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Seasonal Influenza Vaccination Coverage Survey, 2023-2024

Final report

Submitted to the Public Health Agency of Canada
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Prepared By: Leger

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Seasonal Influenza Vaccination Coverage Survey, 2023-2024

Final Report

Prepared for the Public Health Agency of Canada

Supplier Name: Leger Marketing Inc.

March 2024

This public opinion research report presents the methodology of a telephone survey conducted by Leger Marketing Inc. on behalf of the Public Health Agency of Canada. The research was conducted with 5,364 Canadians between January 3 and March 5, 2024.

Cette publication est aussi disponible en français sous le titre : Enquête sur la couverture vaccinale contre la grippe saisonnière, 2023-2024.

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1. Summary

Leger is pleased to submit this methodological report to the Public Health Agency of Canada (PHAC) of a quantitative survey assessing seasonal influenza vaccination coverage among the Canadian population.

This report was prepared by Leger following the awarding of a contract to PHAC (contract number CW2340342), awarded December 5, 2023. This contract has a value of \$300,000.00 (including HST).

1.1 Background and Objectives

Influenza usually occurs in the northern hemisphere between November and April. In Canada, an average of 12,200 hospitalizations and 3,500 deaths related to influenza occur each year. The risk of hospitalization is greatest in very young children and elderly persons. The best way to prevent influenza is by getting the influenza vaccine.

The National Advisory Committee on Immunization (NACI) recommends that every year, individuals six months and older receive an influenza vaccine. This is especially true for populations at high risk for influenza-related complications such as those with chronic medical conditions (CMCs), older adults (aged 65 years and older), and young children (aged six to 59 months). Canadian provinces and territories launch their influenza vaccination programs before influenza begins spreading in the community, usually beginning in October and continuing on past December. Vaccination continues to be offered throughout the influenza season, as long as influenza viruses are circulating.

There are two main types of influenza viruses that cause outbreaks and epidemics: influenza A and B. Influenza A and B viruses are further broken down into subtypes and lineages, respectively. Across influenza seasons, different subtypes and/or lineages are in circulation, so experts must create a new influenza vaccine each year. Further, the effectiveness of the vaccine can wear off over time. This is why it is important to get a new influenza vaccine every year. Monitoring influenza vaccine coverage across the country helps PHAC assess how well the general population in Canada are protected from the virus.

Slightly higher than the World Health Organization (WHO) coverage goals of 75%, the Canadian national influenza vaccination coverage goals for seniors aged 65 and older and adults aged 18–64 years with CMCs were set at 80% in 2017 to be reached by 2025. Measuring vaccine coverage against the national goals on a routine basis plays an important role in protecting the health of Canadians for a number of reasons. First, it allows for the monitoring and evaluation of vaccination programs across years, and across different seasons for influenza. Second, it identifies factors influencing influenza vaccine uptake and sub-populations with low vaccine coverage, to support developing targeted

programs for improving vaccine coverage in un- and under-vaccinated populations. Finally, it allows for the fulfillment of various reporting activities, such as performance measurement indicators, monitoring progress towards national vaccination coverage goals, and obligations to international health partners such as the Pan American Health Organization.

This year, with the ongoing circulation of SARS-CoV-2, an emerging threat of concurrent influenza and COVID-19 epidemics is a major concern for public health officials and clinicians. In order to survey people on their attitudes and beliefs toward COVID-19 vaccines, as well as their intent or acceptance of co-administration of the COVID-19 and flu vaccine, the section of COVID-19 vaccine-related questions introduced last year will again be used in the Seasonal Influenza Vaccination Coverage Survey 2023-2024 questionnaire.

In light of the first vaccine for respiratory syncytial virus (RSV) for adults aged 60 and over being approved by Health Canada recently, we have incorporated new questions to gain a better understanding of people's knowledge about the RSV vaccine and their intent to get vaccinated when it becomes accessible. These questions aim to assess awareness regarding this important preventive measure and to gather valuable insights into the public's potential adoption of this vaccination.

The primary objective of the research is to provide national vaccination coverage estimates for the seasonal influenza vaccine. Specifically, the survey will be used to:

- Measure Canadians' awareness, knowledge, attitudes and beliefs towards the seasonal influenza vaccine;
- Determine reasons for non-vaccination;
- Identify health care providers administering the influenza vaccine (i.e. nurse vs. doctor vs. pharmacist);
- Identify factors associated with vaccine uptake;
- Identify potential impact of the COVID-19 pandemic on seasonal influenza vaccine uptake;
- Measure attitudes toward the COVID-19 vaccination and the flu and COVID-19 vaccines co-administration; and
- Assess awareness and vaccination intent regarding the newly approved RSV vaccine.

1.2 Application of Results

The results of this study will help the Public Health Agency of Canada (PHAC) to identify at-risk populations with lower immunization coverage, recognize factors leading to vaccine uptake or refusal, measure the performance of vaccination programs, and design

future vaccination programs in Canada. The survey results also allow PHAC to monitor and evaluate vaccination programs during the flu seasons.

1.3 Methodology—Quantitative Research

The quantitative research consisted of telephone interviews, which were conducted using a computer-assisted telephone interviewing system (CATI technology).

Data collection for this survey took place between January 3 to March 5, 2024. The national response rate for the survey was 10.39 %. The comprehensive distribution of calls is presented in Appendix A. A pre-test of 58 interviews, in both official languages, was conducted between January 3 and 4, 2024. More specifically, 32 interviews were conducted in French and 26 in English. Aside from a minor programming error that has been corrected, no changes were made to the questionnaire or the programming following the pre-test. A second pre-test was conducted to ensure correct programming, and data collection began as planned. Aside from responses that were affected by the programming error, all pre-test responses were included in the overall results. The interviews lasted an average of twenty-one minutes. The interviews were recorded to assess the level of understanding of each question among respondents.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 5,364 Canadian adults in all regions of the country. Only one adult respondent was interviewed per household. The national margin of error for this survey is +/- 1.3%, 19 times out of 20.

The main target population in this study was Canadian adults aged 18 and older who were making vaccine-related decisions for themselves. As was the case in previous years, the final analysis of the study focused on 3 different target groups:

- adults aged 18 to 64 years
- adults aged 65 and over
- adults with chronic medical conditions

A proportion of the interviews was conducted with a sample of cell-phone numbers (cell-phone-only household members), in order to provide an adequate and reliable sample of the youth cohort (18 to 34). While the cell-phone sample did not exclusively target the youth cohort, this age group was over-indexed in that target sample. The other interviews were conducted with landline users. According to 2021 national census data from Statistics Canada, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level. Results were also weighted by households with a landline phone and household with cellphones only, according to the latest Canadian Radio-Television and Telecommunications commission (CRTC) data available.

Leger meets the strictest quantitative research guidelines. The questionnaire was prepared in accordance with the Standards for the Conduct of Government of Canada

Public Opinion Research—Series B—Fieldwork and Data Tabulation for Telephone Surveys. Details on the methodology, Leger’s quality control mechanisms, the questionnaire, and the weighting procedures are provided in the appendix.

1.4 Notes on the Interpretation of the Finding

The opinions and observations expressed in this document do not reflect those of the Public Health Agency of Canada. This report was compiled by Leger based on research conducted specifically for this project. This research is probabilistic; the results can be applied to the general population of Canada. The research was designed with this objective in mind.

1.5 Declaration of Political Neutrality and Contact Information

I hereby certify, as chief agent of Leger, that the deliverables are in full compliance with the neutrality requirements of the [Policy on Communications and Federal Identity](#) and the [Directive on the Management of Communications—Appendix C](#) (Appendix C: Mandatory Procedures for Public Opinion Research).

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party positions, or the assessment of the performance of a political party or its leaders.

Signed by:

A handwritten signature in blue ink, appearing to read "Christian Bourque".

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Appendix A—Detailed Research Methodology

A.1 Quantitative Methodology

A.1.1 Methods

For tracking and comparability purposes, the methodology used for this survey was the same as that of previous waves of surveys. Leger used the same methods as those used in the 2022-2023 survey with respect to sampling methodology, data collection methods and some elements of the questionnaire.

The quantitative research consisted of telephone interviews, which were conducted using a computer-assisted telephone interviewing system (CATI technology). This approach is the most suitable for assessing seasonal influenza vaccination coverage among different subgroups of the Canadian population, while ensuring a high level of representativeness.

Leger meets the strictest quantitative research guidelines. The survey questionnaire was prepared in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research—Series B—Fieldwork and Data Tabulation for Telephone Surveys.

Respondents were assured of the voluntary and confidential nature of the approach, and the anonymity of their responses. As with all research conducted by Leger, any information that could identify respondents was removed from the data, in accordance with Canada's Privacy Act.

Research interviews were conducted from the Montréal and Winnipeg virtual call centres. The Montreal call centre has three separate divisions of interviewers: one made up exclusively of English-speaking interviewers, another exclusively of French-speaking interviewers, and the last of bilingual interviewers. These divisions ensure that all telephone surveys can easily be conducted in either official language. Interviews in English were also conducted from the Winnipeg call centre.

A.1.2 Data Collection

Data collection for this survey was conducted between January 3 and March 5, 2024. The national response rate for the survey was 10.39 %. The comprehensive distribution of calls is presented below. A pre-test of 58 interviews, in both official languages, was conducted between January 5 and 6, 2024. More specifically, 32 interviews were conducted in French and 26 in English. The interviews lasted an average of twenty-one minutes.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 5,364 Canadian adults who had access to either a landline or a cellphone in all regions of the country. Only one adult respondent was interviewed per household. Canadians without a landline or cellphone were excluded from the study. This research is probabilistic; the results can be applied to the general population of Canada. The national margin of error for this survey is +/- 1.3%, 19 times out of 20.

Representative sample of approximately 5,210 Canadians

A sample of Canadian adults was selected randomly using a stratified regional sampling approach. Flexible regional quotas were applied to ensure that a sufficient number of interviews were conducted in each region of Canada.

The following table details the regional quotas for the 5,210 Canadian adults and the effective distribution of the 5,364 respondents:

Table 1. Flexible regional quotas

Region	Quotas	Number of completed interviews
Newfoundland and Labrador	300	326
Prince-Edward-Island	300	298
Nova-Scotia	300	328
New-Brunswick	300	310
Quebec	725	731
Ontario	1,235	1,413
Manitoba	350	334
Saskatchewan	400	380
Alberta	500	515
British Columbia	500	529
Nunavut*	100	32
Northwest Territories*	100	82
Yukon*	100	86
Total	5,210	5,364

* Due to the difficulty of reaching respondents in the territories, the quota of 100 respondents was flexible. The missing sample was spread out between the rest of provinces and territories.

A.1.3 Sampling Procedures

Landline telephone numbers were generated, and only cell phone numbers were purchased¹ using a stratified regional sampling approach. Telephone interviews were conducted using Leger's computer-assisted telephone interviewing system (CATI technology). This system manages the sampling electronically, by selecting and randomly dialing the phone number to call. To ensure perfect coverage of a population, the sample included residential telephone numbers located in all of Canada's provinces and territories, as well as the cell phone numbers of Canadians who do not have a residential landline (i.e., pre-validated cell numbers only). Flexible quotas were established to ensure a sufficient number of interviews in each region of Canada. In addition to these regional quotas, data was collected to ensure proper distribution of respondents by gender (men and women) and language (English and French), using flexible quotas.

Canada-wide sampling: Households with a landline

We defined a Canada-wide sample of telephone numbers. All numbers were randomly selected to generate this basic sample. Each telephone number in this sampling frame was associated with a Canadian province. Subsequently, we used this Canada-wide sample to randomly select numbers by province or region, in proportion with the provincial or regional quotas established for the project.

Canada-wide sampling: households with a cell phone number only

For the portion of the sample composed of "cell phone only households," candidates were randomly selected for each province or region taking into account provincial or regional quotas. The precise target of 2,500 respondents from cellphone only households was set and reached to match as closely as possible the proportion of Canadian cellphone only households estimated by the CRTC (48%). Only after the data collection, it was found that the proportion of Canadian cellphone only households is now estimated to be at 52.2%. Statistical weighting corrected that change, as well as the demographic differences between the sample and the actual proportion in the population.

A.1.4 Maximizing Response Rate

A low response rate compromises the reliability and validity of a survey. Based on their experience in surveying various populations, Leger has established the following methods to maximize response rates:

- Include a toll-free number that respondents can call if necessary;
- Be patient in discussions with respondents to help maintain interest in the survey and limit withdrawals during the call;
- Prepare points that interviewers can refer to in order to let respondents know that their participation is important: value of the study for them and their families, etc.

¹ Leger has been purchasing its samples from ASDE Survey Sampler, a reputable and reliable supplier, for over 15 years.

- Assign experienced interviewers to communicate with households and target the appropriate respondent;
- Make a minimum of eight call-backs at each number and schedule appointments for call-backs (even for initial contact);
- Include contact information for an experienced researcher so that respondents can confirm the validity of the research;
- Make calls to users of cell phones only to maximize sample representativeness and ensure that a sufficient number of young people, often on the move, are included in the final sample.

A.1.5 Call Distribution

The overall response rate for this study was 10.39%. The participation rate is calculated using the following formula: Participation rate / response rate = $R \div (U + IS + R)$. The table below provides details of the calculation.

Table 2. Call determination and response rate

Base Sample	122,671
Invalid number	49,317
No service	48,434
Non-residential	231
Fax / modem / pager	632
Double	20
Unresolved (U)	54,580
No answer	18,175
Answering machine	35,409
Line busy	996
EFFECTIVE SAMPLE*	24,138
In-scope non-responding units (IS)	11,154
Refusal	10,536
Language Barrier	618
Responding units (R)	7,620
Quota attained	18
Unqualified	679
Incomplete	320
Appointment	1,239
COMPLETED INTERVIEWS	5,364
Participation rate	10.39%

A.1.6 Non-response Biases and Additional Socio-Demographic Analysis

An effective response rate of 10 % is around the average for a national telephone survey of 5,364 respondents conducted over a period of approximately five weeks. This rate is consistent with similar surveys. Based on Leger’s experience, a response rate of more than 10% is considered typical and within industry standards for a telephone survey with the general population.

Weighting

According to Statistics Canada’s 2021 national census data, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level. In addition, the weighting of respondents in the cell phone-only sample was also controlled to match the 52.2% of Canadian households with cellphones only and to correct the difference between the sample and the actual proportion in the population, as per our new estimate of Statistic Canada’s data.

A baseline comparison of weighted and unweighted samples was also conducted to identify potential non-response biases that could be introduced by lower response rates in some demographic subgroups (see tables in the next section). As is usually the case for a telephone survey targeting mainly households with a landline, it was more difficult to reach young respondents. To compensate for this, Leger conducted 2,500 interviews with individuals whose homes do not have landlines (called on their cell phones) in order to maximize the number of youth in the final sample.

A.1.7 Weighted and Unweighted Samples

The table below shows the geographical distribution of respondents, before and after weighting. Given the bigger sample size, and the desire to have more robust sample size in each Canadian region, bigger quotas were set in smaller regions, resulting in a more substantial geographical distribution imbalance in the unweighted sample. The weighting process mainly adjusted the weights of Manitoba, Saskatchewan and the Atlantic provinces, which was overrepresented in the sample, and of British Columbia, Quebec and Ontario, which were underrepresented. Nunavut, Northwest Territories and Yukon, which were slightly overrepresented in the sample.

Table 3. Unweighted and weighted sample distribution by province

Province or territory	Unweighted	Weighted
Newfoundland and Labrador	335	90
Prince Edward Island	300	33
Nova Scotia	303	143
New Brunswick	300	124
Quebec	725	1,210

Ontario	1,416	2,022
Manitoba	350	215
Saskatchewan	400	195
Alberta	500	562
British Columbia	505	718
Nunavut	30	4
Northwest Territories	100	20
Yukon	100	27

The tables below illustrate the demographic distribution of respondents by gender, age, language (mother tongue), and education level.

First, with respect to gender, we can see that the weighting adjusted the proportion of female respondents to male respondents, with women still a little over-represented in telephone surveys.

Table 4. Unweighted and gender-weighted sample distribution

GENDER	Unweighted	Weighted
Male	2,365	2,546
Female	2,953	2,748
Other	24	37
Don't know	7	11
Refusal	15	22

With respect to age distribution, the final weighting of the results corrected some imbalances regarding age groups. Respondents under 55 years old were underrepresented in the final sample, and respondents aged 55 years and older were overrepresented. The weighting corrected that discrepancy.

Table 5. Unweighted and age-weighted sample distribution

AGE	Unweighted	Weighted
From 18 to 24 years old	246	541
From 25 to 34 years old	482	889
From 35 to 44 years old	719	884
From 45 to 54 years old	777	842
From 55 to 64 years old	1,062	941
From 65 to 74 years old	1,252	730
75 years and older	826	536

Some imbalances in language distribution were corrected through weighting, as shown below. The French-speaking respondents were slightly underrepresented and, as such, the weighting corrected that discrepancy.

Table 6. Unweighted and weighted sample distribution by mother tongue

LANGUAGE (MOTHER TONGUE)	Unweighted	Weighted
French	911	1,055
English	3,732	3,342
Other	712	956
Don't know	3	1
Refusal	6	9

Regarding education level, weighting adjusted the weights of respondents who have a college and less education level who were underrepresented in the sample, while those with a university degree were overrepresented.

Table 7. Unweighted and education-weighted sample distribution

EDUCATION LEVEL	Unweighted	Weighted
High school or less	1,448	1,757
College	1,418	1,885
University	2,433	1,655

The following table details the demographic distribution of respondents based on their phone equipment: whether they only had a cellphone or not. With the proportion of cellphone only households jumping to 52.2%, Those who only had a cellphone were slightly underrepresented in the sample.

Table 8. Unweighted and education-weighted sample distribution

PHONE EQUIPMENT	Unweighted	Weighted
Cellphone only	2,500	2,800
Not cellphone only	2,845	2,548

The weighting applied corrected the original imbalance for data analysis purposes; no further manipulation was required.

As with all research conducted by Leger, contact information was kept completely confidential, and any information that could identify respondents was removed from the data, in accordance with Canada's Privacy Act.

A.1.8 Weighting Factors

Certain subgroups tend to be underrepresented or overrepresented in a sample compared to the general population. The weighting of a sample makes it possible to correct for differences in the representation of the various subgroups of that sample compared to what is usually observed in the overall study population. Weighting factors are therefore the weight given to each respondent that corresponds to a subgroup of the sample.

The following tables illustrate the proportion allocated to each target in the sample.

Table 9. Weighting by gender and age

GENDER*AGE	Proportion (%)
Male AND aged 18 to 24 years	5.215
Male AND aged 25 to 34 years	8.326
Male AND aged 35 to 44 years	8.105
Male AND aged 45 to 54 years	7.693
Male AND aged 55 to 64 years	8.578
Male AND aged 65 and older	10.842
Female AND aged 18 to 24 years	4.880
Female AND aged 25 to 34 years	8.253
Female AND aged 35 to 44 years	8.381
Female AND aged 45 to 54 years	7.999
Female AND aged 55 to 64 years	8.957
Female AND aged 65 and older	12.771
Total	100%

Table 10. Weighting by gender and region

GENDER*REGION	Proportion (%)
Newfoundland AND Male	0.696
Newfoundland AND Female	0.739
Prince Edward Island AND Male	0.204
Prince Edward Island AND Female	0.218
Nova Scotia AND Male	1.299
Nova Scotia AND Female	1.402
New Brunswick AND Male	1.050
New Brunswick AND Female	1.104
Quebec AND Male	11.273
Quebec AND Female	11.741
Ontario AND Male	18.704

Ontario AND Female	19.905
Manitoba AND Male	1.718
Manitoba AND Female	1.777
Saskatchewan AND Male	1.434
Saskatchewan AND Female	1.479
Alberta AND Male	5.486
Alberta AND Female	5.600
British Columbia AND Male	6.752
British Columbia AND Female	7.130
Yukon Territory AND Male	0.053
Yukon Territory AND Female	0.055
Northwest Territories AND Male	0.053
Northwest Territories AND Female	0.052
Nunavut AND Male	0.039
Nunavut AND Female	0.038
Total	100%

Table 11. Weighting by region and language

REGION* LANGUAGE	Proportion (%)
Quebec AND French	17.223
Quebec AND English	5.791
Rest of Canada AND French	2.450
Rest of Canada AND English	74.536
Total	100%

Table 12. Households with a cell phone number only

HOUSEHOLDS WITH A CELL PHONE NUMBER ONLY	Proportion (%)
Yes	52.200
No	47.800
Total	100%

Table 13. Weighting by education level

HIGHEST EDUCATION LEVEL COMPLETED	Proportion (%)
No University	69.152
University	30.848
Total	100%

Appendix B — Questionnaire

Seasonal Influenza Vaccination Coverage Survey, 2023-2024

LEGEND FOR ATTRIBUTE COLUMN

X= Exclusive choice

F= Fixed Choice (not part of the rotation or permutation)

O= Open-ended

Section info

Page info

[ASK ALL]

QINF#

Hello / Bonjour (pause), the Government of Canada is conducting a research survey on the influenza vaccine, also known as the flu shot. Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais?

[Continue survey in language of choice of respondent. If interview is unable to continue in French, say: “Je vous remercie. Quelqu’un vous rappellera bientôt pour mener le sondage en français. »]

My name is [first name] of Leger, the company hired to do the survey. The survey takes about 15 minutes to complete. Should you have any questions about the survey, I can give you a contact person within the Government of Canada. Your participation is voluntary and confidential. Your answers will remain anonymous, and the information you provide will be administered according to the requirements of the Privacy Act, the Access to Information Act, and any other pertinent legislation. Is this a safe and convenient time for you? May I continue?

We are currently conducting a study on the influenza vaccine, as known as the flu shot. This survey is led by the Public Health Agency of Canada. Your answers will help improve services that impact Canadians like you. We would therefore greatly appreciate your cooperation.

IF ASKED: Your opinion counts. Leger is a renowned company throughout Canada. Today's study is about a topic related to public health in Canada. There are no wrong answers. When may I contact you again? When would be a good time to contact you? Whom should I ask to speak with when I call back? Is there another person in your household with whom we could talk?

NOTE: If a respondent requests to speak with a study leader at the Public Health Agency of Canada, please provide the following contact email address.

Contact: coverage-couvertures@phac-aspc.gc.ca.

Note to the interviewer: If a respondent asks you about the legitimacy of this project or if the respondent wants to make a complaint or a comment about this project, you must invite him/her to visit the CRIC Website: <https://www.canadianresearchinsightscouncil.ca/> (English) or <https://www.canadianresearchinsightscouncil.ca/?lang=fr> (French), and you must give him the CRIC Project Registration Number: **20231213-LE351**

Section info

[ASK ALL]

QSCTDEMO1

INTERVIEWER SCRIPT:

To begin, I have a few questions about you.

Simple mention question

[ASK IF ECHA=CELL]

ADTADM_010

Do you currently have a residential land-line telephone service at home?

INTERVIEWER INSTRUCTIONS: (DO NOT READ LIST. ONLY ONE MENTION)

Yes	1	RECODE LANDLINE
No	0	
(DO NOT READ) Valid skip / Not applicable	7	
(DO NOT READ) Don't know	8	
(DO NOT READ) Refusal	9	TERMINATE

Numeric question

[ASK ALL]

[NUMeric : Min=18, Max=150]

[NOTES: Under 18 = terminate]

[VALIDATION: AGE]

ADTDEM_010

How old were you as of September 1, 2023?

INTERVIEWER INSTRUCTIONS: (RECORD THE NUMBER.)

Enter number	XXX	
(DO NOT READ) Refusal	999	TERMINATE

Calculated variable

[NOTES: CALCULATION FROM ADTDEM_010]

ADTDEM_011

Under 18	0	TERMINATE
...Between 18 and 24	1	
...Between 25 and 34	2	
...Between 35 and 44	3	
...Between 45 and 54	4	
...Between 55 and 64	5	
...Between 65 and 74	6	
...75 or older	7	
Refusal	9	TERMINATE

QUESTION PROVX

Simple mention question

[ASK ALL]

ADTDEM_020

What is the language you first learned at home in your childhood and that you still understand?

INTERVIEWER INSTRUCTIONS: (DO NOT READ LIST. ONLY ONE MENTION)

French	1
English	2
Other; specify	6
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTDEM_030

What is your gender?

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: Gender is the way a person internally feels and/or publicly expresses in their daily life. A person's gender may differ from the sex they were assigned at birth (male or female). (DO NOT READ LIST. ONLY ONE MENTION)

Man	1
Woman	2
Other; specify	6
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_010

As far as you know, are you up to date on your vaccines (other than flu and COVID-19 vaccines)?

INTERVIEWER INSTRUCTIONS: DELETED

If asked: COVID-19 vaccination should not be included in being up to date on your vaccines. READ. ONLY ONE MENTION

Yes	1
No	0
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

INTERVIEWER SCRIPT:

The next few questions will ask you how much you agree or disagree with a series of statements. The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree.

Simple mention question

[ASK ALL]

ADTKAB_020

"In general, I consider vaccines to be important for my health." :

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: "The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree".

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_030

"I know enough about vaccines to make an informed decision about getting vaccinated." :

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: "The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree".

DO NOT READ, UNLESS ASKED BY RESPONDENT.
ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

ADULT – Flu vaccination

INTERVIEWER SCRIPT: Now, I will ask you some questions about the flu vaccine, and your vaccination status.

Simple mention question

[ASK ALL]

ADTFLU_010

Before September 1st, 2023, have you ever received the seasonal flu vaccine (also known as the flu shot)?

INTERVIEWER INSTRUCTIONS:

Note: The flu vaccine can be received by a shot (needle) or nasal spray.

(DO NOT READ LIST. ONLY ONE MENTION)

Yes	1
No	0
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTFLU_020

From September 1st, 2023, to now, have you received the seasonal flu vaccine (also known as the flu shot)?

INTERVIEWER INSTRUCTIONS:

(DO NOT READ LIST. ONLY ONE MENTION)

Yes	1
No	0

(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK IF ADTFLU_020=0]

ADTFLU_030

How likely is it that you will get the seasonal flu vaccine between now and June 2024? Would you say you:

INTERVIEWER INSTRUCTIONS: (READ LIST. ONLY ONE MENTION)

Will definitely get one	1
Will probably get one	2
Will probably not get one	3
Will definitely not get one	4
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK IF ADTFLU_020=0]

ADTFLU_040

What was the *most important* reason why you did not receive the flu vaccine this time? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

If the respondents say, 'all of the above', or select several reasons, prompt them to pick, among those, the most important reason

If the respondent says, "Other specify" (96) – capture verbatim response. Do not back-code. (READ LIST. ONLY ONE MENTION)

The flu vaccine does not work	01
I did not need the flu vaccine	02
I did not get around to it (e.g. too busy, lack of time)	04
I have concerns about the safety of the flu vaccine, and/or its side effects	03
I wanted to but was not able to get an appointment (e.g. the appointment got cancelled, vaccine was not available when I called)	07
Because of my health condition (e.g. allergic reactions, sickness such as flu or COVID-19 infections)	08
I heard or read negative media (e.g., on social media, blogs, forums) about vaccines	
Other reason; specify:	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTFLU_040=2]

ADTFLU_041

What was the *most important* reason why you did not need the flu vaccine this time? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

If the respondents say, ‘all of the above’, or select several reasons, prompt them to pick, among those, the most important reason

If the respondent says, “Other specify” (96) – capture verbatim response. Do not back-code.
(READ LIST. ONLY ONE MENTION)

I am healthy, and/ or never get the flu	01
Getting the flu doesn’t make me that sick	02
I believe in my immune system capacity	03
Protective behaviors are enough to protect me from the flu (e.g. handwashing, mask wearing, avoiding crowds, or physical distancing)	04
I am not exposed to the flu very often (e.g. teleworking, reduced contacts)	05
Other reason; specify:	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don’t know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTFLU_020=1]

ADTFLU_060

In which month did you receive the flu vaccine this time?

INTERVIEWER INSTRUCTIONS: READ. ONLY ONE MENTION

September 2023	0
October 2023	1
November 2023	2
December 2023	3
January 2024	4
February 2024	5
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don’t know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK IF ADTFLU_020=1]

ADTFLU_070

Where did you receive the flu vaccine this time?

INTERVIEWER INSTRUCTIONS: (READ IF NEEDED - ONE ANSWER ALLOWED)

Vaccination centre	08	
Temporary vaccine clinic (i.e. at the mall)	01	
Doctor's office / health clinic	02	
CLSC / Community health centre or Public health unit		03
Hospital	04	
Pharmacy	05	
Workplace	06	
Retirement residence / eldercare centre		07
Other, specify:	96	FO
(DO NOT READ) Valid skip/ Not applicable	97	F
(DO NOT READ) Don't know	98	F
(DO NOT READ) Refusal	99	F

Multiple mentions question

[ASK if ADTFLU_020=1]

[MENTIONS MULTIPLES : Max=12]

ADTFLU_080

What are the reasons why you decided to receive the flu vaccine this time?

INTERVIEWER INSTRUCTIONS:

If the respondent says "Other specify" (96) – capture verbatim response. Do not back-code. DO NOT READ - MULTIPLE ANSWERS ALLOWED

Please select all that apply.

I want to prevent infection / I do not want to get sick	01	
I am at risk because of my health condition	02	
I am at risk because of my age	03	
I was recommended by a health care professional	04	
To prevent the spread of flu in general	05	
It is required in my workplace	06	
It was offered / free (by employer or other)	08	
If not vaccinated, I can transmit the disease to at-risk people (children, elderly or sick people/patients)	09	
If not vaccinated, I can transmit the disease to family members, colleagues or friends (without mention of at-risk people)	10	
It helps to reduce stress on the healthcare system	13	
I receive it every year (no specific reason)	11	
Other reasons; specify:	96	O
(DO NOT READ) Valid skip/ Not applicable	97	X
(DO NOT READ) Don't know	98	X

(DO NOT READ) Refusal 99 X

Multiple mentions question

[ASK if ADTFLU_020=1]

ADTFLU_090

Did you encounter any of the following difficulties in scheduling an appointment for getting the flu shot this time?

MULTIPLE ANSWERS ALLOWED

Please select all that apply.

- Limited appointment availability (e.g. no flu shot available, difficult to book an appointment) 01
- The vaccine was not offered at my usual/convenient/close location 05
- I could not receive it at the same time or location as my COVID-19 vaccination 07
- 03
- Lack of walk-in options 04
- Language barriers (e.g. information not in my preferred language) 05
- Difficulty in booking time off work or school for a vaccine appointment 06
- Difficulty in navigating online appointment platform 07
- I didn't encounter any difficulties in scheduling an appointment 08
- Other, specify 96
- (DO NOT READ) Valid skip/ Not applicable 97
- (DO NOT READ) Don't know 98
- (DO NOT READ) Refusal 99

Single mention question

[ASK ALL]

ADTINT_010

How likely are you to get the flu vaccine next year (after September 2024)?

- Definitely will 01
- Probably will 02
- Probably will not 03
- Definitely will not 04
- DO NOT READ) Don't know 8 X
- (DO NOT READ) Refusal 9 X

INTERVIEWER SCRIPT: The next few questions will ask you how much you agree or disagree with a series of statements. The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree.

Simple mention question

[ASK ALL]

ADTKAB_040

“The flu vaccine is ineffective to protect you against getting the flu.”:

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: “The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree”.

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_050

“Sometimes, you can get the flu from the flu vaccine.”:

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: «The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree”.

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Single mention question

[ASK ALL]

ADTKAB_060

“It's better to get natural immunity (protection) from getting sick with the flu rather than getting vaccinated.”

Strongly disagree	01
-------------------	----

Somewhat disagree	02
Somewhat agree	03
Strongly agree	04
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_070

"The opinion of my family doctor, general practitioner, nurse practitioner or pharmacist is an important part of my decision when it comes to getting the flu vaccine.":

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: "The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree".

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_080

"The flu vaccine is safe.":

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: "The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree".

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_100

“I understand why the flu vaccine is recommended annually.” :

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: “The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree”.

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_110

“It is safe to get the flu vaccine and a COVID-19 vaccine at the same time.” :

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: “The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree”.

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTKAB_120

“The flu vaccine or a COVID-19 vaccine could be less effective if getting them at the same time.”

:

INTERVIEWER INSTRUCTIONS:

Clarification, if asked: “The options are: strongly disagree, somewhat disagree, somewhat agree, or strongly agree”.

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
Somewhat disagree	2
Somewhat agree	3
Strongly agree	4
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Section info

HEALTH STATUS

INTERVIEWER SCRIPT:

In this next section, I will ask you a few general questions about your health.

Simple mention question

[ASK ALL]

ADTHLT_010

On a scale of one to five, with one being poor and five being excellent, how would you rate your health?

INTERVIEWER INSTRUCTIONS: READ. ONLY ONE MENTION

One (poor)	1
Two (fair)	2
Three (good)	3
Four (very good)	4
Five (excellent)	5
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Multiple mentions question

[ASK ALL]

[MENTIONS MULTIPLES: Max=12]

[LIST ORDER : IN ORDER]

ADTCMC_010

Are you currently suffering from or being treated for any of the following conditions? Indicate only conditions that have been diagnosed.

INTERVIEWER INSTRUCTIONS: (READ LIST - MULTIPLE ANSWERS ALLOWED)

Please select all that apply.

Asthma	01		
Chronic lung disease (such as cystic fibrosis and chronic obstructive pulmonary disease (COPD))	02		
A heart condition (such as angina, high blood pressure, heart disease, heart failure and coronary artery disease)	03		
Cancer and other immune compromising conditions (due to underlying disease, therapy, or both, such as solid organ transplant or hematopoietic stem cell transplant recipients)	04		
Diabetes or other metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)	05		
Chronic liver disease			06
Renal disease including people undergoing chronic dialysis	07		
Neurological and neurodevelopmental conditions [includes neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions, and seizure disorders, but excludes migraines and psychiatric conditions without neurological conditions]	08		
Spleen problems or removal			09
Anemia / hemoglobinopathy	10		
Morbid obesity (BMI > 40)			11
Blood disorders (such as sickle cell disease)	12		
I am not currently suffering from or being treated for any of these conditions			97
X			
(DO NOT READ) Don't know			98 X
(DO NOT READ) Refusal			99 X

Simple mention question

[ASK IF ADTDEM_011 = 6, 7 or ADTCMC_010 not in 97, 98, 99]

ADTCMC_020

Did you know that you are considered to be at higher risk of complications from the flu, and it is recommended for you to receive the flu shot every year?

Yes	01		
No	00		
(DO NOT READ) Valid skip/ Not applicable			97
(DO NOT READ) Don't know			98
(DO NOT READ) Refusal			99

Single mention question

[ASK ALL]

ADTHLT_020

Do you have a regular family doctor, general practitioner, nurse practitioner or pharmacist?

INTERVIEWER INSTRUCTIONS: READ LIST. ONLY ONE MENTION

Yes	1	
No	0	
(DO NOT READ) Don't know	8	X
(DO NOT READ) Refusal	9	X

Single mention question

[ASK IF ADTHLT_020=1]

ADTHLT_030

Since September 1, 2023, have you seen your family doctor, general practitioner, nurse practitioner or pharmacist?

INTERVIEWER INSTRUCTIONS: READ LIST. ONLY ONE MENTION

Yes, I have seen my family doctor, general practitioner, or nurse practitioner	1	
Yes, I have seen a pharmacist	2	
Yes, I have seen both	3	
No	4	
(DO NOT READ) Valid skip/ Not applicable	7	X
(DO NOT READ) Don't know	8	X
(DO NOT READ) Refusal	9	X

Multiple mention question

[ASK IF ADTHLT_030=1 ou 2 ou 3]

ADTHLT_040

Did your family doctor, general practitioner, nurse practitioner or pharmacist recommend that you get the flu vaccine since September 1, 2023?

INTERVIEWER INSTRUCTIONS:
(READ LIST - MULTIPLE ANSWERS ALLOWED)

Yes, my family doctor, general practitioner, or nurse practitioner has recommended it	1	
Yes, my pharmacist has recommended it	2	
No	3	X
(DO NOT READ) Valid skip/ Not applicable	7	X
(DO NOT READ) Don't know	8	X
(DO NOT READ) Refusal	9	X

Single mention question

[ASK ALL]

ADTHLT_050

This flu season, have you had the flu?

INTERVIEWER INSTRUCTIONS:

If asked: “This flu season” means September 1, 2023 to now

If asked: flu refers to influenza, which is different from a stomach flu (i.e. gastrointestinal illness)

Symptoms can include sudden onset of high fever, chills, sore throat, cough or muscle pain.

READ LIST. ONLY ONE MENTION

Yes, I had the flu	1	
I had something, but I’m not sure if it was the flu, or something else	2	
No, I did not have the flu	3	X
(DO NOT READ) Don’t know	8	X
(DO NOT READ) Refusal	9	X

Single mention question

[ASK IF ADTHLT_050=1]

ADTHLT_051

Would you say that you had a severe, moderate or mild case of the flu?

INTERVIEWER INSTRUCTIONS:

Clarifications, if asked: A mild case might include sudden onset of high fever, chills, sore throat, cough or muscle pain. A moderate case might include sinus or ear infections. A severe case might include hospitalization or pneumonia.

DO NOT READ LIST. ONLY ONE MENTION

Severe case	1	
Moderate case	2	
Mild case	3	
Other, specify	6	X
(DO NOT READ) Valid skip/ Not applicable	7	X
(DO NOT READ) Don’t know	8	X
(DO NOT READ) Refusal	9	X

Single mention question

[ASK IF ADTHLT_050=1]

ADTHLT_060

Does having the flu this season affect your likelihood of getting the flu shot next year?

Yes, I am more likely to get the flu shot next year	01
Yes, I am less likely to get the flu shot next year	02
No, it does not affect my likelihood of getting the flu shot next year	00
(DO NOT READ) Valid skip/ Not applicable	7 X

(DO NOT READ) Don't know	8	X
(DO NOT READ) Refusal	9	X

Single mention question

[ASK ALL]

ADTHLT_070

Not including this flu season, have you **ever** had the flu?

INTERVIEWER INSTRUCTIONS:

If asked: "This flu season" means September 1, 2023 to now

If asked: flu refers to influenza, which is different from a stomach flu (i.e. gastrointestinal illness). Symptoms can include sudden onset of high fever, chills, sore throat, cough or muscle pain.

READ LIST. ONLY ONE MENTION

Yes, I have had the flu	1	
I had something, but I'm not sure if it was the flu, or something else	2	
No, I have never had the flu	3	X
(DO NOT READ) Don't know	8	X
(DO NOT READ) Refusal	9	X

Single mention question

[ASK IF ADTHLT_070=1]

ADTHLT_071

Thinking about the worst flu you ever had, not including this flu season, would you say you had a severe, moderate or mild case of the flu?

INTERVIEWER INSTRUCTIONS:

Clarifications, if asked: A mild case might include sudden onset of high fever, chills, sore throat, cough or muscle pain. A moderate case might include sinus or ear infections. A severe case might include hospitalization or pneumonia.

DO NOT READ LIST. ONLY ONE MENTION

Severe case	1	
Moderate case	2	
Mild case	3	
Other, specify	6	X
(DO NOT READ) Valid skip/ Not applicable	7	X
(DO NOT READ) Don't know	8	X
(DO NOT READ) Refusal	9	X

ADULT – RSV vaccination

INTERVIEWER SCRIPT: Now, I will ask you some questions about the RSV vaccine, and your vaccination intent.

Single mention question

[ASK ALL]

ADTRSV_010

How familiar are you with the respiratory syncytial virus or RSV?

I know the RSV and what symptoms it causes 01

I heard about RSV but do not know what symptoms it causes 02

I have not heard of it 03

DO NOT READ) Don't know 8 X

(DO NOT READ) Refusal 9 X

Single mention question

[ASK ALL]

ADTRSV_020

Respiratory syncytial virus or RSV is a common respiratory virus that usually causes mild cold-like symptoms. Infants and older adults are more likely to develop severe RSV and need hospitalization. If a RSV vaccine was recommended for you and offered free of charge, how likely would you be to receive it?

Definitely would 01

Probably would 02

Probably would not 03

Definitely would not 04

DO NOT READ) Don't know 8 X

(DO NOT READ) Refusal 9 X

Single mention question

[ASK IF ADTRSV_020 = 03 OR 04]

ADTRSV_030

What is the main reason for not getting a RSV vaccine?

INTERVIEWER INSTRUCTIONS:

If the respondents say, 'all of the above', or select several reasons, prompt them to pick, among those, the most important reason
(READ LIST. ONLY ONE MENTION)

I have concerns about the safety of the RSV vaccine, and/or its side effects	01	
I don't know what RSV is	02	
I am tired of having to get vaccinated	03	
I believe in my immune system capacity	04	
Because of my health condition (e.g. allergic reactions, sickness)		05
I am healthy, and/ or never get RSV	06	
Protective behaviors are enough to protect me from the RSV (e.g. handwashing, mask wearing, avoiding crowds, or physical distancing)		07
I am not exposed to the virus very often (e.g. teleworking, reduced contacts)	08	
I think symptoms of RSV would be minor	09	
Other reason; specify:	96	
(DO NOT READ) Valid skip/ Not applicable	97	X
(DO NOT READ) Don't know	98	X
(DO NOT READ) Refusal	99	X

Single mention question

[ASK ALL]

ADTRSV_040

If offered the option, how likely would you be to receive the flu, COVID-19 and RSV vaccines during the same visit?

Definitely would	01	
Probably would	02	
Probably would not	03	
Definitely would not	04	
(DO NOT READ) Don't know		8 X
(DO NOT READ) Refusal		9 X

Single mention question

[ASK IF ADTRSV_040 = 03 OR 04]

ADTRSV_050

What is the main reason for not being willing to receive the flu, COVID-19 and RSV vaccines during the same visit? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

If the respondents say, 'all of the above', or select several reasons, prompt them to pick, among those, the most important reason

(READ LIST. ONLY ONE MENTION)

Receiving three vaccines might cause a higher number of adverse reactions/side effects

01	
Vaccines could be less effective than getting them at different time points	02
Three vaccines at the same time can overload my immune system	03
I only want or need one or two of the three vaccines	04
Other reasons; specify	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

ADULT – COVID-19 vaccination

INTERVIEWER SCRIPT: In the context of the COVID-19 pandemic, I will now ask you some questions about COVID-19 vaccination._

ADTCOV_010

[ASK ALL]

From September 1st, 2023 to now, have you received a COVID-19 vaccine?

(READ LIST. ONLY ONE MENTION)

Responses:

Yes	01
No, I received one before September 1 st , 2023	02
No, I never received a COVID-19 vaccine	03
I already booked an appointment for my COVID-19 vaccine	03
* Don't know	8
* Refusal	9

ADTCOV_020

[ASK IF ADTCOV_010 = 01 or 02]

How likely are you to keep your COVID-19 doses up to date (e.g. continue to receive them as they are recommended by public health)?

(READ LIST. ONLY ONE MENTION)

Responses:

Very unlikely	01
Somewhat unlikely	02
Somewhat likely	03
Very likely	04
* Don't know	8

* Refusal 9

Single mention question

[ASK IF ADTCOV_010 = 01 or 04 or ADTCOV_020 = Very likely(03) or somewhat likely(04)]

ADTCOV_030

What is the main reason why you would receive a COVID-19 vaccine since September 1st, 2023?
Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

If the respondents say, 'all of the above', or select several reasons, prompt them to pick, among those, the most important reason
(READ LIST. ONLY ONE MENTION)

To protect myself personally from COVID-19	01
To protect my family members from COVID-19	02
To prevent the spread of COVID-19 in my community	03
To more safely spend time with family and friends in person	05
It is required at my workplace	06
It was recommended by a health care professional	08
For travel related purposes	09
A vaccine targeting new variants is available	10
Other reasons; specify	6
DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Single mention question

[ASK IF ADTCOV_010 = 02 or 03; ADTCOV_020 = somewhat unlikely or very unlikely]

ADTCOV_040

What is the main reason why you do not intend to get a COVID-19 vaccine since September 1st, 2023? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

If the respondents say, 'all of the above', or select several reasons, prompt them to pick, among those, the most important reason
(READ LIST. ONLY ONE MENTION)

I have concerns about the safety and/or side effects of having so many COVID-19 vaccines	01
I think COVID-19 vaccines are not effective in protecting me from the virus	02
I am well protected with the doses received previously	03
I am not at high risk of getting COVID-19	04
I already had COVID-19 and believe I am adequately protected by natural immunity	05

Because of my health condition (e.g. allergic reactions, bad reactions to the previous doses)	
06	
I have concerns getting it with the flu vaccine	07
I don't think COVID-19 infection is serious enough anymore to need a booster dose	08
I heard or read negative media (e.g., on social media, blogs, forums) about vaccines	
I did not get around to it (e.g. too busy, lack of time)	10
I wanted to but was not able to get an appointment (e.g. the appointment got cancelled, vaccine was not available when I called)	11
Other reasons; specify	6
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Single mention question

[ASK IF ADTFLU_020 = 01 and ADTCOV_010 = 01]

ADTCOV_050

Did you receive the flu and COVID-19 vaccines during the same visit?

Yes	01
No	02
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Single mention question

[ASK IF ADTCOV_050 = 01]

ADTCOV_060

What is the main reason why you received the flu and COVID-19 vaccines at the same visit?

Would you say it is ...?

INTERVIEWER INSTRUCTIONS:

If the respondents say, 'all of the above', or select several reasons, prompt them to pick, among those, the most important reason

(READ LIST. ONLY ONE MENTION)

To save time	01
Easier to book an appointment	02
To help reduce workload for health care system	03
It was recommended by a health care professional	04
The other vaccine was offered during my visit	05
Other reasons; specify	6
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Single mention question

[ASK IF ADTCOV_050 = 02]

ADTCOV_070

What is the main reason why you did not receive the flu and COVID-19 vaccines at the same visit? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

If the respondents say, 'all of the above', or select several reasons, prompt them to pick, among those, the most important reason

(READ LIST. ONLY ONE MENTION)

Receiving both vaccines might cause a higher number of adverse reactions/side effects

01

Vaccines could be less effective than getting them at different time points 02

Two vaccines at the same time can overload my immune system 03

I only wanted or needed one of the two vaccines 04

I was not offered the option/not able to book an appointment to receive both at the same visit

05

Other reasons; specify 6

(DO NOT READ) Valid skip/ Not applicable 7

(DO NOT READ) Don't know 8

(DO NOT READ) Refusal 9

Single mention question

[ASK ALL]

ADTFAT_010

How would you rate your level of vaccine fatigue? That is the feeling of being tired of hearing about vaccination or of having to get vaccinated.

(READ LIST. ONLY ONE MENTION)

Very high fatigue 01

High fatigue 02

Moderate fatigue 03

Low fatigue 04

I am not fatigued at all 05

(DO NOT READ) Don't know 8

(DO NOT READ) Refusal 9

INTERVIEWER SCRIPT: The next few questions will ask you how much you agree or disagree with a series of statements. The options are: strongly disagree, somewhat disagree, somewhat agree or strongly agree.

Single mention question

[ASK ALL]

ADTCOV_100

“It’s better to get natural immunity (protection) from getting sick with the COVID-19 rather than getting vaccinated.”

Responses:

Strongly disagree	01
Somewhat disagree	02
Somewhat agree	03
Strongly agree	04
(DO NOT READ) Don’t know	8
(DO NOT READ) Refusal	9

ADTCOV_110

“It is important to stay up to date with COVID-19 vaccinations.”

Responses:

Strongly disagree	01
Somewhat disagree	02
Somewhat agree	03
Strongly agree	04
(DO NOT READ) Don’t know	08
(DO NOT READ) Refusal	09

ADULT – Sources of information on vaccines

Multiple mentions question

[ASK ALL]

ADTINF_010

INTERVIEWER INSTRUCTIONS: (READ LIST - MULTIPLE ANSWERS ALLOWED)

Please select all that apply.

If you wanted to keep up to date on all things about vaccination, what or who would be the sources of information you would consult?

Your own family physician	01
---------------------------	----

Other health professional (e.g. nurse, pharmacist)	02
Alternative health practitioner (chiropractor, naturopath, osteopath, homeopath, etc.)	03
Health Canada, Public Health Agency of Canada	04
Provincial/territorial/regional Health Authority	05
World Health Organization (WHO)	06
Health scientists and researchers	07
Info-Santé or Telehealth telephone lines, 811	08
Your family, friends or colleagues	09
Other people's experiences or knowledge	10
Another source (please specify)	96
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Single mention question

[ASK ALL]

ADTINF_020

Which of the following sources would you trust the most to provide you with adequate information about vaccination?

Your own family physician	01
Other health professional (e.g. nurse, pharmacist)	02
Alternative health practitioner (chiropractor, naturopath, osteopath, homeopath, etc.)	03
Health Canada, Public Health Agency of Canada	04
Provincial/territorial/regional Health Authority	05
World Health Organization (WHO)	06
Health scientists and researchers	07
Info-Santé or Telehealth telephone lines, 811	08
Your family, friends or colleagues	09
Other people's experiences or knowledge	10
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Section info

QSCCTDEMO

INTERVIEWER SCRIPT:

The next questions are for statistical purposes only. It will allow us to group your answers with those of other similar respondents.

Single mention question

Scola

[ASK ALL]

[ORDRE DE LA LISTE : En ordre]

ADTDEM_040

First, what is the highest level of formal education that you have completed?

INTERVIEWER INSTRUCTIONS: (DO NOT READ LIST. ONLY ONE ANSWER)

Grade 8 or less	01	
Some high school	02	
High School diploma or equivalent	03	
Registered Apprenticeship or other trades certificate or diploma	04	
College, CEGEP or other non-university certificate or diploma	05	
University certificate or diploma below bachelor's level		06
Bachelor's degree	07	
Post graduate degree above bachelor's level	08	
(DO NOT READ) Don't know	98	
(DO NOT READ) Refusal	99	

Single mention question

Reven

[ASK ALL]

[LIST ORDER : IN ORDER]

ADTDEM_050

Which of the following categories best describes your total household income for the year 2022? That is, the total income of all persons in your household combined, before taxes.

INTERVIEWER INSTRUCTIONS: (READ LIST UP TO CATEGORY THAT RESPONDENT SELECTS. ONE MENTION POSSIBLE.)

...Under \$20,000	01
... \$20,000 to \$39,999	02
... \$40,000 to \$59,999	03
... \$60,000 to \$79,999	04
... \$80,000 to \$99,999	05
... \$100,000 to \$149,999	06
...\$150,000 and above	07
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK ALL]

ADTDEM_060

Were you born in Canada?

INTERVIEWER INSTRUCTIONS: (DO NOT READ LIST. ONLY ONE MENTION)

Yes	1
No	0
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention -open

[ASK IF ADTDEM_060=0]

ADTDEM_070

In which country were you born?

INTERVIEWER INSTRUCTIONS: (DO NOT READ LIST. ONLY ONE MENTION)

China	156
France	250
Germany	276
Greece	300
Guyana	328
Hong Kong	344
India	356
Iran	364
Italy	380
Jamaica	388
Lebanon	422
Netherlands	528
Pakistan	586
Philippines	608
Poland	616
Portugal	620
Romania	642
Korea, Republic of (South Korea)	410
Sri Lanka	144
Taiwan	158
Trinidad and Tobago	780
United Kingdom	826
United States	840
Vietnam	704
Algeria	012
Belgium	056
Colombia	170
Afghanistan	004
Bangladesh	050

Turkey	792
Ukraine	804
Other; specify	996
(DO NOT READ) Valid skip/ Not applicable	997
(DO NOT READ) Don't know	998
(DO NOT READ) Refusal	999

Numerical question

[ASK IF ADTDEM_060=0]

[NUMERIC: BORNES Min=1, Max=100]

ADTDEM_080

How many years have you been living in Canada?

INTERVIEWER INSTRUCTIONS: (RECORD NUMBER OF YEARS.)

Record number of years:	XXX
(DO NOT READ) Valid skip/ Not applicable	997
(DO NOT READ) Don't know	998
(DO NOT READ) Refusal	999

Simple mention question

[ASK ALL]

ADTDEM_090

Do you have any children aged 17 and under living in your household?

Yes	01
No	00
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

INTERVIEWER SCRIPT:

This concludes the questions we have for you. Your answers will help improve services that impact Canadians like you.

We greatly appreciate your cooperation and thank you for your participation.

