| Emotions (Safe, Delicate, Cautious) | 06 |
| Brands (Any brands mentioned) | 07 |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 08 |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 09 |

**SHOW CARD 2A/ SHOW SCREEN**

1. A. I have with me a list of current needs of ‘Baby care’ that mothers like you would consider while looking after your baby. I would like to understand from you, the extent to which each of these current needs are important to you, on a scale of 1- 5, where 1 – Not at all important and 5 – Extremely important. **CODE APPROPRIATELY IN THE GRID BELOW. RECORD RATING FOR EACH ATTRIBUTE.**

**SHOW CARD 2B/ SHOW SCREEN**

B. Of the various current needs mentioned, what according to you are the top 3 critical needs of ‘Baby care’? **SHOW SCREEN. RECORD THE RANKS**

|  |  |  |
| --- | --- | --- |
| **Current needs of baby care** | **Q2.A** | **Q2.B** |
| **Scale: 1 – 5, where 1 – Not at all important and 5 – Extremely important** | **RANK** |
| Hygiene |  |  |
| Nutrition |  |  |
| Skin care |  |  |
| Immunization |  |  |
| Hair care |  |  |
| Sound sleep |  |  |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Ok… now moving on, I would like to discuss particularly skin and hair care aspects for your baby**

1. What things come to your mind when I talk about ‘skin and hair care’ for your baby? **DO NOT AID. CODE APPROPRIATELY IN TABLE BELOW. MULTIPLE CODING POSSIBLE.**

**SHOW CARD 3/ SHOW SCREEN**

|  |  |
| --- | --- |
| Baby skin and hair care - SPONT MENTIONS | **Code** |
| Baby massage oil | 01 |
| Baby soap | 02 |
| Baby cream | 03 |
| Baby lotion | 04 |
| Baby powder | 05 |
| Baby colgne | 06 |
| Baby hair oil | 07 |
| Baby Shampoo | 08 |
| Natural and chemical free products (Ayurvedic and Herbal products) | 09 |
| Safety of the products | 10 |
| Mild products | 11 |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12 |

**SHOW CARD 4A/ SHOW SCREEN**

1. A. When it comes to baby skin and hair care, what are your sources of information? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE.**

**SHOW CARD 4A/ SHOW SCREEN**

B. Of the sources of information mentioned by you, which is the most reliable source of information for you?

**SINGLE CODING ONLY.**

**NOTE TO DP: REFLECT/MARK ONLY THOSE SOURCES OF INFORMATION CODED IN Q4.A**

|  |  |  |
| --- | --- | --- |
| **Sources of information for baby skin and hair care** | **Q4. A** | **Q4. B** |
| Family members | 01 | 01 |
| Friends/ Mothers with similar age group babies | 02 | 02 |
| Websites/ Apps/ Blogs | 03 | 03 |
| Doctor- Paediatrician | 04 | 04 |
| Doctor- Gynaecologist | 05 | 05 |
| Doctor- Family physician | 06 | 06 |
| TV ads | 07 | 07 |
| Social media | 08 | 08 |
| Chemist | 09 | 09 |
| Malls (Kiosks & displays) | 10 | 10 |
| Experience with first child | 11 | 11 |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12 | 12 |

1. Do you personally consult any doctor for information for your baby’s skin and hair care consultation? (**RECORD UNDER COLUMN Q5A, SINGLE CODING ONLY)**

|  |  |  |
| --- | --- | --- |
|  | **Q5** | **ACTION** |
| Yes | 1 | CONTINUE |
| No | 2 | **GO TO SECTION 2 Q9** |

**SHOWCARD 6/ SHOW SCREEN**

1. Which doctor specialty do you most commonly consult for your babies’ skin and hair care? **SINGLE CODING ONLY**

|  |  |
| --- | --- |
| **Specialties** | **Q6** |
| GP/ family physician | 1 |
| Consulting physician | 2 |
| Gynaecologist | 3 |
| Pediatrician | 4 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 |

**SHOW CARD 7/ SHOW SCREEN**

1. Which of the following is the key trigger or you to consult the doctor for information on baby skin and hair care? **CODE APPROPRIATELY. SINGLE CODE ONLY.**

|  |  |
| --- | --- |
| **Specialties** | **Q7** |
| Specific baby skincare issues such as dry skin, rash, allergy etc. | 1 |
| Specific hair care issues such as hair fall etc. | 2 |
| Seek additional information on brand or product | 3 |
| Seek general suggestion on a skincare brand | 4 |
| Seek general suggestion on a haircare brand | 5 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6 |

**SHOWCARD 8/ SHOW SCREEN**

1. How satisfied are you with the recommendation provided by the doctor for your baby’s skin and hair care. Please rate it on a scale of 1 – 5, where 1 is extremely dissatisfied and 5 is extremely satisfied? **SINGLE CODING ONLY.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Extremely Satisfied** | **Satisfied** | **Neither Satisfied nor dissatisfied** | **Dissatisfied** | **Extremely Dissatisfied** |
| 5 | 4 | **3** | 2 | 1 |

|  |
| --- |
| **SECTION 2: OPINION OF LEADING BRANDS OF BABY SKIN AND HAIR CARE PRODUCT RANGE** |

**I would now like to understand about the various brands of baby skin and hair care product used by you…**

1. What are the different baby skin and haircare brands that you are you aware of? **DO NOT AID. CODE FIRST MENTION UNDER “TOM AWARENESS” AND ALL OTHER MENTIONS UNDER “UNAIDED AWARENESS” UNDER Q9. TOM SHOULD BE SINGLE CODE. UNADIED AWARENESS CAN BE MULTIPLE CODE**

**SHOWCARD 10/ SHOW SCREEN**

1. Continuing our talk about baby skin and haircare brands, can you please take a look at this card and let me know if you are aware of these brands that you have not mentioned earlier? **CODE APPROPRIATELY UNDER Q.10 “AIDED AWARENESS”. MULTIPLE CODE POSSIBLE**

**SHOWCARD 11/ SHOW SCREEN**

1. Now, could you please tell me, which of these baby skin and haircare brands have you ever used for your baby? **CODE APPROPRIATELY UNDER Q.11 “EVER USED”**. **MULTIPLE CODE POSSIBLE**

**SHOWCARD 12/ SHOW SCREEN**

1. Now, from amongst these brands that you have ever used, can you please tell me the brands you are currently using for your baby? **CODE APPROPRIATELY UNDER Q.12 “CURRENTLY USING”. PLEASE ENSURE THAT THE NAMES OF BRANDS CODED IN Q12 SHOULD HAVE BEEN CODED IN Q11. MULTIPLE CODE POSSIBLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SR.NO** | **BRAND LIST** | **TOM**  **(Q9)** | **SPONT**  **(Q9)** | **AIDED**  **(Q10)** | **EVER USED**  **(Q11)** | **CURRENTLY USING**  **(Q12)** |
| 1 | Cetaphil - Unspecified | 01 | 01 | 01 | 01 | 01 |
| 2 | Cetaphil adult | 02 | 02 | 02 | 02 | 02 |
| 3 | Cetaphil baby | 03 | 03 | 03 | 03 | 03 |
| 4 | Chicco | 04 | 04 | 04 | 04 | 04 |
| 5 | Dabur | 05 | 05 | 05 | 05 | 05 |
| 6 | Dove | 06 | 06 | 06 | 06 | 06 |
| 7 | Himalaya | 07 | 07 | 07 | 07 | 07 |
| 8 | Johnson’s & Johnson’s | 08 | 08 | 08 | 08 | 08 |
| 9 | Libero | 09 | 09 | 09 | 09 | 09 |
| 10 | Mee Mee | 10 | 10 | 10 | 10 | 10 |
| 11 | Mothercare | 11 | 11 | 11 | 11 | 11 |
| 12 | Mustela | 12 | 12 | 12 | 12 | 12 |
| 13 | Pears | 13 | 13 | 13 | 13 | 13 |
| 14 | Pigeon | 14 | 14 | 14 | 14 | 14 |
| 15 | Sebamed | 15 | 15 | 15 | 15 | 15 |
| 16 | Wipro | 16 | 16 | 16 | 16 | 16 |
| 17 | Others **(PLEASE SPECIFY)**…….. | 17 | 17 | 17 | 17 | 17 |

**SHOW CARD 13/ SHOW SCREEN**

1. From this list, what type of baby products have you used for your baby? **SHOW SCREEN TO THE CONSUMER. MULTIPLE CODING.**

**SHOW CARD 14/ SHOW SCREEN**

1. For each of the baby and skin care product used by you, which brand/s do you currently use? **ASK FOR PRODUCTS CODED IN Q13. MARK ONLY BRANDS THAT THE RESPONDENT IS CURRENTLY USING FROM Q12. HORIZONTAL MULTIPLE CODING POSSIBLE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Q14 | | | | | | | | | | | | | | | | |
| **PRODUCT CATEGORIES** | **CODE**  **Q13** | Cetaphil - Unspecified | Cetaphil adult | Cetaphil baby | Chicco | Dabur | Dove | Himalaya | Johnson’s & Johnson’s | Libero | Mee Mee | Mothercare | Mustela | Pears | Pigeon | Sebamed | Wipro | Others (PLEASE SPECIFY)…….. |
| Body wash | 01 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Body wash and shampoo | 02 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Baby shampoo | 03 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Massage oil | 04 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Daily lotion | 05 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Baby powder | 06 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Baby wipes | 07 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Others (Pl. specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 08 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

**SHOW CARD 15/ SHOW SCREEN**

1. Of the brands that you are currently using, can you tell me the source of awareness of each of those brands? **SHOW SCREEN TO THE CONSUMER. MULTIPLE CODING FOR EACH BRAND. ASK FOR BRANDS AWARE FROM Q9 AND Q10.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source of Awareness** | Cetaphil - Unspecified | Cetaphil adult | Cetaphil baby | Chicco | Dabur | Dove | Himalaya | Johnson’s & Johnson’s | Libero | Mee Mee | Mothercare | Mustela | Pears | Pigeon | Sebamed | Wipro | Others (PLEASE SPECIFY)…….. |
| Gift from friends & family | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 |
| Received product kit in the hospital | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| Used in the hospital post delivery and usage was therefore continued | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 |
| Recommendation by gynecologist | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 | 04 |
| Recommendation by Pediatrician | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 05 |
| Purchased by self as it is an old trusted brand | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 |
| Family and friends recommendation | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |
| Past usage experience with first child | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 | 08 |

**SHOW CARD 16/ SHOW SCREEN**

1. I have with me list of parameters that you consider important while evaluating any baby skin and hair care brand. I would like to understand from you, to what extent are each of these parameters important for you? Kindly rate the importance for each parameter on a scale of 1 – 5, where 1 – Not at all important and 5 – extremely important and 0 stands for ‘no opinion’. **INTERVIEWER NOTE: MENTION RATING FOR EACH PARAMETER IN THE GRID BELOW.**

|  |  |
| --- | --- |
| **PARAMETERS TO EVALUATE** | **Ratings (Scale: 1 – 5, 1 – Least important and 5 – Most important)** |
| **EFFICACY PARAMETERS** |  |
| Effective in specific skin condition like dry skin, atopic dermatitis |  |
| Safe products (free of side effects like redness, dryness itchiness etc.) |  |
| **PRODUCT CHARACTERISTICS** |  |
| Mild fragrance |  |
| No preservatives |  |
| Balanced pH |  |
| Hypoallergenic |  |
| Good consistency of the product |  |
| Presence of ingredients derived from natural extracts |  |
| Clinically/ dermatologically tested brand |  |
| Wide range of products |  |
| **EXPERIENCE WITH THE BRAND** |  |
| Good usage experience with the brand |  |
| Good feedback from friends and family with the brand |  |
| Brand image |  |
| Company image |  |
| Age old and trustworthy brand |  |
| **OTHERS** |  |
| Brand affordability |  |
| Good availability |  |
| Availability of trial kits for new-borns |  |
| Availability in multiple pack size |  |
| Easy to handle packaging |  |
| Overall a good brand |  |

**SHOW CARD 17/ SHOW SCREEN**

1. Now I will read out some statements/attributes. I would like you to mark all the brands you associate/link with that attribute. There are no right or wrong answers, only your opinion matters. **INTERVIEWER TO READ OUT ATRRIBUTES ONE BY ONE TO THE DOCTOR.**

| **Q17- ATTRIBUTE LIST** | Cetaphil - Unspecified | Cetaphil adult | Cetaphil baby | Chicco | Dabur | Dove | Himalaya | Johnson’s & Johnson’s | Libero | Mee Mee | Mothercare | Mustela | Pears | Pigeon | Sebamed | Wipro | Others (PLEASE SPECIFY)…….. |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EFFICACY PARAMETERS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Effective in specific skin condition like dry skin, atopic dermatitis | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Safe products (free of side effects like redness, dryness itchiness etc.) | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| **PRODUCT CHARACTERISTICS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mild product | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Free of fragrance | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| No preservatives | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Balanced pH | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Hypoallergenic | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Good consistency of the product | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Presence of ingredients derived from natural extracts | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Clinically/ dermatologically tested brand | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Wide range of products | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| **EXPERIENCE WITH THE BRAND** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Good usage experience with the brand | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Good feedback from friends and family with the brand | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Brand image | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Company image | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Age old and trustworthy brand | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| **OTHERS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brand affordability | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Good availability | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Availability of trial kits for new-borns | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Availability in multiple pack size | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Easy to handle packaging | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Overall a good brand | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

**SHOWCARD 18/ SHOW SCREEN**

1. On a scale of 1 to 5, where 5 is the extremely satisfied and 1 is the Not at all satisfied, can you tell me what is the level of satisfaction with the baby skin and hair care brands that you are currently using? **RECORD THE RATING. SINGLE CODE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all satisfied** |  |  |  | **Extremely satisfied** |
| 1 | 2 | 3 | 4 | 5 |

**SHOWCARD 19/ SHOW SCREEN**

1. Can you tell me the need gaps that you have with the currently available baby skin and hair care brands. **DO NOT AID. CODE APPROPRIATELY IN THE GRID BELOW. MULTIPLE CODING POSSIBLE. ALLOW SINGLE CODE IF CODED 03.**

| **Need gaps with the baby care products** |  |
| --- | --- |
| Specific products as per age, skin type and season | 01 |
| Availability in multiple pack size | 02 |
| No need-gaps | 03 |
| Any other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 04 |

|  |
| --- |
| **SECTION 3: CONCEPT EXPOSURE AND REACTION** |

**Interviewer read: Now I want to take your opinion on this product concept, please go through it and let me know your initial reactions**

**INTERVIEWER TO HAND OVER THE SHOW CARDS 1 TO 5 TO THE RESPONDENT AND ALLOW HER TO GO THROUGH THE SAME THOROUGHLY**

**SHOWCARD 20/ SHOW SCREEN**

1. Can you please tell what is your overall opinion regarding this product range? Please rate it on a scale of 1 – 5, where 1 – very bad and 5 – Excellent? **SINGLE CODING ONLY**

| Very Bad | Bad | Average | Good | Excellent |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 21/ SHOW SCREEN**

**ASK Q20 IF RATED 3/4/5 IN Q.21, ELSE GO TO Q.22**

1. Can you please tell the key attributes about this product range that you really liked? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE BUT IF 9 IS CODED DO NOT ALLOW ANY OTHER**

**SHOW CARD 22/ SHOW SCREEN**

**ASK Q22 IF RATED 1/2 IN Q.20, ELSE GO TO Q.23**

1. Can you please tell the key attributes about this product range that you dislike? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE BUT IF 2 IS CODED DO NOT ALLOW ANY OTHER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Q.21 Key likes** | **Code** | **Q.22 Key dislikes** | **Code** |
| PAMAS free range | 1 | Additional information on role of this ingredient | 1 |
| PH balanced | 2 | No particular dislikes | 2 |
| Hypoallergenic products | 3 | Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3 |
| Good range of products | 4 | Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4 |
| Trusted in over 27 countries | 5 |  |  |
| Legacy of 70 years | 6 |  |  |
| Dermatologically tested | 7 |  |  |
| Enriched with natural ingredients | 8 |  |  |
| No particular likes | 9 |  |  |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 10 |  |  |

**NOW WE WILL SPECIFICALLY TALK ABOUT INDIVIDUAL PRODUCTS MENTIONED IN THE CONCEPT.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CODE FOR ROTATION :**  **TICK MARK THE CONCEPT EXPOSED FIRST [SA]** | Code  (446) | Route |
|  | Product 1   Cetaphil baby gentle wash and shampoo | 1 |  |
|  | Product 2   Cetaphil baby shampoo | 2 |  |
|  | Product 3   Cetaphil baby massage oil | 3 |  |
|  | Product 4   Cetaphil baby daily lotion | 4 |  |

|  |
| --- |
| **Interviewer Instruction: PLEASE EXPOSE THE PRODUCT CONCEPTS in the order depending on the first concept exposed. For. Eg. If Product 1 is picked first, please expose 2 followed by 3 and then 4. If 2 is exposed first, please expose 3, 4 and 1 and so on and so forth.** |

**PRODUCT 1 - CETAPHIL BABY GENTLE WASH AND SHAMPOO**

**HAND OVER CONCEPT CARD 6 TO THE RESPONDENT**

**SHOWCARD 23/ SHOW SCREEN**

1. Can you please tell what is your overall opinion regarding Cetaphil baby gentle wash and shampoo? Please rate it on a scale of 1 – 5, where 1 – Very Bad and 5 – Excellent?

**INTERVIEWER NOTE : SINGLE CODING ONLY**

| Very Bad | Bad | Average | Good | Excellent |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 24/ SHOW SCREEN**

**ASK Q24 IF RATED 3/4/5 IN Q.23, ELSE GO TO Q.25**

1. Can you please tell the key attributes about Cetaphil baby gentle wash and shampoo that you really liked? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. IF 7 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

**SHOW CARD 25/ SHOW SCREEN**

**ASK Q24 IF RATED 1/2 IN Q.25, ELSE GO TO Q.26**

1. Can you please tell the key attributes about Cetaphil baby gentle wash and shampoo that you really dislike? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. IF 2 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE ASKED FOR CETAPHIL BODY WASH AND SHAMPOO** | | | |
| **Q24. Key likes** | **Code** | **Q.25 Key dislikes** | **Code** |
| Can be used daily for head to toe for effective cleansing | 1 | Additional information on role of this ingredient | 1 |
| Does not irritate the skin | 2 | No particular dislikes | 2 |
| Effectively soothes and moisturises skin and hair | 3 | Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3 |
| Contains skin and hair conditioners | 4 |  |  |
| Single solution for skin and hair cleansing | 5 |  |  |
| Presence of glycerine helps soothe and moisturise skin | 6 |  |  |
| No particular likes | 7 |  |  |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8 |  |  |

**SHOWCARD 26/ SHOW SCREEN**

1. Based on what you have read in Cetaphil baby gentle wash and shampoo; how different do you think this product is with respect to the ingredients used in the formulation as compared to other products currently available? Please give your response on a scale of 1 to 5, where **1** means **not at all unique** and **5** means **very unique**? **SINGLE CODING ONLY**

|  | **VERY COMMON/**  **NOT AT ALL UNIQUE** | **SOMEWHAT COMMON/**  **NOT SO UNIQUE** | **NEITHER COMMON NOR NOT COMMON** | **NOT SO COMMON/SOMEWHAT UNIQUE** | **NOT AT ALL COMMON/ VERY UNIQUE** |
| --- | --- | --- | --- | --- | --- |
| **UNIQUENESS** | 1 | 2 | 3 | 4 | 5 |

**SHOWCARD 27/ SHOW SCREEN**

1. How **believable** do you find the claims mentioned for Cetaphil baby gentle wash and shampoo? Please give your response on a scale of 1 to 5, where 1 means **not at all believable** and 5 means **very believable**. **SINGLE CODING ONLY**

|  | **NOT AT ALL BELIEVABLE** | **NOT SO BELIEVABLE** | **NEITHER BELIEVABLE NOR NOT AT ALL BELIEVABLE** | **SOMEWHAT BELIEVABLE** | **VERY BELIEVABLE** |
| --- | --- | --- | --- | --- | --- |
| **BELIEVABLE** | 1 | 2 | 3 | 4 | 5 |

**SHOWCARD 28/ SHOW SCREEN**

1. Now considering all the aspects that we have discussed and assuming cost is not a concern, can you tell me, how likely would you be to **use** Cetaphil baby gentle wash and shampoo further on for your baby? Please give your response on a scale of 1 to 5, where 1 means **definitely not use** and 5 means **definitely use.**

**INTERVIEWER NOTE: SINGLE CODING ONLY**

|  | **DEFINITELY NOT USE** | **PROBABLY NOT USE** | **MAY OR MAY NOT USE** | **PROBABLY USE** | **DEFINITELY USE** |
| --- | --- | --- | --- | --- | --- |
| **INTENTION TO USE** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 29/ SHOW SCREEN**

**ASK Q29, ONLY TO THOSE CODING 1, 2 & 3 IN 28, ELSE GO TO PRODUCT 2**

1. What are the main barriers for not using Cetaphil baby gentle wash and shampoo? **DO NOT AID. MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **BARRIERS FOR NOT USING** | **Code** |
| Satisfied with the current options, no need required | 1 |
| Lack of understanding on ingredients | 2 |
| Better experience with available products | 3 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 98 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 99 |

**PRODUCT 2 - CETAPHIL BABY SHAMPOO**

**HAND OVER CONCEPT CARD 7 TO THE RESPONDENT**

**SHOWCARD 30/ SHOW SCREEN**

1. Can you please tell what is your overall opinion regarding Cetaphil baby shampoo? Please rate it on a scale of 1 – 5, where 1 – Very Bad and 5 – Excellent?

**INTERVIEWER NOTE : SINGLE CODING ONLY**

| Very Bad | Bad | Average | Good | Excellent |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 31/ SHOW SCREEN**

**ASK Q31 IF RATED 3/4/5 IN Q.30, ELSE GO TO Q.32**

1. Can you please tell the key attributes about Cetaphil baby shampoo that you really liked? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. IF 7 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

**SHOW CARD 32/ SHOW SCREEN**

**ASK Q32 IF RATED 1/2 IN Q.30, ELSE GO TO Q.33**

1. Can you please tell the key attributes about Cetaphil baby shampoo that you really dislike? DO NOT AID. CODE APPROPRIATELY. **MULTIPLE CODING POSSIBLE. IF 2 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE ASKED FOR BABY SHAMPOO** | | | |
| **Q31. Key likes** | **Code** | **Q32. Key dislikes** | **Code** |
| Cleanses sensitive scalp | 1 | Additional information on role of this ingredient | 1 |
| No drying | 2 | No particular dislikes | 2 |
| Soothing and moisturising of scalp | 3 | Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3 |
| Conditioning effect to the hair | 4 |  |  |
| Presence of natural Chamomile | 5 |  |  |
| Ingredients: Hydrolysed wheat protein, Heliptropine and Aloe barbadensis leaf | 6 |  |  |
| No particular likes | 7 |  |  |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8 |  |  |

**SHOWCARD 33/ SHOW SCREEN**

1. Based on what you have read in Cetaphil baby shampoo; how **unique** do you think is this product compared to other products currently available? Please give your response on a scale of 1 to 5, where **1** means **not at all unique** and **5** means **very unique**? **SINGLE CODING ONLY**

|  | **VERY COMMON/**  **NOT AT ALL UNIQUE** | **SOMEWHAT COMMON/**  **NOT SO UNIQUE** | **NEITHER COMMON NOR NOT COMMON** | **NOT SO COMMON/SOMEWHAT UNIQUE** | **NOT AT ALL COMMON/ VERY UNIQUE** |
| --- | --- | --- | --- | --- | --- |
| **UNIQUENESS** | 1 | 2 | 3 | 4 | 5 |

**SHOWCARD 34/ SHOW SCREEN**

1. How **believable** do you find the claims mentioned for Cetaphil baby shampoo? Please give your response on a scale of 1 to 5, where 1 means **not at all believable** and 5 means **very believable**. **SINGLE CODING ONLY**

|  | **NOT AT ALL BELIEVABLE** | **NOT SO BELIEVABLE** | **NEITHER BELIEVABLE NOR NOT AT ALL BELIEVABLE** | **SOMEWHAT BELIEVABLE** | **VERY BELIEVABLE** |
| --- | --- | --- | --- | --- | --- |
| **BELIEVABLE** | 1 | 2 | 3 | 4 | 5 |

**SHOWCARD 35/ SHOW SCREEN**

1. Now considering all the aspects that we have discussed and assuming cost is not a concern, can you tell me, how likely would you be to **use** Cetaphil baby shampoo for your baby further on? Please give your response on a scale of 1 to 5, where 1 means **definitely not use** and 5 means **definitely use.**

**INTERVIEWER NOTE: SINGLE CODING ONLY**

|  | **DEFINITELY NOT USE** | **PROBABLY NOT USE** | **MAY OR MAY NOT USE** | **PROBABLY USE** | **DEFINITELY USE** |
| --- | --- | --- | --- | --- | --- |
| **INTENTION TO USE** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 36/ SHOW SCREEN**

**ASK Q36, ONLY TO THOSE CODING 1, 2 & 3 IN 34, ELSE GO TO PRODUCT 3**

1. What are the main barriers for not using Cetaphil baby shampoo? **DO NOT AID. MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **BARRIERS FOR NOT USING** | **Code** |
| Satisfied with the current options, no need required | 1 |
| Lack of understanding on ingredients | 2 |
| Better experience with available products | 3 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 98 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 99 |

**PRODUCT 3 - CETAPHIL BABY MASSAGE OIL**

**HAND OVER CONCEPT CARD 8 TO THE RESPONDENT**

**SHOW CARD 37/ SHOW SCREEN**

1. Can you please tell what is your overall opinion regarding Cetaphil baby massage oil? Please rate it on a scale of 1 – 5, where 1 – Very Bad and 5 – Excellent? **SINGLE CODING ONLY**

| Very Bad | Bad | Average | Good | Excellent |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 38/ SHOW SCREEN**

**ASK Q38 IF RATED 3/4/5 IN Q.37, ELSE GO TO Q.39**

1. Can you please tell the key attributes about Cetaphil baby massage oil that you really liked? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. IF 8 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

**SHOW CARD 39/ SHOW SCREEN**

**ASK Q39 IF RATED 1/2 IN Q.38, ELSE GO TO Q.40**

1. Can you please tell the key attributes about Cetaphil baby massage oil that you really dislike? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. IF 2 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE ASKED FOR MASSAGE OIL** | | | |
| **Q.38 Key likes** | **Code** | **Q.39 Key dislikes** | **Code** |
| Active seal advantage | 1 | Additional information on role of this ingredient | 1 |
| Helps in skin hydration for upto 8 hours | 2 | No particular dislikes | 2 |
| Protects, nourishes and moisturizes skin | 3 | Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3 |
| Presence of Sunflower oil | 4 |  |  |
| Presence of Shea butter | 5 |  |  |
| Presence of Vitamin E | 6 |  |  |
| Organic Calendula | 7 |  |  |
| No particular likes | 8 |  |  |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9 |  |  |

**SHOW CARD 40/ SHOW SCREEN**

1. Based on what you have read in Cetaphil baby massage oil; how different do you think this product is with respect to the ingredients used in the formulation as compared to other products currently available? Please give your response on a scale of 1 to 5, where **1** means **not at all unique** and **5** means **very unique**? **SINGLE CODING ONLY**

|  | **VERY COMMON/**  **NOT AT ALL UNIQUE** | **SOMEWHAT COMMON/**  **NOT SO UNIQUE** | **NEITHER COMMON NOR NOT COMMON** | **NOT SO COMMON/SOMEWHAT UNIQUE** | **NOT AT ALL COMMON/ VERY UNIQUE** |
| --- | --- | --- | --- | --- | --- |
| **UNIQUENESS** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 41/ SHOW SCREEN**

1. How **believable** do you find the claims mentioned for Cetaphil baby massage oil? Please give your response on a scale of 1 to 5, where 1 means **not at all believable** and 5 means **very believable**. **SINGLE CODING ONLY**

|  | **NOT AT ALL BELIEVABLE** | **NOT SO BELIEVABLE** | **NEITHER BELIEVABLE NOR NOT AT ALL BELIEVABLE** | **SOMEWHAT BELIEVABLE** | **VERY BELIEVABLE** |
| --- | --- | --- | --- | --- | --- |
| **BELIEVABLE** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 42/ SHOW SCREEN**

1. Now considering all the aspects that we have discussed and assuming cost is not a concern, can you tell me, how likely would you be to **use** Cetaphil baby massage oil for your baby further on? Please give your response on a scale of 1 to 5, where 1 means **definitely not use** and 5 means **definitely use. SINGLE CODING ONLY**

|  | **DEFINITELY NOT USE** | **PROBABLY NOT USE** | **MAY OR MAY NOT USE** | **PROBABLY USE** | **DEFINITELY USE** |
| --- | --- | --- | --- | --- | --- |
| **INTENTION TO USE** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 43/ SHOW SCREEN**

**ASK Q43, ONLY TO THOSE CODING 1, 2 & 3 IN Q42, ELSE GO TO PRODUCT 4**

1. What are the main barriers for not using Cetaphil baby massage oil? **DO NOT AID. MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **BARRIERS FOR NOT USING** | **Code** |
| Satisfied with the current options, no need required | 1 |
| Lack of knowledge on ingredients | 2 |
| Better experience with available products | 3 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 98 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 99 |

**PRODUCT 4 - CETAPHIL BABY DAILY LOTION**

**HAND OVER CONCEPT CARDS 9 TO THE RESPONDENT**

**SHOW CARD 44/ SHOW SCREEN**

1. Can you please tell what is your overall opinion regarding Cetaphil baby daily lotion? Please rate it on a scale of 1 – 5, where 1 – Very Bad and 5 – Excellent?

**INTERVIEWER NOTE : SINGLE CODING ONLY**

| Very Bad | Bad | Average | Good | Excellent |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 45/ SHOW SCREEN**

**ASK Q45 IF RATED 3/4/5 IN Q.44, ELSE GO TO Q.46**

1. Can you please tell the key attributes about Cetaphil baby daily lotion that you really liked? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. IF 7 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

**SHOW CARD 46/ SHOW SCREEN**

**ASK Q46 IF RATED 1/2 IN Q.44, ELSE GO TO Q.47**

1. Can you please tell the key attributes about Cetaphil baby daily lotion that you really dislike? **DO NOT AID. CODE APPROPRIATELY. MULTIPLE CODING POSSIBLE. IF 2 IS CODED, DO NOT CODE ANY OTHER OPTION WITH IT**

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE ASKED FOR DAILY LOTION** | | | |
| **Q.45 Key likes** | **Code** | **Q46 Key dislikes** | **Code** |
| Clinically proven to keep skin hydrated upto 24 hours | 1 | Additional information on role of this ingredient | 1 |
| Presence of soyabean oil | 2 | No particular dislikes | 2 |
| Presence of Helianthus annus seed oil | 3 | Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3 |
| Accelerates recovery and restores skin barrier | 4 | Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4 |
| Soothes and strengthens skin barrier | 5 |  |  |
| Presence of shea butter | 6 |  |  |
| No particular likes | 7 |  |  |
| Others (Pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8 |  |  |

**SHOW CARD 47/ SHOW SCREEN**

1. Based on what you have read in Cetaphil baby daily lotion; how **unique** do you think is this product compared to other products currently available? Please give your response on a scale of 1 to 5, where **1** means **not at all unique** and **5** means **very unique**? **SINGLE CODING ONLY**

|  | **VERY COMMON/**  **NOT AT ALL UNIQUE** | **SOMEWHAT COMMON/**  **NOT SO UNIQUE** | **NEITHER COMMON NOR NOT COMMON** | **NOT SO COMMON/SOMEWHAT UNIQUE** | **NOT AT ALL COMMON/ VERY UNIQUE** |
| --- | --- | --- | --- | --- | --- |
| **UNIQUENESS** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 48/ SHOW SCREEN**

1. How **believable** do you find the claims mentioned for Cetaphil baby daily lotion? Please give your response on a scale of 1 to 5, where 1 means **not at all believable** and 5 means **very believable**. **SINGLE CODING ONLY**

|  | **NOT AT ALL BELIEVABLE** | **NOT SO BELIEVABLE** | **NEITHER BELIEVABLE NOR NOT AT ALL BELIEVABLE** | **SOMEWHAT BELIEVABLE** | **VERY BELIEVABLE** |
| --- | --- | --- | --- | --- | --- |
| **BELIEVABLE** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 49/ SHOW SCREEN**

1. Now considering all the aspects that we have discussed and assuming cost is not a concern, can you tell me, how likely would you be to **use** Cetaphil baby daily lotion for your baby further on? Please give your response on a scale of 1 to 5, where 1 means **definitely not use** and 5 means **definitely use.**

**INTERVIEWER NOTE: SINGLE CODING ONLY**

|  | **DEFINITELY NOT USE** | **PROBABLY NOT USE** | **MAY OR MAY NOT USE** | **PROBABLY USE** | **DEFINITELY USE** |
| --- | --- | --- | --- | --- | --- |
| **INTENTION TO USE** | 1 | 2 | 3 | 4 | 5 |

**SHOW CARD 50/ SHOW SCREEN**

**ASK Q50, ONLY TO THOSE CODING 1, 2 & 3 IN Q49, ELSE GO TO Q.51**

1. What are the main barriers for not using Cetaphil baby daily lotion? **DO NOT AID. MULTIPLE CODING POSSIBLE**

|  |  |
| --- | --- |
| **BARRIERS FOR NOT USING** | **Code** |
| Satisfied with the current options, no need required | 1 |
| Lack of knowledge on ingredients | 2 |
| Better experience with available products | 3 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 98 |
| Others, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 99 |

|  |
| --- |
| **SECTION 4 – PRICING** |

**INTERVIEWER READ: NOW I WOULD LIKE TO UNDERSTAND YOUR PRICE PERCEPTION OF THESE PRODUCTS**

**ASK ALL**

**SHOW CARD 51/ SHOW SCREEN**

1. What according to you should be the ideal price for each of these products that you saw in the concept?

**INTERVIEWER NOTE: RECORD THE EXACT NUMBER CORRECTLY IN THE GRID BELOW FOR EVERY PRODUCT. FILL IN WITH LEADING ZERO. TAKE MID-POINT IF RESPONDENT GIVES RANGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRODUCTS AVAILABLE** | **Q51** | | | |
| Baby body wash and shampoo |  |  |  |  |
| Baby shampoo |  |  |  |  |
| Massage oil |  |  |  |  |
| Daily lotion |  |  |  |  |

**SHOW CARD 52/ SHOW SCREEN**

1. Apart from these products that you saw in the Cetaphil concept, do you feel a need for any other product that can be added to the Cetaphil range?

**INTERVIEWER NOTE: MULTIPLE CODING POSSIBLE. SINGLE CODE IF RESPONDENT MENTIONS NO REQUIREMENT**

|  |  |
| --- | --- |
| **PRODUCT RANGE** | **Q52** |
| Baby powder | 1 |
| Baby cream | 2 |
| Other, please specify\_\_\_\_\_ | 3 |
| Other, please specify\_\_\_\_\_ | 4 |
| Other, please specify\_\_\_\_\_ | 5 |

**- THANK AND CLOSE –**