



Health Canada Santé
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FINAL REPORT

COVID-19 STUDY ON CANADIANS' VIEWS 2021-2022

Prepared for:
Health Canada

Prepared by:
Leger

Ce rapport est aussi disponible en français

Contract number: HT372-214310/001/CY
POR #034-21
Awarded 2022-06-16
Contract Value (incl. HST): \$224,759.27
Delivery Date: 2022-08-02

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Canada

COVID-19 TRACKING SURVEY ON CANADIANS' VIEWS

Final Report

Prepared for Health Canada

Supplier Name: Leger Marketing Inc.

August 2022

This public opinion research report presents the technical aspects of a tracking survey online conducted by Leger Marketing Inc. on behalf of Health Canada as well as qualitative findings report that provides insight into the eight focus groups that were conducted in June and July 2022. The research was conducted with Canadians aged 18 and over.

Cette publication est aussi disponible en français sous le titre : Étude concernant le point de vue des Canadiens sur la COVID-19.

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Ottawa, Ontario K1A 0K9

Catalogue Number:

H14-389/1-2022E-PDF

International Standard Book Number (ISBN):

978-0-660-45564-8

Related publications (registration number: POR 034-21):

Étude concernant le point de vue des Canadiens sur la COVID-19 2021-2022

Catalogue Number (Final Report, French):

H14-389/1-2022F-PDF

ISBN:

978-0-660-45565-5

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1. Executive Summary

Leger is pleased to present the Government of Canada, Health Canada (HC) and the Public Health Agency of Canada (PHAC) with this report on the methodology used for this quantitative and qualitative study on health-related public opinion during the COVID-19 pandemic.

This report was prepared by Leger who was contracted by Health Canada (contract number HT372-214310/001/CY awarded June 16, 2022).

1.1 Background and Objectives

As part of their mandate to promote and protect Canadians' health as well as respond to public health emergencies, Health Canada and the Public Health Agency of Canada needed to gain a solid understanding of Canadians' level of awareness, knowledge, concerns, behaviours and opinions on specific COVID-19 related issues, as well as vaccines more broadly. This research provided HC and PHAC essential health-specific information to support their ongoing public health response and communications.

To that end, HC and PHAC implemented a study with multiple survey waves combined with focus groups to provide qualitative information. This project made it possible to survey the opinions of the Canadian population and measure the evolution of behaviours several times over the course of a few months.

The research allowed the Government of Canada to develop and refine communication activities to meet the specific needs of Canadians with timely, up-to-date, easily understood information based on the current perceptions of Canadians in the requisite COVID-19 areas and vaccines more broadly.

General objectives were established for all seven waves of the study (six quantitative waves and one qualitative). In addition, specific objectives for each wave were also established. The specific objectives of each wave are mentioned in the methodology section.

The general objectives were to understand Canadians' level of awareness, knowledge, concerns, behaviours and opinions on specific COVID-19 issues such as, but not limited to:

- Individual public health measures
- Approved COVID-19 rapid tests
- COVID-19 vaccines/vaccination
- Vaccine confidence broadly

- COVID-19 variants
- COVID-19 passport
- Risk perceptions and decision making, including among vulnerable populations
- Mental health
- Sociodemographic characteristics
- Measure changes in behaviours and attitudes over time
- Travel

To achieve the study's objectives, a research plan based on a hybrid method, with qualitative and quantitative components, was developed. The two phases of the research were conducted in parallel: one phase being independent of the results of the other.

For the quantitative portion, eight initial waves of web surveys were conducted as part of this project during 2020-2021. Information regarding those waves is available in the following report: *COVID-19 Tracking Survey on Canadians' Views 2020-2021* (Catalogue Number: H14-389/2021E-PDF). This report covers waves 9 to 14 only.

1.2 Quantitative Methodology

The quantitative part of this study was conducted through a web-based survey of the Canadian population aged 18 and over who can speak English or French. The respondents were randomly selected through the *Leo* panel, Leger's panel.

Six waves of the study were conducted for the second portion of the research project. Details on methodology for each wave are provided in this methodological report.

Wave	Target Audience	Fieldwork
Wave 9	3,000 Canadians 18+ with an oversample of Black and Indigenous respondents.	November 23, 2021 to December 8, 2021
Wave 10	1,000 Canadians 18+	February 7-14, 2022
Wave 11	1,000 Canadians 18+	February 22, 2022 to March 6, 2022
Wave 12	1,000 Canadians 18+	March 8-16, 2022
Wave 13	3,000 Canadians 18+ with an oversample of Black and Indigenous respondents.	April 6-23, 2022
Wave 14	3,000 Canadians 18+ with an oversample of Black and Indigenous respondents.	June 21 to July 8, 2022

The results of this survey are not statistically projectable to the target population, because the sampling method used does not ensure that the sample represents the target population with a known margin of sampling error. Reported percentages are not generalizable to any group other than the sample studied, and therefore no formal

statistical inferences can be drawn between the sample results and the broader target population it may be intended to reflect. Survey data is weighted to ensure that they replicate what the latest census would indicate in the composition of the adult population of Canada. Details regarding the weighting procedures and participation rate can be found in Appendix A.

1.3 Qualitative Methodology

Leger conducted a series of eight online discussion sessions with French and English speaking Canadians of 18 to 34 years of age, French and English speaking Canadians of 35 to 60 years of age, and French and English speaking parents.

Conducting the discussion sessions online offered the opportunity to regroup people from all regions in Canada. Five sessions were held in English and three were held in French. For each online discussion session, ten participants were recruited by our professional recruiters. A total of 64 recruits participated in the online discussion sessions. All participants in each discussion session received an honorarium of \$135. All groups were scheduled to be held on June 20, 21 or 22, 2022. However, due to technical difficulties, two groups had to be rescheduled in the last week of June and one in July. Each session lasted approximately 120 minutes. Every session was recorded for analysis purposes.

The recruitment and discussion guides can be found in Appendix F, G and H respectively.

Locations and dates

Groups were held in the following regions on the dates specified in Table 3.

Table 1. Detailed recruitment

GR	Region	Recruits	Participants	Target	Time	Language	Date
1	Ontario	10	8	Young adults (18-34)	5pm	English	June 20th, 2022
2	BC, Prairies, Territories	10	9	Young adults (18-34)	5pm	English	July 6th, 2022 (originally scheduled on June 20th, 2022)
3	Québec, New-Brunswick	10	10	Young adults (18-34)	5pm	French	June 20th, 2022

4	BC, Prairies, Territories	10	8	Adults (35-60)	5pm	English	June 21st, 2022
5	Ontario	10	9	Adults (35-60)	7pm	English	June 21st, 2022
6	Québec, New- Brunswick	10	8	Adults (35-60)	5pm	French	June 29th, 2022 (originally scheduled on June 20th, 2022)
7	BC, Prairies, Ontario	10	3	Parents	5pm	English	June 22nd, 2022
8	Québec, New- Brunswick	10	9	Parents	5pm	French	June 21st, 2022
Total		80	64				

1.4 Overview of Qualitative Findings

- With regards to feelings towards COVID-19, participants generally agreed that the health emergency and that the risks related to COVID-19 were no longer as present and pressing as in recent months and/or years. Many believed that we are at a point where we will have to live with the virus and the risks associated with it, often comparing COVID-19 to a “heavy flu”. They generally feel like COVID-19 is likely to “remain in the background in some shape or form” for the foreseeable future.
- Participants working with vulnerable people, those with vulnerable family members or those who were more vulnerable seemed to be more sensitive to the need to remain careful compared to other participants. Some of these participants felt that the loosening of restrictions and safeguards happened a bit quickly.
- When it comes to getting the COVID-19 vaccine, the fact that a valid proof of vaccination was mandatory for many things, the desire to be able to do social activities and to travel again were among the main reasons that influenced participants. Other mentioned the fear to lose their jobs, the desire to protect their community or that they simply trust science and the health authorities as a motivation to get vaccinated. Only a few mentioned the possible long-term effects of having COVID-19 as a reason

to get the vaccine. Parents expressed their concern to be responsible for their children being hospitalized as a result of being infected with COVID-19 if not vaccinated.

- The rapid development of the vaccines and the uncertainty surrounding potential risks associated with them and the lesser-known mRNA technology were mentioned by many participants as the reasons why they did not get vaccinated. Allergies, specific health conditions, and the unknown risks for pregnant or breastfeeding women and their children were also mentioned by some participants. Some participants mentioned not being at risk enough for getting vaccinated or preferring to rely on their own immune system rather than on a vaccine. Long-COVID and the availability of antiviral treatments did not seem to have an impact on their decision. Overall, the COVID-19 pandemic did not have much of an impact on views and decisions related to vaccines in general.
- Regarding booster doses, participants were mostly waiting to see how the pandemic will evolve before getting them. They often did not seem to find it necessary at the moment with the COVID-19 situation seeming less threatening. A few participants mentioned planning to get the booster doses in the next months, when they would be eligible. Others said they refused to take any booster dose, some of them specifying that they would not take it unless there were clear incentives such as having to keep their proof of vaccination up-to-date to travel or to go out, for example. Some participants stated that the short-term side effects they experienced after getting the vaccine prevented them from getting booster doses.
- The participants had mixed perceptions of the effectiveness of the vaccine. Some of them considered that preventing serious outcomes such as hospitalization could be considered effective, while others considered vaccines ineffective if they do not completely prevent getting or spreading the disease. The fact that booster doses need to be taken more than once a year in order to stay better protected against COVID-19 seemed to weaken considerably the perception of mRNA vaccines being effective among participants. Many participants stated being somewhat unwilling to take new COVID-19 vaccines reformulated for current or new variants of the virus. Some of them specified that they would not take such vaccines unless they prove much more efficient and long-lasting than the existing ones.
- Participants generally mentioned having complied with official COVID-19 measures when implemented by local authorities. They cited washing hands, practicing social distancing, wearing masks, and isolating when showing symptoms of illness as examples. Certain participants added that not having the possibility to work from home or not having access to paid sick leave was a significant barrier to self-isolation. Many participants expressed their concerns and their confusion relating to the reasons for the variations in public health guidelines. Many stated that they did make efforts to follow the guidelines, but that the reasons given to implement many of the

restrictions were difficult to understand and communicated poorly. A large proportion of participants agreed that some public health measures should be adopted by Canadians to prevent the spread of illnesses of all kinds. These include washing our hands more, wearing masks when sick and isolating, if needed. However, many were opposed to going back to the imposition of such measures by governments.

- Regarding impact on mental health, abrupt solitude and isolation from friends and family was the main factor mentioned by participants in terms of negative impacts. Respondents who lived alone seemed to have felt a more negative impact on their mental health than those living with roommates, friends or with their family. Loss of employment and revenue also caused acute stress to some participants. Some parents mentioned having struggled with keeping their children isolated from friends and family. They often worried about the impacts of the COVID-19 restrictions would have on their children, including their mental health and social development. The participants mostly agreed that the lifting of measures helped them recover from mental health-related issues, and that they were not anxious about the measures being lifted.
- In regard to message testing, participants agreed overall that the terms *Booster*, *Staying up to date*, *Primary Series* need to be clarified. Participants also mentioned that messages should not be moralizing, and should be short, simple and easy to understand.

1.5 Notes on the Interpretation of the Findings

The opinions and observations expressed in this document do not reflect those of the Government of Canada, Health Canada (HC) or the Public Health Agency of Canada (PHAC). This report was compiled by Leger based on research conducted specifically for this project.

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable.

1.6 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', is positioned above the printed name.

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2. Detailed Quantitative Methodology

This quantitative portion of the study was conducted through a web-based survey of the Canadian population aged 18 and over who can speak English or French. The respondents were randomly selected through the *Leo* panel, Leger’s panel of Canadian Internet users comprising nearly half a million Internet users.

Six waves of studies were conducted for this research project. Details for each wave are provided in the following sections.

2.1 Wave 9

For the ninth wave, a sample of 3,002 respondents (2,278 from the general population, 452 Black respondents and 272 Indigenous respondents) representative of the Canadian population completed the survey. Fieldwork for this survey took place from November 23, 2021, to December 8, 2021.

The objectives of the ninth survey wave were to assess Canadians’ behaviour at this point in the pandemic and evaluate their opinions on different topics related to COVID-19. More questions about vaccines and booster shots were asked in this wave.

The questionnaire for the ninth wave can be found in Appendix B.

2.1.1 Quotas

For the ninth wave, the objective was to have a representative sample of the Canadian population aged 18 and over, but also to have a better understanding of the opinions of Black and Indigenous respondents. To do so, the following regional distribution and the following over samples was established:

Region	ATL	QC	ON	MB/SK	AB	BC	TERR.	Black (oversample)	Indigenous (oversample)
# of Respondents	225	490	755	315	250	355	10	400	200

The actual numbers achieved for the different quotas can be found in appendix A.

As for any general population sample derived from a national survey, the final results were weighted by region, age, gender, language, education levels, presence or children in the household, immigration status, and ethnicity.

2.1.2 Pretest

To validate the programming of the questionnaire, a pretest in both official languages was conducted before the data collection. The following table shows the details of the pretest.

Table 2. Pretest details for wave 9

Wave 9	
Date of the pretest	November 23, 2021
Number of complete surveys	36 (21 in English and 15 in French)
Average length during pretest	10.55 min

As no problems were detected during the pretest, data collection went forward.

2.1.3 Data Collection

The following table details the collection dates and the number of respondents and recontacts for this wave.

Table 3. Data collection details for wave 9

Wave 9	
Start of data collection	November 23, 2021
End of data collection	December 8, 2021
Invitations sent	25,536
Number of reminders sent	4
Number of completed interviews	3,002
Survey Length (Average)	13.55 min

2.1.4 Participation Rate

Below is the calculation of the participation rate for the ninth wave. 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 3. Participation rate for wave 9

Invalid cases	0
---------------	---

Invitations mistakenly sent to people who did not qualify for the study	0
Incomplete or missing email addresses	0
Unresolved (U)	22,190
Email invitations that bounced back	28
Email invitations unanswered	22,162
In-scope non-responding units (IS)	184
Non-response from eligible respondents	0
Respondent refusals	0
Language problem	0
Selected respondent not available (illness; leave of absence; vacation; other)	0
Early break-offs	184
Responding units (R)	3,048
Completed surveys disqualified – quota filled	0
Completed surveys disqualified for other reasons	46
Completed interviews	3,002
POTENTIALLY ELIGIBLE (U+IS+R)	25,423
Participation rate	12%

2.2 Wave 10

For the tenth wave, a sample of 1,005 respondents representative of the Canadian population aged 18 and over completed the survey. Fieldwork for this survey took place from February 7 to February 14, 2022.

The objectives of the tenth survey wave were to assess Canadians' behaviour at this point in the pandemic and evaluate their opinions on different topics related to COVID-19 and their practice of public health measures. Questions about vaccines, booster shots and children vaccination were also asked in this wave.

The questionnaire for this wave can be found in Appendix C.

2.2.1 Quotas

For the tenth wave, the objective was to have a representative sample of the Canadian population. To do so, the following regional distribution was established:

Region	ATL	QC	ON	MB/SK	AB	BC	TERR.
# of Respondents	100	200	300	145	100	150	5

The numbers achieved for the different quotas can be found in appendix A.

For the tenth wave, final results were weighted by region, age, gender, language, education levels and presence of children in the household.

2.2.2 Pretest

To validate the programming of the questionnaire, a pretest in both official languages was conducted before the data collection. The following table shows the details of the pretest.

Table 4. Pretest details for wave 10

Wave 10	
Date of the pretest	February 7, 2022
Number of complete surveys	28 (16 in English and 12 in French)
Average length during pretest	8 min

As no problems were detected during the pretest, data collection went forward.

2.2.3 Data Collection

The following table details the collection dates and the number of respondents and recontacts for this wave.

Table 5. Data collection details for wave 10

Wave 10	
Start of data collection	February 7, 2022
End of data collection	February 14, 2022
Invitations sent	7,459
Number of reminders sent	0
Number of completed interviews	1,005
Survey Length (Average)	15.11 min

2.2.4 Participation Rate

Below is the calculation of the participation rate for the tenth wave. 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 6. Participation rate for wave 10

Invalid cases	0
Invitations mistakenly sent to people who did not qualify for the study	0
Incomplete or missing email addresses	0
Unresolved (U)	6,393
Email invitations that bounced back	33
Email invitations unanswered	6,360
In-scope non-responding units (IS)	45
Non-response from eligible respondents	0
Respondent refusals	0
Language problem	0
Selected respondent not available (illness; leave of absence; vacation; other)	0
Early break-offs	45
Responding units (R)	1,023
Completed surveys disqualified – quota filled	0
Completed surveys disqualified for other reasons	18
Completed interviews	1,005
POTENTIALLY ELIGIBLE (U+IS+R)	7,461
Participation rate	13,7%

2.3 Wave 11

For the eleventh wave, a sample of 1,001 respondents representative of the Canadian population aged 18 and over completed the survey. Fieldwork for this survey took place from February 22 to March 06, 2022.

The objectives of this wave were the same as those of the tenth wave since the same questionnaire was used. The questionnaire for this wave can be found in Appendix C.

2.2.1 Quotas

For the eleventh wave, the objective was to have a representative sample of the Canadian population. To do so, the following regional distribution was established:

Region	ATL	QC	ON	MB/SK	AB	BC	TERR.
# of Respondents	100	200	300	145	100	150	5

The numbers achieved for the different quotas can be found in appendix A.

For the eleventh wave, final results were weighted by region, age, gender, language, education levels and presence of children in the household.

2.3.2 Pretest

To validate the programming of the questionnaire, a pretest in both official languages was conducted before the data collection. The following table shows the details of the pretest.

Table 6. Pretest details for wave 11

Wave 11	
Date of the pretest	February 22, 2022
Number of complete surveys	34 (24 in English and 10 in French)
Average length during pretest	8.57 min

As no problems were detected during the pretest, data collection went forward.

2.3.3 Data Collection

The following table details the collection dates and the number of respondents and recontacts for this wave.

Table 7. Data collection details for wave 11

Wave 11	
Start of data collection	February 23, 2022

End of data collection	March 6, 2022
Invitations sent	6,423
Number of reminders sent	2
Number of completed interviews	1,001
Survey Length (Average)	12.29 min

2.3.4 Participation Rate

Below is the calculation of the participation rate for the eleventh wave. 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 9. Participation rate for wave 11

Invalid cases	0
Invitations mistakenly sent to people who did not qualify for the study	0
Incomplete or missing email addresses	0
Unresolved (U)	5,343
Email invitations that bounced back	52
Email invitations unanswered	5,291
In-scope non-responding units (IS)	44
Non-response from eligible respondents	0
Respondent refusals	0
Language problem	0
Selected respondent not available (illness; leave of absence; vacation; other)	0
Early break-offs	44
Responding units (R)	1,020
Completed surveys disqualified – quota filled	0
Completed surveys disqualified for other reasons	19
Completed interviews	1,001
POTENTIALLY ELIGIBLE (U+IS+R)	6,407
Participation rate	15,9%

2.4 Wave 12

For the twelfth wave, a sample of 1,000 respondents representative of the Canadian population aged 18 and over completed the survey. Fieldwork for this survey took place from March 8 to March 16, 2022.

The objectives of this wave were the same as those of the tenth and eleventh waves since the same questionnaire was used. The questionnaire for this wave can be found in Appendix C.

2.2.1 Quotas

For the twelfth wave, the objective was to have a representative sample of the Canadian population. To do so, the following regional distribution was established:

Region	ATL	QC	ON	MB/SK	AB	BC	TERR.
# of Respondents	100	200	300	145	100	150	5

The numbers achieved for the different quotas can be found in appendix A.

For the twelfth wave, final results were weighted by region, age, gender, language, education levels and presence of children in the household.

2.4.2 Pretest

To validate the programming of the questionnaire, a pretest in both official languages was conducted before the data collection. The following table shows the details of the pretest.

Table 8. Pretest details for wave 12

Wave 12	
Date of the pretest	March 8, 2022
Number of complete surveys	34 (20 in English and 14 in French)
Average length during pretest	9.36min

As no problems were detected during the pretest, data collection went forward.

2.4.3 Data Collection

The following table details the collection dates and the number of respondents and recontacts for this wave.

Table 9. Data collection details for wave 12

Wave 12	
Start of data collection	March 8, 2022
End of data collection	March 16, 2022
Invitations sent	7,038
Number of reminders sent	2
Number of completed interviews	1,000
Survey Length (Average)	13.03 min

2.4.4 Participation Rate

Below is the calculation of the participation rate for the twelfth wave. 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 12. Participation rate for wave 12

Invalid cases	0
Invitations mistakenly sent to people who did not qualify for the study	0
Incomplete or missing email addresses	0
Unresolved (U)	6,057
Email invitations that bounced back	85
Email invitations unanswered	5,972
In-scope non-responding units (IS)	36
Non-response from eligible respondents	0
Respondent refusals	0
Language problem	0
Selected respondent not available (illness; leave of absence; vacation; other)	0
Early break-offs	36
Responding units (R)	1,013

Completed surveys disqualified – quota filled	0
Completed surveys disqualified for other reasons	13
Completed interviews	1,000
POTENTIALLY ELIGIBLE (U+IS+R)	7,106
Participation rate	14,25%

2.5 Wave 13

For the thirteenth wave, a sample of 3,013 respondents (2,286 from the general population, 451 Black respondents and 276 Indigenous respondents) representative of the Canadian population aged 18 and over completed the survey. Fieldwork for this survey took place from April 6 to April 23, 2022.

The objectives of the thirteenth survey wave were to assess Canadians' behaviour at this point in the pandemic and evaluate their opinions on different topics related to COVID-19. Questions were asked about vaccines in general and the resumption of missed vaccines due to the pandemic.

The questionnaire for the thirteenth wave can be found in Appendix D.

2.1.1 Quotas

For the thirteenth wave, the objective was to have a representative sample of the Canadian population, but also to have a better understanding of the opinions of Black and Indigenous respondents. To do so, the following regional distribution and the following over samples was established:

Region	ATL	QC	ON	MB/SK	AB	BC	TERR.	Black (oversample)	Indigenous (oversample)
# of Respondents	225	490	755	315	250	355	10	400	200

The numbers achieved for the different quotas can be found in appendix A.

For the thirteenth wave, final results were weighted by region, age, gender, language, education levels, presence of children in the household, immigration status and ethnicity.

2.5.2 Pretest

To validate the programming of the questionnaire, a pretest in both official languages was conducted before the data collection. The following table shows the details of the pretest.

Table 10. Pretest details for wave 13

Wave 13	
Date of the pretest	April 6, 2022
Number of complete surveys	35 (20 in English and 15 in French)
Average length during pretest	8.53 min

As no problems were detected during the pretest, data collection went forward.

2.5.3 Data Collection

The following table details the collection dates and the number of respondents and recontacts for this wave.

Table 11. Data collection details for wave 13

Wave 13	
Start of data collection	April 6, 2022
End of data collection	April 23, 2022
Invitations sent	25,962
Number of reminders sent	2
Number of completed interviews	3,013
Survey Length (Average)	14.41 min

2.5.4 Participation Rate

Below is the calculation of the participation rate for the thirteenth wave. 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 15. Participation rate for wave 13

Invalid cases	0
Invitations mistakenly sent to people who did not qualify for the study	0
Incomplete or missing email addresses	0
Unresolved (U)	24,979
Email invitations that bounced back	83
Email invitations unanswered	24,896
In-scope non-responding units (IS)	119
Non-response from eligible respondents	0
Respondent refusals	0
Language problem	0
Selected respondent not available (illness; leave of absence; vacation; other)	0
Early break-offs	119
Responding units (R)	3,057
Completed surveys disqualified – quota filled	0
Completed surveys disqualified for other reasons	44
Completed interviews	3,013
POTENTIALLY ELIGIBLE (U+IS+R)	28,155
Participation rate	10,85%

2.6 Wave 14

For the fourteenth wave, a sample of 3,009 respondents (2,284 from the general population, 447 Black respondents and 278 Indigenous respondents) representative of the Canadian population aged 18 and over completed the survey. Fieldwork for this survey took place from June 21, 2022 to July 8, 2022.

The objectives of the fourteenth survey wave were to assess Canadians' behaviour at this point in the pandemic and evaluate their opinions on different topics related to COVID-19. Questions were asked about vaccines in general and the resumption of missed vaccines due to the pandemic.

The questionnaire for the fourteenth wave can be found in Appendix E.

2.1.1 Quotas

For the fourteenth wave, the objective was to have a representative sample of the Canadian population, but also to have a better understanding of the opinions of Black and Indigenous respondents. To do so, the following regional distribution and the following over samples was established:

Region	ATL	QC	ON	MB/SK	AB	BC	TERR.	Black (oversample)	Indigenous (oversample)
# of Respondents	225	490	755	315	250	355	10	400	200

The numbers achieved for the different quotas can be found in appendix A.

For the fourteenth wave, final results were weighted by region, age, gender, language, education levels, presence of children in the household, immigration status, and ethnicity.

2.6.2 Pretest

To validate the programming of the questionnaire, a pretest in both official languages was conducted before the data collection. The following table shows the details of the pretest.

Table 12. Pretest details for wave 14

Wave 14	
Date of the pretest	June 21 st , 2022
Number of complete surveys	39 (20 in English and 19 in French)
Average length during pretest	9.37 min

As no problems were detected during the pretest, data collection went forward.

2.6.3 Data Collection

The following table details the collection dates and the number of respondents.

Table 13. Data collection details for wave 14

Wave 14	
Start of data collection	June 21, 2022
End of data collection	July 8, 2022
Invitations sent	37,004
Number of reminders sent	2
Number of completed interviews	3,009
Survey Length (Average)	15.56 min

2.6.4 Participation Rate

Below is the calculation of the participation rate for the fourteenth wave. 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 18. Participation rate for wave 14

Invalid cases	0
Invitations mistakenly sent to people who did not qualify for the study	0
Incomplete or missing email addresses	0
Unresolved (U)	32,274
Email invitations that bounced back	24
Email invitations unanswered	32,250
In-scope non-responding units (IS)	200
Non-response from eligible respondents	0
Respondent refusals	0
Language problem	0
Selected respondent not available (illness; leave of absence; vacation; other)	0
Early break-offs	200
Responding units (R)	3,069
Completed surveys disqualified – quota filled	0
Completed surveys disqualified for other reasons	60
Completed interviews	3,009
POTENTIALLY ELIGIBLE (U+IS+R)	35,543
Participation rate	8,63%

3. Detailed qualitative results

3.1. Feelings towards COVID-19

Overall, the general feeling among participants was that currently COVID-19 does not pose as big of a threat to individuals as it did during the previous waves and the first variants. Participants considered that two years of pandemic coupled with the vaccine advances, along with new strains that are less deadly (even though they are more contagious) have contributed to reducing their worries towards COVID-19. Several participants also mentioned having caught the virus, which has also helped reduce their fear, as they now know what to expect. Most participants had mild cases of COVID-19, with a few reporting more severe symptoms.

Considering that the COVID-19 virus is still present but less dangerous, some participants mentioned that the virus entered or will enter the endemic phase, and comparisons to the flu/influenza have been drawn. Just like the flu, participants felt like while it posed a risk for vulnerable individuals, it was generally harmless to healthy ones. Parents did not set themselves apart from the rest of the participants in terms of feelings towards COVID-19, as they did not feel it posed a serious threat to their children.

In spite of that, participants do still feel that some risks exist, especially when it comes to catching the virus themselves. However, they felt confident about their recovery, as most of them were vaccinated with at least 2 doses. Those who were not vaccinated were trustful of their immune systems to get through the sickness. The participants who mentioned being more vulnerable because of specific health conditions expressed feeling more risks related to catching the virus.

Participants were generally more worried about spreading the virus to their peers (family, friends...) rather than getting it themselves. They were confident in being able to recover if they were to be infected but did not want to spread it to their social circles, especially individuals who had compromised immune systems or were more vulnerable to the virus.

Considering that COVID-19 is still around and still poses some risks, participants felt that governments should draw from the past two years or so of the pandemic and the learnings it has brought to put in place new ways and measures to handle the public health situation. A return to previous restrictive measures such as lockdowns and curfews was seen as highly unlikely. And if they were to happen, participants expressed low buy-in as they were not convinced of the efficacy of such measures. Therefore, participants who were living or working with vulnerable people, and those who were themselves more vulnerable, were more cautious in terms of public health measures. Some of them expressed that they thought the measures were lifted too soon, and others mentioned feeling like they were being left aside from the “return to normal” plans. Vulnerable individuals felt like the lifting of measures might have been too drastic as there were no measures in place to protect their health, leaving it to them to self-isolate and avoid close contact with others, which made them feel a division between them and the rest of society.

Finally, participants were torn regarding the meaning of “being up to date” with their vaccines. Participants mentioned the phrase could have different meanings depending on the context. While some thought it meant having the first two doses, others thought the booster was also included. Others had a more general definition like “being up to date with public health recommendations”, or “whatever the government allows you to have”, or “getting the most recent shot possible”.

3.2. Reasons for getting vaccinated or not

Reasons for getting vaccinated

A majority of participants were vaccinated against COVID-19. Be it their own personal choice or a constrained choice to avoid negative repercussions of being unvaccinated, several reasons and incentives were mentioned by participants. The following list details the most common reasons given by participants as to why they got themselves or their children vaccinated.

- The desire to move on with life and get back to regular social activities such as going to restaurants, festivals, and other events, along with travelling both locally and internationally were the main reasons that got people to get vaccinated. Considering a valid proof of vaccination was required for these activities, finding a sense of normalcy again involved getting vaccinated.
- Some participants also mentioned that vaccination was mandatory in their job, so they had to get vaccinated to keep it. Some of the participants in this case mentioned they would not have gotten vaccinated if they could have kept their job without getting vaccinated.
- Some participants were worried they would get severely ill from COVID-19 if they did not get vaccinated.
- Protecting family members (elders, children, and vulnerable individuals) was also a strong motivator for getting the vaccine. While young children are not particularly vulnerable to COVID-19, their parents still feel a sense of responsibility over their health and well-being, hence the want to protect them.
- Some parents expressed they wanted to do everything in their power to protect their children from getting severely ill from COVID-19. The vaccine was seen as an alternative to severe illness, as parents did not want to live with the thought that they were somewhat responsible in their children getting severely ill.

Some other reasons that were mentioned by participants in favor of vaccination include the following:

- A feeling of responsibility toward one’s community: participants mentioned wanting to do their part in protecting the community at large.
- High levels of trust towards governments and public health institutions were also a motivator to get vaccinated.

- People were also influenced by their social circles: observing how peers (friends, family) were reacting to vaccine mandates and their attitudes towards the vaccine informed a normative understanding of what they themselves should do. Thus, individuals who were surrounded by vaccinated people were more likely to get vaccinated themselves, but the opposite is also true.
- Fearing long COVID was also a motivator among some participants.
- Parents felt it was their responsibility to follow public health guidelines and recommendations and vaccinate their children to protect them from severe illness from COVID-19.

Reasons for not getting vaccinated

- The main deterrent to getting vaccinated was the perceived speed at which the vaccines were developed. Because some participants felt they were produced fast, they questioned their safety and reliability. They were dubious about potential side effects that might have not been discovered yet. The rapid development of the vaccines and the uncertainty surrounding potential risks associated with them and the lesser-known mRNA technology were mentioned by many participants who did not get vaccinated.
- This point of view is particularly present among parents, who consider that not enough testing has been done on children before allowing them to get the vaccine. Parents felt it was too early down the line to have full knowledge of the potential long-term side effects of the vaccine, so they preferred to hold off on vaccinating their children in the meantime.
- Specific health conditions such as allergies, along with pregnancy and breastfeeding were also mentioned as deterrents. People were unsure of the risks the vaccine might pose to their own health, and preferred waiting to get more information before getting vaccinated.
- Some people had negative opinions towards vaccines in general, as they felt that in some cases it might be more beneficial to get sick than avoid it. These participants preferred relying on their own immune system to fight off the sickness.
- Some participants did not believe in vaccines at all and expressed reservations about believing in science.
- Some participants agreed on wanting to protect their community from the virus but disagreed on how. They turned to other ways aside from the vaccine to do so: isolation, masks, etc.
- As mentioned previously, some participants observed what was being done around them to decide the best course of action for themselves. Therefore, those with unvaccinated peers preferred staying unvaccinated as well.
- The lifting of public health measures also played a deterring role to getting vaccinated. Earlier on in the pandemic, the uncertainty of the novel situation motivated participants to do their part in protecting themselves and their communities. But with more information now, a majority of them has mentioned not feeling the need to anymore.

- While some parents vaccinated their children to protect them from severe COVID-19 illness, others considered that the potential long-term side effects of the vaccine outweighed the risks of getting sick from COVID-19 and preferred not to vaccinate their children.
- Some parents considered it was not necessary for them to vaccinate their children as illness from new COVID-19 strains is less severe.

Main information sources regarding vaccines

A majority of participants declared turning to acquaintances who work in the public health or medical field for information and advice. While official public health and government websites were still among the most common sources of information, participants have brought up not knowing what to do or believe because of the rapidly changing and sometimes contradictory measures and information communicated by public health officials, which might in turn have led to them turning to acquaintances in the field to try to get more reliable information.

While government and public health officials' legitimacy has slowly eroded over the course of the pandemic, Canadians tried to bridge the gap by turning to acquaintances in the field who were seen as more reliable.

Word-of-mouth in general was also a main source of information, as people also tended to turn to their families and friends in general to make up their own opinion regarding public health measures and vaccines. Hearing about peers who suffered strong side effects from getting vaccinated or boosted was a strong deterrent for some participants. On the other hand, hearing about peers who suffered strong symptoms from COVID-19 infection was also a strong incentive to get vaccinated.

Finally, some participants mentioned doing research on the internet (with no further precision) and on official public health websites, and others mentioned not doing any research as they felt that the vaccination decision was just common sense.

3.3. Intention to get booster doses

Canadians' attitudes towards booster doses were mainly informed by their opinions towards COVID-19 in general. Considering that most participants felt that the worst of the COVID-19 pandemic had passed, they mentioned the lack of incentives for them to get their booster doses. While several of them had gotten their third dose (first booster), most of them mentioned adopting a "wait and see" approach and preferred seeing how the pandemic situation evolves before making up their minds regarding getting any further booster shots. The current situation was seen as not threatening enough to get the booster doses. Less severe COVID-19 strains and lifting of public health measures are the main reasons participants would not get their booster doses.

In addition to that, some participants mentioned their worries regarding the short interval between booster doses and the number of booster doses that have been reached so far.

Comparisons with the flu vaccine boosters were drawn. Some participants felt like booster dose rollout might be too intensive.

Considering that some participants mentioned only getting vaccinated because they were obligated (whether for work, or to get back to “normal” life and be able to travel, go to restaurants, etc.), they expressed their unwillingness to get booster doses, unless mandatory (i.e., to have an up-to-date vaccination status).

A minority of participants mentioned wanting to get their booster shots when eligible.

There were mixed attitudes among groups of parents regarding booster doses. Some parents stated that they would actively make sure that their children would get the boosters when they would become available for their age groups, others stated that two doses seemed sufficient and that they would wait to see how the situation evolves before deciding whether or not to get booster doses. Some parents also expressed concerns relating to the frequency of booster doses and some stated that they would not get the boosters unless more efficient versions were conceived which would be resistant against future variants.

3.4. Other aspects of vaccine confidence

Confidence towards the COVID-19 vaccine

While a few participants mentioned they had never heard of long COVID, a majority were familiar with it. The most known symptoms were the prolonged fatigue, the loss of taste and smell, and respiratory issues. A few participants mentioned that long COVID played a role in their decision-making process regarding vaccination, but the majority stated it did not affect their decision to get vaccinated.

Antiviral treatments were not very known among participants. Therefore, they did not have an impact on participants’ decision to get vaccinated.

Due to the lack of testing and studies on the effects of the vaccine on children, parents were not trustful of the vaccine. Considering the current situation, most of them prefer the “wait and see” approach for themselves. One participant mentioned they would rather test the vaccine on themselves before getting it for their children. But when it came to older children (aged 12 or older), parents included them in the discussion and let them make up their own mind regarding vaccination.

A majority of participants agreed with the statement “I am comfortable with the possibility of becoming infected with COVID-19 and not getting vaccinated.”, while some agreed with the statement “It’s important to continue to protect myself from serious illness from COVID-19 by getting vaccinated, including getting booster doses”. Participants who agreed with the first

statement were therefore much less anxious towards COVID-19 infection and illness and seemed ready to be infected as they perceive the virus to be less dangerous.

Participants were torn regarding whether the decision to get vaccinated is an individual decision or a contribution to the public good. They acknowledged the importance of doing one's role to protect the community against the virus, but they highlighted the fact that individuals should still have their say on getting vaccinated or not and that there are other ways of protecting their community (i.e., social distancing, staying home when sick, etc.).

Confidence towards vaccines at large

The pandemic did not seem to have an impact on participants' views regarding vaccines at large. Participants made a clear distinction between the COVID-19 vaccine and so-called "routine vaccines" that are administered mainly during childhood. The perceived legitimacy of "routine vaccines" is much higher than that of the COVID-19 vaccine, as the former are seen as much safer considering how long they have been around. Parents therefore mentioned still planning on vaccinating their children and keeping them up to date with their routine vaccines. Only one participant mentioned they would think differently about routine vaccines from now on. Other than that, participants actually noted that the pandemic had a positive effect on their knowledge of vaccines and how they are developed and manufactured.

However, parents were unsure about what routine vaccines their children received or had to receive. They strongly relied on their schools and family doctors to keep up with their vaccines.

3.5. Vaccine safety and effectiveness

Participants were dubious regarding the safety of COVID-19 vaccines. The main concern was how fast these vaccines were developed and put on the market. Long-term side effects that have yet to be studied were also an impacting factor. However, some participants stated their full confidence in public health institutions and scientists regarding vaccine safety. Participants acknowledged that while some risks or side effects might have not been discovered yet, they still trusted public health and health care experts. The perceived safety of the COVID-19 vaccines was also hindered by the short-term side effects some participants reported experiencing, that in some cases dissuaded them from getting booster doses. Finally, participants seemed attentive to word-of-mouth and hearsay about side effects of the vaccine. Some participants reported having heard of people having negative experiences with the vaccine, which contributed to shaping their own negative perception towards the vaccine and its safety.

Regarding vaccine effectiveness, participants had mixed perceptions. While some considered them effective because they prevent serious forms of the disease, others deemed them useless because they did not prevent infection and spreading of the virus. Most people however agreed that vaccines were effective in reducing the strain on the health care system.

The perceived effectiveness of booster doses was negatively influenced by the frequency at which they need to be administered: once again, participants compared the COVID-19 booster with the flu booster, as the latter only needs to be taken once a year. Mutations of the COVID-19 virus and the emergence of various strains that require new adjusted booster shots have contributed to weakening the perceived effectiveness of the booster shots.

For the reasons stated above, many participants expressed unwillingness to get new booster doses. Some mentioned they would only take them if they proved to be longer lasting and more efficient than current boosters.

While conspiratorial beliefs were rare among participants, some expressed their lack of understanding of boosters and shared incorrect and false information about the COVID-19 vaccine. Participants mentioned that if the vaccine effectively protects from the COVID-19 virus, then boosters should not be needed. It was also mentioned that they found it curious that vaccines are being recommended considering that the immune system is supposed to fight the virus after remembering it. Others mentioned anecdotal facts about vaccines at large, and a participant even mentioned that vaccines were just part of a fearmongering campaign strategy. Aside from these isolated beliefs, most participants stuck with the official information shared by official institutions regarding the vaccine situation, even though concerns were shared.

3.6. Public health measures

The participants generally mentioned having complied with official COVID-19 mandates when implemented by local authorities. They cited washing hands, practicing social distancing, wearing masks, and isolating when showing symptoms of illness as examples of measures they consistently complied with. However, some participants stated that not having the possibility to work from home or not having access to paid sick leave was a significant barrier to comply with self-isolation.

Many participants stated that although they were making efforts to follow the official public health guidelines, the rationale supporting the imposition of measures and restrictions gradually became less clear and coherent. Many participants indicated that the reasons given by their local authorities for implementing or lifting different measures were communicated very poorly, and that the variety of sources giving out different information, such as different institutions or levels of government, significantly added to the general uncertainty or confusion. Many respondents also expressed their feeling that the implementation or removal of sanitary measures was often based on political considerations rather than on science. Some of them stated that they no longer believed much of the information communicated by public institutions and governments, relying more on their own knowledge and research. Some participants suggested that a single, centralized source of reliable information concerning the pandemic situation and related measures would be beneficial for an improved understanding of the situation among the population. Overall, the general feeling among participants was that governments should leave

room for individuals to make their own decisions to protect themselves and their peers as they see fit, rather than imposing measures that are often seen as incoherent.

A large proportion of participants agreed that some of the sanitary measures put in place since the beginning of the pandemic should be permanently adopted to prevent the spread of illnesses of all kinds. They cited wearing masks when necessary, practicing social distancing and isolating when feeling sick, along with more hand washing and better sanitization in general as behaviours that should be maintained beyond the context of the pandemic. However, many were opposed to going back to the imposition of such measures through government mandates. Many participants seemed to prefer a more individualistic approach to health measures in the future, arguing that individuals should be responsible for applying relevant sanitary measures or not based on their activities and their likeliness to put others at risk. Some participants also argued that vulnerable people should be responsible for protecting themselves from being infected with COVID-19. Other participants argued that while the application of sanitary measures should be left more to the discretion of individuals, special efforts and solidarity should be shown in order to protect vulnerable people.

A majority of participants indicated generally not wearing masks anymore now that they are no longer required, unless they are in presence of vulnerable people or in medical institutions. A few participants indicated that they still wear masks in grocery stores, public transit or when they are in crowded places. Many participants also indicated still wearing a mask when showing symptoms of illness or allergies. Very few participants noted that they were feeling judged while still wearing masks in public spaces. On the contrary, some participants mentioned that they were feeling judged if not wearing a mask when displaying symptoms such as a runny nose or sneezing. Some participants from parent groups indicated that their children did not have any issues with wearing masks at school, with the exception of having to wear them while doing sports or in gym class, when it got uncomfortable for the children to wear.

Most participants indicated that people should stay at home if showing symptoms of illnesses to prevent spreading COVID-19 and other illnesses. However, most participants also indicated that they would not necessarily stay at home if they only felt light symptoms, but that they would inform the people they would come in contact with about their symptoms ahead of meeting with them, to ensure that they are comfortable. Many of them agreed that showing two symptoms or more would prompt them to stay home. On the other hand, some participants indicated that not having the possibility to work from home or not having access to paid sick leave was a significant barrier to self-isolation. Those whose income depends on their physical presence at their workplace tended to say that only heavy symptoms significantly affecting their capacity to work would prompt them to stay home and self-isolate. Mixed answers came from groups of parents concerning which symptoms would incite them to leave their children at home, but often included a runny nose, heavy cough, sore throat and fever.

Many participants indicated that the pandemic had somewhat changed their habits when they are feeling sick. They mentioned being more cautious, tending to self-isolate more,

communicating their symptoms to the people they would come in contact with and trying to significantly diminish their contacts with others, for example by ordering food instead of going out to the grocery store or to the restaurant.

Some young adults from the French-speaking group admitted that while they respected health mandates in public spaces, they often did not respect them in private. They admitted to reuniting with friends and family and indulging in social gatherings, including beyond curfew hours, when it was not allowed.

3.7. Mental health

Many participants said that their mental health was affected on some level during the pandemic. The impact of the pandemic on mental health seemed to vary greatly depending on each person's living and working situation. Respondents who lived alone seemed to have felt a more negative impact on their mental health than those living with roommates, friends, their partner or with their family. Participants who had to work from home also appeared to be more negatively impacted by the pandemic in contrast to those who were essential workers, due to the lack of social interactions with their colleagues.

Many participants said that the uncertainty that surrounded the pandemic and related government mandates affected their mental health, because they had no indications of how long the situation would last and what impacts it might have on their lives. Respondents from Quebec highlighted the curfews imposed by the provincial government as some of the most difficult moments of the pandemic for their mental health. A few respondents also mentioned that the isolation resulting from the health crisis prompted them to seek professional help and medication.

While some participants indicated that they had the chance to keep working from home and have a steady income, a few mentioned that they lost significant income, which caused them to have severe anxiety. Some others indicated that the inability to practice their favourite sports had a negative impact on their mental health, while others mentioned that maintaining active habits and doing sport during the lockdowns significantly helped them stay positive and healthy.

The participants unanimously agreed that the lifting of restrictions directly played a role in improving their mental health. Of those who said that the pandemic had a negative impact on their mental health, some say that everything is now back to normal because of the restrictions being lifted. Some others say that although the easing of the restrictions significantly contributed to improving their mental state, they are still in the process of recovery.

While many parents said that their children did not experience particular mental health issues, others said that the lack of social interactions had a negative effect on their children's social development and mental health. Some parents also mentioned being worried about their child's development regarding socialisation. However, some of them mentioned that being all at home together enabled them to quickly notice when something was wrong with their children and to

address it. Some parents also mentioned that they felt having lost precious time and opportunities for doing activities with their children because everything was closed and that they wouldn't necessarily have the chance to do it again in the future.

3.8. Message testing

Message 1:

Option 1, English: A booster helps protect you against severe illness.

Option 1, French: Une dose de rappel vous protège contre les risques de maladie grave.

Option 2, English: Staying up-to-date with your COVID-19 vaccine helps protect you against severe illness.

Option 2, French: Rester à jour avec vos vaccins contre la COVID-19 contribue à vous protéger contre les maladies graves.

The participants' feedback was relatively split between these two options. Those who preferred the first option mentioned that the term "booster", or "dose de rappel" in French, was more precise and specific as opposed to "staying up-to-date", or "rester à jour" in French. A majority of participants agreed on the fact that "staying up-to-date", or "rester à jour", was too vague and could lead to confusion. None of these options were significantly clearer or more motivating to the participants. Among groups of French-speakers, the wording of "maladies graves" raised questions and occasioned many negative comments. French-speaking participants stated that the message should be centred on COVID-19, as "maladies graves" seemed to refer to many different health issues beyond COVID-19, such as cancer, for example. There were no other differences of opinion between demographic groups.

Message 2:

English: Staying up-to-date with your COVID-19 vaccines helps protect you from getting really sick so you can get back to activities and everyday life more quickly if you do get infected.

French : En restant à jour avec vos vaccins contre la COVID-19, vous contribuez à vous protéger contre les maladies graves ce qui vous permettra de reprendre vos activités et votre vie quotidienne plus rapidement dans l'éventualité où vous seriez infecté.

This message was received quite negatively by the participants as no real positive arguments were put forward in favour of it. The message was generally not seen as motivational or meaningful, and many aspects of it raised questions. Many participants spontaneously mentioned the

confusion produced by the message and the fact that it was too long, poorly worded, and might be more efficient if split into two separate sentences. Once again, the wording “staying up-to-date”, or “en restant à jour” in French, proved to be problematic among many participants who did not agree on its meaning and highlighted that it could lead to confusion. Moreover, a few participants indicated that they did not consider this message to be particularly relevant since they felt that life already mostly returned to normal with the removal of most sanitary restrictions by public authorities. Some participants doubted the message’s veracity because they did not feel like the vaccines against COVID-19 were all that effective and suggested that including more convincing facts into it would help take it more seriously. Some participants among French-speaking groups again raised the issue of the wording “maladies graves”, which they felt was misleading. They mentioned that the current wording of the message led to the conclusion that the COVID-19 vaccine protects against other severe illnesses in addition to COVID-19, which is not the case. They suggested changing “maladies graves” for “conséquences graves” or “complications graves” explicitly related to COVID-19.

Message 3:

English: Staying up-to-date with your COVID-19 vaccines helps reduce the strain of COVID-19 for everyone, and on the health care system.

French : En restant à jour avec vos vaccins contre la COVID-19, vous contribuez à réduire la pression exercée par la COVID-19 sur la communauté et sur le système de santé.

Some participants agreed that this message was true, factual and quite clear. While a few participants appreciated the fact that the strain on the health care system was evoked, many others criticized the moralizing aspect of the message, feeling like the advertiser was trying to play on people’s feelings of guilt. Many participants saw this message as a negative campaign playing on fear and indicated that such messages that try to put pressure on people to get vaccinated would likely prove to be counterproductive. Again, a few participants expressed doubts about the veracity of the message, questioning whether COVID-19 vaccines actually help reduce the strain on society and on the health care system. A few participants suggested to remove “for everyone”, thus focusing the message on the negative impacts of COVID-19 on the health care system, which they seemed to feel would be more direct and more accurate than the current wording of the message. Positive reactions to this message were more common among groups of young adults. Participants from English-speaking groups warned that the use of the word “strain” in a message related to COVID-19 could cause some confusion since it is very often used to refer to “strains of the virus”.

Message 4:

English: A booster dose of mRNA vaccines offers better protection against infection and severe disease, including recent variants like Omicron, than the first set of vaccines alone.

French : Comparativement à une série primaire, une dose de rappel d'un vaccin à ARNm offre une meilleure protection contre les infections et les maladies graves, y compris les variantes récentes comme Omicron.

Reactions to this message were generally negative. While some participants pointed to the reference to Omicron as relatable and easy to understand, many others thought that the message was too long and contained too many different elements. Some participants indicated that the wording “better protection” was too vague and should be explained better. Some respondents said that the message did not convey the impression of the booster providing a significant additional protection against the virus, while some others thought that the message was dismissive of protection provided by the two first doses of the COVID-19 vaccines. Many participants doubted that more technical terms such as mRNA would be understood by a large proportion of the population and suggested removing it. This fourth message seemed to cause confusion especially among French-speaking groups. Again, some francophone participants said that the reference to “infections et maladies graves” gave the impression that the message was about other diseases unrelated to COVID-19. The wording “formes graves de la COVID” was suggested to replace it. Many other participants among those groups indicated that the wording “série primaire” was not quite clear as it was not used much to refer to the first series of vaccines and could lead to confusion. They added that this message might be too technical and that it might raise many questions among the readers rather than provide answers and information. Some participants from young adult groups also felt like the message diminished or discredited the efficiency of the initial doses of the vaccine.

Message 5:

English: Even if you've completed your primary series, protection will decrease over time. A booster dose is important to get because it increases the immune response and helps improve protection against severe outcomes by 90% or more.

French: Même si vous avez reçu votre série primaire, la protection diminue avec le temps. Il est important de recevoir une dose de rappel, car elle augmente la réponse immunitaire et contribue à améliorer de 90 % ou plus la protection contre les conséquences graves.

This message was the most widely appreciated among the participants. They generally found it clear, factual, and welcomed the addition of a percentage as giving a sense of trust. The use of

“severe outcomes”, or “consequences graves” in French, was also more appreciated than the references to “serious illness”, or “maladies graves” in French, seen in previous messages. However, many participants criticized the wording of this message as giving the sense of a sales-like slogan trying to convince them to get the vaccine. The use of “primary series”, or “série primaire” in French, was widely criticized by the participants as being unusual and confusing. Participants from English-speaking groups suggested changing the wording, some mentioning the previously used wording “first set of vaccines”, or simply referring to “first and second doses” which they thought was clearer. Participants from French-speaking groups mentioned removing “série primaire” but did not suggest alternatives. While some participants mentioned that the message’s length would prompt them not to read it, others praised its clarity and indicated appreciating the message despite it being a bit long. Some participants added that the message would gain from being more concise.

Message 6:

English: Some preliminary findings suggest that vaccination may potentially help reduce the risk of developing post COVID-19 condition, if you are infected.

French: Les premières données probantes suggèrent que la vaccination peut contribuer à réduire le risque de développer le syndrome post-COVID-19 si une personne est infectée.

This message was one of the least appreciated by the participants. They almost unanimously denounced its lack of clarity and the uncertainty conveyed by it. This message was seen as a succession of unproven, uncertain and unclear information. The participants expressed their feeling that there was a lack of information in this message or that it was trying to hide something. As such, this message created doubt, suspicion and mistrust among the participants, which seemed to achieve the opposite of motivating them to get vaccinated. Some participants suggested that the studies used to support the facts being brought forward in the message should be made explicit, and that their exact sources should be provided to enhance the transparency and credibility of the message. Some respondents indicated being somewhat confused or never having the term “post COVID-19 condition”, or “syndrome post-COVID-19”. Some suggested changing it to “long COVID”, or “COVID longue”. There were no clear differences in opinion between demographic groups regarding this message.

Message 7:

English: You should get vaccinated even if you’ve been previously infected or think you may have been infected. While a previous COVID-19 infection can provide some protection, up-to-date vaccination—including a booster dose—is recommended to provide longer-lasting, more effective protection against severe outcomes.

French : Il est recommandé de vous faire vacciner même si vous avez déjà été infecté ou si vous pensez avoir été infecté. Bien qu'une infection antérieure à la COVID-19 peut apporter une certaine protection, rester à jour avec ses vaccins - y compris une dose de rappel - est recommandée pour apporter une protection meilleure et plus durable contre les conséquences graves.

This message was one of the most appreciated by the participants. It was perceived as clear and well structured, while also providing an interesting flow of information for the participants. The tone of the message was also appreciated by the participants. The fact that it contains a recommendation rather than an attempt to impose vaccination was perceived positively. Most participants also thought the message was clear and easy to understand. On the other hand, some participants indicated that the message was too long, and many admitted that they would probably not read it completely if they were to come across it in their everyday life. There also were mixed reactions to the addition of “including a booster dose”, or “y compris une dose de rappel” in French, within the message. Some participants appreciated the precision it added to the message, while others thought it was not needed and made the message longer than needed.

The message was not received as positively among young adults. Many of them thought the message was too long and criticized its moralizing aspect. Some of them also indicated that beginning the message with “you should” would prompt them to disregard its content. Groups of parents seem to have appreciated this message more than other groups, indicating that it was effective and had more of a conversational feel, which made it easier to understand and more relatable. However, they mentioned that making it more concise would probably improve it.

Message 8:

English: We all have a role to play in keeping ourselves, our families and our communities healthy.

French : Nous avons tous un rôle à jouer pour maintenir notre santé, celle de nos familles et de nos communautés.

In general, most participants rather appreciated this message and its softer, collectivist tone, but many also questioned its relevance. The vast majority of them found it to be self-evident and many wondered whether this message was about COVID-19 or if it was a more general message. Many participants saw this message as unnecessary because it did not seem clearly related to COVID-19. There were no noteworthy differences in opinion regarding this message between demographic groups.

APPENDIX A - Detailed Research Methodology

A.2 Quantitative Methodology

A.2.1 Methods

Quantitative research was conducted through online surveys, using Computer Aided Web Interviewing (CAWI) technology. Leger adheres to the most stringent guidelines for quantitative research. The survey instrument was compliant with the [Standards of Conduct of Government of Canada Public Opinion Research](#). Respondents were assured of the voluntary, confidential, and anonymous nature of this research. As with all research conducted by Leger, all information that could allow for the identification of participants was removed from the data, in accordance with the *Privacy Act*.

A.2.2 Computer Aided Web Interviewing (CAWI)

A panel-based Internet survey with a sample of Canadian adults from the general population was made randomly from the *Leo* online panel.

Leger owns and operates an Internet panel of more than 400,000 Canadians from coast to coast. An Internet panel is made up of web users profiled on different sociodemographic variables. The majority of Leger's panel members (61%) have been recruited randomly over the phone over the past decade, making it highly similar to the actual Canadian population on many demographic characteristics. Respondents earn points for each survey they complete and can redeem their points for rewards.

The questionnaires for this project, as well as the material to be tested, were provided by Health Canada. The data collection has been conducted in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research—Series A—Fieldwork and Data Tabulation for Online Surveys.

A.2.3 Quality Control

In addition to pre-testing to ensure the quality of programming, Leger has a process in place to ensure the quality of the responses given by respondents. Leger also has implemented a series of validation questions to ensure the reliability of the results in each survey. The process is outlined as follows:

The research team supervises programming and ensures that each question, response category, and skip patterns have been properly entered and this, even after this information has been verified by two separate programmers and a data analyst, to check for consistency.

In broad terms, Leger's methodological approach for an online survey includes the following steps:

- Program the finalized questionnaire for Computer-Assisted Web Interviews (CAWI).

- Review the programmed CAWI questionnaire to ensure it fully matches the paper version agreed to by the client.
- Test the programming to ensure all skip patterns and filters are working properly. This testing phase includes a thorough review by the research team, as well as the running of multiple automated simulations to check the consistency of frequencies obtained.
- Pretest the programmed questionnaire with qualified participants (conducted each wave if applicable).
- Complete a pre-test of the research instrument with the target population in both English and French (at least 10 completed questionnaires in each language) and make sure that some respondents from all subgroups targeted in the project are part of the pre-test. (Unless there are major changes in the questionnaire after the pretest, the pretest sample will be part of the final sample, otherwise they will be removed from it.)
- Analyze the pretest frequency results the day following the pre-test to ensure all skip patterns functioned accordingly.
- Verbal debrief with the project authority about the pre-test results and make recommendations to adjust the questionnaire if needed. Proceed with a full-field launch.
- Assign a supervisor to a project. A supervisor will be given the responsibility for a workgroup for a specific project and will follow this project from start to finish.
- All questions, issues, or concerns raised to supervisors by interviewers/data entry staff in the course of a project are reported to the research manager before any decision to be made.
- Research managers deliver daily status reports on a survey's progress.
- Review data throughout the data collection process.
- Once the fieldwork is underway, a coding briefing is held so the coders get a better understanding of the types of codes that are likely to occur. The code list is reviewed after 100 cases to adjust for any changes. Upon completion of the field, a final review of coding is held, and codes are adjusted/collapsed as necessary.
- The finalized codebook of open-ended responses is approved by the research manager. Original verbatim information is not erased and replaced by codes. This allows the research manager to go back to the original data if necessary.
- Produce frequencies and tabs.
- Produce the SPSS file and a written top line results document.

Highly trained programmers, assisted by experienced data analysts, program each survey in CAWI then perform thorough testing to ensure that no stone is left unturned.

Upon completion of data collection for online surveys, Leger's data analysts and data processing department will clean the data thoroughly, ensuring that:

- all closed-ended questions are within the allowable or logical range (allowable ranges will be confirmed with the client in any circumstance where it is not obvious from the questionnaire);
- outliers are verified and, if necessary, excluded from the data;
- all skip patterns have been followed correctly;
- data is complete (except where it is intentional and within client expectations);
- information is consistent and logical across questions, with no contradictions in the data.

The data is checked and cleaned after the pretest, after the first night of fieldwork, and at project completion. All numbers are double-checked, and any outliers are also double-checked to ensure the data has been entered accurately in the first place.

All projects have a team of coders assigned to edit, clean, and develop meaningful codes for the answers to open-ended questions. Leger develops the codebook and code open-ended questions accordingly. The same codebook is used for each wave (if applicable). New codes may be created if a specific answer becomes more prominent and the client approves. All data from open-ended questions is checked by different coders to ensure data is accurate and correctly coded. No coded data are going to be processed by our statisticians until a second team of coders has reviewed and approved of all code lists. The codebook is also subject to approval by the project authority.

With Centralus, our proprietary software, project managers can check on frequencies, the number of completes, quotas (if any), and the participation rate at any time during the field. Centralus is most often used internally by research teams as a rapid checker tool for frequencies check and quotas. This “real-time” management tool allows for any issues to be quickly flagged and corrected as well as in managing survey invitations to be sent to reach set quotas for the research. Centralus is also capable of delivering standard frequencies to clients in real-time via the Internet (with a password-protected site). Centralus is an additional project tracking tool in addition to Decipher and both platforms are used by the research teams.

Our Leo technical assistance team is available 7 days a week from 8 am to 9 pm ET to answer any inquiry on the part of survey respondents or help fix technical problems. If a question is submitted by phone or email outside of office hours, the technical assistance team will respond first thing the following morning. Our Leo team comprises individuals who can answer questions in both official languages at all times. This is the Leger advantage.

A.2.4 Unweighted and Weighted Samples and Weighting factors

Wave 9:

The tables below present the geographic distribution of respondents, their gender, age, language, level of education, presence of children in household, ethnicity and immigration status before and after weighting for the ninth wave.

There is no evidence from the data that having achieved a different distribution prior to weighting would have significantly changed the results for this study. The relatively small weight sizes and differences in responses between various subgroups suggest that data quality was not affected. The weight that was applied corrected the initial imbalance for data analysis purposes and no further manipulations were necessary.

Table 14. Unweighted and Weighted Samples for wave 9

Label	Unweighted	Weighted
	Region	

British Columbia and Yukon	402	410
Alberta and Northwest Territories	304	337
Manitoba, Saskatchewan and Nunavut	365	194
Ontario	991	1,152
Quebec	691	704
Atlantic	249	204
Gender		
Men	1,367	1,438
Women	1,619	1,544
Age		
Between 18 and 34	827	813
Between 35 and 54	1,134	1,031
55 years old and over	1,041	1,158
Language		
English	2,027	1,929
French	660	681
Other	293	362
Level of education		
High school or less	686	870
College	954	1,256
University	1,330	817
Presence of children in the household		
Yes	798	819
No	2,193	2,171
Immigrant status		
Born in Canada	2,326	2,345
Born outside Canada	676	657
Ethnicity		
Indigenous	272	144
Black	452	110

Weighting factors for wave 9

Some subgroups are sometimes under or overrepresented in a sample compared to the general population. The weighting of a sample makes it possible to correct those differences. The weighting factors are therefore the weight given to each respondent corresponding to a subgroup of the sample. For the ninth wave, results were weighted by region, gender, age, language, level of education, immigration status, ethnicity and presence of children in the household.

Table 15. Weight by Region, Gender and Age

Label	Weight
British Columbia and Male and Between 18 and 24	0,7200
British Columbia and Male and Between 25 and 34	1,0900
British Columbia and Male and Between 35 and 44	1,0200
British Columbia and Male and Between 45 and 54	1,1700
British Columbia and Male and Between 55 and 64	1,6700
British Columbia and Male and 65 +	0,9100
British Columbia and Female and Between 18 and 24	0,6900
British Columbia and Female and Between 25 and 34	1,1100
British Columbia and Female and Between 35 and 44	1,0800
British Columbia and Female and Between 45 and 54	1,2500
British Columbia and Female and Between 55 and 64	1,7800
British Columbia and Female and 65 +	1,0900
Alberta and Male and Between Between 18 and 44	2,8700
Alberta and Male and Between 45 and 54	0,9900
Alberta and Male and Between 55 and 64	1,2000
Alberta and Male and 65 +	0,5200
Alberta and Female and Between 18 and 24	0,6200
Alberta and Female and Between 25 and 34	1,1400
Alberta and Female and Between 35 and 44	1,0400
Alberta and Female and Between 45 and 54	0,9800
Alberta and Female and Between 55 +	1,8500
Manitoba/Saskatchewan and Male and Between 18 and 34	0,9800
Manitoba/Saskatchewan and Male and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Male and Between 45 and 54	0,5400
Manitoba/Saskatchewan and Male and Between 55 and 64	0,7500
Manitoba/Saskatchewan and Male and 65+	0,3900
Manitoba/Saskatchewan and Female and Between 18 and 24	0,3800
Manitoba/Saskatchewan and Female and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Female and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Female and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Female and Between 55 and 64	0,7700
Manitoba/Saskatchewan and Female and 65+	0,5100
Ontario and Male and Between 18 and 34	5,3100
Ontario and Male and Between 35 and 44	2,9300
Ontario and Male and Between 45 and 54	3,4600
Ontario and Male and Between 55 and 64	4,4300
Ontario and Male and 65+	2,3700

Ontario and Female and Between 18 and 24	2,1400
Ontario and Female and Between 25 and 34	3,1500
Ontario and Female and Between 35 and 44	3,1800
Ontario and Female and Between 45 and 54	3,6500
Ontario and Female and Between 55 +	7,7800
Quebec and Male and Between 18 and 34	3,0300
Quebec and Male and Between 35 and 44	1,8900
Quebec and Male and Between 45 and 54	2,0300
Quebec and Male and Between 55 and 64	2,9500
Quebec and Male and 65+	1,5400
Quebec and Female and Between 18 and 24	1,2000
Quebec and Female and Between 25 and 34	1,8100
Quebec and Female and Between 35 and 44	1,8800
Quebec and Female and Between 45 and 54	2,0300
Quebec and Female and Between 55 +	5,1200
ATL and Male and Between 18 and 34	0,7800
ATL and Male and Between 35 and 44	0,4900
ATL and Male and Between 45 and 54	0,6100
ATL and Male and Between 55 and 64	0,9300
ATL and Male and 65+	0,4700
ATL and Female and Between 18 and 24	0,3300
ATL and Female and Between 25 and 34	0,4700
ATL and Female and Between 35 and 44	0,5300
ATL and Female and Between 45 and 54	0,6500
ATL and Female and Between 55 and 64	0,9800
ATL and Female and 65+	0,5800
Total	100%

Table 16. Weight by Region

Label	Weight
British Columbia (Vancouver CMA)	7,1900
British Columbia (Other)	6,3700
Alberta (Edmonton CMA)	11,2200
Ontario (Tor CMA)	16,9300
Ontario (Other)	21,4600
Quebec (Mtl CMA)	11,7300
Quebec (Qc CMA)	2,3500
Quebec (Other)	9,3800
Other	13,3700
Total	100%

Table 17. Weight by Language

Label	Weight
Quebec AND French	18,0900
Quebec AND not French	5,3700
Rest of Canada AND French	2,7100
Rest of Canada AND not French	73,8300
Total	100%

Table 18. Weight by Education Level

Label	Weight
Not University	72,8000
University	27,2000
Total	100%

Table 19. Weight by Presence of Children

Label	Weight
Yes	27,67000
No	72,33000
Total	100%

Table 20. Weight by Born in Canada or not

Label	Weight
Born in Canada	78,1000
Born outside Canada	21,9000
Total	100%

Table 21. Weight by Ethnicity

Label	Weight
Indigenous	4,81000
South Asian	5,53000
Black	3,45000
Other	86,21000
Total	100%

Wave 10:

The tables below present the geographic distribution of respondents, their gender, age, language, level of education, the presence of children in the household before and after weighting for the tenth wave.

Table 22. Unweighted and Weighted Samples for wave 10

Label	Unweighted	Weighted
Region		
British Columbia and Yukon	156	136
Alberta and Northwest Territories	100	113
Manitoba, Saskatchewan and Nunavut	145	66
Ontario	303	386
Quebec	201	236
Atlantic	100	69
Gender		
Men	508	488
Women	491	510
Age		
Between 18 and 34	250	263
Between 35 and 54	376	353
55+	379	388
Language		
English	714	701
French	198	209
Other	90	92
Level of education		
High school or less	244	338
College	274	374
University	480	278
Presence of children in the household		
Yes	244	273
No	757	727

Weighting factors for wave 10

Results for the tenth wave were weighted by region, gender, age, language and level of education and presence of children in the household.

Table 23. Weight by Province, Gender and Age

Label	Weight
British Columbia and Male and Between 18 and 24	0,7200
British Columbia and Male and Between 25 and 34	1,0900
British Columbia and Male and Between 35 and 44	1,0200
British Columbia and Male and Between 45 and 54	1,1700
British Columbia and Male and Between 55 and 64	1,1700
British Columbia and Male and 65 +	1,4100
British Columbia and Female and Between 18 and 24	0,6800
British Columbia and Female and Between 25 and 34	1,1100
British Columbia and Female and Between 35 and 44	1,0800
British Columbia and Female and Between 45 and 54	1,2500
British Columbia and Female and Between 55 and 64	1,2500
British Columbia and Female and 65 +	1,6200
Alberta and Male and Between 18 and 24 & Alberta and Male and Between 25 and 34	1,8100
Alberta and Male and Between 35 and 44	1,0600
Alberta and Male and Between 45 and 54	0,9900
Alberta and Male and Between 55 and 64	0,9000
Alberta and Male and 65 +	0,8300
Alberta and Female and Between 18 and 24	0,6200
Alberta and Female and Between 25 and 34	1,1400
Alberta and Female and Between 35 and 44	1,0400
Alberta and Female and Between 45 and 54	0,9800
Alberta and Female and Between 55 and 64	0,8900
Alberta and Female and 65 +	0,9600
Manitoba/Saskatchewan and Male and Between 18 and 24	0,4000
Manitoba/Saskatchewan and Male and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Male and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Male and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Male and Between 55 and 64	0,5500
Manitoba/Saskatchewan and Male and 65+	0,5900
Manitoba/Saskatchewan and Female and Between 18 and 24	0,3800
Manitoba/Saskatchewan and Female and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Female and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Female and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Female and Between 55 and 64	0,5600
Manitoba/Saskatchewan and Female and 65+	0,7200
Ontario and Male and Between 18 and 24	2,2300

Ontario and Male and Between 25 and 34	3,0600
Ontario and Male and Between 35 and 44	2,9200
Ontario and Male and Between 45 and 54	3,4600
Ontario and Male and Between 55 and 64	3,1600
Ontario and Male and 65+	3,6300
Ontario and Female and Between 18 and 24	2,1200
Ontario and Female and Between 25 and 34 & Ontario and Female and Between 35 and 44	6,3400
Ontario and Female and Between 45 and 54	3,6500
Ontario and Female and Between 55 and 64	3,3800
Ontario and Female and 65+	4,4100
Quebec and Male and Between 18 and 24	1,2100
Quebec and Male and Between 25 and 34	1,8000
Quebec and Male and Between 35 and 44	1,8900
Quebec and Male and Between 45 and 54	2,0300
Quebec and Male and Between 55 and 64	2,1100
Quebec and Male and 65+	2,3900
Quebec and Female and Between 18 and 24	1,1800
Quebec and Female and Between 25 and 34	1,8100
Quebec and Female and Between 35 and 44	1,8900
Quebec and Female and Between 45 and 54	2,0300
Quebec and Female and Between 55 and 64	2,1700
Quebec and Female and 65+	2,9500
ATL and Male and Between 18 and 24	0,3400
ATL and Male and Between 25 and 34	0,4600
ATL and Male and Between 35 and 44	0,4900
ATL and Male and Between 45 and 54	0,6100
ATL and Male and Between 55 and 64	0,6500
ATL and Male and 65+	0,7600
ATL and Female and Between 18 and 24	0,3300
ATL and Female and Between 25 and 34	0,4700
ATL and Female and Between 35 and 44	0,5300
ATL and Female and Between 45 and 54	0,6500
ATL and Female and Between 55 and 64	0,6900
ATL and Female and 65+	0,8900
Total	100%

Table 24. Weight by Region

Label	Weight
British Columbia (Vancouver RMR)	7,2000
British Columbia (Other)	6,3700
Alberta (Calgary RMR)	3,8400
Alberta (Edmonton RMR)	3,6500
Alberta (Other)	3,7300
Saskatchewan	3,0100
Manitoba	3,5100
Ontario (Tor RMR)	16,9200
Ontario (Other)	21,4400
Quebec (Mtl RMR)	11,7300
Quebec (Qc RMR)	2,3500
Quebec (Other)	9,3800
New-Brunswick	2,2000
Nova Scotia	2,7200
Prince Edward Island	0,4100
Newfoundland	1,5400
Total	100%

Table 25. Weight by Presence of Children

Label	Weight
Yes	27,67000
No	72,33000
Total	100%

Table 26. Weight by Language

Label	Weight
French ROC	2,7100
French QC	18,0900
Not French ROC	73,8300
Not French QC	5,3700
Total	100%

Table 27. Weight by Education Level

Label	Weight
Not University	72,3300
University ROC	21,81

University QC	5,86
Total	100%

Wave 11:

The tables below present the geographic distribution of respondents, their gender, age, language, level of education and presence of children in the household before and after weighting.

Table 28. Unweighted and Weighted Samples for wave 11

Label	Unweighted	Weighted
Region		
British Columbia and Yukon	156	136
Alberta and Northwest Territories	100	112
Manitoba, Saskatchewan and Nunavut	145	65
Ontario	300	384
Quebec	200	235
Atlantic	100	69
Gender		
Men	468	486
Women	523	507
Age		
Between 18 and 34	241	273
Between 35 and 54	379	341
55 years old and over	381	387
Language		
English	708	692
French	198	208
Other	92	99
Level of education		
High school or less	210	273
College	336	440
University	446	277
Presence of children in the household		
Yes	237	270
No	759	724

Weighting factors for wave 11

For the eleventh wave, results were weighted by region, gender, age, language, level of education, and presence of children in the household.

Table 29. Weight by Province, Gender and Age

Label	Weight
British Columbia and Male and Between 18 and 24	0,7200
British Columbia and Male and Between 25 and 34	1,0900
British Columbia and Male and Between 35 and 44	1,0200
British Columbia and Male and Between 45 and 54	1,1700
British Columbia and Male and Between 55 and 64	1,1700
British Columbia and Male and 65 +	1,4100
British Columbia and Female and Between 18 and 24	0,6800
British Columbia and Female and Between 25 and 34	1,1100
British Columbia and Female and Between 35 and 44	1,0800
British Columbia and Female and Between 45 and 54	1,2500
British Columbia and Female and Between 55 and 64	1,2500
British Columbia and Female and 65 +	1,6200
Alberta and Male and Between 18 and 24	0,6500
Alberta and Male and Between 25 and 34	1,1600
Alberta and Male and Between 35 and 44	1,0600
Alberta and Male and Between 45 and 54	0,9900
Alberta and Male and Between 55 and 64	0,9000
Alberta and Male and 65 +	0,8300
Alberta and Female and Between 18 and 24	0,6200
Alberta and Female and Between 25 and 34	1,1400
Alberta and Female and Between 35 and 44	1,0400
Alberta and Female and Between 45 and 54	0,9800
Alberta and Female and Between 55 and 64	0,8900
Alberta and Female and 65 +	0,9600
Manitoba/Saskatchewan and Male and Between 18 and 24	0,4000
Manitoba/Saskatchewan and Male and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Male and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Male and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Male and Between 55 and 64	0,5500
Manitoba/Saskatchewan and Male and 65+	0,5900
Manitoba/Saskatchewan and Female and Between 18 and 24	0,3800
Manitoba/Saskatchewan and Female and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Female and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Female and Between 45 and 54	0,5500

Manitoba/Saskatchewan and Female and Between 55 and 64	0,5600
Manitoba/Saskatchewan and Female and 65+	0,7200
Ontario and Male and Between 18 and 24 & Ontario and Male and Between 25 and 34	5,2900
Ontario and Male and Between 35 and 44	2,9200
Ontario and Male and Between 45 and 54	3,4600
Ontario and Male and Between 55 and 64	3,1600
Ontario and Male and 65+	3,6300
Ontario and Female and Between 18 and 24	2,1200
Ontario and Female and Between 25 and 34	3,1500
Ontario and Female and Between 35 and 44	3,1900
Ontario and Female and Between 45 and 54	3,6500
Ontario and Female and Between 55 and 64	3,3800
Ontario and Female and 65+	4,4100
Quebec and Male and Between 18 and 24	1,2100
Quebec and Male and Between 25 and 34	1,8000
Quebec and Male and Between 35 and 44	1,8900
Quebec and Male and Between 45 and 54	2,0300
Quebec and Male and Between 55 and 64	2,1100
Quebec and Male and 65+	2,3900
Quebec and Female and Between 18 and 24	1,1800
Quebec and Female and Between 25 and 34	1,8100
Quebec and Female and Between 35 and 44	1,8900
Quebec and Female and Between 45 and 54	2,0300
Quebec and Female and Between 55 and 64	2,1700
Quebec and Female and 65+	2,9500
ATL and Male and Between 18 and 24	0,3400
ATL and Male and Between 25 and 34	0,4600
ATL and Male and Between 35 and 44	0,4900
ATL and Male and Between 45 and 54	0,6100
ATL and Male and Between 55 and 64	0,6500
ATL and Male and 65+	0,7600
ATL and Female and Between 18 and 24	0,3300
ATL and Female and Between 25 and 34	0,4700
ATL and Female and Between 35 and 44	0,5300
ATL and Female and Between 45 and 54	0,6500
ATL and Female and Between 55 and 64	0,6900
ATL and Female and 65+	0,8900
Total	100%

Table 30. Weight by Region

Label	Weight
British Columbia (Vancouver RMR)	7,2000
British Columbia (Other)	6,3700
Alberta (Calgary RMR)	3,8400
Alberta (Edmonton RMR)	3,6500
Alberta (Other)	3,7300
Saskatchewan	3,0100
Manitoba	3,5100
Ontario (Tor RMR)	16,9200
Ontario (Other)	21,4400
Quebec (Mtl RMR)	11,7300
Quebec (Qc RMR)	2,3500
Quebec (Other)	9,3800
New-Brunswick	2,2000
Nova Scotia	2,7200
Prince Edward Island	0,4100
Newfoundland	1,5400
Total	100%

Table 31. Weight by Presence of Children

Label	Weight
Yes	27,67000
No	72,33000
Total	100%

Table 32. Weight by Language

Label	Weight
French ROC	2,7100
French QC	18,0900
Not French ROC	73,8300
Not French QC	5,3700
Total	100%

Table 33. Weight by Education Level

Label	Weight
Not University	72,3300
University ROC	21,81

University QC	5,86
Total	100%

Wave 12:

The tables below present the geographic distribution of respondents, their gender, age, language, level of education and presence of children in the household.

Table 34. Unweighted and Weighted Samples for wave 12

Label	Unweighted	Weighted
Region		
British Columbia and Yukon	155	136
Alberta and Northwest Territories	100	112
Manitoba, Saskatchewan and Nunavut	145	65
Ontario	300	384
Quebec	200	235
Atlantic	100	69
Gender		
Men	480	486
Women	510	504
Age		
Between 18 and 34	274	273
Between 35 and 54	361	341
55 years old and over	365	386
Language		
English	690	687
French	199	208
Other	107	102
Level of education		
High school or less	211	280
College	319	436
University	465	277
Presence of children in the household		
Yes	230	265
No	764	723

Weighting factors for wave 12

For the twelfth wave, results were weighted by region, gender, age, language, level of education, and presence of children in the household.

Table 35. Weight by Province, Gender and Age

Label	Weight
British Columbia and Male and Between 18 and 24	0,7200
British Columbia and Male and Between 25 and 34	1,0900
British Columbia and Male and Between 35 and 44	1,0200
British Columbia and Male and Between 45 and 54	1,1700
British Columbia and Male and Between 55 and 64	1,1700
British Columbia and Male and 65 +	1,4100
British Columbia and Female and Between 18 and 24	0,6800
British Columbia and Female and Between 25 and 34	1,1100
British Columbia and Female and Between 35 and 44	1,0800
British Columbia and Female and Between 45 and 54	1,2500
British Columbia and Female and Between 55 and 64	1,2500
British Columbia and Female and 65 +	1,6200
Alberta and Male and Between 18 and 24	0,6500
Alberta and Male and Between 25 and 34	1,1600
Alberta and Male and Between 35 and 44	1,0600
Alberta and Male and Between 45 and 54	0,9900
Alberta and Male and Between 55 and 64	0,9000
Alberta and Male and 65 +	0,8300
Alberta and Female and Between 18 and 24	0,6200
Alberta and Female and Between 25 and 34	1,1400
Alberta and Female and Between 35 and 44	1,0400
Alberta and Female and Between 45 and 54	0,9800
Alberta and Female and Between 55 and 64	0,8900
Alberta and Female and 65 +	0,9600
Manitoba/Saskatchewan and Male and Between 18 and 24	0,4000
Manitoba/Saskatchewan and Male and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Male and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Male and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Male and Between 55 and 64	0,5500
Manitoba/Saskatchewan and Male and 65+	0,5900
Manitoba/Saskatchewan and Female and Between 18 and 24	0,3800
Manitoba/Saskatchewan and Female and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Female and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Female and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Female and Between 55 and 64	0,5600

Manitoba/Saskatchewan and Female and 65+	0,7200
Ontario and Male and Between 18 and 24	2,2300
Ontario and Male and Between 25 and 34	3,0600
Ontario and Male and Between 35 and 44	2,9200
Ontario and Male and Between 45 and 54	3,4600
Ontario and Male and Between 55 and 64	3,1600
Ontario and Male and 65+	3,6300
Ontario and Female and Between 18 and 24	2,1200
Ontario and Female and Between 25 and 34	3,1500
Ontario and Female and Between 35 and 44	3,1900
Ontario and Female and Between 45 and 54	3,6500
Ontario and Female and Between 55 and 64	3,3800
Ontario and Female and 65+	4,4100
Quebec and Male and Between 18 and 24	1,2100
Quebec and Male and Between 25 and 34	1,8000
Quebec and Male and Between 35 and 44	1,8900
Quebec and Male and Between 45 and 54	2,0300
Quebec and Male and Between 55 and 64	2,1100
Quebec and Male and 65+	2,3900
Quebec and Female and Between 18 and 24	1,1800
Quebec and Female and Between 25 and 34	1,8100
Quebec and Female and Between 35 and 44	1,8900
Quebec and Female and Between 45 and 54	2,0300
Quebec and Female and Between 55 and 64 & Quebec and Female and 65+	5,1200
ATL and Male and Between 18 and 24	0,3400
ATL and Male and Between 25 and 34	0,4600
ATL and Male and Between 35 and 44	0,4900
ATL and Male and Between 45 and 54	0,6100
ATL and Male and Between 55 and 64	0,6500
ATL and Male and 65+	0,7600
ATL and Female and Between 18 and 24	0,3300
ATL and Female and Between 25 and 34	0,4700
ATL and Female and Between 35 and 44	0,5300
ATL and Female and Between 45 and 54	0,6500
ATL and Female and Between 55 and 64	0,6900
ATL and Female and 65+	0,8900
Total	100%

Table 36. Weight by Presence of Children

Label	Weight
Yes	27,67000
No	72,33000
Total	100%

Table 37. Weight by Language

Label	Weight
French ROC	2,7100
French QC	18,0900
Not French ROC	73,8300
Not French QC	5,3700
Total	100%

Table 38. Weight by Education Level

Label	Weight
Not University	72,3300
University ROC	21,81
University QC	5,86
Total	100%

Wave 13:

The tables below present the geographic distribution of respondents, their gender, age, language, level of education, presence of children in the household, immigration status and ethnicity.

Table 39. Unweighted and Weighted Samples for wave 13

Label	Unweighted	Weighted
Region		
British Columbia and Yukon	423	409
Alberta and Northwest Territories	305	338
Manitoba, Saskatchewan and Nunavut	355	196
Ontario	976	1,156
Quebec	706	707
Atlantic	248	207
Gender		
Men	1,376	1,446
Women	1,630	1,550

Age		
Between 18 and 34	804	822
Between 35 and 54	1,137	1,027
55 years old and over	1,072	1,164
Language		
English	2,091	2,052
French	677	627
Other	236	320
Level of education		
High school or less	672	860
College	946	1,285
University	834	1,371
Children in the household		
Yes	816	824
No	2,186	2,179
Born in Canada		
Yes	2,403	2,353
No	610	660
Ethnicity		
Indigenous	276	145
Black	451	108

Weighting factors for wave 13

For the thirteenth wave, results were weighted by region, gender, age, language and level of education, presence of children in the household and immigration status.

Table 40. Province, Gender and Age

Label	Weight
British Columbia and Male and Between 18 and 24	0,7200
British Columbia and Male and Between 25 and 34	1,0900
British Columbia and Male and Between 35 and 44	1,0200
British Columbia and Male and Between 45 and 54	1,1700
British Columbia and Male and Between 55 and 64	1,1700
British Columbia and Male and 65 +	1,4100
British Columbia and Female and Between 18 and 24	0,6800
British Columbia and Female and Between 25 and 34	1,1100
British Columbia and Female and Between 35 and 44	1,0800
British Columbia and Female and Between 45 and 54	1,2500
British Columbia and Female and Between 55 and 64	1,2500
British Columbia and Female and 65 +	1,6200

Alberta and Male and Between 18 and 24	0,6500
Alberta and Male and Between 25 and 34	1,1600
Alberta and Male and Between 35 and 44	1,0600
Alberta and Male and Between 45 and 54	0,9900
Alberta and Male and Between 55 and 64	0,9000
Alberta and Male and 65 +	0,8300
Alberta and Female and Between 18 and 24	0,6200
Alberta and Female and Between 25 and 34	1,1400
Alberta and Female and Between 35 and 44	1,0400
Alberta and Female and Between 45 and 54	0,9800
Alberta and Female and Between 55 and 64	0,8900
Alberta and Female and 65 +	0,9600
Manitoba/Saskatchewan and Male and Between 18 and 24	0,4000
Manitoba/Saskatchewan and Male and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Male and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Male and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Male and Between 55 and 64	0,5500
Manitoba/Saskatchewan and Male and 65+	0,5900
Manitoba/Saskatchewan and Female and Between 18 and 24	0,3800
Manitoba/Saskatchewan and Female and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Female and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Female and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Female and Between 55 and 64	0,5600
Manitoba/Saskatchewan and Female and 65+	0,7200
Ontario and Male and Between 18 and 24 & Ontario and Male and Between 25 and 34	5,2900
Ontario and Male and Between 35 and 44	2,9200
Ontario and Male and Between 45 and 54	3,4600
Ontario and Male and Between 55 and 64	3,1600
Ontario and Male and 65+	3,6300
Ontario and Female and Between 18 and 24	2,1200
Ontario and Female and Between 25 and 34	3,1500
Ontario and Female and Between 35 and 44	3,1900
Ontario and Female and Between 45 and 54	3,6500
Ontario and Female and Between 55 and 64	3,3800
Ontario and Female and 65+	4,4100
Quebec and Male and Between 18 and 24 & Quebec and Male and Between 25 and 34	3,0100
Quebec and Male and Between 35 and 44	1,8900
Quebec and Male and Between 45 and 54	2,0300

Quebec and Male and Between 55 and 64	2,1100
Quebec and Male and 65+	2,3900
Quebec and Female and Between 18 and 24	1,1800
Quebec and Female and Between 25 and 34	1,8100
Quebec and Female and Between 35 and 44	1,8900
Quebec and Female and Between 45 and 54	2,0300
Quebec and Female and Between 55 and 64 & Quebec and Female and 65+	5,1200
ATL and Male and Between 18 and 24 & ATL and Male and Between 25 and 34	0,8000
ATL and Male and Between 35 and 44	0,4900
ATL and Male and Between 45 and 54	0,6100
ATL and Male and Between 55 and 64	0,6500
ATL and Male and 65+	0,7600
ATL and Female and Between 18 and 24	0,3300
ATL and Female and Between 25 and 34	0,4700
ATL and Female and Between 35 and 44	0,5300
ATL and Female and Between 45 and 54	0,6500
ATL and Female and Between 55 and 64	0,6900
ATL and Female and 65+	0,8900
Total	100%

Table 41. Weight by Presence of Children

Label	Weight
Yes	27,67000
No	72,33000
Total	100%

Table 42. Weight by Language

Label	Weight
French ROC	2,7100
French QC	18,0900
Not French ROC	73,8300
Not French QC	5,3700
Total	100%

Table 43. Weight by Education Level

Label	Weight
Not University	72,3300
University ROC	21,81
University QC	5,86

Total	100%
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Table 44. Weight by Born in Canada

Label	Weight
Yes	78,1000
No	21,9000
Total	100%

Table 45. Weight by Ethnicity

Label	Weight
Indigenous	4,8100
Black	3,45
Other	91,74
Total	100%

Wave 14:

The tables below present the geographic distribution of respondents, their gender, age, language, level of education, presence of children in the household, status of immigration and ethnicity.

Table 46. Unweighted and Weighted Samples for wave 14

Label	Unweighted	Weighted
Region		
British Columbia and Yukon	405	408
Alberta and Northwest Territories	320	338
Manitoba, Saskatchewan and Nunavut	368	196
Ontario	960	1,154
Quebec	703	706
Atlantic	253	207
Gender		
Men	1,424	1,448
Women	1,566	1,548
Age		
Between 18 and 34	875	821
Between 35 and 54	1,019	1,026

55 years old and over	1,115	1,163
Language		
English	2,058	2,037
French	669	626
Other	263	324
Level of education		
High school or less	688	924
College	914	1,239
University	1,396	833
Children in the household		
Yes	782	823
No	2,220	2,176
Born in Canada		
Yes	2,356	2,350
No	653	659
Ethnicity		
Indigenous	278	145
Black	447	110

Weighting factors for wave 14

For the fourteenth wave, final results were weighted by region, age, gender, language, education levels, presence of children in the household, immigration status, and ethnicity.

Table 47. Province, Gender and Age

Label	Weight
British Columbia and Male and Between 18 and 24	0,7200
British Columbia and Male and Between 25 and 34	1,0900
British Columbia and Male and Between 35 and 44	1,0200
British Columbia and Male and Between 45 and 54	1,1700
British Columbia and Male and Between 55 and 64	1,1700
British Columbia and Male and 65 +	1,4100
British Columbia and Female and Between 18 and 24	0,6800
British Columbia and Female and Between 25 and 34	1,1100
British Columbia and Female and Between 35 and 44	1,0800
British Columbia and Female and Between 45 and 54	1,2500
British Columbia and Female and Between 55 and 64	1,2500
British Columbia and Female and 65 +	1,6200
Alberta and Male and Between 18 and 24	0,6500
Alberta and Male and Between 25 and 34	1,1600

Alberta and Male and Between 35 and 44	1,0600
Alberta and Male and Between 45 and 54	0,9900
Alberta and Male and Between 55 and 64	0,9000
Alberta and Male and 65 +	0,8300
Alberta and Female and Between 18 and 24	0,6200
Alberta and Female and Between 25 and 34	1,1400
Alberta and Female and Between 35 and 44	1,0400
Alberta and Female and Between 45 and 54	0,9800
Alberta and Female and Between 55 and 64	0,8900
Alberta and Female and 65 +	0,9600
Manitoba/Saskatchewan and Male and Between 18 and 24 & Manitoba/Saskatchewan and Male and Between 25 and 34	0,9800
Manitoba/Saskatchewan and Male and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Male and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Male and Between 55 and 64	0,5500
Manitoba/Saskatchewan and Male and 65+	0,5900
Manitoba/Saskatchewan and Female and Between 18 and 24	0,3800
Manitoba/Saskatchewan and Female and Between 25 and 34	0,5800
Manitoba/Saskatchewan and Female and Between 35 and 44	0,5300
Manitoba/Saskatchewan and Female and Between 45 and 54	0,5500
Manitoba/Saskatchewan and Female and Between 55 and 64	0,5600
Manitoba/Saskatchewan and Female and 65+	0,7200
Ontario and Male and Between 18 and 24	2,2300
Ontario and Male and Between 25 and 34	3,0600
Ontario and Male and Between 35 and 44	2,9200
Ontario and Male and Between 45 and 54	3,4600
Ontario and Male and Between 55 and 64	3,1600
Ontario and Male and 65+	3,6300
Ontario and Female and Between 18 and 24	2,1200
Ontario and Female and Between 25 and 34	3,1500
Ontario and Female and Between 35 and 44	3,1900
Ontario and Female and Between 45 and 54	3,6500
Ontario and Female and Between 55 and 64	3,3800
Ontario and Female and 65+	4,4100
Quebec and Male and Between 18 and 24	1,2100
Quebec and Male and Between 25 and 34	1,8000
Quebec and Male and Between 35 and 44	1,8900
Quebec and Male and Between 45 and 54	2,0300
Quebec and Male and Between 55 and 64	2,1100
Quebec and Male and 65+	2,3900

Quebec and Female and Between 18 and 24	1,1800
Quebec and Female and Between 25 and 34	1,8100
Quebec and Female and Between 35 and 44	1,8900
Quebec and Female and Between 45 and 54	2,0300
Quebec and Female and Between 55 and 64 & Quebec and Female and 65+	5,1200
ATL and Male and Between 18 and 24	0,3400
ATL and Male and Between 25 and 34	0,4600
ATL and Male and Between 35 and 44	0,4900
ATL and Male and Between 45 and 54	0,6100
ATL and Male and Between 55 and 64	0,6500
ATL and Male and 65+	0,7600
ATL and Female and Between 18 and 24	0,3300
ATL and Female and Between 25 and 34	0,4700
ATL and Female and Between 35 and 44	0,5300
ATL and Female and Between 45 and 54	0,6500
ATL and Female and Between 55 and 64	0,6900
ATL and Female and 65+	0,8900
Total	100%

Table 48. Weight by Region

Label	Weight
British Columbia (Vancouver RMR)	7,2000
British Columbia (Other)	6,3700
Alberta (Calgary RMR)	3,8400
Alberta (Edmonton RMR)	3,6500
Alberta (Other)	3,7300
Saskatchewan	3,0100
Manitoba	3,5100
Ontario (Tor RMR)	16,9200
Ontario (Other)	21,4400
Quebec (Mtl RMR)	11,7300
Quebec (Qc RMR)	2,3500
Quebec (Other)	9,3800
New-Brunswick	2,2000
Nova Scotia	2,7200
Prince Edward Island	0,4100
Newfoundland	1,5400
Total	100%

Table 49. Weight by Education Level

Label	Weight
Not University	72,3300
University	21,81
University QC	5,86
Total	100%

Table 50. Weight by Children in the household

Label	Weight
Yes, children	27,67
No	72,33
Total	100%

Table 51. Weight by Immigration status

Label	Weight
Born in Canada	78,1000
Born outside Canada	21,9000
Total	100%

Table 52. Weight by Visible minorities

Label	Weight
Indigenous	4,8100
Black	3,45
Other	91,74
Total	100%

A.3. Qualitative methodology

Focus groups

Leger conducted a series of eight focus group sessions with French-speaking and English-speaking Canadians. Conducting the groups online offered the opportunity to regroup people from all the regions in Canada. Three focus groups were held with young adults aged 18-34 years old, three other focus groups were held with adults aged 35-60 years old, and two focus groups were held with parents. The first two demographics were interviewed using the same discussion guide, while the parent groups discussion guide focused on specific aspects relating to children vaccination and health. Overall, three focus groups were conducted in French (one of each demographic), and the remaining five in English. For each online focus group, ten participants were recruited by our professional recruiters. In the end, a total of 64 participants took part in the online focus groups (see table 53 for details). All participants in the focus groups received an honorarium of \$135.

The focus groups were conducted online using Focus Vision's CMNTY platform. This platform allowed for video conferencing groups, observers in a separate virtual room, chat between participants and the moderator, and chat between the observation room and the moderator. Each group was 120 minutes long, to ensure the participation of each participant. All sessions allowed for remote viewing by Leger and Government of Canada observers. All groups were scheduled to be held on June 20, 21 or 22, 2022. However, due to technical difficulties, two groups had to be rescheduled in the last week of June and one in July.

Table 53. Details of the focus groups

GR	Region	Recruits	Participants	Target	Time	Language	Date
1	Ontario	10	8	Young adults (18-34)	5pm	English	June 20th, 2022
2	BC, Prairies, Territories	10	9	Young adults (18-34)	5pm	English	July 6th, 2022 (originally scheduled on June 20th, 2022)
3	Québec, New-Brunswick	10	10	Young adults (18-34)	5pm	French	June 20th, 2022
4	BC, Prairies, Territories	10	8	Adults (35-60)	5pm	English	June 21st, 2022

5	Ontario	10	9	Adults (35-60)	7pm	English	June 21st, 2022
6	Québec, New-Brunswick	10	8	Adults (35-60)	5pm	French	June 29th, 2022 (originally scheduled on June 20th, 2022)
7	BC, Prairies, Ontario	10	3	Parents	5pm	English	June 22nd, 2022
8	Québec, New-Brunswick	10	9	Parents	5pm	French	June 21st, 2022
Total		80	64				

Recruitment was carried out by professional recruiters. The recruitment guide (available in the appendix F) ensured that the participants met the profiles sought for each session and that they were equipped to participate in an online discussion session. To do so, they had to confirm that they had a high-speed Internet connexion, a computer or laptop. Group #7 had a low participation rate. Only 5 participants showed up on time for the group. Since the moderator did not receive any messages from clients or observers, it was decided to move forward with the group to avoid having to reschedule another group. Group #7 started with five participants, but two dropped out due to technical difficulties.

Moderation

All focus group sessions were moderated and supervised by a Leger researcher assisted by a research analyst. Two researchers moderated the groups in French and two others moderated the groups in English. The discussion guides (available in appendixes G and H) consisted of a semi-structured discussion guide. It allowed moderators to follow the thread of the discussion and ensured that an array of themes was covered while leaving sufficient room for the participants to express themselves and develop in detail their experiences, ideas, opinions and perceptions.

This qualitative portion of the research provides insight into the opinions of a population, rather than providing a measure in percent of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as directional only. No inference to the general population can be done with the results of this research.

Quality Control

Leger recruited participants with the help of CRC Research, our qualitative recruitment partner, using a hybrid method. First, an online screening was used followed by a final recruitment screening over the phone. The online recruitment enabled us to find many potential candidates that fit the recruitment criteria across all regions of Canada. Then, these potential candidates were contacted by phone by CRC's professional recruiters to confirm their eligibility and that they have access to a computer, a high-speed online connection as well as a webcam to participate in the online discussion session. After being adequately screened and recruited, participants (as well as observers) received detailed instructions from CRC Research on how to log in to the live session and other key information regarding the procedure itself.

The recruitment screener informed participants of all their rights under Canada's Privacy legislation and the Standards for the Conduct of Government of Canada Public Opinion Research. Specifically, their confidentiality was guaranteed, and that participation is voluntary. After each group, a meeting was organized with the researchers in order to get the general outlines and trends.

APPENDIX B – SURVEY WAVE 9

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 12 minutes to complete.

Background information

This research is being conducted by Léger Marketing, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

How does the online survey work? You are being asked to offer your opinions and experiences through an online survey. You have to be 18 or over in order to participate in this survey. We anticipate that the survey will take 12 minutes to complete. Your participation in the survey is completely voluntary. Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information? The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project. Purpose of collection: We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified. Your rights under the Privacy Act: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

If you are experiencing technical issues while responding to the survey, please contact Leger's technical support team at support@legeropinion.com.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[GDR] What is your gender identity?

Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

Row:

[r1] Male

[r2] Female

[r3] Other

[r99] I prefer not to answer

[PROV] In which province or territory do you currently live?

Row:

[BC] British Columbia

[AB] Alberta

[SK] Saskatchewan

[MB] Manitoba

[ON] Ontario

[QC] Quebec

[NB] New Brunswick

[NS] Nova Scotia

[PE] Prince Edward Island

[NF] Newfoundland

[NT] Northwest Territories

[YK] Yukon

[NU] Nunavut

[YEAR] In what year and month were you born?

[AGE2] Would you be willing to indicate in which of the following age categories you belong?

Condition: (AGERef.r1)

Row:

[r0] Under 18

[r1] Between 18 and 24

[r2] Between 25 and 34

[r3] Between 35 and 44

[r4] Between 45 and 54

[r5] Between 55 and 64

[r6] 65 or older

[r9] I prefer not to answer

[ETHNIC] Do you identify as any of the following?

Select all that apply

Row:

[r1] White

[r2] Indigenous person (First Nations, Inuit or Métis)

[r3] South Asian

[r4] Chinese

[r5] Filipino

[r6] Southeast Asian

[r7] West Asian

[r8] Korean

[r9] Japanese

[r10] Black

[r11] Latin American

[r12] Arab

[r96] Other

[r97] None of the above

[CHILD] Are you the parent or guardian of a child or children under 18 years of age living in your household?

Row:

[r1] Yes

[r2] No

[r99] Prefer not to answer

[CHILD_AGE] How old is/are the child/children?

Condition: (CHILD.r1)

Select all that apply

Row:

[r1] Under 5

[r2] 5 to 11

[r3] 12 to 17

[r4] Prefer not to answer

[CHILDB] How many children do you have in each of the following age categories?

Condition: (CHILD.r1)

Row:

[r1] Under 5 years (please enter number of children)

Condition: (CHILD_AGE.r1)

[r2] 5 to 11 years (please enter number of children)

Condition: (CHILD_AGE.r2)

[r3] 12 to 17 years (please enter number of children)

Condition: (CHILD_AGE.r3)

[Q1] What is currently your most pressing concern, if any, related to COVID-19?

Row:

[r1] Physical health

[r2] Mental health

[r3] Health of family and/or friends

[r10] Death of a family member and/or friend

[r5] Economy

[r11] Social isolation and/or loneliness

[r7] Personal financial situation

[r8] Returning to normal and/or uncertainty about the future

[r9] New COVID variants

[r12] Workplace vaccination policy not being applied

[r13] Having to comply with the workplace vaccination policy

[r96] Other, please specify:

[r97] I have no pressing concern

[r98] Don't know

[Q3] How would you rate your mental health now compared to before the pandemic?

Row:

[r1] Better

[r2] About the same

[r3] Worse

[r98] Don't know

[Q72] Please indicate if the situations listed below changed for you since the beginning of the pandemic by selecting increased, decreased or the same/no change.

Column:

[c1] Increased

[c2] Decreased

[c3] Same/No change

[c99] Don't know / No response

[c97] Not applicable

Row:

[r1] My consumption of alcohol like beer, wine or spirits.

[r2] My consumption of cannabis.

[r3] My consumption of tobacco/vaping.

[r4] My consumption of illegal/illicit drugs.

[r5] My level of exercise

[r6] My consumption of healthy foods

[Q73] What is your primary source of information when seeking credible information on mental health?

Please select only one.

Row:

- [r1] Distress centres or helpline services
- [r2] Employee or student assistance program
- [r3] Government of Canada website
- [r4] Wellness Together Canada
- [r5] Primary care physician
- [r6] Health care professional (i.e. nurse)
- [r7] Provincial, territorial or municipal government website
- [r8] Family and/or friends
- [r9] Colleagues
- [r10] Other national or local non-government organization
- [r11] Social media
- [r96] Other, please specify:
- [r97] I do not seek information on mental health

[Q74] Have you ever heard of or visited the Wellness Together Canada portal, which offers free and confidential mental health and substances use support such as one on one counselling services?

Row:

- [r1] Yes and I have visited it
- [r2] Yes but I haven't visited it
- [r3] No
- [r98] Don't know/Not sure

[Q75] What kind of information would you like to find on a Government of Canada mental health website?

Please select up to 3 choices.

Row:

- [r1] Links to crisis lines or distress centres
- [r2] Links to organizations providing online counselling
- [r3] Violence and abuse information
- [r4] Suicide prevention information
- [r5] Tips for improving your mental health
- [r6] Tips on how to cope with stress
- [r7] How to talk about mental health
- [r8] Information on substance use and mental health
- [r9] Mental illness information
- [r96] Other, please specify:

[Q4] Since the start of the pandemic, have you received any support for coping with mental health during COVID-19?

Row:

- [r1] Yes
- [r2] No
- [r98] Don't know

[Q5] How worried are you, if at all, when thinking about life after the pandemic ends?

Row:

- [r1] Very worried
- [r2] Somewhat worried
- [r3] Not very worried
- [r4] Not at all worried
- [r98] Don't know

[Q6] What makes you feel worried?

Condition: (Q5.r1 or Q5.r2)

Select all that apply

Row:

[r1] In-person interactions/socializing

[r2] Being in crowded places

[r3] Going back to the before pandemic routine

[r4] Giving up working from home

[r5] Not knowing if those around me are vaccinated

[r6] That we will never really end the pandemic

[r7] Confusion around public health measures

[r8] Being judged for wanting to wear a mask

[r10] Being judged for being vaccinated

[r9] Finding work

[r96] Other, please specify

[Q7] When you think about what your day-to-day life will look like post-pandemic, do you think it will look more like pre-pandemic times or more like it did during the pandemic?

Row:

[r1] Pre-pandemic times

[r2] During the pandemic

[r3] Neither

[r98] Don't know

[Q8] To what extent are you paying attention to messages from public health authorities on COVID-19?

Row:

[r1] To a great extent

[r2] To a moderate extent

[r3] To a small extent

[r4] Not at all

[r98] Don't know

[Q10] Have you received a COVID-19 vaccine (at least one dose)?

Row:

[r1] Yes

[r2] No

[Q11] How many doses have you received?

Condition: (Q10.r1)

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q17] What is the main reason you have not received a COVID-19 vaccine?

Condition: (Q10.r2)

Row:

[r1] Limited vaccine supply/appointment availability within my community

[r2] Difficulties making an appointment (e.g., being unsure how to register, challenges with accessing or completing the online registration process, etc.)

[r3] Difficulties accessing a vaccine clinic (e.g., transportation limitations, being unable to take time off work, lack of childcare, etc.)

[r4] I am waiting for the COVID-19 vaccine product of my choice to be available to me

[r5] I prefer to wait a while before getting vaccinated

[r6] I do not plan on being vaccinated for COVID-19

[r7] I am worried about possible side effects

[r8] I don't think it will make a difference in helping to end the pandemic

[r9] I don't think it will make a difference in helping to ease public health measures

[r10] I don't think it will protect me against the variants

[r11] I prefer not to answer

[r96] Other, please specify:

[Q18] What is the main reason why you would eventually get a vaccination, but would wait a while first?

Condition: (Q17.r5)

Row:

[r1] I am unsure if the vaccine is safe for me personally (e.g. due to a pre-existing medical condition, pregnancy, allergy, etc.)

[r2] To ensure the safety of the vaccine (e.g., no negative side effects)

[r3] To enable priority groups to get vaccinated first (e.g., frontline workers, vulnerable, and marginalized populations)

[r4] I am too busy

[r5] To ensure the effectiveness of the vaccine

[r6] General fear/unease about being first to be vaccinated

[r7] Need for more information

[r8] I don't feel I want or need the vaccine

[r9] To avoid crowds or long wait times

[r10] I have concerns about the new mRNA vaccines and want to wait for another vaccine

[r11] I don't think it will make a difference in helping to end the pandemic

[r12] I don't think it will make a difference in helping to ease public health measures

[r13] I am worried about possible side effects

[r14] I don't think it will protect me against the variants

[r96] Other, please specify:

[Q19] What is the main reason why you will not get vaccinated?

Condition: (Q17.r6)

Row:

[r1] I am worried about the side effects

[r2] I don't think it will be effective

[r3] I am not confident in the safety of the COVID-19 vaccines

[r4] Not enough testing or research has been done

[r5] I do not trust the government

[r6] I do not trust the newness of the vaccine

[r7] I have already had COVID-19

[r8] I am not at high risk of getting COVID-19

[r9] If I get COVID-19, I will not be very sick

[r10] I am against vaccines in general

[r11] The vaccine is not recommended for me (e.g., due to an allergy or other pre-existing medical condition)

[r12] Physical distancing, frequent handwashing and wearing a mask are enough to protect me from COVID-19

[r13] I don't think it will make a difference in helping to end the pandemic

[r14] I don't think it will make a difference in helping to ease public health measures

[r15] I don't have the time

[r96] Other reason, please specify:

[Q76] Amongst the following factors and thinking about the current COVID context, what would motivate you to get vaccinated?

Condition: (Q10.r2)

Please select up to your top 3

Row:

[r1] Benefits to my employment/financial situation (e.g., being able to return to work or continue working)

[r2] Being able to travel within Canada

[r3] Being able to travel internationally

[r4] Needing a proof of vaccination to be able to get back to activities I enjoyed before the pandemic

[r5] Being able to spend time with friends and family in-person

[r6] Helping to get things back to "normal"

[r7] Knowing that delta variant cases are on the rise

[r8] Knowing that the majority of new COVID cases are among those who are unvaccinated or partially vaccinated

[r9] Knowing that the majority of new COVID hospitalizations are among those who are unvaccinated or partially vaccinated

[r10] Knowing that even if others get vaccinated against COVID-19, I still need to get vaccinated to be personally protected

[r11] Getting more information on the COVID-19 vaccine clinical trials, including data on safety and effectiveness

[r12] Getting assurance that the vaccines are safe for me personally (e.g. due to a pre-existing medical condition, pregnancy, allergy, etc.)

[r13] Being encouraged by friends or family

[r97] None of the above

[Q22] As we learn more about real world effectiveness of the COVID-19 vaccines, if a third vaccine dose or “booster” is needed in order to provide protection in the long-term or to protect against new variant strains, would you be willing to get another dose?

Condition: (Q11.r1 or Q11.r2)

Row:

[r1] Yes, right away

[r2] Yes, but I would want to wait a bit

[r3] Unsure

[r4] No

[Q23] What is the top reason you would not get or are uncertain about getting a third dose or booster dose?

Condition: (Q22.r3 or Q22.r4)

Row:

[r1] I think I am protected enough with the current dose schedule

[r2] I had side effects with the dose/doses I already got

[r3] I'm concerned about how long it will take to get it

[r4] I'm concerned about the safety of the third dose/booster dose

[r5] I'm concerned about the long-term effects

[r6] I need more information on booster doses

[r7] I prefer to wait a while before getting vaccinated

[r96] Other, please specify:

[Q77] If a booster of COVID-19 vaccine is recommended to provide protection in the long-term or to protect against new variant strains; would you accept a vaccine that is a different brand from the COVID-19 vaccine products that you previously received?

Condition: (Q22.r1 or Q22.r2)

Row:

[r1] I prefer my booster vaccine to be the same vaccine brand that I previously received

[r2] I would get any vaccine recommended to me, even if it was different from the ones I previously received

[Q78A] If a booster of COVID-19 vaccine is recommended to provide protection in the long-term or to protect against new variant strains, would you have a product preference?

Condition: (Q22.r1 or Q22.r2)

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q78B] Which one?

Condition: (Q78A.r1)

Row:

[r1] I prefer an mRNA booster vaccine (Pfizer or Moderna)

[r2] I prefer a viral vector booster vaccine (AstraZeneca or Janssen)

[r3] I prefer a spike-protein booster vaccine (ex. Novavax)

[r97] None of the above

[Q79] Thinking about booster vaccines, which of the following statements best represents you?

Row:

[r1] I would want to get a booster vaccine as recommended by Health Canada only.

[r2] I would want to get a booster vaccine as recommended by my provincial and/or local public health authorities even if it differs from what has been recommended by Health Canada.

[r3] I do not intend to get a booster vaccine

[r98] Don't know

[Q80] Thinking about your child aged 12-17, have they received at least one dose of a COVID-19 vaccine?

Condition: (CHILDB.r3.check('=1'))

Row:

[r1] Yes

[r2] No, I will wait a bit before getting my child vaccinated

[r3] No, I will not get my child vaccinated

[r98] Not sure

[Q80B] Thinking about your children aged 12-17, have they received at least one dose of a COVID-19 vaccine?

Condition: (CHILDB.r3.check('>1'))

Row:

[r1] Yes, all of my children aged 12-17 have received at least one dose

[r2] Yes, at least one of my children aged 12-17 has received at least one dose

[r3] No, I will wait a bit before getting my children vaccinated

[r4] No, I will not get my children vaccinated

[r98] Not sure

[Q81] How many doses have your vaccinated children aged 12-17 received?

Condition: (Q80.r1)

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q81B] How many doses have your vaccinated children received?

Condition: (Q80B.r1 or Q80B.r2)

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q82] Thinking about your child/children aged 5-11, if a COVID-19 vaccine becomes available to your child/children, would you choose to get your child/children vaccinated?

Condition: (CHILD_AGE.r2)

Row:

[r1] Yes, as soon as it is available

[r2] Yes, but will wait a bit

[r3] No, I will not get my child/children vaccinated

[r4] My child/children is/are already vaccinated

[r97] I do not make these decisions

[r98] Not sure

[Q83] What is the main reason why you would eventually choose for your child/children to get vaccinated, but would wait a while first?

Condition: (Q80.r2) or (Q82.r2) or (Q80B.r3)

Row:

[r1] I am unsure if the vaccine is safe for them personally (e.g. due to pre-existing medical condition, allergy, their age, etc.)

[r2] To ensure the safety of the vaccine for children (e.g., no negative side effects)

[r3] I am too busy

[r4] To ensure the effectiveness of the vaccine for children

[r5] Need for more information

[r6] I would feel more comfortable with them getting vaccinated when they are a bit older

[r7] I don't feel my child needs the vaccine

[r8] To avoid crowds or long wait times

[r9] I think "natural immunity" is better for children than immunity from vaccines

[r10] I have concerns about the new mRNA vaccines and want to wait for another vaccine

[r11] I don't think it will make a difference in helping to end the pandemic or ease public health measures

[r12] My child is very anxious or fearful of vaccinations

[r13] I am wary of vaccinating my child(ren) in general

[r96] Other, please specify:

[Q27] What are the main reasons for not choosing to have the child(ren) under your care or guardianship vaccinated with a COVID-19 vaccine or for being not sure?

Condition: (Q82.r3 or Q82.r98) or (Q80.r3 or Q80.r98) or (Q80B.r4 or Q80B.r98)

Select up to 3 reasons.

Row:

[r1] It will be challenging to make or get to the vaccine appointment

[r2] I have concerns about possible side effects or that the vaccine will make my child(ren) sick

[r3] I do not trust the newness of the vaccine

[r4] I need more information

[r5] It is not needed (e.g., virus will naturally disappear)

[r6] There is not enough testing or research that has been done on children

[r7] I do not believe it will be safe

[r8] If they get COVID-19, they are unlikely to get very sick

[r9] I think “natural immunity” is better for children than immunity from vaccines

[r10] I do not believe it will be effective

[r11] My child is very anxious or fearful of vaccinations

[r12] I am wary of vaccinating my child(ren) in general

[r96] Other (please specify)

[r98] Don't know

[Q84] Thinking about COVID-19 vaccine for your child/children under 12, which of the following statements best represents what you want?

Condition: (CHILDB.r1.check('>0') or CHILDB.r2.check('>0'))

Row:

[r1] I want my child(ren) to receive the vaccine as recommended by Health Canada only.

[r2] I want my child(ren) to receive the vaccine as recommended by my provincial and/or local public health authorities even if it differs from what has been recommended by Health Canada.

[r3] I want my child(ren) to receive the vaccine as recommended by my primary health care provider only.

[r4] I do not intend to vaccinate my child(ren).

[Q85] If COVID-19 vaccine products become authorized for use in children under 12, which vaccine products would you prefer your child/children to receive?

Condition: (CHILDB.r1.check('>0') or CHILDB.r2.check('>0'))

Row:

[r1] Pfizer COVID-19 vaccine

[r2] Moderna COVID-19 vaccine

[r3] Any approved mRNA COVID-19 vaccine

[r4] Any approved spike-protein vaccines (ex. Novavax)

[r5] Any approved viral vector COVID-19 vaccine (ex. AstraZeneca or Janssen)

[r6] Any approved vaccine

[r95] No preference

[r97] I do not make these decisions

[r98] Not sure

[r99] I would not get them vaccinated

[Q28] Which of the following factors would make you more likely to vaccinate your child(ren) against COVID-19?

Condition: (Q80.r2 or Q80.r3) or (Q80B.r3 or Q80B.r4) or (CHILDB.r1.check('>0') or CHILDB.r2.check('>0'))

Choose your top three.

Row:

[r1] Being able to get vaccinated as a family in one visit (e.g., children getting their first dose, adults their second)

[r2] Being able to get my child vaccinated at a convenient location in my community

[r3] Assurance that I can be with my child(ren) during the vaccination

[r4] Assurance from a health professional that the vaccines are safe for children

[r5] My health care providers' recommendation that my child(ren) gets vaccinated

[r6] Encouragement from my child's school or school board that parents vaccinate their children

[r7] Seeing or hearing about friends, family or others I know personally getting their child(ren) vaccinated

[r8] Understanding the benefits of vaccinating children

[r9] Seeing or hearing about people that are “like” my child(ren) (i.e., similar age, health status, ethnicity, etc.) getting safely vaccinated

[r18] Getting more information about COVID cases and hospitalizations among children

[r10] My child(ren) can return to activities and socialization that they miss and need

[r11] My child(ren)’s mental health has suffered during the pandemic and I want them to get their regular lives back

[r12] More information on the COVID-19 vaccine clinical trials involving children, including data on safety and effectiveness

[r13] More information on what public health measures may be lifted following the vaccination of children (e.g., schools re-opening, the availability of sports and recreation programming for kids, etc.)

[r14] Vaccinating my child(ren) would contribute to the collective benefit of ending the pandemic

[r15] Health Canada announces the vaccine is safe for kids under the age of 12 and shares details of their findings from reviewing clinical trials

[r16] International health organizations say the vaccine is safe for kids under 12 based on findings from testing around the world

[r97] All my children are already vaccinated

[r96] Other, please specify:

[r17] Nothing would make me more likely to vaccinate my child(ren) against COVID-19.

[r98] Don’t know

[Q29] Outside of the COVID-19 pandemic, please indicate the extent to which you agree with the following statement. “I think it is important for everyone to get the recommended vaccines for their children.”

Condition: (CHILD.r1)

Row:

[r1] Strongly Agree

[r2] Agree

[r3] Disagree

[r4] Strongly Disagree

[r98] Don't know

[Q86] To what extent would you support or oppose the following? Requiring that employees must be vaccinated against COVID-19 and provide proof of vaccination to their employer in order to continue working in-person/on site for their employer.

Row:

[r1] Strongly Support

[r2] Somewhat Support

[r3] Neither Support nor Oppose

[r4] Somewhat Oppose

[r5] Strongly Oppose

[Q87] Why do you somewhat or strongly oppose proof of vaccination in the workplace?

Condition: (Q86.r4 or Q86.r5)

Please select all that apply

Row:

[r1] Loss of privacy

[r2] I do not want to be tracked by the government or my employer

[r3] I am concerned about possible discrimination based on my vaccination status

[r4] Individuals should be free to live their lives as they see fit

[r5] Its none of their business

[r96] Other, please specify:

[r98] Don't know

[grid3] Even if public health measures are eased or lifted in your area, how likely are you to continue to do the following?

Column:

[c1] Very likely

[c2] Likely

[c3] Unlikely

[c4] Very unlikely

[c98] Don't know/Not applicable

Row:

[Q36] wear a non-medical mask or face covering - inside when in public

[Q37] wear a non-medical mask or face covering - outside when in public

[Q38] wear a non-medical mask or face covering - inside when in public but only if there are large crowds

[Q39] wear a non-medical mask or face covering - outside when in public but only if there are large crowds

[Q40] practice physical distancing

[Q41] frequently wash your hands for at least 20 seconds with soap and warm water or use hand sanitizer containing at least 60% alcohol, if soap and water aren't available.

[Q42] staying home when you're feeling sick

[grid4] If some public health measures had to be reintroduced to prevent a widespread outbreak or resurgence, how likely would you be to follow them?

Column:

[c1] Very likely

[c2] Likely

[c3] Unlikely

[c4] Very unlikely

[c98] Don't know/Not applicable

Row:

[Q43] social gathering limits

[Q44] wearing non-medical masks in public

[Q45] physical distancing

[Q46] avoiding non-essential travel

[grid5] In post-pandemic times, how likely would you be to follow public health measures such as mask wearing and practicing physical distancing in each of the following scenarios?

Column:

[c1] Very likely

[c2] Likely

[c3] Unlikely

[c4] Very unlikely

[c98] Don't know/Not applicable

Row:

[Q47] There is low vaccine coverage in the setting or area

[Q48] There is a local outbreak of COVID-19 cases

[Q49] Health care or public health capacities are becoming overloaded

[Q50] The spread of COVID-19 disease is increasing

[Q51] There are COVID-19 variants of concern in your area

[Q52] There are other respiratory viruses in circulation (e.g. seasonal flu)

[Q55] Some businesses are implementing workplace screening programs using COVID-19 rapid tests. Employees are tested using a short nasal swab twice per week before entering their workplace to make sure they aren't infected with the virus. If your workplace decided to implement a COVID-19 rapid test screening program, would you participate in it?

Row:

[r1] Yes, without hesitation

[r2] Yes, with some hesitation

[r3] No, I would not

[r98] Not sure

[Q56] What is the main reason you would not want to participate in a workplace screening program using rapid tests?

Condition: (Q55.r3)

Row:

[r1] Dislike the idea of doing a nasal swab so often

[r2] Cannot afford to miss work waiting for a positive test result to be verified or stay home if I am confirmed positive

[r3] I am fully vaccinated and don't think I need to be tested

[r4] I don't think it will make a difference in helping to end the pandemic

[r96] Other, please specify:

[r99] I prefer not to answer

[Q57] If you had symptoms of a viral infection, would you use rapid tests from a COVID-19 assessment centre, care clinic, or community testing site or a self-administered test to help distinguish a COVID-19 diagnosis from the flu or common cold?

Row:

[r1] Yes

[r2] No

[r98] Not sure

[Q88] If you were required to cover a \$10-\$40 cost for each rapid test, would you still be willing to undergo testing?

Condition: (Q57.r1)

Row:

[r1] Yes

[r2] No

[r98] Not sure

[Q59] Do you plan to get your flu shot this year?

Row:

[r1] Yes, plan to receive it

[r2] No

[r3] I already got my flu shot this year

[r98] Don't know

[Q60] Why are you not planning on getting your flu shot this year?

Condition: (Q59.r2)

(select all that apply)

Row:

[r1] I have never gotten a seasonal flu shot before

[r2] I am healthy, and/or never get the flu

[r3] Getting the flu doesn't make me that sick

[r4] I have concerns about the flu vaccine, and/or its side effects

[r5] The flu vaccine does not work

[r6] I have concerns about interactions with the COVID-19 vaccines

[r7] No one got the flu last year

[r8] I've had enough vaccines this year

[r9] I'm not eligible for the flu vaccine in my area

[r10] I am protected from earned immunity

[r11] I had side effects

[r12] Physical distancing, frequent handwashing and wearing a mask are enough to protect me from the flu

[r13] Not concerned about flu because of the public health restrictions in place for COVID-19

[r14] No specific reason, I just won't get it

[r97] Other, please specify:

[Q61] Please indicate the extent to which you agree with the following statement. "A COVID-19 vaccine booster dose in the fall/winter would make me less likely to get the flu shot."

Row:

[r1] Strongly Agree

[r2] Agree

[r3] Disagree

[r4] Strongly Disagree

[r98] Don't know

[Q62] How much do you feel you are at higher or lower risk of flu-related complications if you do get the flu?

Row:

[r1] Much higher risk

[r2] Higher risk

[r3] Neither higher or lower

[r4] Lower risk

[r5] Much lower risk

[Q69] Do you plan to get your child/children vaccinated against the flu this year?

Condition: (CHILD.r1)

Row:

[r1] Yes, plan to

[r2] No

[r3] They already got their flu shot this year

[r98] Don't know

[Q70] What are the main reasons for not choosing to have the child(ren) under your care or guardianship vaccinated against the flu or for being not sure?

Condition: (Q69.r2 or Q69.r98)

Select up to 3 reasons.

Row:

[r1] It will be challenging to make or get to the vaccine appointment

[r2] I have concerns about possible side effects or that the vaccine will make my child(ren) sick

[r3] I need more information

[r4] It is not needed (e.g., virus will naturally disappear)

[r5] I do not believe it will be safe for my child to get both the flu and COVID-19 vaccines close together

[r6] I think "natural immunity" is better for children than immunity from vaccines

[r7] I do not believe it will be effective

[r8] My child is very anxious or fearful of vaccinations

[r9] I am wary of vaccinating my child(ren) in general

[r96] Other (please specify)

[r98] Don't know

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

[LANGU] What is the language you first learned at home as a child and still understand?

Row:

[r1] English

[r2] French

[r3] Other

[r99] I prefer not to answer

[MINO] Do you identify as any of the following?

SELECT ALL THAT APPLY

Row:

[r3] A member of the LGBTQ2 community

[r4] A person with a disability

[r97] None of the above

[r99] I prefer not to answer

[IMM] Where were you born?

Row:

[r1] Born in Canada

[r2] Born outside Canada

[YIMM] In what year did you move to Canada?

Condition: (IMM.r2)

[MainAutoCountry] What is your country of origin?

Condition: (IMM.r2)

[PAYS] What is your country of origin?

Condition: (IMM.r2)

[PREGNANT] Are you pregnant or do you intend to become pregnant within the next year?

Condition: (GDR.r2)

Row:

[r1] Currently pregnant

[r2] Intending to be pregnant

[r3] No

[r98] Don't know / No response

[HEALTHCONDITION] Are you currently living with one or more of the following health conditions?

(select all that apply)

Row:

[r1] Cancer and other immune compromising conditions

[r2] Diabetes

[r3] Heart disease

[r4] Lung disease

[r5] Anemia

[r6] Obesity

[r7] Kidney disease

[r8] Neurological or neurodevelopmental conditions

[r97] None

[r98] Don't know / No response

[SCOL] What is the highest level of formal education that you have completed?

SELECT ONE ONLY

Row:

[r1] Some high school or less

[r2] High school diploma or equivalent

[r3] Registered Apprenticeship or other trades certificate or diploma

[r4] College, CEGEP or other non-university certificate or diploma

[r5] University certificate or diploma below bachelor's level

[r6] Bachelor's degree

[r7] Postgraduate degree above bachelor's level

[r99] I prefer not to answer

[OCCUP] Which of the following categories best describes your current employment status? Are you...

SELECT ONE ONLY

Row:

[r1] Working full-time (35 or more hours per week)

[r2] Working part-time (less than 35 hours per week)

[r3] Self-employed

[r4] Unemployed, but looking for work

[r5] A student attending school full-time

[r6] Retired

[r7] Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)

[r8] Other employment status. Please specify.

[r99] I prefer not to answer

[OCCUP2] Are you a healthcare provider (such as nurse, medical doctor, paramedic, first responder, pharmacist, etc.) and/or a frontline worker or essential worker (such as gas station attendant, bus driver, grocery store clerk, media workers, laboratory workers, etc.)?

Condition: (OCCUP.r1 or OCCUP.r2)

Row:

[r1] Healthcare provider

[r2] Frontline worker or essential worker

[r97] None of the above

[r99] I prefer not to answer

[REVEN] Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes?

SELECT ONE ONLY

Row:

[r1] Under \$20,000

[r2] Between \$20,000 and under \$40,000

[r3] Between \$40,000 and under \$60,000

[r4] Between \$60,000 and under \$80,000

[r5] Between \$80,000 and under \$100,000

[r6] Between \$100,000 and under \$150,000

[r7] \$150,000 and above

[r99] I prefer not to answer

[FSA] Please indicate the first 3 characters of your postal code.

If you would rather not provide it, please select I don't know/I prefer not to answer

APPENDIX C – SURVEY WAVE 10-11-12

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 12 minutes to complete.

Background information

This research is being conducted by Léger Marketing, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

How does the online survey work? You are being asked to offer your opinions and experiences through an online survey. You have to be 18 or over in order to participate in this survey. We anticipate that the survey will take 12 minutes to complete. Your participation in the survey is completely voluntary. Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada. What about your personal information? The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project. Purpose of collection: We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified. Your rights under the Privacy Act: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

If you are experiencing technical issues while responding to the survey, please contact Leger's technical support team at support@legeropinion.com.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[GDR] What is your gender identity?

Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

Row:

[r1] Male

[r2] Female

[r3] Other

[r99] I prefer not to answer

[PROV] In which province or territory do you currently live?

Row:

[BC] British Columbia

[AB] Alberta

[SK] Saskatchewan

[MB] Manitoba

[ON] Ontario

[QC] Quebec

[NB] New Brunswick

[NS] Nova Scotia

[PE] Prince Edward Island

[NF] Newfoundland

[NT] Northwest Territories

[YK] Yukon

[NU] Nunavut

[YEAR] In what year and month were you born?

[AGE2] Would you be willing to indicate in which of the following age categories you belong?

Condition: (AGERef.r1)

Row:

[r0] Under 18

[r1] Between 18 and 24

[r2] Between 25 and 34

[r3] Between 35 and 44

[r4] Between 45 and 54

[r5] Between 55 and 64

[r6] 65 or older

[r9] I prefer not to answer

[ETHNIC] Do you identify as any of the following?

Select all that apply

Row:

[r1] White

[r2] Indigenous person (First Nations, Inuit or Métis)

[r3] South Asian

[r4] Chinese

[r5] Filipino

[r6] Southeast Asian

[r7] West Asian

[r8] Korean

[r9] Japanese

[r10] Black

[r11] Latin American

[r12] Arab

[r96] Other

[r97] None of the above

[CHILD] Are you the parent or guardian of a child or children under 18 years of age living in your household?

Row:

[r1] Yes

[r2] No

[r99] Prefer not to answer

[CHILD_AGE] How old is/are the child/children?

Condition: (CHILD.r1)

Select all that apply

Row:

[r1] Under 5

[r2] 5 to 11

[r3] 12 to 17

[r4] Prefer not to answer

[CHILDB] How many children do you have in each of the following age categories?

Condition: (CHILD.r1)

Row:

[r1] Under 5 years (please enter number of children)

Condition: (CHILD_AGE.r1)

[r2] 5 to 11 years (please enter number of children)

Condition: (CHILD_AGE.r2)

[r3] 12 to 17 years (please enter number of children)

Condition: (CHILD_AGE.r3)

[Q89] Are you or have you been infected with COVID-19?

Row:

[r1] Yes

[r2] No

[r3] I think so (not confirmed by a positive test)

[r98] Don't know

[r99] Prefer not to answer

[Q90] Do you know people in your immediate social network (i.e., friends or close family members) who have been infected with COVID-19?

Row:

[r1] Yes

[r2] No

[r3] I think so (not confirmed by a positive test)

[r98] Don't know

[r99] Prefer not to answer

[Q1] What is currently your most pressing concern, if any, related to COVID-19?

Row:

[r1] Physical health

[r2] Mental health

[r3] Health of family and/or friends

[r10] Death of a family member and/or friend

[r5] Economy

[r11] Social isolation and/or loneliness

[r7] Personal financial situation

[r8] Returning to normal and/or uncertainty about the future

[r9] New COVID variants

[r12] Workplace vaccination policy not being applied

[r13] Having to comply with the workplace vaccination policy

[r96] Other, please specify:

[r97] I have no pressing concern

[r98] Don't know

[Q3] How would you rate your mental health now compared to before the pandemic?

Row:

[r1] Better

[r2] About the same

[r3] Worse

[r98] Don't know

[Q3B] How would you rate your mental health now compared to two weeks ago?

Row:

[r1] Better

[r2] About the same

[r3] Worse

[r98] Don't know

[Q72] Please indicate if the situations listed below changed for you since the beginning of the pandemic by selecting increased, decreased or the same/no change.

Column:

[c1] Increased

[c2] Decreased

[c3] Same/No change

[c99] Don't know / No response

[c97] Not applicable

Row:

[r1] My consumption of alcohol like beer, wine or spirits.

[r2] My consumption of cannabis.

[r3] My consumption of tobacco.

[r7] My consumption of vaping.

[r4] My consumption of illegal/illicit drugs.

[r5] My level of exercise

[r6] My consumption of healthy foods

[Q4] Since the start of the pandemic, have you received any support for coping with mental health?

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q4B] What type of support have you received?

Condition: (Q4.r1)

Select all that apply.

Row:

[r1] Online/virtual support from support workers, social workers, psychologists or other professionals

[r2] In person support from support workers, social workers, psychologists or other professionals

[r3] Phone (including text) support

[r4] Resources and tips for taking care of yourself

[r5] Your primary health provider

[r6] Resources and/or services through your local government

[r7] Resources and/or services through your provincial/territorial government

[r8] Resources and/or services through the Government of Canada

[r9] Support from a non-government organization, such as Wellness Together Canada

[r96] Other, please specify:

[Q5] How worried are you, if at all, when thinking about life after the pandemic ends?

Row:

[r1] Very worried

[r2] Somewhat worried

[r3] Not very worried

[r4] Not at all worried

[r98] Don't know

[Q6] What makes you feel worried?

Condition: (Q5.r1 or Q5.r2)

Select all that apply

Row:

[r1] In-person interactions/socializing

[r2] Being in crowded places

[r3] Going back to the before pandemic routine

[r4] Giving up working from home

[r5] Not knowing if those around me are vaccinated

[r6] That we will never really end the pandemic

[r7] Confusion around public health measures

[r8] Being judged for wanting to wear a mask

[r10] Being judged for being vaccinated

[r9] Finding work

[r11] Accessing health care services

[r96] Other, please specify

[Q91] How often do you use the following sources of information to stay informed about COVID-19?

Column:

[c1] Always

[c2] Often

[c3] Sometimes

[c4] Rarely

[c5] Never

[c98] Don't know

Row:

[r1] Canadian TV and radio channels (including their websites)

[r2] Non-Canadian TV and radio channels (including their websites)

[r3] Canadian newspapers and magazines (including their websites)

[r4] Conversations with family, friends and colleagues

[r5] Federal Government websites

[r6] Provincial Government websites

[r7] Municipal Government websites

[r8] Federal Government live press conferences, announcements and updates

[r9] Provincial Government live press conferences, announcements and updates

[r10] Social media platforms (e.g. Twitter, Facebook, Instagram, etc.)

[r11] Consultation with health care workers

[r12] Federal public health authorities

[r13] Provincial public health authorities

[r14] Digital Messaging Apps (e.g. WhatsApp, Telegram, Signal, etc.).

[Q10] Have you received a COVID-19 vaccine (at least one dose)?

Row:

[r1] Yes

[r2] No

[Q11] How many doses have you received?

Condition: (Q10.r1)

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q92] How likely are you to get the booster dose of the COVID-19 vaccine?

Condition: (Q11.r1 or Q11.r2)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[Q93] What is the top reason you are unlikely or uncertain about getting a booster dose?

Condition: (Q92.r3 or Q92.r4 or Q92.r98)

Row:

[r1] I think I am protected enough with the current dose schedule

[r2] I had side effects with the dose/doses I already got

[r3] I'm concerned about how long it will take to get it

[r4] I'm concerned about the safety of the booster dose

[r5] I'm concerned about getting a different vaccine type than my previous doses

[r6] I'm concerned about the long-term effects

[r7] I need more information on booster doses

[r8] I prefer to wait a while before getting vaccinated

[r9] I'm fed up with getting vaccinated

[r10] I don't need a booster because the new variant is less severe, even if it is more contagious

[r11] I think those who are most vulnerable should get their booster dose first

[r12] I think we should help developing countries get fully vaccinated first

[r13] I do not see the need to get a booster because I've contracted COVID-19 after being vaccinated

[r14] I recently got COVID-19 and I don't know when to get the booster dose

[r96] Other, please specify:

[Q76] Amongst the following factors and thinking about the current COVID context, what would motivate you to get your booster dose?

Condition: (Q11.r1 or Q11.r2)

Please select up to your top 3

Row:

[r1] Benefits to my employment/financial situation (e.g., being able to return to work or continue working)

[r2] Being able to travel within Canada

[r3] Being able to travel internationally

[r4] Being able to spend time with friends and family in-person

[r5] Helping to get things back to "normal"

[r6] Knowing that the majority of new COVID cases are among those who are partially vaccinated

[r7] Knowing that the majority of new COVID hospitalizations are among those who are partially vaccinated

[r8] Getting assurance that the third dose is safe for me personally (e.g. due to a pre-existing medical condition, pregnancy, allergy, etc.)

[r9] Being encouraged by friends or family

[r10] Knowing that Canada is helping developing countries to get vaccinated

[r11] Getting the vaccine at a convenient time and location

[r12] Receiving an instant cash reward for getting the vaccine

[r13] Receiving paid time off work to get the vaccine

[r14] Booster doses are included in proof of vaccination requirements for certain activities

[r15] Entering into a lottery to win a prize

[r16] Receiving paid sick time off work if they experienced side effects from the vaccine

[r17] Vaccines being made mandatory for all Canadians

[r98] None of the above

[Q94] If a booster dose were developed for a specific COVID-19 variant, how likely would you be to get it?

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[Q80] Thinking about your child(ren) aged 12-17, have they received at least one dose of a COVID-19 vaccine?

Condition: (CHILDB.r3.check('> 0'))

Row:

[r1] Yes

[r2] No, I will wait a bit before getting my child(ren) vaccinated

[r3] No, I will not get my child(ren) vaccinated

[r98] Not sure

[Q81] How many doses have your vaccinated child(ren) aged 12-17 received?

Condition: (Q80.r1)

Select all that apply

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q95] Thinking about your child(ren) aged 12-17, if a booster becomes available for them, how likely would you be to have them receive one?

Condition: (CHILDB.r3.check('>0'))

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[Q96] Thinking about your child(ren) aged 5-11, have they received at least one dose of a COVID-19 vaccine?

Condition: (CHILDB.r2.check('>0'))

Select all that apply

Row:

[r1] Yes

[r2] No, I will wait a bit before getting my child(ren) vaccinated

[r3] No, I will not get my child(ren) vaccinated

[r98] Not sure

[Q97] How many doses have your vaccinated child(ren) aged 5-11 received?

Condition: (Q96.r1)

Select all that apply

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q98] Thinking about your child(ren) under 5, if a COVID-19 vaccine becomes available to your child/children, would you choose to get your child(ren) under 5 vaccinated?

Condition: (CHILDB.r1.check('>0'))

Row:

[r1] Yes, as soon as it is available

[r2] Yes, but will wait a bit before getting my child(ren) vaccinated

[r3] No, I will not get my child(ren) vaccinated

[r97] I do not make these decisions

[r98] Not sure

[Q28] Which of the following factors would make you more likely to vaccinate your child(ren) against COVID-19?

Condition: (Q80.r2 or Q80.r3 or Q80.r98) or (Q96.r3 or Q96.r2 or Q96.r98) or (CHILDB.r1.check('>0'))

Please choose your top three.

Row:

- [r1] Assurance from my health professional that the vaccines are safe for my children
- [r2] More information on the COVID-19 vaccine clinical trials involving children, including data on safety and effectiveness
- [r3] Vaccinating my child(ren) would contribute to the collective benefit of ending the pandemic
- [r4] Health Canada announces the vaccine is safe for kids and shares details of their findings from reviewing clinical trials
- [r5] International health organizations say the vaccine is safe for kids based on findings from testing around the world
- [r6] Being able to get my child vaccinated at a convenient location in my community
- [r7] Assurance that I can be with my child(ren) during the vaccination
- [r8] Encouragement from my child's school or school board that parents vaccinate their children
- [r9] Seeing or hearing about friends, family or others I know personally getting their child(ren) vaccinated
- [r10] Understanding the benefits of vaccinating children
- [r11] Seeing or hearing about people that are "like" my child(ren) (i.e., similar age, health status, ethnicity, etc.) getting safely vaccinated
- [r12] Getting more information about COVID cases and hospitalizations among children
- [r13] My child(ren) can return to activities and socialization that they miss and need
- [r14] My child(ren)'s mental health has suffered during the pandemic and I want them to get their regular lives back
- [r15] Nothing would make me more likely to vaccinate my child(ren) against COVID-19
- [r16] Receiving a financial incentive
- [r17] If there was a financial penalty for not being vaccinated
- [r96] Other, please specify:

[r98] Don't know

[Q1B] How often do you follow each of the following public health measures?

Column:

[c1] Always

[c2] Often

[c3] Sometimes

[c4] Rarely

[c5] Never

[c98] Don't know

Row:

[r1] Washing hands for at least 20 seconds with soap and warm water

[r2] Using hand sanitizer containing at least 60% alcohol, if soap and water aren't available

[r3] Staying home and away from others if you feel sick

[r4] Practising physical distancing

[r5] Limiting the number of people you have contact with outside of your household

[r6] Avoiding closed spaces and crowded places

[r7] Wearing a mask—when indoors in a public space or in an indoor space with people from outside your immediate household

[r8] Wearing a mask— when outside in a public space

[r9] Improving ventilation (as examples: open windows and doors regularly, use a heating, ventilation and air conditioning (HVAC) system or run kitchen or bathroom exhaust fans)

[Q99] What type of mask do you most often wear?

Condition: (Q1B.r7.c1 or Q1B.r7.c2 or Q1B.r7.c3) or (Q1B.r8.c1 or Q1B.r8.c2 or Q1B.r8.c3)

Row:

[r1] Non-medical mask

[r2] Medical mask (e.g. blue surgical or procedural mask)

[r3] Respirator (e.g. N95, KN95, etc)

[r96] Other (such as a face covering), please specify:

[Q100] Why are you not always or often following each of these public health measures?

Condition: Q1B.c3.any or Q1B.c4.any or Q1B.c5.any

Select all that apply.

Row:

[r1] I don't believe it will make a difference

[r2] I'm tired of following the public health measures

[r3] I forget

[r4] Too expensive

[r5] Other people are not doing it

[r6] Difficult to do

[r7] I don't feel I'm at risk

[r8] Measures are confusing

[r9] Measures keep changing

[r10] Interferes with my lifestyle

[r11] Lack of access (e.g. masks, hand sanitizer)

[r96] Other, please specify:

[r98] Don't know

[Q101] To what extent do you think following PHMs help to protect yourself and others from COVID-19?

Row:

[r1] To a great extent

[r2] To a moderate extent

[r3] To a small extent

[r4] Not at all

[r98] Don't know

[Q102] When the COVID-19 pandemic is over, for which reason(s) would you choose to wear a mask?

Select all that apply.

Row:

[r1] It's something I'm used to doing now

[r2] If other people are wearing one too

[r3] If I'm in a public indoor setting

[r4] To protect loved ones and people around me

[r5] To prevent myself from getting sick or feeling unwell

[r6] If I am sick or feeling unwell while in a public setting

[r7] If it helped to prevent the spread of respiratory illnesses (e.g., cold, flu, COVID-19)

[r8] If they were free and readily available in high risk settings or at events

[r9] I would not choose to wear a mask, unless it is required

[r10] I would not choose to wear a mask

[r96] Other, please specify:

[Q103] In the past month, have you...

Column:

[c1] Yes

[c2] No

[c98] Prefer not to answer

Row:

[r1] Visited indoors with friends and family that are not part of your household

[r2] Travelled to another region within your province or territory

[r3] Travelled to another province or territory

[r4] Travelled to another country

[r5] Sat inside a bar or restaurant

[Q104] Is your workplace running a workplace rapid testing screening program?

Row:

[r1] Yes

[r2] No

[r98] Don't know/Not applicable

[Q104B] Do you feel that the workplace rapid testing screening program is helping to protect you in the workplace?

Condition: (Q104.r1)

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q55] Some businesses are implementing workplace rapid testing screening programs using COVID-19 rapid tests. Employees are tested using a short nasal swab twice per week before entering their workplace to make sure they aren't infected with the virus. If your workplace decided to implement a workplace rapid testing screening program, would you participate in it?

Condition: (Q104.r2)

Row:

[r1] Yes, without hesitation

[r2] Yes, with some hesitation

[r3] No, I would not

[r98] Not sure

[Q56] What is the main reason you would not want to participate in a workplace screening program using rapid tests?

Condition: (Q55.r3)

Row:

[r1] Dislike the idea of doing a nasal swab so often

[r2] Cannot afford to miss work (e.g. if I need to stay home if my test result is positive)

[r3] I am fully vaccinated and don't think I need to be tested

[r4] I don't think it will make a difference in helping to end the pandemic

[r96] Other, please specify:

[r99] I prefer not to answer

[Q105] If you had access to rapid testing for personal use (outside of your workplace), how would you prefer to receive a rapid test?

Row:

[r1] Ordering online

[r2] Picking up at a pharmacy

[r3] Picking up at a community centre

[r96] Other, please specify:

[Q88] If you were required to cover a \$10-\$40 cost for each rapid test, would you still be willing to undergo testing?

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q106] If there was an online reporting tool, would you report your results if anonymous?

Row:

[r1] Yes, I would report my results, positive or negative

[r2] Yes, but only if I tested positive for COVID-19

[r3] Yes, but only if I tested negative for COVID-19

[r4] No, I would not report my results

[r98] Don't know

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

[LANGU] What is the language you first learned at home as a child and still understand?

Row:

[r1] English

[r2] French

[r3] Other

[r99] I prefer not to answer

[MINO] Do you identify as any of the following?

SELECT ALL THAT APPLY

Row:

[r3] A member of the LGBTQ2 community

[r4] A person with a disability

[r97] None of the above

[r99] I prefer not to answer

[IMM] Where were you born?

Row:

[r1] Born in Canada

[r2] Born outside Canada

[YIMM] In what year did you move to Canada?

Condition: (IMM.r2)

[MainAutoCountry] What is your country of origin?

Condition: (IMM.r2)

[PAYS] What is your country of origin?

Condition: (IMM.r2)

[SCOL] What is the highest level of formal education that you have completed?

SELECT ONE ONLY

Row:

[r1] Some high school or less

[r2] High school diploma or equivalent

[r3] Registered Apprenticeship or other trades certificate or diploma

[r4] College, CEGEP or other non-university certificate or diploma

[r5] University certificate or diploma below bachelor's level

[r6] Bachelor's degree

[r7] Postgraduate degree above bachelor's level

[r99] I prefer not to answer

[OCCUP] Which of the following categories best describes your current employment status? Are you...

SELECT ONE ONLY

Row:

[r1] Working full-time (35 or more hours per week)

[r2] Working part-time (less than 35 hours per week)

[r3] Self-employed

[r4] Unemployed, but looking for work

[r5] A student attending school full-time

[r6] Retired

[r7] Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)

[r8] Other employment status. Please specify.

[r99] I prefer not to answer

[OCCUP2] Are you a healthcare provider (such as nurse, medical doctor, paramedic, first responder, pharmacist, etc.) and/or a frontline worker or essential worker (such as gas station attendant, bus driver, grocery store clerk, media worker, laboratory worker, etc.)?

Condition: (OCCUP.r1 or OCCUP.r2)

Row:

[r1] Healthcare provider

[r2] Frontline worker or essential worker

[r97] None of the above

[r99] I prefer not to answer

[REVEN] Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes?

SELECT ONE ONLY

Row:

[r1] Under \$20,000

[r2] Between \$20,000 and under \$40,000

[r3] Between \$40,000 and under \$60,000

[r4] Between \$60,000 and under \$80,000

[r5] Between \$80,000 and under \$100,000

[r6] Between \$100,000 and under \$150,000

[r7] \$150,000 and above

[r99] I prefer not to answer

[HH_SIZE] How many people, including yourself, are supported by your total household income?

[FSA] Please indicate the first 3 characters of your postal code.

If you would rather not provide it, please select I don't know/I prefer not to answer

APPENDIX D – SURVEY WAVE 13

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 12 minutes to complete.

Background information

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[GDR] What is your gender identity?

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Row:

[r1] Male

[r2] Female

[r3] Other

[r99] I prefer not to answer

[PROV] In which province or territory do you currently live?

Row:

[BC] British Columbia

[AB] Alberta

[SK] Saskatchewan

[MB] Manitoba

[ON] Ontario

[QC] Quebec

[NB] New Brunswick

[NS] Nova Scotia

[PE] Prince Edward Island

[NF] Newfoundland

[NT] Northwest Territories

[YK] Yukon

[NU] Nunavut

[YEAR] In what year and month were you born?

[AGE2] Would you be willing to indicate in which of the following age categories you belong?

Condition: (AGERef.r1)

Row:

[r0] Under 18

[r1] Between 18 and 24

[r2] Between 25 and 34

[r3] Between 35 and 44

[r4] Between 45 and 54

[r5] Between 55 and 64

[r6] 65 or older

[r9] I prefer not to answer

[ETHNIC] Do you identify as any of the following?

Select all that apply

Row:

[r1] White

[r2] Indigenous person (First Nations, Inuit or Métis)

[r3] South Asian

[r4] Chinese

[r5] Filipino

[r6] Southeast Asian

[r7] West Asian

[r8] Korean

[r9] Japanese

[r10] Black

[r11] Latin American

[r12] Arab

[r96] Other, please specify:

[r97] None of the above

[CHILD] Are you the parent or guardian of a child or children under 18 years of age living in your household?

Row:

[r1] Yes

[r2] No

[r99] Prefer not to answer

[CHILD_AGE] How old is/are the child/children?

Condition: (CHILD.r1)

Select all that apply

Row:

[r1] Under 5

[r2] 5 to 11

[r3] 12 to 17

[r4] Prefer not to answer

[Q89] Are you or have you been infected with COVID-19?

Row:

[r1] Yes

[r2] No

[r3] I think so (not confirmed by a positive test, PCR or rapid test)

[r98] Don't know

[r99] Prefer not to answer

[Q90] Do you know people in your immediate social network (i.e., friends or close family members) who have been infected with COVID-19?

Row:

[r1] Yes

[r2] No

[r3] I think so (not confirmed by a positive test, PCR or rapid test)

[r98] Don't know

[r99] Prefer not to answer

[Q107] Among those you know who were infected with COVID-19, do you know anyone who has become very ill with COVID-19? This would include anyone who was admitted to hospital or died from COVID-19.

Condition: Q90.r1

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q1] What is currently your most pressing concern, if any, related to COVID-19?

Row:

[r1] Physical health

[r2] Mental health

[r3] Health of family and/or friends

[r10] Death of a family member and/or friend

[r5] Economy

[r11] Social isolation and/or loneliness

[r7] Personal financial situation

[r8] Returning to normal and/or uncertainty about the future

[r9] New COVID variants

[r12] Workplace vaccination policy not being applied

[r13] Having to comply with the workplace vaccination policy

[r15] Easing or lifting of public health restrictions

[r96] Other, please specify:

[r97] I have no pressing concern

[r98] Don't know

[Q3] How would you rate your mental health now compared to before the pandemic?

Row:

[r1] Better

[r2] About the same

[r3] Worse

[r98] Don't know

[Q3B] How would you rate your mental health now compared to two weeks ago?

Row:

[r1] Better

[r2] About the same

[r3] Worse

[r98] Don't know

[Q72] Please indicate if the situations listed below changed for you since the beginning of the pandemic by selecting increased, decreased or the same/no change.

Column:

[c1] Increased

[c2] Decreased

[c3] Same/No change

[c99] Don't know / No response

[c97] Not applicable

Row:

[r1] My consumption of alcohol like beer, wine or spirits.

[r2] My consumption of cannabis.

[r3] My consumption of tobacco.

[r7] My consumption of vaping.

[r4] My consumption of illegal/illicit drugs.

[r5] My level of exercise

[r6] My consumption of healthy foods

[r8] My access to mental health support services

[r9] My feelings of anxiety/depression

[Q108] Please indicate your level of agreement with the following statement: I feel I have adequate access to mental health support services.

Row:

[r1] Strongly agree

[r2] Agree

[r3] Neither agree nor disagree

[r4] Disagree

[r5] Strongly disagree

[r97] Unsure/ Not applicable

[Q4] In the past month, have you received any support for your mental health?

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q4B] What type of support have you received?

Condition: (Q4.r1)

Select all that apply.

Row:

[r1] Online/virtual support from support workers, social workers, psychologists or other professionals

[r2] In person support from support workers, social workers, psychologists or other professionals

[r3] Phone (including text) support

[r4] Resources and tips for taking care of yourself

[r5] Your primary health provider

[r6] Resources and/or services through your local government

[r7] Resources and/or services through your provincial/territorial government

[r8] Resources and/or services through the Government of Canada

[r9] Support from a non-government organization, such as Wellness Together Canada

[r96] Other, please specify:

[Q5] How worried are you, if at all, when thinking about life in the next 6 months?

Row:

[r1] Very worried

[r2] Somewhat worried

[r3] Not very worried

[r4] Not at all worried

[r98] Don't know

[Q6] What makes you feel worried?

Condition: (Q5.r1 or Q5.r2)

Select all that apply

Row:

[r1] In-person interactions/socializing

[r2] Being in crowded places

[r3] Going back to the before pandemic routine

[r4] Giving up working from home

[r5] Not knowing if those around me are vaccinated

[r6] That we will never really end the pandemic

[r7] Confusion around public health measures

[r8] Being judged for wanting to wear a mask

[r10] Being judged for being vaccinated

[r12] Being judged for not being vaccinated

[r9] Finding work

[r11] Accessing health care services

[r96] Other, please specify

[Q10] Have you received a COVID-19 vaccine (at least one dose)?

Row:

[r1] Yes

[r2] No

[Q11] How many doses have you received?

Condition: (Q10.r1)

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r4] 4 doses

[r98] Not sure

[Q92] How likely are you to get the booster dose of the COVID-19 vaccine?

Condition: (Q10.r1)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r5] I already got my booster

[r98] Don't know

[Q93] What is the top reason you are unlikely or uncertain about getting a booster dose?

Condition: (Q92.r3 or Q92.r4 or Q92.r98)

Row:

[r1] I think I am protected enough with the current dose schedule

[r2] I had side effects with the dose/doses I already got

[r3] I'm concerned about how long it will take to get it

[r4] I'm concerned about the safety of the booster dose

[r5] I'm concerned about getting a different vaccine type than my previous doses

[r6] I'm concerned about the long-term effects

[r7] I need more information on booster doses

[r8] I prefer to wait a while before getting vaccinated

[r9] I'm fed up with getting vaccinated

[r10] I don't need a booster because the new variant is less severe, even if it is more contagious

[r11] I think those who are most vulnerable should get their booster dose first

[r12] I think we should help developing countries get fully vaccinated first

[r13] I do not see the need to get a booster because I've contracted COVID-19 after being vaccinated

[r14] I recently got COVID-19 and I don't know when to get the booster dose

[r15] I don't need a booster because I have natural immunity from having had COVID

[r96] Other, please specify:

[Q76] Amongst the following factors and thinking about the current COVID context, what would motivate you to get your booster dose?

Condition: Q10.r1 and not(Q92.r5)

Please select up to your top 3

Row:

- [r1] Benefits to my employment/financial situation (e.g., being able to return to work or continue working)
- [r2] Being able to travel within Canada
- [r3] Being able to travel internationally
- [r4] Being able to spend time with friends and family in-person
- [r5] Helping to get things back to “normal”
- [r6] Knowing that the majority of new COVID cases are among those who are partially vaccinated
- [r7] Knowing that the majority of new COVID hospitalizations are among those who are partially vaccinated
- [r8] Getting assurance that the third dose is safe for me personally (e.g. due to a pre-existing medical condition, pregnancy, allergy, etc.)
- [r9] Being encouraged by friends or family
- [r10] Knowing that Canada is helping developing countries to get vaccinated
- [r18] Knowing that getting vaccinated could help protect the most vulnerable members of society
- [r19] Lifting of local public health restrictions (e.g. mandatory mask wearing, gathering limits, etc.)
- [r11] Getting the vaccine at a convenient time and location
- [r12] Receiving an instant cash reward for getting the vaccine
- [r13] Receiving paid time off work to get the vaccine
- [r14] Booster doses are included in proof of vaccination requirements for certain activities
- [r15] Entering into a lottery to win a prize
- [r16] Receiving paid sick time off work if they experienced side effects from the vaccine
- [r17] Vaccines being made mandatory for all Canadians
- [r97] None of the above

[Q109] If yearly boosters against COVID-19 were offered, how likely would you be to get one every year?

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[Q80] Thinking about your child(ren) aged 12-17, have they received at least one dose of a COVID-19 vaccine?

Condition: (CHILD_AGE.r3)

Row:

[r1] Yes

[r2] No, I will wait a bit before getting my child(ren) vaccinated

[r3] No, I will not get my child(ren) vaccinated

[r98] Not sure

[Q81] How many doses have your vaccinated child(ren) aged 12-17 received?

Condition: (Q80.r1)

Select all that apply

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q95] Thinking about your child(ren) aged 12-17, if a booster becomes available for them, how likely would you be to have them receive one?

Condition: (CHILD_AGE.r3)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[r5] My child(ren) 12-17 has/have already received a booster dose

[Q110] Why are you not likely or not sure to have your child(ren) aged 12-17 get a booster dose of a COVID-19 vaccine?

Condition: (Q95.r3 or Q95.r4 or Q95.r98)

Select up to 3 reasons.

Row:

[r1] I think they are protected enough with the current dose schedule

[r2] They had side effects with the dose/doses they already got

[r3] I'm concerned about how long it will take to get it

[r4] I'm concerned about the safety of the booster dose

[r5] I'm concerned about the long-term effects

[r6] I need more information on booster doses

[r7] I prefer to wait a while before getting vaccinated

[r8] I'm fed up with getting my children vaccinated

[r9] They don't need a booster because the new variants are becoming less severe, even if it is more contagious

[r10] I think those who are most vulnerable should get their booster dose first

[r11] I think we should help developing countries get fully vaccinated first

[r12] I do not see the need to get a booster because my child(ren) have already contracted COVID-19 after being vaccinated

[r13] They recently got COVID-19 and I don't know when to get their booster dose

[r14] My child is very anxious or fearful of vaccinations

[r96] Other, please specify:

[Q96] Thinking about your child(ren) aged 5-11, have they received at least one dose of a COVID-19 vaccine?

Condition: (CHILD_AGE.r2)

Select all that apply

Row:

[r1] Yes

[r2] No, I will wait a bit before getting my child(ren) vaccinated

[r3] No, I will not get my child(ren) vaccinated

[r98] Not sure

[Q97] How many doses have your vaccinated child(ren) aged 5-11 received?

Condition: (Q96.r1)

Select all that apply

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r98] Not sure

[Q98] Thinking about your child(ren) under 5, if a COVID-19 vaccine becomes available to your child/children, would you choose to get your child(ren) under 5 vaccinated?

Condition: (CHILD_AGE.r1)

Row:

[r1] Yes, as soon as it is available, regardless of the vaccine type

[r4] Yes, as soon as it is available, but only if it is a non mRNA vaccine

[r2] Yes, but will wait a bit before getting my child(ren) vaccinated

[r3] No, I will not get my child(ren) vaccinated

[r97] I do not make these decisions

[r98] Not sure

[Q28] Which of the following factors would make you more likely to vaccinate your child(ren) against COVID-19?

Condition: (Q80.r2 or Q80.r3 or Q80.r98) or (Q96.r3 or Q96.r2 or Q96.r98) or (CHILD_AGE.r1)

Please choose your top three.

Row:

[r1] Assurance from my health professional that the vaccines are safe for my children

[r2] More information on the COVID-19 vaccine clinical trials involving children, including data on safety and effectiveness

[r3] Vaccinating my child(ren) would contribute to the collective benefit of ending the pandemic

[r4] Health Canada announces the vaccine is safe for kids and shares details of their findings from reviewing clinical trials

[r5] International health organizations say the vaccine is safe for kids based on findings from testing around the world

[r6] Being able to get my child vaccinated at a convenient location in my community

[r7] Assurance that I can be with my child(ren) during the vaccination

[r8] Encouragement from my child's school or school board that parents vaccinate their children

[r9] Seeing or hearing about friends, family or others I know personally getting their child(ren) vaccinated

[r10] Understanding the benefits of vaccinating children

[r11] Seeing or hearing about people that are "like" my child(ren) (i.e., similar age, health status, ethnicity, etc.) getting safely vaccinated

[r12] Getting more information about COVID cases and hospitalizations among children

[r13] My child(ren) can return to activities and socialization that they miss and need

[r14] My child(ren)'s mental health has suffered during the pandemic and I want them to get their regular lives back

[r15] Nothing would make me more likely to vaccinate my child(ren) against COVID-19

[r16] Receiving a financial incentive

[r17] If there was a financial penalty for not being vaccinated

[r96] Other, please specify:

[r98] Don't know

[Q111] Have any of your child's regular childhood vaccinations been missed/delayed as a result of the pandemic?

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q112] Do you intend to catch up on your child's missed/delayed regular childhood vaccinations?

Condition: (Q111.r1)

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q113] Has the COVID-19 pandemic affected your intentions for your children to receive their regular recommended childhood vaccinations?

Row:

[r1] Yes, I 'm more likely to get the recommended childhood vaccines

[r2] Yes, I'm less likely to get the recommended childhood vaccines

[r3] No. I had planned for my child(ren) to get the recommended childhood vaccines, and the pandemic did not affect my decision

[r4] No. I had not planned for my child(ren) to get the recommended childhood vaccines, and the pandemic did not affect my decision

[r98] I haven't decided yet/Don't know

[Q114] What impact, if any, has the recent COVID-19 pandemic had on your level of concern regarding regular recommended childhood vaccinations?

Row:

[r1] A lot less concerned now

[r2] Somewhat less concerned now

[r3] About the same as before

[r4] Somewhat more concerned now

[r5] A lot more concerned now

[r98] I don't know

[Q1B] How often do you follow each of the following public health measures?

Note: In any questions below that refer to masks, the word mask refers to a non-medical mask, medical mask or respirator (eg: N95 or KN95).

Column:

[c1] Always

[c2] Often

[c3] Sometimes

[c4] Rarely

[c5] Never

[c98] Don't know/Not applicable

Row:

[r1] Washing hands for at least 20 seconds with soap and warm water

[r2] Using hand sanitizer containing at least 60% alcohol, if soap and water aren't available

[r3] Staying home and away from others if you feel sick

[r4] Practising physical distancing

[r7] Wearing a mask—when indoors in a public space or in an indoor space with people from outside your immediate household

[r8] Wearing a mask— when outside in a public space

[r9] Improving ventilation (as examples: open windows and doors regularly, use a heating, ventilation and air conditioning (HVAC) system or run kitchen or bathroom exhaust fans)

[Q115] Many individual public health measures (e.g., staying home when sick, handwashing, mask-wearing, physical distancing) were recommended in 2020 to help control the spread of COVID-19. How much do you think these individual public health measures could help reduce the spread of other respiratory infectious diseases, such as seasonal influenza (the flu)?

Row:

[r1] A great deal

[r2] Somewhat

[r3] Not very much

[r4] Not at all

[r98] Don't know

[Q116] Even if public health restrictions are eased or lifted in your area, how likely are you to continue to do the following?

Note: In any questions below that refer to masks, the word mask refers to a non-medical mask, medical mask or respirator (eg: N95 or KN95).

Column:

[c1] Very likely

[c2] likely

[c3] Unlikely

[c4] Very unlikely

[c98] Don't know/ Not applicable

Row:

[r1] Wear a mask - inside when in public settings

[r2] Wear a mask – inside when in private settings (e.g., your home) with people from outside your immediate household

[r3] Wear a mask – inside when you're feeling sick

[r4] Wear a mask - outside when in public

[r5] Practice physical distancing

[r6] Wash your hands regularly for at least 20 seconds with soap and warm water or use hand sanitizer containing at least 60% alcohol, if soap and water aren't available

[r7] Staying home and away from others if you feel sick

[r8] Avoid or limit how much time you spend in closed spaces or crowded places when with people from outside of your immediate household

[r9] Improve indoor ventilation when people from outside your immediate household are in your home

[Q102] Thinking about a time when COVID-19 is no longer a pandemic, for which reason(s) would you choose to wear a mask?

Select all that apply.

Row:

[r1] It's something I'm used to doing now

[r2] If other people are wearing one too

[r3] If I'm in a public indoor setting

[r11] If I'm in a crowded outdoor setting

[r12] If I am on public transportation like a bus, a train or airplane

[r4] To protect loved ones and people around me

[r5] To prevent myself from getting sick or feeling unwell

[r6] If I am sick or feeling unwell while in a public setting

[r7] If it helped to prevent the spread of respiratory illnesses (e.g., cold, flu, COVID-19)

[r8] If they were free and readily available in high risk settings or at events

[r13] If I knew there was a cold, flu or COVID-19 going around in my community

[r9] I would not choose to wear a mask, unless it is required

[r10] I would not choose to wear a mask

[r96] Other, please specify:

[Q103] In the past month, have you...

Column:

[c1] Yes

[c2] No

[c98] Prefer not to answer

Row:

[r1] Visited indoors with friends and family that are not part of your household

[r2] Sat inside a bar or restaurant

[r3] Attended an event at a crowded auditorium or theatre

[Q117] Have you ever heard of or used ArriveCAN, which must be used to provide mandatory travel information before and after your entry into Canada?

Row:

[r1] Yes I have heard of it, and I have used it

[r2] Yes I have heard of it, but I haven't used it

[r3] No, I haven't heard of it

[r98] Don't know/Not sure

[Q103B] In the past month, have you...

Column:

[c1] Yes

[c2] No

[c98] Prefer not to answer

Row:

[r1] Travelled to another region within your province or territory

[r2] Travelled to another province or territory

[r3] Travelled to another country

[Q118] Did you use ArriveCAN to submit your information ahead of your return to Canada?

Condition: Q103B.r3.c1

Row:

[r1] Yes

[r2] No

[r98] Don't know/Not sure

[Q119] What were the reasons for not using ArriveCAN ahead of your return to Canada?

Condition: Q118.r2

Please select all that apply.

Row:

[r1] I did not know how to use ArriveCAN

[r2] I did not have access to the app

[r3] I believe it would prevent me from being selected for arrival PCR test

[r4] I used a paper form

[r5] I did not know about ArriveCAN

[r6] My phone ran out of battery or was otherwise un-useable

[r7] Disagree with its use

[r96] Other, please specify:

[Q120] Are you planning to travel outside of Canada in the next 4 months?

Row:

[r1] Yes

[r2] No

[r98] Not sure

[Q121] Were you aware you might be randomly selected to be tested for COVID-19 upon arrival?

Condition: (Q103B.r3.c1 or Q120.r1)

Row:

[r1] Yes

[r2] No

[r98] Not sure

[Q122] If you were randomly selected to be tested for COVID-19 when returning from travel from another country and you were required to submit your results to a pharmacy within three days after arrival in Canada, how likely would you take and submit your results as required?

Condition: (Q103B.r3.c1 or Q120.r1)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know/Not sure

[Q123] Of the following reasons listed below, which best captures why you would not be likely to follow-through with taking an arrival PCR test if randomly chosen?

Condition: (Q122.r3 or Q122.r4)

Please select all that apply.

Row:

[r1] I don't believe it is necessary if I already had to test negative before returning to Canada

[r2] I don't believe it is necessary as I am fully-vaccinated

[r3] There is too much testing already

[r4] Too much of a hassle to complete

[r5] I would not have time to do it

[r6] I would not have transportation

[r7] I am not aware of any penalty for not doing it

[r8] Don't see any benefit in doing it

[r9] I would prefer to do the test at home

[r96] Other, please specify:

[Q124] Of the following reasons listed below, which best captures why you would be likely to follow-through with taking an arrival PCR test if randomly chosen?

Condition: (Q122.r1 or Q122.r2)

Please select all that apply.

Row:

[r1] To avoid being fined for not doing it

[r2] To help prevent spread of COVID-19 in my community

[r3] To help public health track and monitor COVID-19 and variants of concern

[r4] Because I was told to by a border agent (or some other authority)

[r5] To be sure I didn't get infected with COVID-19

[r96] Other, please specify:

[Q125] If given the choice, knowing that you must complete your test, where would you prefer to be tested?

Condition: (Q103B.r3.c1 or Q120.r1)

Row:

[r1] At the airport

[r2] At home using a virtual appointment

[r3] At another location (pharmacy, testing provider location, other)

[Q126] Where do you look for information about travel requirements?

Condition: (Q103B.r3.c1 or Q120.r1)

Please select all that apply.

Row:

[r1] Government of Canada travel advisories and/or website

[r2] Internet search (e.g. Google search)

[r3] Social media

[r4] Airlines

[r5] Local travel agents

[r6] Online travel-related services

[r96] Other, please specify:

[Q127] In the last month, have you...

Column:

[c1] Yes

[c2] No

[c99] Prefer not to answer

Row:

[r1] Used a COVID-19 rapid test to self test

[r2] Had trouble accessing a free COVID-19 rapid test

[r3] Considered using a COVID-19 rapid test, but ultimately decided not to do so

[Q128] Why have you used a COVID-19 rapid test?

Condition: (Q127.r1.c1)

Please select all that apply.

Row:

[r1] Determine whether my flu or cold-like symptoms are COVID-19

[r2] The lifting of public health restrictions such as wearing masks and proof of vaccination makes me concerned about exposure

[r3] Workplace screening program

[r4] Travelled to another province or territory

[r5] Travelled to another country

[r6] Visited friends or family outside my household

[r7] I came in close contact with someone who recently tested positive for COVID-19

[r8] It was required (e.g. visiting a retirement home, travelling, etc.,)

[r96] Other, please specify:

[Q129] Why did you consider using a COVID-19 rapid test, but ultimately decided not to do so?

Condition: (Q127.r3.c1)

Please select all that apply.

Row:

[r1] My symptoms went away

[r2] Cannot afford to miss work (e.g. if I need to stay home if my test result is positive)

[r3] I don't think it will make a difference in helping to end the pandemic

[r4] I was advised not to test for COVID-19 by a healthcare provider or health line

[r5] I don't think the test results for a COVID-19 rapid test are reliable

[r6] I didn't want to know if I had COVID-19, if I tested positive

[r7] I didn't want to self-isolate, if I tested positive

[r8] I was afraid the test would be painful

[r9] I didn't know where/how to access a rapid test

[r10] I do not have access to free rapid tests in my area and cannot afford to buy one

[r11] I am fully vaccinated and don't think I need to be tested

[r12] I no longer need to test as I believe the pandemic is over

[r99] I prefer not to answer

[r96] Other, please specify:

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

[LANGU] What is the language you first learned at home as a child and still understand?

Row:

[r1] English

[r2] French

[r3] Other

[r99] I prefer not to answer

[MINO] Do you identify as any of the following?

SELECT ALL THAT APPLY

Row:

[r3] A member of the LGBTQ2 community

[r4] A person with a disability

[r97] None of the above

[r99] I prefer not to answer

[IMM] Where were you born?

Row:

[r1] Born in Canada

[r2] Born outside Canada

[YIMM] In what year did you move to Canada?

Condition: (IMM.r2)

[MainAutoCountry] What is your country of origin?

Condition: (IMM.r2)

[PAYS] What is your country of origin?

Condition: (IMM.r2)

[SCOL] What is the highest level of formal education that you have completed?

SELECT ONE ONLY

Row:

[r1] Some high school or less

[r2] High school diploma or equivalent

[r3] Registered Apprenticeship or other trades certificate or diploma

[r4] College, CEGEP or other non-university certificate or diploma

[r5] University certificate or diploma below bachelor's level

[r6] Bachelor's degree

[r7] Postgraduate degree above bachelor's level

[r99] I prefer not to answer

[OCCUP] Which of the following categories best describes your current employment status? Are you...

SELECT ONE ONLY

Row:

[r1] Working full-time (35 or more hours per week)

[r2] Working part-time (less than 35 hours per week)

[r3] Self-employed

[r4] Unemployed, but looking for work

[r5] A student attending school full-time

[r6] Retired

[r7] Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)

[r8] Other employment status. Please specify.

[r99] I prefer not to answer

[OCCUP2] Are you a healthcare provider (such as nurse, medical doctor, paramedic, first responder, pharmacist, etc.) and/or a frontline worker or essential worker (such as gas station attendant, bus driver, grocery store clerk, media worker, laboratory worker, etc.)?

Condition: False

Row:

[r1] Healthcare provider

[r2] Frontline worker or essential worker

[r97] None of the above

[r99] I prefer not to answer

[REVEN] Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes?

SELECT ONE ONLY

Row:

[r1] Under \$20,000

[r2] Between \$20,000 and under \$40,000

[r3] Between \$40,000 and under \$60,000

[r4] Between \$60,000 and under \$80,000

[r5] Between \$80,000 and under \$100,000

[r6] Between \$100,000 and under \$150,000

[r7] \$150,000 and above

[r99] I prefer not to answer

[HH_SIZE] How many people, including yourself, are supported by your total household income?

[FSA] Please indicate the first 3 characters of your postal code.

If you would rather not provide it, please select I don't know/I prefer not to answer

APPENDIX E – SURVEY WAVE 14

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 12 minutes to complete.

Background information

This research is being conducted by Léger Marketing, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

How does the online survey work? You are being asked to offer your opinions and experiences through an online survey. You have to be 18 or over in order to participate in this survey. We anticipate that the survey will take 12 minutes to complete. Your participation in the survey is completely voluntary. Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses. Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada. What about your personal information? The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project. Purpose of collection: We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified. Your rights under the Privacy Act: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

If you are experiencing technical issues while responding to the survey, please contact Leger's technical support team at support@legeropinion.com.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[GDR] What is your gender identity?

Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

Row:

[r1] Male

[r2] Female

[r3] Other

[r99] I prefer not to answer

[PROV] In which province or territory do you currently live?

Row:

[BC] British Columbia

[AB] Alberta

[SK] Saskatchewan

[MB] Manitoba

[ON] Ontario

[QC] Quebec

[NB] New Brunswick

[NS] Nova Scotia

[PE] Prince Edward Island

[NF] Newfoundland

[NT] Northwest Territories

[YK] Yukon

[NU] Nunavut

[YEAR] In what year and month were you born?

[AGE2] Would you be willing to indicate in which of the following age categories you belong?

Condition: (AGERef.r1)

Row:

[r0] Under 18

[r1] Between 18 and 24

[r2] Between 25 and 34

[r3] Between 35 and 44

[r4] Between 45 and 54

[r5] Between 55 and 64

[r6] 65 or older

[r9] I prefer not to answer

[ETHNIC] Do you identify as any of the following?

Select all that apply

Row:

[r1] White

[r2] Indigenous person (First Nations, Inuit or Métis)

[r3] South Asian

[r4] Chinese

[r5] Filipino

[r6] Southeast Asian

[r7] West Asian

[r8] Korean

[r9] Japanese

[r10] Black

[r11] Latin American

[r12] Arab

[r96] Other, please specify:

[r97] None of the above

[CHILD] Are you the parent or guardian of a child or children under 18 years of age living in your household?

Row:

[r1] Yes

[r2] No

[r99] Prefer not to answer

[CHILD_AGE] How old is/are the child/children?

Condition: (CHILD.r1)

Select all that apply

Row:

[r1] Under 6 months of age

[r2] Between 6 months and 5 years of age

[r3] 5 to 11

[r4] 12 to 17

[r99] Prefer not to answer

[Q89] Have you ever been infected with COVID-19?

Row:

[r1] Yes

[r2] No

[r3] I think so (not confirmed by a positive test, PCR or rapid test)

[r98] Don't know

[r99] Prefer not to answer

[Q90] Do you know people in your immediate social network (i.e., friends or close family members) who have been infected with COVID-19?

Row:

[r1] Yes

[r2] No

[r3] I think so (not confirmed by a positive test, PCR or rapid test)

[r98] Don't know

[r99] Prefer not to answer

[Q130] Do you consider yourself to be at risk of more severe disease or outcomes from COVID-19 (e.g., are an older adult over age 60, are pregnant, have Down syndrome, have a chronic medical condition, are immunocompromised, or live with obesity, etc.)?

Row:

[r1] Yes

[r2] No

[r3] Unsure

[r98] Prefer not to answer

[Q1] What is your most pressing concern at this time?

Select only one.

Row:

[r1] Physical health

[r2] Mental health

[r3] Health of family and/or friends

[r10] Death of a family member and/or friend

[r5] Economy

[r11] Social isolation and/or loneliness

[r7] Personal financial situation

[r8] Returning to normal and/or uncertainty about the future

[r9] New COVID variants

[r16] New or emerging viruses other than COVID-19

[r12] Workplace vaccination policy not being applied

[r13] Having to comply with the workplace vaccination policy

[r15] Easing or lifting of public health restrictions

[r96] Other, please specify:

[r97] I have no pressing concern

[r98] Don't know

[Q3C] How would you rate your overall mental health?

Row:

[r1] Very good

[r2] Good

[r3] Average

[r4] Bad

[r5] Very bad

[r98] Don't know

[Q108] Please indicate your level of agreement with the following statement: I feel I have adequate access to mental health support services.

Row:

[r1] Strongly agree

[r2] Agree

[r3] Neither agree nor disagree

[r4] Disagree

[r5] Strongly disagree

[r97] Unsure/ Not applicable

[Q4] In the past month, have you received any support for your mental health?

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q4B] What type of support have you received?

Condition: (Q4.r1)

Select all that apply.

Row:

[r1] Online/virtual support from support workers, social workers, psychologists or other professionals

[r2] In person support from support workers, social workers, psychologists or other professionals

[r3] Phone (including text) support

[r4] Resources and tips for taking care of yourself

[r5] Your primary health provider

- [r6] Resources and/or services through your local government
- [r7] Resources and/or services through your provincial/territorial government
- [r8] Resources and/or services through the Government of Canada
- [r9] Support from a non-government organization, such as Wellness Together Canada
- [r96] Other, please specify:

[Q4C] Why have you not received any support for your mental health?

Condition: (Q4.r2)

Row:

- [r1] You preferred to manage yourself
- [r2] You didn't know how or where to get this kind of help
- [r3] You haven't gotten around to it (e.g., too busy)
- [r4] Your job interfered (e.g., workload, hours of work or no cooperation from supervisor)
- [r5] Access to care was limited (e.g., help was not readily available)
- [r6] You didn't have confidence in the health care system or social services
- [r7] You couldn't afford to pay
- [r8] Insurance did not cover
- [r9] You were afraid of what others would think of you
- [r10] Language problems
- [r11] I do not need support for my mental health
- [r98] Don't know
- [r96] Other, please specify:

[Q10] When thinking about life after COVID-19, what makes you feel worried?

Select all that apply

Row:

- [r1] In-person interactions/socializing
- [r2] Being in crowded places
- [r3] Going back to the before pandemic routine
- [r4] Giving up working from home
- [r5] Not knowing if those around me are vaccinated
- [r6] That we will never really end the pandemic
- [r7] Confusion around public health measures
- [r13] Wearing a mask when others around me are not wearing one
- [r14] Not wearing a mask when others around me are wearing one
- [r8] Being judged for wanting to wear a mask
- [r10] Being judged for being vaccinated
- [r12] Being judged for not being vaccinated
- [r9] Finding work
- [r11] Accessing health care services
- [r97] I am not worried about COVID-19
- [r96] Other, please specify

[Q131] To what extent do you agree with the following statements?

Column:

- [c1] Strongly agree
- [c2] Somewhat agree
- [c3] Somewhat disagree
- [c4] Strongly disagree
- [c98] Don't know

Row:

[r1] You can catch COVID-19 multiple times

[r2] You can get COVID-19 even if vaccinated

[r3] You are less likely to get seriously ill from COVID-19 if you are vaccinated (e.g. not be hospitalized)

[r4] It is important to stay up to date with COVID-19 vaccinations

[r5] Staying up to date with COVID-19 vaccinations includes boosters

[r6] The immunity provided by a COVID-19 infection is short-lived and not as effective

[r7] Protection against COVID-19 is longer with vaccination and more effective than immunity from infection

[Q132] How many doses of the COVID-19 vaccine have you received?

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r4] 4 doses

[r5] None, I am not vaccinated against COVID-19

[r6] Not sure

[Q132B] Have you received a COVID-19 booster dose?

Row:

[r1] Yes, received one booster dose

[r2] Yes, received two booster doses

[r3] No, have not received a booster dose

[Q92] How likely are you to get the booster dose of the COVID-19 vaccine?

Condition: (Q132B.r3)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[Q92B] How likely are you to get another booster dose of the COVID-19 vaccine?

Condition: (Q132B.r1 or Q132B.r2)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[Q93] What is the top reason you are unlikely or uncertain about getting a booster dose?

Condition: (Q92.r3 or Q92.r4 or Q92.r98) or (Q92B.r3 or Q92B.r4 or Q92B.r98)

Row:

[r1] I think I am protected enough with the current number of vaccine doses

[r16] I had short term non-serious side effects with the dose/doses I already got and don't want a booster because of this

[r2] I had side effects with the dose/doses I already got

[r4] I'm concerned about the safety of the booster dose

- [r6] I'm concerned about the long-term effects of the vaccine
- [r7] I need more information on booster doses
- [r8] I prefer to wait a while before getting vaccinated
- [r9] I'm fed up with getting vaccinated
- [r10] I don't need a booster because the new variant is less severe, even if it is more contagious
- [r11] I think those who are most vulnerable should get their booster dose first
- [r12] I think we should help developing countries get fully vaccinated first
- [r13] I do not see the need to get a booster because I've contracted COVID-19 after being vaccinated
- [r15] I don't need a booster because I have natural immunity from having had COVID
- [r3] I'm concerned about how long it will take to get it
- [r5] I'm concerned about getting a different vaccine type than my previous doses
- [r14] I recently got COVID-19 and I don't know when to get the booster dose
- [r17] I'm tired of being told what to do to protect my health
- [r18] I recently had COVID and need to wait the recommended time before getting my booster dose
- [r19] I feel that the vaccine does not provide much protection as you can still get COVID-19 even if vaccinated
- [r20] I am not exposed to risks of COVID in my daily life and therefore feel that I do not need to receive a vaccine
- [r96] Other, please specify:

[Q76] Amongst the following factors and thinking about the current COVID context, what would motivate you to get your booster dose?

Condition: (Q132B.r3)

Please select up to your top 3

Row:

- [r1] Advice from my primary health care provider that it is recommended for me
- [r2] Required to be able to travel within Canada
- [r3] Required to be able to travel internationally
- [r4] Helping to get things back to normal
- [r5] Being able to more safely spend time with friends and family in-person
- [r6] Knowing that the majority of new COVID cases are among those who have not received a booster
- [r7] Knowing that the majority of new COVID hospitalizations are among those who have not received a booster
- [r8] Knowing that getting vaccinated could help protect the most vulnerable members of society
- [r9] If getting boosted would make it more likely for my area to lift local public health restrictions (e.g. mandatory mask wearing, gathering limits, etc.)
- [r10] Getting the vaccine at a convenient time and location
- [r11] Receiving paid time off work to get the vaccine
- [r12] Vaccines being made mandatory for all Canadians
- [r13] Understanding the benefits and importance of booster doses
- [r14] New COVID-19 vaccine formulations that are specific to latest variants
- [r97] None of the above

[Q133] If recommended, how likely would you be to get a COVID vaccine at the same time as a flu shot?

Condition: (Q92.r1 or Q92.r2) or (Q92B.r1 or Q92B.r2)

Row:

- [r1] Very likely
- [r2] Somewhat likely
- [r3] Not very likely
- [r4] Not at all likely

[r5] I do not intend to get a flu shot

[r98] Don't know

[Q134] If COVID-19 vaccines were offered as a routine vaccine (e.g. annually), how likely would you be to get one?

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[Q134B] What is the top reason you are unlikely or uncertain about getting a routine COVID-19 vaccine?

Condition: (Q134.r3 or Q134.r4 or Q134.r98)

Row:

[r1] I think I am protected enough with the doses I already received

[r2] I had side effects with the dose/doses I already got

[r3] I think I am protected enough because I had COVID

[r4] I'm concerned about the safety of getting so many COVID vaccines

[r5] I think I am protected enough because I was vaccinated AND I had COVID

[r6] I'm concerned about the long-term effects of the vaccine

[r7] I need more information on annual doses (e.g. why they are needed, benefits, safety, effectiveness, etc.)

[r8] I'm fed up with getting vaccinated

[r9] I don't think the vaccine is effective enough against the spread of COVID-19

[r10] I don't think the vaccine provides enough protection against severe outcomes from COVID-19

[r11] I don't think COVID-19 infection is serious enough anymore to need a booster

[r96] Other, please specify:

[Q135] Thinking about your child(ren) aged 12-17, how many doses of a COVID-19 vaccine have they received?

Condition: (CHILD_AGE.r4)

Select all that apply

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r4] None. I will wait a bit before getting my child(ren) vaccinated

[r5] None. I will not get my child(ren) vaccinated

[r6] Not sure

[Q95] Thinking about your child(ren) aged 12-17, how likely are you to have them receive a booster dose of the COVID-19 vaccine?

Condition: (Q135.r1 or Q135.r2)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[r5] My child(ren) 12-17 has/have already received a booster dose

[Q136] Thinking about your child(ren) aged 5-11, how many doses of a COVID-19 vaccine have they received?

Condition: (CHILD_AGE.r3)

Select all that apply

Row:

[r1] 1 dose

[r2] 2 doses

[r3] 3 doses

[r4] None. I will wait a bit before getting my child(ren) vaccinated

[r5] None. I will not get my child(ren) vaccinated

[r6] Not sure

[Q136B] Thinking about your child(ren) aged 5-11, how likely are you to have them receive a booster dose of the COVID-19 vaccine?

Condition: (Q136.r1 or Q136.r2 or Q136.r6)

Row:

[r1] Very likely

[r2] Somewhat likely

[r3] Not very likely

[r4] Not at all likely

[r98] Don't know

[r5] My child(ren) 5-11 has/have already received a booster dose

[Q110] Why are you not likely or not sure to have your child(ren) get a booster dose of a COVID-19 vaccine?

Condition: (Q95.r3 or Q95.r4 or Q95.r98) or (Q136B.r4 or Q136B.r98)

Select up to 3 reasons.

Row:

[r1] I think they are protected enough with the current dose schedule

[r2] They had side effects with the dose/doses they already got

[r3] I'm concerned about how long it will take to get it

[r4] I'm concerned about the safety of the booster dose

[r5] I'm concerned about the long-term effects of the vaccine

[r6] I need more information on booster doses

[r7] I prefer to wait a while before getting vaccinated

[r15] I'm confused about when they should get a booster

[r8] I'm fed up with getting my children vaccinated

[r9] They don't need a booster because the new variants are becoming less severe

[r10] I think those who are most vulnerable should get their booster dose first

[r11] I think we should help developing countries get fully vaccinated first

[r12] I do not see the need to get a booster because my child(ren) have already contracted COVID-19 after being vaccinated

[r13] They recently got COVID-19 and I don't know when to get their booster dose

[r16] I think adolescents have stronger immunity that protects them

[r14] My child is very anxious or fearful of vaccinations

[r96] Other, please specify:

[Q98] Thinking about your child(ren) between 6 months and under 5, if a COVID-19 vaccine becomes available to your child/children, would you choose to get your child(ren) under 5 vaccinated?

Condition: (CHILD_AGE.r1 or CHILD_AGE.r2)

Row:

[r1] Yes, as soon as it is available, regardless of the vaccine type

[r4] Yes, as soon as it is available, but only if it is a non mRNA vaccine

[r2] Yes, but will wait a bit before getting my child(ren) vaccinated

[r3] No, I will not get my child(ren) vaccinated

[r97] I do not make these decisions

[r98] Not sure

[Q28] Which of the following factors would make you more likely to vaccinate your child(ren) against COVID-19?

Condition: (Q98.r2 or Q98.r3 or Q98.r98)

Please choose your top three.

Row:

[r1] Assurance from my health professional that the vaccines are safe for my children

[r18] More information on the potential long-term effects of my children being infected with COVID-19

[r2] More information on the COVID-19 vaccine clinical trials involving children, including data on safety and effectiveness

[r19] More information on children who have received the COVID-19 vaccine, e.g. from clinical trials involving children or from real world use, including data on safety and effectiveness

[r20] International health organizations say the vaccine is safe for kids based on findings from testing around the world

[r3] Vaccinating my child(ren) would contribute to the collective benefit of ending the pandemic

[r4] Health Canada announces the vaccine is safe for kids and shares details of their findings from reviewing clinical trials

[r5] International health organizations say the vaccine is safe for kids based on findings from testing around the world

[r6] Being able to get my child vaccinated at a convenient location in my community

[r7] Assurance that I can be with my child(ren) during the vaccination

[r8] Encouragement from my child's school or school board that parents vaccinate their children

[r9] Seeing or hearing about friends, family or others I know personally getting their child(ren) vaccinated

[r10] Understanding the benefits of vaccinating children

[r11] Seeing or hearing about people that are “like” my child(ren) (i.e., similar age, health status, ethnicity, etc.) getting safely vaccinated

[r12] Getting more information about COVID cases and hospitalizations among children

[r13] My child(ren) can return to activities and socialization that they miss and need

[r14] My child(ren)’s mental health has suffered during the pandemic and I want them to get their regular lives back

[r17] If there was a financial penalty for not being vaccinated

[r21] More information on the benefits of vaccinating children, i.e. protection from severe illness and long COVID

[r22] More information on how vaccines work and build immunity in children.

[r23] Getting more information about risks to children from COVID-19 (e.g. “Long COVID”) and hospitalizations

[r15] Nothing would make me more likely to vaccinate my child(ren) against COVID-19

[r16] Receiving a financial incentive

[r24] Information about best timing of another dose, based on the risk in my community

[r96] Other, please specify:

[r98] Don’t know

[Q111] Have any of your child’s regular childhood vaccinations been missed/delayed as a result of the pandemic?

Childhood vaccinations are defined as routine vaccines given in childhood to protect against serious diseases such as diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type B (Hib), rotavirus, hepatitis B, measles, mumps, rubella, chickenpox, pneumococcal and meningococcal diseases, and human papillomavirus virus (HPV).

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q112] Do you intend to catch up on your child's missed/delayed regular childhood vaccinations?

Condition: (Q111.r1)

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q137] Why do you not plan for your children to get the recommended childhood vaccines?

Condition: (Q112.r2)

Row:

[r1] Concerned about potential side effects from the vaccine

[r2] Concerned about the long-term effects of the vaccine

[r3] Belief that child(ren) have healthy immune systems and do not need vaccines

[r4] I do not think the diseases they protect against are common in Canada

[r5] I do not think the diseases they protect against are serious enough to warrant vaccination

[r6] I do not want my child(ren) to receive any more vaccines

[r7] I had not planned for my child(ren) to get the recommended childhood vaccines

[r8] Vaccines don't work

[r9] The COVID-19 pandemic and related vaccines have changed my views on vaccines

[r96] Other, please specify:

[Q138] Adult routine vaccinations are defined as routine vaccines and/or boosters given in adulthood to protect against serious diseases such as shingles (recommended for 50+), tetanus, pertussis (whooping cough), influenza (flu) and pneumococcal (recommended for 18+ with chronic medical conditions and healthy adults aged 65+). Have you missed/delayed any routine vaccinations as a result of the pandemic?

Row:

[r1] Yes

[r2] No

[r3] I don't think this is applicable to me

[r98] Don't know

[Q139] Do you intend to catch up on your missed/delayed routine vaccinations?

Condition: (Q138.r1)

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q140] Why do you not intend to catch up on your missed/delayed routine vaccinations?

Condition: (Q139.r2)

Row:

[r1] Concerned about potential side effects from vaccines

[r2] Concerned about the long-term effects of vaccines

[r3] Do not think the diseases they protect against are common in Canada

[r4] Do not think the diseases they protect against are serious enough to warrant vaccination

[r5] Do not want to receive any more vaccines

[r6] Belief that immune system is strong without vaccines

[r7] Vaccines don't work

[r8] The COVID-19 pandemic and related vaccines have changed my views on vaccines

[r96] Other, please specify:

[Q142] Has the recent COVID-19 pandemic had an impact on your confidence in vaccinations in general?

Row:

[r1] I am a lot less confident now

[r2] I am somewhat less confident now

[r3] About the same as before

[r4] Somewhat more confident now

[r5] A lot more confident now

[r98] I don't know

[Q143] Why are you less confident in vaccinations?

Condition: (Q142.r1 or Q142.r2)

Select all that apply

Row:

[r1] COVID-19 vaccines have negatively impacted my view on vaccines in general

[r2] I have more concerns about the safety of vaccines in general

[r3] I now believe that vaccines do not have as much benefit in preventing severe outcomes

[r4] I now believe that vaccines in general does not have as much benefit in stopping the spread of viruses

[r5] The pandemic has shown that we have strong immune systems without vaccines

[r6] The pandemic has shown that vaccines do not work very well

[r96] Other:

[Q144] Do you intend to get the flu vaccine this year?

Row:

[r1] Yes

[r2] No

[r98] Don't know

[Q145] Why do you not intend to get your flu shot this year?

Condition: (Q144.r2 or Q144.r98)

Select all that apply

Row:

[r1] I have never gotten a seasonal flu shot before

[r2] I am healthy, and/or never get the flu

[r3] Getting the flu doesn't make me that sick

[r4] I have concerns about the flu vaccine, and/or its side effects

[r5] The flu vaccine does not work

[r6] I have concerns about interactions with the COVID-19 vaccines

[r7] No one got the flu last year

[r8] I've had enough vaccines this year

[r9] I'm not eligible for the flu vaccine in my area

[r10] I feel I am protected from immunity as I had the flu this year

[r11] I had side effects the last time I received the flu shot

[r12] I had side effects the last time I received a vaccine other than the flu shot

[r13] Physical distancing, frequent handwashing and wearing a mask are enough to protect me from the flu

[r96] Other, please specify:

[r14] No specific reason, I just won't get it

[Q1B] How often do you follow each of the following public health measures?

Individual public health measures are actions you can use every day to help reduce the spread of COVID-19 and other respiratory infectious diseases. These measures are also sometimes referred to as personal preventive practices. Examples include: wearing a mask, staying home when sick, improving indoor ventilation, practicing respiratory etiquette and hand hygiene and cleaning and disinfecting high-touch surfaces.

NOTE: In any questions below that refer to masks, the word mask refers to a non-medical mask, medical mask or respirator (eg: N95 or KN95).

Column:

[c1] Always

[c2] Often

[c3] Sometimes

[c4] Rarely

[c5] Never

[c98] Don't know/Not applicable

Row:

[r1] Washing hands for at least 20 seconds with soap and warm water

[r2] Using hand sanitizer containing at least 60% alcohol, if soap and water aren't available

[r3] Staying home and away from others if you feel sick

[r4] Practising physical distancing

[r5] Limiting the number of people you have contact with outside of your household

[r6] Avoiding closed spaces and crowded places

[r7] Wearing a mask—when indoors in a public space or in an indoor space with people from outside your immediate household

[r8] Wearing a mask— when outside in a public space

[r11] Wearing a mask – inside with others when you're feeling sick

[r9] Improving ventilation when people from outside your immediate household are in your home (as examples: open windows and doors regularly, use a heating, ventilation and air conditioning (HVAC) system or run kitchen or bathroom exhaust fans)

[r10] Using individual public health measures when interacting with someone who is at risk of more severe disease or outcomes from COVID-19 (e.g., are an older adult over age 60, are pregnant, have Down syndrome, have a chronic medical condition, are immunocompromised, or live with obesity etc.)

[Q115] Many individual public health measures (e.g., staying home when sick, handwashing, mask-wearing) were recommended in 2020 to help control the spread of COVID-19. How much do you think these individual public health measures could help reduce the spread of other respiratory infectious diseases, such as seasonal influenza (the flu)?

Row:

[r1] A great deal

[r2] Somewhat

[r3] Not very much

[r4] Not at all

[r98] Don't know

[Q146] What is the top reason you rarely or never practice any individual public health measures to reduce the spread of other respiratory diseases?

Condition: (Q1B.r3.c4 or Q1B.r3.c5) or (Q1B.r7.c4 or Q1B.r7.c5) or (Q1B.r8.c4 or Q1B.r8.c5) or (Q1B.r9.c4 or Q1B.r9.c5) or (Q1B.r10.c4 or Q1B.r10.c5) or (Q1B.r11.c4 or Q1B.r11.c5)

Row:

[r1] I don't think it helps reduce the spread of other respiratory diseases

[r2] I am okay with getting other respiratory diseases

[r3] I want to build acquired immunity by being infected with other respiratory diseases

[r4] The health measures cause too much disruption in my life

[r5] I don't want to have others criticize or ridicule me

[r98] Don't know

[r96] Other, please specify:

[Q147] How confident, if at all, do you feel about making your own decisions with respect to choosing to practice any or all of the individual public health measures mentioned in the previous questions (i.e. wearing a mask etc)?

Row:

[r1] Very confident

[r2] Somewhat confident

[r3] A little confident

[r4] Not confident at all

[r98] I don't know

[Q148] Which of the following would be useful to help your decision making about using any or all of the individual public health measures mentioned in the previous question (i.e. wearing a mask etc)?

Select all that apply.

Row:

[r1] Information about potential risks to myself personally (i.e. infection, severe illness, etc.)

[r2] Information on the effectiveness of individual public health measures

[r3] Information on the spread of COVID-19 in my community

[r4] Information on the spread of a cold, flu or other respiratory illness going around in my community

[r5] If I knew of a family member or friend who became seriously ill from COVID-19

[r6] Clear communications from the government/public health officials on when and which individual public health measures should be used

[r96] Other, please specify:

[r98] Don't know

[Q149] Where would you go for these types of information?

Condition: (Q148.r1 or Q148.r2 or Q148.r3 or Q148.r4)

Select all that apply.

Row:

[r1] Conversations with family/friends/colleagues

[r2] Conversations with a health care provider

[r3] Government of Canada websites

[r4] Provincial/territorial government websites

[r5] Provincial/territorial public health authorities

[r6] Local or regional health authorities

[r7] Federal public health authorities

[r8] Non-Canadian health sources, e.g. the CDC, WHO

[r9] Social media

[r10] Your workplace

[r11] Media outlets/news

[r96] Other sources, please specify:

[r98] Don't know

[Q150] To what extent do you feel pressured by others to practice or not practice individual public health measures?

Row:

[r1] A lot

[r2] Somewhat

[r3] A little

[r4] Not at all

[r98] Don't know

[Q151] How familiar are you with the potential long-term effects of having COVID-19 (also known as "long-COVID" or "post COVID-19 condition")?

Row:

[r1] Very familiar

[r2] Somewhat familiar

[r3] Not very familiar

[r4] Not at all familiar

[r98] Don't know

[Q152] How worried are you/would you be about developing longer-term symptoms from a COVID-19 infection?

Row:

[r1] Very worried

[r2] Somewhat worried

[r3] Not very worried

[r4] Not at all worried

[r98] Don't know

[Q153] What makes/would make you feel worried about long-term symptoms of COVID?

Condition: (Q152.r1 or Q152.r2)

Select all that apply.

Row:

[r1] Limitations to my working life

[r2] Limitations to my leisure/personal life

[r3] Uncertainty about my future health prospects

[r4] Being judged for my condition

[r5] Not knowing if others (friends, colleagues, employers, healthcare providers, etc.) will take my condition seriously

[r6] Difficulty in formally establishing my condition to employers, healthcare providers, and/or others

[r7] Difficulty in accessing benefits related to my condition (e.g. sick leave, disability)

[r8] Being terminated by my employer for my condition

[r9] Lack of information/resources on my condition

[r10] Lack of public acknowledgement from authority figures (government, etc.) on my condition

[r96] Other, please specify:

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

[LANGU] What is the language you first learned at home as a child and still understand?

Row:

[r1] English

[r2] French

[r3] Other

[r99] I prefer not to answer

[MINO] Do you identify as any of the following?

SELECT ALL THAT APPLY

Row:

[r3] A member of the LGBTQ2 community

[r4] A person with a disability

[r97] None of the above

[r99] I prefer not to answer

[IMM] Where were you born?

Row:

[r1] Born in Canada

[r2] Born outside Canada

[YIMM] In what year did you move to Canada?

Condition: (IMM.r2)

[MainAutoCountry] What is your country of origin?

Condition: (IMM.r2)

[PAYS] What is your country of origin?

Condition: (IMM.r2)

[SCOL] What is the highest level of formal education that you have completed?

SELECT ONE ONLY

Row:

[r1] Some high school or less

[r2] High school diploma or equivalent

[r3] Registered Apprenticeship or other trades certificate or diploma

[r4] College, CEGEP or other non-university certificate or diploma

[r5] University certificate or diploma below bachelor's level

[r6] Bachelor's degree

[r7] Postgraduate degree above bachelor's level

[r99] I prefer not to answer

[OCCUP] Which of the following categories best describes your current employment status? Are you...

SELECT ONE ONLY

Row:

[r1] Working full-time (35 or more hours per week)

[r2] Working part-time (less than 35 hours per week)

[r3] Self-employed

[r4] Unemployed, but looking for work

[r5] A student attending school full-time

[r6] Retired

[r7] Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)

[r8] Other employment status. Please specify.

[r99] I prefer not to answer

[OCCUP2] Are you a healthcare provider (such as nurse, medical doctor, paramedic, first responder, pharmacist, etc.) and/or a frontline worker or essential worker (such as gas station attendant, bus driver, grocery store clerk, media worker, laboratory worker, etc.)?

Condition: False

Row:

[r1] Healthcare provider

[r2] Frontline worker or essential worker

[r97] None of the above

[r99] I prefer not to answer

[REVEN] Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes?

SELECT ONE ONLY

Row:

[r1] Under \$20,000

[r2] Between \$20,000 and under \$40,000

[r3] Between \$40,000 and under \$60,000

[r4] Between \$60,000 and under \$80,000

[r5] Between \$80,000 and under \$100,000

[r6] Between \$100,000 and under \$150,000

[r7] \$150,000 and above

[r99] I prefer not to answer

[HH_SIZE] How many people, including yourself, are supported by your total household income?

[FSA] Please indicate the first 3 characters of your postal code.

If you would rather not provide it, please select I don't know/I prefer not to answer

APPENDIX F – SCREENING GUIDE

PROJECT DESCRIPTION

The groups will be held online via CMNTY.

8 groups in total: three groups in French (3): Quebec and New-Brunswick and five (5) group in English: Ontario, BC, Prairies and territories.

The objective is to have 8-10 participants per focus group (recruits 12 per group).

	DATE / TIME	PARTICIPANTS
GROUP 1 8-10 participants	JUNE 20, 2022, 5PM	<p>Group with Young adults (English, Ontario)</p> <ul style="list-style-type: none"> • Gen pop. • Adults aged between 18 and 34 years old (good distribution) • Gender: a good mix • Vaccination status: maximum of 2 participants who have received three doses or more. Ensure a good mix between the other statuses. • First official language spoken: English • Province: Ontario • Area: ensure a good mix between rural and urban area • At least one participant should be from another ethnic community
GROUP 2 8-10 participants	JUNE 20, 2022, 7PM	<p>Group with Young adults (English, BC, Prairies, Territories)</p> <ul style="list-style-type: none"> • Gen pop. • Adults aged between 18 and 34 years old (good distribution) • Gender: a good mix • Vaccination status: maximum of 2 participants who have received three doses or more. Ensure a good mix between the other statuses. • First official language spoken: English • Province: BC, Prairies and Territories • Area: ensure a good mix between rural and urban area • At least one participant should be from another ethnic community
GROUP 3 8-10 participants	JUNE 20, 2022, 5PM	<p>Group with Young adults (French, Qc, NB)</p> <ul style="list-style-type: none"> • Gen pop. • Adults aged between 18 and 34 years old (good distribution) • Gender: a good mix • Vaccination status: maximum of 2 participants who have received three doses or more. Ensure a good mix between the other statuses. • First official language spoken: French • Province: Quebec and New-Brunswick • Area: ensure a good mix between rural and urban area • At least one participant should be from another ethnic community

GROUP 4 8-10 participants	JUNE 21, 2022, 5PM	<p>Group with Adults 35-60 (English, BC, Prairies, Territories)</p> <ul style="list-style-type: none"> • Adults aged between 35 and 60 years old (good distribution) • Gender: a good mix • Vaccination status: maximum of 2 participants who have received three doses or more. Ensure a good mix between the other statuses. • First official language spoken: English • Province: BC, Prairies and Territories • Area: ensure a good mix between rural and urban area • At least one participant should be from another ethnic community
GROUP 5 8-10 participants	JUNE 21, 2022, 7PM	<p>Group with Adults 35-60 (English, Ontario)</p> <ul style="list-style-type: none"> • Adults aged between 35 and 60 years old (good distribution) • Gender: a good mix • Vaccination status: maximum of 2 participants who have received three doses or more. Ensure a good mix between the other statuses. • First official language spoken: English • Province: Ontario • Area: ensure a good mix between rural and urban area • At least one participant should be from another ethnic community
GROUP 6 8-10 participants	JUNE 20, 2022, 7PM	<p>Group with Adults 35-60 (French, Qc, NB)</p> <ul style="list-style-type: none"> • Gen pop. • Adults aged between 35 and 60 years old (good distribution) • Gender: a good mix • Vaccination status: maximum of 2 participants who have received three doses or more. Ensure a good mix between the other statuses. • First official language spoken: French • Province: Quebec and New-Brunswick • Area: ensure a good mix between rural and urban area • At least one participant should be from another ethnic community
GROUP 7 8-10 participants	JUNE 22, 2022, 5PM	<p>Group with parents (English, BC, Prairies, Ontario)</p> <ul style="list-style-type: none"> • Participants with children under 18 years old • Good distribution of children age, but at least 3 participants must have a child under 5 and 3 participants must have a child between 5-11 (could be the same person if they have more than one child) • Gender: a good mix • Children vaccination status: Ensure a good mix of parents who have had their children vaccinated and who have not had their children vaccinated • First official language spoken: English

		<ul style="list-style-type: none"> Province: BC, Prairies and Ontario Area: ensure a good mix between rural and urban area At least one participant should be from another ethnic community
GROUP 8 8-10 participants	JUNE 21, 2022, 5PM	Group with parents (French, Qc, NB) <ul style="list-style-type: none"> Participants with children under 18 years old Good distribution of children age, but at least 3 participants must have a child under 5 and 3 participants must have a child between 5-11 (could be the same person if they have more than one child) Gender: a good mix Children vaccination status: Ensure a good mix of parents who have had their children vaccinated and who have not had their children vaccinated First official language spoken: French Province: Quebec and New-Brunswick Area: ensure a good mix between rural and urban area At least one participant should be from another ethnic community

Indigenous participants and participants from different ethnic communities will be recruited. There will be at least one participant from a different ethnic community in each group. Leger will also try to recruit three indigenous respondents that will be distributed among the eight groups.

For each participant, collect the following information:

Participant name:	
Phone number at home:	
Cell phone:	
Email address:	
Recruitment date:	Recruiter :
Group #:	Confirmation (date):

INTRODUCTION

Hello/Bonjour, I'm _____ of Leger, a marketing research company. We are organizing a research project on behalf of Health Canada. The research's objective is to collect opinions and feedback from Canadians that will be used by Health Canada to understand Canadians' behaviours and attitudes with respect to COVID-19.

We are preparing to hold a few research sessions with people like yourself. Participation is completely voluntary. We are interested in your opinions. The format is an "online" discussion led by a research professional with up to ten participants. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy. You don't need to be an expert

to participate. We don't have anything to sell and we don't advertise and it's not an opinion poll on current events or politics. We are organizing several of these discussions. We would be interested in possibly having you participate.

Your participation is voluntary. All information collected, used and/or disclosed will be used for research purposes only and the research is entirely confidential. We are also committed to protecting the privacy of all participants. The names of the participants will not be provided to any third party. May I continue?

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the Privacy Act, the legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation.]

The focus group would take place online on the (INSERT DATE/TIME) and will be a maximum of **2 hours**. You will be compensated **\$135** for your time.

I repeat that participation is entirely voluntary, and all information you provide is completely confidential. The full names of participants will not be provided to any third party.

A1. Are you interested in participating?

Yes	1	CONTINUE
No	2	THANK AND CONCLUDE

I would now like to ask you a few questions to see if you meet our eligibility criteria to participate.

When you conclude, say: Thank you for your cooperation. We have already reached the number of participants with a profile similar to yours. Therefore, we cannot invite you to participate.

A2. The group discussions we are organizing are going to be held **over the Internet**. They are going to be "online focus groups". Participants will need to have a **computer**, a **high-speed Internet connection**, and a **WebCam** in order to participate in the group. Would you be able to participate under these conditions?

Yes	1	CONTINUE
No	2	THANK AND CONCLUDE

PROFILING

INTRO1.

Do you or anyone in your immediate family work or have you ever worked in ...?

Marketing Research	1 THANK AND CONCLUDE
Marketing and Advertising	2 THANK AND CONCLUDE
Public relations, communications	3 THANK AND CONCLUDE

Media (newspapers, television, radio, etc.)	4 THANK AND CONCLUDE
Telecommunications	5 THANK AND CONCLUDE
None of the above	9

Gender

Please indicate the gender of the person.

Male	1
Female	2
Other	3

Gender: Ensure a good mix during the recruitment, Other is not a screening criteria

Province

In which province or territory do you live?

British Columbia	1
Alberta	2
Saskatchewan	3
Manitoba	4
Ontario	5
Quebec	6
New Brunswick	7
Nova Scotia	8
Prince Edward Island	9
Newfoundland	10
Northwest Territories	11
Yukon	12
Nunavut	13

AREA

Which of the following best describes the area in which you live?

Urban area	1
Rural area	2

Language

What is your **first official language spoken**?

Note for recruiter if respondent asks: In Canada, 'first official language spoken' is specified within the framework of the Official Languages Act. It refers to the first official language (i.e., English or French) that is spoken by an individual.

French	1
English	2

LANGU2

Do you speak any other languages?

Yes (please specify)	1
No	2

AGE.

What age category do you fall into?

18 to 24	1
25 to 34	2
35 to 44	3
45 to 54	4
55 to 60	5
60 and over	TERMINATE

Age: Ensure a good mix of age during the recruitment

ETHN.

What is your ethnic origin?

Caucasian (white)	1
Indigenous / First Nations	2
Latin American (Mexican, Chilean, Costa Rican, etc.)	3
Arabic (Middle East, North Africa)	4
Black (African, African-American, etc.)	5
South Asian (Indian, Bangladeshi, Pakistani, Sri Lankan, etc.)	6
Southeast Asian (Vietnamese, Cambodian, Malaysian, etc.)	7
West Asian (Iranian, Afghan, etc.)	8
Chinese	9
Filipino	10
Korean	11
Japanese	12

ETHN: There should be at least one participant from another ethnic community in each group.

VACC.

What is your vaccination status with respect to COVID-19?

Two doses and booster(s) shot(s) (three doses or more)	1
Two doses	2
One dose	3
I am not vaccinated	4

VACC. For groups 1-6, there should be a maximum of 2 participants who have received two doses and booster shots (1)

CHILD.

How many children under the age of 18 do you have?

None	1 GO TO EDUCATION
[] enter number of child/children	GO TO CHILDB

CHILDB.

How many children do you have in the following age categories?

Under 5 years old [] enter number of child/children	1
5 to 11 years old [] enter number of child/children	2 GO TO VACCB
12 to 17 years old [] enter number of child/children	3 GO TO VACCB

CHILDB: For groups 7 and 8, ensure at least 3 parents with children under 5 and 3 parents with children between 5 and 11 years of age. They can be the same person if the participant has children in both categories.

VACCB.

Thinking about your [child(ren) aged 12-17/ child(ren) aged 5-11], have they received a COVID-19 vaccine?

Yes, two doses or more	1
Yes, one dose	2
No, my child is not vaccinated	3

IF THE PARTICIPANT HAS MORE THAN ONE CHILD AT CHILDB, ASK VACCB FOR EACH CHILD

VACCB: For groups 7 and 8, ensure a good mix of parents who have had their children vaccinated and who have not had their children vaccinated

EDUCATION.

What is the highest level of education you completed?

Some high school or less	1
High school diploma or equivalent	2
Registered Apprenticeship or other trades certificate or diploma	3
College, CEGEP or other non-university certificate or diploma	4
University certificate or diploma below bachelor's level	5
Bachelor's degree	6
Postgraduate degree above bachelor's level	7

Ensure a good mix for all groups if possible during the recruitment

OCCUP.

Which of the following categories best describes your current employment status? Are you...

Working full-time (35 or more hours per week)	1
Working part-time (less than 35 hours per week)	2
Self-employed	3

Unemployed, but looking for work	4
A student attending school full-time	5
Retired	6
Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)	
Other employment status. Please specify.	

GROUP ATTRIBUTION

If Province = 5 AND Language = 2 AND Age = 1 or 2	Group #1
If Province = 1, 3, 4, 11, 12 or 13 AND Language =2 AND Age=1 or 2	Group #2
If Province = 6 or 7 AND Language = 1 AND Age = 1 or 2	Group #3
If Province = 1, 3, 4, 11, 12 or 13 AND Language =2 AND Age=3, 4 or 5	Group #4
If Province = 5 AND Language = 2 AND Age = 3, 4 or 5	Group #5
If Province = 6 or 7 AND Language = 1 AND Age = 3, 4 or 5	Group #6
If Province = 1, 3, 4 or 5 AND Language = 2 AND CHILD = yes Make sure at least 3 participants have children under 5 (CHILDB=yes) and 3 participants have children between 5 and 11 years of age and ensure a good mix in regard to child vaccination.	Group #7
If Province = 6 or 7 AND Language = 1 AND CHILD = yes Make sure at least 3 participants have children under 5 (CHILDB=yes) and 3 participants have children between 5 and 11 years of age and ensure a good mix in regard to child vaccination.	Group #8

Also, make sure to have at least one participant from a different ethnic community in each group:

IF ETHN=3,4,5,6,7,8,9,10,11,12 or 13= AND Language =2	Group #1,2,4,5 or 7
IF ETHN=3,4,5,6,7,8,9,10,11,12 or 13= AND Language =1	Group #3, 6 or 8

AND try to have 3 indigenous participants distributed among the eight groups:

IF ETHN=2	Group #1-8
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PSPC POR1

Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1
No	2 GO TO PSPC POR

PSPC POR2

When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1 THANK AND CONCLUDE
Over 6 months ago	2

PSPC POR 3

Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

RECORD: _____ **THANK/TERMINATE IF RELATED TO HEALTH, VACCINE OR COVID-19**

PSPC POR4

How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5	1
Five or more	2 THANK AND CONCLUDE

CONCLUSION

Q1.

By participating in this focus group, you will be asked to discuss with other participants and share your opinion on various topics related to the COVID-19 pandemic, public health measure, and vaccines. Please note that you do not need to be an expert to participate. You may also be asked to read during the meeting.

How comfortable do you feel in such an environment?

Read the answer choices.

Very comfortable	1
Somewhat comfortable	2
Not very comfortable	3 THANK AND CONCLUDE
Not at all comfortable	4 THANK AND CONCLUDE

INVITATION

Thank you. We'd like to invite you to participate in this focus group.

We are thrilled to have you as one of our participants in this study; your profile perfectly fits the target respondent we are looking for. We would like to invite you to participate in an online focus group that will be facilitated by an experienced professional moderator and will last approximately 120 minutes. The session will take place at [XX], on ____XX____ (date/time) __XX__.

For your participation, you will receive a financial incentive of \$135.

Please note that the session will be recorded. Your interview may also be observed by people who are directly working on the research study.

Just a quick reminder that the groups of discussion are going to be held over the Internet. They are going to be "online focus groups". You will need a computer, a high-speed Internet connection, and a WebCam in order to participate in the group.

INV1.

Are you still interested in participating in this research study?

Yes	1
No	2 THANK AND CONCLUDE

The information provided by you will be kept confidential and will only be disclosed to those who are directly working on the research that is relevant to the topic of discussion.

INV2.

Representatives from Health Canada may observe the discussion, but will not have access to any of your private information. You will be asked to sign a consent form in order to participate in this research. Would you be willing to do this?

Yes	1
No	2 THANK AND CONCLUDE

PRIVACY SECTION

Now I have a few questions that relate to privacy, your personal information and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

- P1) First, we will provide **the online platform** and **session moderator** with a list of respondents' names and profiles (screener responses) so that they can sign you into the group. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1 GO TO P2
No	2 Read information below and P1A

We need to provide the **online platform** and **session moderator** with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. **GO TO P1A**

- P1a) Now that I've explained this, do I have your permission to provide your name and profiles **to the online platform and moderator?**

Yes	1 GO TO P2
No	2 THANK AND CONCLUDE

- P2) A recording of the group session will be produced for research purposes. The recording will only be used by the team of researchers at Léger to assist in preparing a report on the research findings.
Do you agree to be recorded for research purposes only?

Yes	1 GO TO INVITATION
No	2 Read information below and P2A

It is necessary for the research process for us to record the session as the researcher needs this material to complete the report.

P2a) Now that I've explained this, do I have your permission for recording?

Yes	1 GO TO INVITATION
No	2 THANK AND CONCLUDE

As we are only inviting a small number of people to take part, your participation is very important to us. If for some reason you are unable to participate, please call so that we can get someone to replace you. You can reach us at ____ at our office. Please ask for ____.

To ensure that the focus groups run smoothly, we remind you:

- To make sure you are connected to the Internet and logged on 15 minutes in advance of the group
- To turn off your cellular phones – to avoid disruptions during the group.
- Make sure your WebCam is ON and functional
- To bring reading glasses, if necessary, to be able to go over the material.
- To make sure you will be located in a clear room (luminous)
- That the session will be recorded for analysis purposes only.

Email address : _____

Thank you very much for your assistance!

CONTACT INFORMATION

Someone from our company will contact you to confirm the group. Could you leave me a phone number where we can reach you in the evening as well as during the day?

Name :

Phone number:

Cell

phone:

Recruited

by:

Confirmed

by:

APPENDIX G – MODERATOR GUIDE (*ADULTS GENERAL POPULATION*)

BLOC 1	Introduction and explanation
Length	10 MINUTES

WELCOME AND PRESENTATION

- Reception of participants
- Introduction of the moderator
- Presentation of Léger

PRIMARY AIM

- The research is being conducted by Léger Marketing on behalf of Health Canada. The objective of the meeting is to learn about your opinion and perception on different elements related to the COVID-19 pandemic to help inform government actions and decisions.

RULES OF DISCUSSION

- Dynamics of the discussion (duration, discussion, round table)
- No wrong answers
- Importance of giving personal, spontaneous and honest opinions
- Importance of reacting respectfully to the opinions of others
- Importance of speaking one person at a time

PRESENTATION OF THE GROUP ROOM

- Audio and video recording for subsequent analysis
- Presence of observers from HC
- Presence of analyst to take notes

RESULTS CONFIDENTIALITY

- The discussions we will have this evening will remain confidential at all times.
- Your name will never be mentioned in the report
- Information collected for study purposes only

Do you have any questions before we get started?

INTRODUCTION OF PARTICIPANTS

- What's your first name?
- Your place of residence (province and city)?
- What is your main occupation?

BLOC 2	FEELINGS TOWARDS COVID NOW
LENGTH	10 MINUTES

After more than two years of the pandemic, I would like to know...

What risks does COVID-19 represent for you today?

Are you up to date with your COVID-19 vaccines?

Do you know what it means to be up to date with your vaccines?

Do you think we are now out of the COVID-19 pandemic?

PROBE: why do you think so?

Whether we are in a state of pandemic or not, do you think there is still a need to protect ourselves and/or others against COVID-19?

PROBE: why do you think so?

BLOC 3	VACCINE CONFIDENCE
LENGTH	20 MINUTES

We will now discuss vaccines and more specifically vaccines against COVID-19.

What influenced your decision to get vaccinated or not to get vaccinated?

Did you turn to others when considering whether or not to get vaccinated against COVID-19? If so, who and how did they influence your decision?

Are you still motivated by the same reasons/factors to get vaccinated now as you may have been when COVID-19 vaccines were first made available?

Do you feel COVID-19 still poses a risk to you and others? If so, how does this impact your intention to continue to be vaccinated against COVID-19 when recommended?

How do changing public health requirements and/or restrictions (like mask mandates or capacity limits) affect your opinions about the benefits of vaccination?

What do you know about COVID-19 antiviral treatments? Does their availability affect your decision to vaccinate?

How familiar are you with the potential long-term effects of having COVID-19 (also known as “long-COVID” or “post COVID-19 condition”)?

Do long-term symptoms of COVID (long COVID) affect your decision to get vaccinated?

I’m going to read you two statements. Tell me which one you relate to more and why:

- It’s important to continue to protect myself from serious illness from COVID-19 by getting vaccinated, including getting booster doses.
- I am comfortable with the possibility of becoming infected with COVID-19 and not getting vaccinated.

In your opinion, is getting vaccinated against COVID-19 an individual decision or a contribution to the public good?

And now thinking about routine vaccinations, including the influenza (flu) vaccine...

Have the COVID-19 pandemic and vaccines impacted your views and decisions related to vaccines in general, such as the flu vaccine?

PROBE: How?

BLOC 4	VACCINE SAFETY AND EFFECTIVENESS
LENGTH	20 MINUTES

Now thinking about the safety of COVID-19 vaccines...

With millions of people vaccinated against COVID-19 around the world over the past year and a half, is safety of the vaccine still a concern? If so, explain.

PROBE: What concerns you most - common side effects (e.g., chills, fatigue, mild fever, headache, muscle aches) immediately following the vaccine or potential long-term effects of the vaccine? Do either of these impact your likelihood to get vaccinated?

And now thinking about the effectiveness of the COVID-19 vaccine...

In your opinion, do COVID-19 vaccines prevent severe illness? Prevent infection? Or both?

In your opinion, is a vaccine that prevents serious outcomes, including hospitalization and death, but not infection, considered an “effective” vaccine?

PROBE: In your view, what is the criteria for an effective COVID-19 vaccine?

Does needing to receive booster doses have an impact on your perception of the vaccine's effectiveness?

If COVID-19 vaccines were reformulated for current and/or new variants of the virus, would you be open to receiving this COVID-19 vaccine?

BLOC 5

PUBLIC HEALTH MEASURES

LENGTH

25 MINUTES

We will now discuss the public health measures that were introduced at some point or another during the pandemic:

Which individual public health measures have you used?

Did you use them even when not required by government, a business, event, etc.?

What do you consider to be the benefits of using individual public health measures? When would they be good to use?

When deciding whether to use any of the individual protective measures , do you ever feel you do not have enough information to help you make these decisions, or figure out what you should do and when?

PROBE: What information would you need to make informed choices?

(If needed, examples of individual PHM include mask wearing, staying home when you are sick, respiratory etiquette, cleaning and disinfecting, ventilation, etc.)

Now thinking about masking specifically...

Now that masks are no longer systematically required, would you continue to wear them? How would you decide whether or not to wear a mask?

PROBE: What conditions or circumstances would prompt you to want to wear a mask?

PROBE: Are there any circumstances or reasons why you would **not** feel comfortable wearing a mask?

PROBE only if feeling judged not already mentioned: Any concerns about feeling judged for wearing a mask?

Do other people's mask-wearing behaviour affect your choice to wear a mask or not? If so, how?

And now thinking about staying at home when you are sick...

How do you approach your daily activities (e.g., work, school, gathering and/or shopping, etc.) when you have mild or moderate symptoms of a cold/flu/COVID-19 (e.g., runny nose, mild headache, sore throat)?

Which symptoms would make you more likely to stay home?

Has the pandemic affected your decisions about daily activities when you are feeling sick?

BLOC 6	MESSAGE TESTING
LENGTH	25 MINUTES

I will now present you with different messages that you might see on social media, in advertisements, online etc. regarding vaccines against COVID-19 and booster doses. After each message, we will discuss your impressions.

In your opinion, what is the difference between the following statements?

Option 1: **A booster helps protect you against severe illness.**

Option 2: **Staying up to date with your COVID-19 vaccine helps protect you against severe illness.**

Which one has a clearer message? What is it?

Which one would continue to motivate you to get vaccinated against COVID-19? Why?

Next statement:

Staying up-to-date with your COVID-19 vaccines helps protect you from getting really sick so you can get back to activities and everyday life more quickly if you do get infected.

Is it clear? Easy to understand? Does it talk to you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

Next statement:

Staying up-to-date with your COVID-19 vaccines helps reduce the strain of COVID-19 for everyone, and on the health care system.

What are your first impression of the message?

Is it clear? Easy to understand? Does it talk to you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

A booster dose of mRNA vaccines offers better protection against infection and severe disease, including recent variants like Omicron, than the first set of vaccines alone.

Is it clear? Easy to understand? Does it talk to you?

PROBE: What does “better protection” mean to you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

Even if you've completed your primary series, protection will decrease over time. A booster dose is important to get because it increases the immune response and helps improve protection against severe outcomes by 90% or more.

Is the message clear? Easy to understand? Does it talk to you?

Does the message motivate you to get vaccinated?

PROBE: What do you think of having stats and concrete data in this type of message? Does it help to change your opinions/intentions?

Probe: what terminology is clearer “first set of vaccines” vs “primary series”

Some preliminary findings suggest that vaccination may potentially help reduce the risk of developing post COVID-19 condition, if you are infected.

Is the message clear? Easy to understand? Does it talk to you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

You should get vaccinated even if you’ve been previously infected or think you may have been infected. While a previous COVID-19 infection can provide some protection, up-to-date vaccination—including a booster dose—is recommended to provide longer-lasting, more effective protection against severe outcomes.

Is the message clear? Easy to understand? Does it talk to you?

Do you agree with the message?

PROBE: why or why not?

How to improve them to make them clearer and more “believable”

We all have a role to play in keeping ourselves, our families and our communities healthy.

Is the message clear? Easy to understand? Does it talk to you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

BLOC 7

MENTAL HEALTH

DURÉE

5 MINUTES

Once all questions have been discussed, ask the concluding question below

Was there a time during the pandemic that your mental health was impacted? If so, when and how?

PROBE: What actions did you take to help with your mental health? Do you feel your mental health is still impacted by the pandemic?

Do you feel anxious about the lifting of the measures?

Now that most of the measures are lifted, does this have an impact on your mental health?

Do you have any final comments you would like to add on the topics we just discussed?

CONCLUDE AND END THE MEETING.

THANK YOU VERY MUCH FOR YOUR PRECIOUS COLLABORATION!

APPENDIX H – MODERATOR GUIDE *(PARENTS)*

BLOC 1	Introduction and explanation
Length	10 MINUTES

WELCOME AND PRESENTATION

- Reception of participants
- Introduction of the moderator
- Presentation of Léger

PRIMARY AIM

- The research is being conducted by Léger Marketing on behalf of Health Canada. The objective of the meeting is to learn about your opinion and perception on different elements related to the COVID-19 pandemic to help inform government actions and decisions.

RULES OF DISCUSSION

- Dynamics of the discussion (duration, discussion, round table)
- No wrong answers
- Importance of giving personal, spontaneous and honest opinions
- Importance of reacting respectfully to the opinions of others
- Importance of speaking one person at a time

PRESENTATION OF THE GROUP ROOM

- Audio and video recording for subsequent analysis
- Presence of observers from HC
- Presence of analyst to take notes

RESULTS CONFIDENTIALITY

- The discussions we will have this evening will remain confidential at all times.
- Your name will never be mentioned in the report
- Information collected for study purposes only

Do you have any questions before we get started?

INTRODUCTION OF PARTICIPANTS

- What's your first name?
- Your place of residence (province and city)?
- What is your main occupation?

BLOC 2**FEELINGS TOWARDS COVID NOW****LENGTH****10 MINUTES**

After more than two years of the pandemic, I would like to know...

What risks does COVID-19 represent for you and your children today?

Are you up to date with your COVID-19 vaccines?

Do you know what it means to be up to date with your vaccines?

How many doses have you received against COVID-19?

Is/are your child(ren) vaccinated? How many doses have they received?

Do you think we are now out of the COVID-19 pandemic?

PROBE: why do you think so?

Whether we are in a state of pandemic or not, do you think there is still a need to protect ourselves and/or others against COVID-19?

PROBE: why do you think so?

BLOC 3**VACCINE CONFIDENCE****LENGTH****20 MINUTES**

We will now discuss vaccines and more specifically vaccines against COVID-19.

What influenced your decision to get your child vaccinated or not?

PROBE: Who do you wish you had heard more from? Less from?

Have you discussed the COVID-19 vaccination with your health care provider? If so, to what extent?

Do you feel COVID-19 still poses a risk to your child and others? If so, how does this impact your intention to continue to get your children vaccinated/boosted?

Do long-term symptoms of COVID (long COVID) affect your decision to get your child/children vaccinated?

Would your decision to vaccinate be different for children under five years of age, compared to children older than five years of age?

Would your decision to vaccinate be different for children who are entering/undergoing puberty?

BLOC 4**VACCINE SAFETY AND EFFECTIVENESS****LENGTH****20 MINUTES****Now thinking about the safety of COVID-19 vaccines...**

What safety concerns for your child/children do you have about the COVID-19 vaccine, if any?

PROBE: What concerns you most - common side effects (e.g., chills, fatigue, mild fever, headache, muscle aches) immediately following the vaccine or potential long-term effects of the vaccine? Do either of these impact your likelihood to get your child vaccinated?

Are you concerned about the potential long-term impacts of COVID-19 vaccines for your child/children?

PROBE: what concerns you the most?

Has the pandemic impacted your opinions on vaccines more generally?

PROBE: how?

And now thinking about the effectiveness of the COVID-19 vaccine...

In your opinion, do COVID-19 vaccines prevent severe illness? Prevent infection? Or both?

PROBE: Do you feel children have a greater immunity against infection? Does this impact your decision to vaccinate your children?

PROBE IF YES: What would motivate you to vaccinate your child(ren)?

Is a vaccine that prevents serious sickness, but not infection, considered an “effective” vaccine?

Thinking about your child(ren) aged 5-11, how likely are you to have them receive subsequent dose? And if not, why are you not likely or not sure to have your child(ren) receive subsequent dose?

Does needing to receive booster doses have an impact on your perception of the vaccine's effectiveness?

BLOC 6**KEEPING UP TO DATE WITH VACCINES****LENGTH****20 MINUTES**

Do you know which immunizations kids and teens should be getting? What about for yourself?

How do you know when and which immunizations are required? Where do you get this information?

Thinking about your child(ren)'s routine immunizations, if any are not up to date, do you intend to catch up on your child's missed/delayed routine childhood vaccinations? Why not?

Has the COVID-19 pandemic affected your views and/or intentions related to routine childhood vaccinations?

BLOC 7**PUBLIC HEALTH MEASURES****LENGTH****20 MINUTES**

We will now discuss the public health measures that were put in place at some point or another during the pandemic:

Which individual public health measures have you used? What measures have you used to protect your children?

Did you use them even when not required by government, a business, event, etc.?

PROBE: What do you consider to be the benefits of using individual public health measures? When would they be good to use?

When deciding whether to use any of the individual protective measures, do you ever feel you do not have enough information to help you make these decisions, or figure out what you should do and when?

PROBE: What information did you need to make informed choices?

(If needed, examples of individual PHM include: mask wearing, staying home when you are sick, respiratory etiquette, cleaning and disinfecting, ventilation, etc.)

Do you think there are benefits to continuing to use individual public health measures?

Now thinking about masking specifically...

Now that masks are no longer systematically required, would you and/or your child(ren) continue to wear them?

How do you decide whether or not your child(ren) should wear a mask?

PROBE: What conditions or circumstances would prompt you or your child(ren) to want to wear a mask?

PROBE: Are there any circumstances or reasons why you or your child(ren) would **not** feel comfortable wearing a mask?

PROBE: Any concerns about feeling judged for wearing a mask?

What has been your child(ren)'s experience with wearing a mask or not at school in the last month?

PROBE: Do they still wear a mask or not?

Overall, how was your child's experience with wearing a mask at school when it was mandatory?

And now thinking about staying at home when your child/children are sick...

How do you approach the daily activities of your child/children (e.g., work, school, gathering and/or shopping etc.) when they have mild or moderate symptoms of a cold/flu/COVID-19 (e.g., runny nose, mild headache, sore throat)?

How has the pandemic affected your decisions about daily activities when your child/children have respiratory symptoms, as compared to the time before COVID-19 (2019 and earlier)?

Which symptoms would make you more likely to keep them home?

Overall, do you feel like public health mandates have been helpful, harmful, neither or both for your child/children?

(Public health mandates can also be called community public health mandates or restrictions e.g. the requirement to wear a mask in a public setting, closures of schools or businesses)

PROBE: Why?

PROBE: Do you feel it was necessary to prevent and limit the spread of COVID-19?

BLOC 7**MESSAGE TESTING****LENGTH****15 MINUTES**

I will now present you with different messages that you might see on social media, in advertisements, online etc. regarding vaccines against COVID-19 and booster doses. After each message, we will discuss your impressions.

In your opinion, what is the difference between the following statements?

Option 1: **A booster helps protect you against severe illness.**

Options 2: **Staying up to date with your COVID-19 vaccine helps protect you against severe illness.**

Which one has a clearer message? What is it?

Which one would continue to motivate you to get vaccinated against COVID-19? Why?

Staying up to date with your COVID-19 vaccines helps protect you from getting really sick so you can get back to activities and everyday life more quickly if you do get infected.

Is it clear? Easy to understand? Does it talk to you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

Staying up-to-date with your COVID-19 vaccines helps reduce the strain of COVID-19 for everyone, and on health care system.

Is it clear? Easy to understand? Does it talk to you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

A booster dose of mRNA vaccines offers better protection against infection and severe disease, including recent variants like Omicron, than the first set of vaccines alone.

Is the message clear? Easy to understand? Does it resonate with you?

Does the message motivate you to get vaccinated?

PROBE: What does “better protection” mean to you?

How to improve them to make them clearer and more “motivational” to get vaccinated?

Even if you've completed your primary series, protection will decrease over time. A booster dose is important to get because it increases the immune response and helps improve protection against severe outcomes by 90% or more.

Is the message clear? Easy to understand? Does it resonate with you?

Does the message motivate you to get vaccinated?

PROBE: What do you think of having stats and concrete data in this type of message?

Probe: what terminology is clearer “first set of vaccines” vs “primary series”

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Some preliminary findings suggest that vaccination may potentially help reduce the risk of developing post COVID-19 condition, if you are infected.

Is the message clear? Easy to understand? Does it talk to you?

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Is the message clear? Easy to understand? Does it talk to you?

Do you agree with the message?

PROBE: why or why not?

How to improve them to make them clearer and more “believable”

We all have a role to play in keeping ourselves, our families and our communities healthy.

Is the message clear? Easy to understand? Does it resonate with you?

Does the message motivate you to get vaccinated?

PROBE: why or why not?

How to improve them to make them clearer and more “motivational” to get vaccinated?

BLOC 8	PANDEMIC OUTLOOK
DURÉE	5 MINUTES

Once all questions have been discussed, ask the concluding question below

Was there a time during the pandemic when you noticed a change in your child's mental health? If so, when and how?

PROBE: What actions did you take to help with their mental health? Do you feel their mental health is still impacted by the pandemic?

Is your child anxious about the lifting of the measures?

Now that most of the measures are lifted, does this have an impact on their health?

Do you have any final comments you would like to add on the topics we just discussed?

CONCLUDE AND END THE MEETING.

THANK YOU VERY MUCH FOR YOUR PRECIOUS COLLABORATION!