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Seasonal Influenza Vaccination Coverage Survey, 2022-2023

Final Report

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

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Seasonal Influenza Vaccination Coverage Survey, 2022-2023

Final Report

Prepared for the Public Health Agency of Canada

Supplier Name: Leger Marketing Inc.

March 2023

This public opinion research report presents the methodology of a telephone survey conducted by Leger Marketing Inc. on behalf of the Public Health Agency of Canada. The research was conducted with 3,558 Canadians between January 5 and February 20, 2023.

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1. Summary

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

This report was prepared by Leger following the awarding of a contract to PHAC (contract number CW2267103), awarded January 4, 2023. This contract has a value of \$220,435.20 (including HST).

1.1 Background and Objectives

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

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

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

In order to survey people on their attitudes and beliefs toward COVID-19 vaccines, as well as their intent or acceptance of co-administration of the COVID-19 and flu vaccine, the section of COVID-19 vaccine-related questions introduced last year will again be used in the Seasonal Influenza Vaccination Coverage Survey 2022-2023 questionnaire.

Slightly higher than the World Health Organization (WHO) coverage goals of 75%, the Canadian national influenza vaccination coverage goals for seniors aged 65 and older and adults aged 18–64 years with CMCs were set at 80% in 2017 to be reached by 2025.

Measuring vaccine coverage against the national goals on a routine basis plays an important role in protecting the health of Canadians for a number of reasons. First, it allows for the monitoring and evaluation of vaccination programs across years, and across different seasons for influenza. Second, it identifies factors influencing influenza vaccine uptake and sub-populations with low vaccine coverage, to support developing targeted programs for improving vaccine coverage in un- and under-vaccinated populations. Finally, it allows for the fulfillment of various reporting activities, such as performance measurement indicators, monitoring progress towards national vaccination coverage goals, and obligations to international health partners such as the Pan American Health Organization.

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

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

1.2 Application of Results

The results of this study will help the Public Health Agency of Canada (PHAC) to identify at-risk populations with lower immunization coverage, recognize factors leading to vaccine uptake or refusal, measure the performance of vaccination programs, and design future vaccination programs in Canada. The survey results also allow PHAC to monitor and evaluate vaccination programs during the flu seasons.

1.3 Methodology—Quantitative Research

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

Data collection for this survey took place between January 5 and February 20, 2023. The national response rate for the survey was 10.14%. The comprehensive distribution of calls is presented in Appendix A. A pre-test of 41 interviews, in both official languages, was conducted between January 5 and 6, 2023. More specifically, 18 interviews were conducted in French and 23 in English. No changes were made to the questionnaire or the programming following the pre-test, data collection began as planned. The pre-test responses were included in the overall results. The interviews lasted an average of

seventeen minutes and twenty seconds. The interviews were recorded to assess the level of understanding of each question among respondents.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 3,558 Canadian adults in all regions of the country. Only one adult respondent was interviewed per household. The national margin of error for this survey is +/- 1.64%, 19 times out of 20.

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

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

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

Leger meets the strictest quantitative research guidelines. The questionnaire was prepared in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research—Series B—Fieldwork and Data Tabulation for Telephone Surveys. Details on the methodology, Leger’s quality control mechanisms, the questionnaire, and the weighting procedures are provided in the appendix.

1.4 Notes on the Interpretation of the Findings

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

1.5 Declaration of Political Neutrality and Contact Information

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

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

Signed by:

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

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Appendix A—Detailed Research Methodology

A.1 Quantitative Methodology

A.1.1 Methods

For tracking and comparability purposes, the methodology used for this survey was the same as that of previous waves of surveys. Leger used the same methods as those used in the 2021–2022 survey with respect to sampling methodology, data collection methods and some elements of the questionnaire.

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

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

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

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

A.1.2 Data Collection

Data collection for this survey was conducted between January 5 and February 20, 2023. The national response rate for the survey was 10.14%. The comprehensive distribution of calls is presented below. A pre-test of 41 interviews, in both official languages, was conducted between January 5 and 6, 2023. More specifically, 18 interviews were

conducted in French and 23 in English. The interviews lasted an average of seventeen minutes and twenty seconds.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 3,558 Canadian adults who had access to either a landline or a cellphone in all regions of the country. Only one adult respondent was interviewed per household. Canadians without a landline or cellphone were excluded from the study. This research is probabilistic; the results can be applied to the general population of Canada. The national margin of error for this survey is +/- 1.64%, 19 times out of 20.

Representative sample of approximately 3,500 Canadians

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

The following table details the regional quotas for the 3,500 Canadian adults and the effective distribution of the 3,558 respondents:

Table 1. Flexible regional quotas

Region	Quotas	Number of completed interviews
Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador)	210 – 250	250
Quebec	770 – 830	820
Ontario	1,300 – 1,400	1,394
Manitoba and Saskatchewan	220 – 260	239
Alberta	400 – 440	385
British Columbia	440 – 480	425
Nunavut	15	15
Northwest Territories	15	15
Yukon Territories	15	15
Total	3,500	3,558

A.1.3 Sampling Procedures

Landline telephone numbers were generated, and only cell phone numbers were purchased¹ using a stratified regional sampling approach. Telephone interviews were

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

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

Canada-wide sampling: Households with a landline

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

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

For the portion of the sample composed of "cell phone only households," candidates were randomly selected for each province or region taking into account provincial or regional quotas. The precise target of 1,680 respondents from cellphone only households was set and reached to match as closely as possible the proportion of Canadian cellphone only households estimated by the CRTC (48%). Statistical weighting corrected the demographic differences between the sample and the actual proportion in the population.

A.1.4 Maximizing Response Rate

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

- Include a toll-free number that respondents can call if necessary;
- Be patient in discussions with respondents to help maintain interest in the survey and limit withdrawals during the call;
- Prepare points that interviewers can refer to in order to let respondents know that their participation is important: value of the study for them and their families, etc.
- Assign experienced interviewers to communicate with households and target the appropriate respondent;
- Make a minimum of eight call-backs at each number and schedule appointments for call-backs (even for initial contact);
- Include contact information for an experienced researcher so that respondents can confirm the validity of the research;

- Make calls to users of cell phones only to maximize sample representativeness and ensure that a sufficient number of young people, often on the move, are included in the final sample.

A.1.5 Call Distribution

The overall response rate for this study was 10.14%. The participation rate is calculated using the following formula: Participation rate / response rate = $R \div (U + IS + R)$. The table below provides details of the calculation.

Table 2. Call determination and response rate

Base Sample	75,240
Invalid number	23,523
No service	22,906
Non-residential	143
Fax / modem / pager	468
Double	6
Unresolved (U)	40,058
No answer	15,049
Answering machine	24,204
Line busy	805
EFFECTIVE SAMPLE*	15,217
In-scope non-responding units (IS)	6,414
Refusal	5,957
Language Barrier	457
Responding units (R)	5,245
Quota attained	-
Unqualified	436
Incomplete	391
Appointment	860
COMPLETED INTERVIEWS	3,558
Participation rate	10.14%

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

An effective response rate of 10.14% is around the average for a national telephone survey of 3,558 respondents conducted over a period of approximately five weeks. This

rate is consistent with similar surveys. A response rate of more than 10% is considered typical and within industry standards for a telephone survey with the general population.

Weighting

According to Statistics Canada’s 2021 national census data, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level. In addition, the weighting of respondents in the cell phone-only sample was also controlled to match the 48% of Canadian households with cellphones only and to correct the difference between the sample and the actual proportion in the population, as per our estimate of CRTC’s data.

A baseline comparison of weighted and unweighted samples was also conducted to identify potential non-response biases that could be introduced by lower response rates in some demographic subgroups (see tables in the next section). As is usually the case for a telephone survey targeting mainly households with a landline, it was more difficult to reach young respondents. To compensate for this, Leger conducted 1,680 interviews with individuals whose homes do not have landlines (called on their cell phones) in order to maximize the number of youth in the final sample.

A.1.7 Weighted and Unweighted Samples

The table below shows the geographical distribution of respondents, before and after weighting. There is very little geographical distribution imbalance in the unweighted sample. The weighting process mainly adjusted the weights of British Columbia, which was slightly underrepresented in the sample, and of Nunavut, Northwest Territories and Yukon, which were slightly overrepresented in the sample.

Table 3. Unweighted and weighted sample distribution by province

Province or territory	Unweighted	Weighted
Newfoundland and Labrador	50	51
Prince Edward Island	21	15
Nova Scotia	112	96
New Brunswick	67	77
Quebec	820	819
Ontario	1,394	1,374
Manitoba	133	124
Saskatchewan	106	104
Alberta	385	394
British Columbia	425	494
Nunavut	15	3

Northwest Territories	15	4
Yukon	15	4

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

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

Table 4. Unweighted and gender-weighted sample distribution

GENDER	Unweighted	Weighted
Male	1,534	1,708
Female	1,997	1,823
Other	13	13
Don't know	4	4
Refusal	10	9

With respect to age distribution, the final weighting of the results corrected some imbalances regarding age groups. Respondents under 45 years old were underrepresented in the final sample, and respondents aged 45 years and older were overrepresented. The weighting corrected that discrepancy.

Table 5. Unweighted and age-weighted sample distribution

AGE	Unweighted	Weighted
From 18 to 24 years old	202	359
From 25 to 34 years old	377	590
From 35 to 44 years old	485	587
From 45 to 54 years old	592	558
From 55 to 64 years old	684	624
From 65 to 74 years old	734	505
75 years and older	484	335

Some imbalances in language distribution were corrected through weighting, as shown below. The French-speaking respondents were slightly overrepresented and, as such, the respective weights of these respondents were therefore reduced.

Table 6. Unweighted and weighted sample distribution by mother tongue

LANGUAGE (MOTHER TONGUE)	Unweighted	Weighted
French	789	700
English	2,203	2,251

Other	558	596
Don't know	4	7
Refusal	4	4

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

Table 7. Unweighted and education-weighted sample distribution

EDUCATION LEVEL	Unweighted	Weighted
High school or less	883	1,142
College	926	1,236
University	1,687	1,098

The following table details the demographic distribution of respondents based on their phone equipment: whether they only had a cellphone or not. Those who only had a cellphone were slightly underrepresented in the sample.

Table 8. Unweighted and education-weighted sample distribution

PHONE EQUIPMENT	Unweighted	Weighted
Cellphone only	1,680	1,841
Not cellphone only	1,878	1,717

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

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

A.1.8 Weighting Factors

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

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

Table 9. Weighting by gender and age

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

Table 10. Weighting by gender and region

GENDER*REGION	Proportion (%)
Newfoundland AND Male	0.696
Newfoundland AND Female	0.739
Prince Edward Island AND Male	0.204
Prince Edward Island AND Female	0.218
Nova Scotia AND Male	1.299
Nova Scotia AND Female	1.402
New Brunswick AND Male	1.050
New Brunswick AND Female	1.104
Quebec AND Male	11.273
Quebec AND Female	11.741
Ontario AND Male	18.704
Ontario AND Female	19.905
Manitoba AND Male	1.718
Manitoba AND Female	1.777
Saskatchewan AND Male	1.434
Saskatchewan AND Female	1.479
Alberta AND Male	5.486
Alberta AND Female	5.600
British Columbia AND Male	6.752
British Columbia AND Female	7.130
Yukon Territory AND Male	0.053

Yukon Territory AND Female	0.055
Northwest Territories AND Male	0.053
Northwest Territories AND Female	0.052
Nunavut AND Male	0.039
Nunavut AND Female	0.038
Total	100%

Table 11. Weighting by region and language

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

Table 12. Households with a cell phone number only

HOUSEHOLDS WITH A CELL PHONE NUMBER ONLY	Proportion (%)
Yes	48
No	52
Total	100%

Table 13. Weighting by education level

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

Appendix B — Questionnaire

Seasonal Influenza Vaccination Coverage Survey, 2022-2023

LEGEND FOR ATTRIBUTE COLUMN

X= Exclusive choice

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

O= Open-ended

Section info

Page info

[ASK ALL]

QINF#

Good morning (afternoon, evening), my name is XX and I'm calling from LEGER research.

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

Your participation is voluntary and completely confidential. Your answers will remain anonymous and cannot affect in any way your dealings with the government of Canada.

Can I ask you a few questions? It will take less than 15 minutes.

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

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

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

Note to the interviewer: If a respondent asks you about the legitimacy of this project or if the respondent wants to make a complaint or a comment about this project, you must invite him/her to visit the MRIA Website: www.surveyverification.ca (English) or

www.verificationsondage.ca (French), and you must give him the MRIA Project Registration Number: 20171229-641F

Section info

[ASK ALL]

QSCTDEMO1

INTERVIEWER SCRIPT:

To begin, I have a few questions about you.

Simple mention question

[ASK IF ECHA=CELL]

ADTADM_010

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

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

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

Numeric question

[ASK ALL]

[NUMeric : Min=18, Max=150]

[NOTES: Under 18 = terminate]

[VALIDATION: AGE]

ADTDEM_010

How old were you as of September 1, 2022?

INTERVIEWER INSTRUCTIONS: (RECORD THE NUMBER.)

Enter number	XXX	
(DO NOT READ) Refusal	999	TERMINATE

Calculated variable

[NOTES: CALCULATION FROM ADTDEM_010]

ADTDEM_011

Under 18	0	TERMINATE
...Between 18 and 24	1	
...Between 25 and 34	2	
...Between 35 and 44	3	
...Between 45 and 54	4	

...Between 55 and 64	5	
...Between 65 and 74	6	
...75 or older	7	
Refusal	9	TERMINATE

QUESTION PROVX

Simple mention question

[ASK ALL]

ADTDEM_020

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

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

French	1
English	2
Other; specify	6
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTDEM_030

What is your gender?

INTERVIEWER INSTRUCTIONS:

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

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

Simple mention question

[ASK ALL]

ADTKAB_010

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

INTERVIEWER INSTRUCTIONS: DELETED

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

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

INTERVIEWER SCRIPT:

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

Simple mention question

[ASK ALL]

ADTKAB_020

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_030

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

ADULT – Flu vaccination

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

Simple mention question

[ASK ALL]

ADTFLU_010

Before September 1st, 2022, have you ever received the seasonal flu vaccine (also known as the flu shot)?

INTERVIEWER INSTRUCTIONS:

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

(DO NOT READ LIST. ONLY ONE MENTION)

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

Simple mention question

[ASK ALL]

ADTFLU_020

From September 1st 2022 to now, have you received the seasonal flu vaccine (also known as the flu shot)?

INTERVIEWER INSTRUCTIONS:

(DO NOT READ LIST. ONLY ONE MENTION)

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

Simple mention question

[ASK IF ADTFLU_020=0]

ADTFLU_030

How likely is it that you will get the seasonal flu vaccine between now and June 2023? Would you say you:

INTERVIEWER INSTRUCTIONS: (READ LIST. ONLY ONE MENTION)

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

Simple mention question

[ASK IF ADTFLU_020=0]

ADTFLU_040

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

INTERVIEWER INSTRUCTIONS:

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

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

The flu vaccine does not work	01
I did not need flu vaccine	02
I did not get around to it (e.g. too busy, lack of time)	04
I have concerns about the safety of the flu vaccine, and/or its side effects	03
I received too many vaccines recently	05
I have concerns getting it with COVID-19 vaccine	06
I wanted to but was not able to get an appointment (e.g. the appointment got cancelled, vaccine was not available when I called)	07
Because of my health condition (e.g. allergies, sickness)	08
I have never gotten a flu shot before	09
Other reason; specify:	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTFLU_040=2]

ADTFLU_041

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

INTERVIEWER INSTRUCTIONS:

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

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

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

Simple mention question

[ASK IF ADTFLU_020=1]

ADTFLU_060

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

INTERVIEWER INSTRUCTIONS: READ. ONLY ONE MENTION

September 2022	0
October 2022	1
November 2022	2
December 2022	3
January 2023	4
February 2023	5
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK IF ADTFLU_020=1]

ADTFLU_070

Where did you receive the flu vaccine this time?

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

Temporary vaccine clinic (i.e. at the mall)	01
Doctor's office / health clinic	02
CLSC / Community health centre	03
Hospital	04
Pharmacy	05
Workplace	06
Retirement residence / eldercare centre	07

Other, specify:	96	FO
(DO NOT READ) Valid skip/ Not applicable	97	F
(DO NOT READ) Don't know	98	F
(DO NOT READ) Refusal	99	F

Simple mention question

[ASK IF ADTFLU_020=1]

ADTFLU_080

Did you receive a COVID-19 vaccine at the same time when you received your flu shot?

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

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

Multiple mentions question

[ASK if ADTFLU_020=1]

[MENTIONS MULTIPLES : Max=12]

ADTFLU_090

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

INTERVIEWER INSTRUCTIONS:

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

Please select all that apply.

I want to prevent infection / I do not want to get sick	01	
I am at risk because of my health condition	02	
I am at risk because of my age	03	
I was recommended by a health care professional	04	
To prevent the spread of flu in general	05	
It is required in my workplace	06	
It was offered / free (by employer or other)	08	
It was offered at the same time when getting a COVID-19 vaccine	14	
If not vaccinated, I can transmit the disease to at-risk people (children, elderly or sick people/patients)	09	
If not vaccinated, I can transmit the disease to family members, colleagues or friends (without mention of at-risk people)	10	
I was more concerned about flu because of the COVID-19 pandemic	12	
It helps to reduce stress on the healthcare system	13	
I receive it every year (no specific reason)	11	
Other reasons; specify:	96	O
(DO NOT READ) Valid skip/ Not applicable	97	X

(DO NOT READ) Don't know	98	X
(DO NOT READ) Refusal	99	X

Simple mention question

[ASK ALL]

ADTFLU_100

Would getting a COVID-19 vaccine at the same time as your flu shot affect your likelihood of getting the flu shot?

More likely to get the flu shot	01
Less likely to get the flu shot	02
Would not affect your likelihood of getting the flu shot	03
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Single mention question

[ASK IF ADTFLU_100 = 01 (more likely)]

ADTFLU_101

What is the main reason why you would be more likely to receive the flu shot if you receive a COVID-19 vaccine at the same time? Would you say it is ...?

INTERVIEWER INSTRUCTIONS:

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

(READ LIST. ONLY ONE MENTION)

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

Single mention question

[ASK IF ADTFLU_100 = 02 (less likely)]

ADTFLU_102

What is the main reason why you would be less likely to receive the flu shot if you receive a COVID-19 vaccine at the same time? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

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

(READ LIST. ONLY ONE MENTION)

It might cause a higher number of adverse reactions/side effects	01
Vaccines could be less effective than getting them at different time points	02
Two vaccines at the same time can overload my immune system	03
I only want or need one of the two vaccines	04
Other reasons; specify	6
(DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Simple mention question

[ASK ALL]

ADTCOV_010

How has the COVID-19 pandemic affected your likelihood of getting the seasonal flu shot this time?

More likely to get the seasonal flu shot	01
Less likely to get the seasonal flu shot	02
Did not affect your likelihood of getting the seasonal flu shot	03
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Multiple mentions question

[ASK if ADTFLU_020=1]

ADTCOV_020

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

MULTIPLE ANSWERS ALLOWED

Please select all that apply.

Limited appointment availability (e.g. no flu shot available, difficult to book an appointment)	01
The vaccine was not offered at my usual/convenient/close location	05
I could not receive it at the same time or location as my COVID-19 vaccination	07
Concern about being exposed to COVID-19	03
Lack of walk-in options	04
I didn't encounter any difficulties in scheduling an appointment	06
Other, specify	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

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

Simple mention question

[ASK ALL]

ADTKAB_040

“The flu vaccine does not protect you against getting the flu.”:

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_050

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Single mention question

[ASK ALL]

ADTKAB_060

“It’s a good thing for children to get natural immunity (protection) against flu by being exposed to the virus.”

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

Single mention question

[ASK ALL]

ADTKAB_070

“It’s a good thing for adults to get natural immunity (protection) against flu by being exposed to the virus.”

Responses:

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

Simple mention question

[ASK ALL]

ADTKAB_080

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_090

“The flu vaccine is safe.”:

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_100

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_110

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_120

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

:

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Section info

HEALTH STATUS

INTERVIEWER SCRIPT:

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

Simple mention question

[ASK ALL]

ADTHLT_010

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

INTERVIEWER INSTRUCTIONS: READ. ONLY ONE MENTION

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

Multiple mentions question

[ASK ALL]

[MENTIONS MULTIPLES: Max=12]

[LIST ORDER : IN ORDER]

ADTCMC_010

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

INTERVIEWER INSTRUCTIONS: (READ LIST - MULTIPLE ANSWERS ALLOWED)

Please select all that apply.

Asthma	01
Chronic lung disease (such as cystic fibrosis and chronic obstructive pulmonary disease (COPD))	02
A heart condition (such as such as congenital heart disease, congestive heart failure and coronary artery disease)	03
Cancer and other immune compromising conditions due to underlying disease and/or therapy such HIV or AIDS, or those on chronic steroids)	04
Diabetes or other metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)	05
Chronic liver disease	06
Renal disease including people undergoing chronic dialysis	07
Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury]	08

Spleen problems or removal	09
Anemia / hemoglobinopathy	10
Morbid obesity (BMI > 40)	11
Blood disorders (such as sickle cell disease)	12

X		
(DO NOT READ) Don't know	98	X
(DO NOT READ) Refusal	99	X

Single mention question

[ASK ALL]

ADTHLT_020

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

INTERVIEWER INSTRUCTIONS: READ LIST. ONLY ONE MENTION

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

Single mention question

[ASK IF ADTHLT_020=1]

ADTHLT_030

Since September 1, 2022, have you seen your family doctor, general practitioner, nurse practitioner or pharmacist?

INTERVIEWER INSTRUCTIONS: READ LIST. ONLY ONE MENTION

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

Simple mention question

[ASK IF ADTHLT_030=1]

ADTHLT_040

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

INTERVIEWER INSTRUCTIONS:
READ. ONLY ONE MENTION

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

Single mention question

[ASK ALL]

ADTHLT_050

This flu season, have you had the flu?

INTERVIEWER INSTRUCTIONS:

If asked: "This flu season" means September 1, 2022 to now

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

READ LIST. ONLY ONE MENTION

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

Single mention question

[ASK IF ADTHLT_050=1]

ADTHLT_051

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ LIST. ONLY ONE MENTION

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

Single mention question

[ASK IF ADTHLT_050=1]

ADTHLT_060

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

Yes, I am more likely to get the flu shot next year			01
Yes, I am less likely to get the flu shot next year			02
No, it does not affect my likelihood of getting the flu shot next year			00
(DO NOT READ) Valid skip/ Not applicable	7	X	
(DO NOT READ) Don't know	8	X	
(DO NOT READ) Refusal	9	X	

Single mention question

[ASK ALL]

ADTHLT_070

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

INTERVIEWER INSTRUCTIONS:

If asked: "This flu season" means September 1, 2022 to now

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

READ LIST. ONLY ONE MENTION

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

Single mention question

[ASK IF ADTHLT_070=1]

ADTHLT_071

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ LIST. ONLY ONE MENTION

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

ADULT – COVID-19 vaccination

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

ADTCOV_030

[ASK ALL]

How many doses of a COVID-19 vaccine have you received?

- 0 dose 00
- 1 dose 01
- 2 doses 02
- 3 doses 03
- 4 doses 04
- 5 or more doses 05
- * Valid skip/not applicable 7
- * Don't know 8
- * Refusal 9

ADTCOV_040

[ASK IF ADTCOV_030=3,4 or 5]

INTERVIEWER INSTRUCTIONS:

Please provide the definition on booster dose to the respondent:

A booster dose may be offered to people 6 months after completing their primary series for continued protection against COVID-19 infections.

Have you received a COVID-19 vaccine booster dose?

Responses:

- Yes, I have received one COVID-19 vaccine booster dose 01
- Yes, I have received two COVID-19 vaccine booster doses 02
- Yes, I have received three or more COVID-19 vaccine booster doses 03
- No, I have not received a COVID-19 vaccine booster dose 00
- * Valid skip/not applicable 7
- * Don't know 8
- * Refusal 9

ADTCOV_050

[ASK IF ADTCOV_040=01, 02 or 03]

Have you ever been reluctant or hesitated to get a COVID-19 booster dose?

Responses:

Yes	01
No	00
* Valid skip/not applicable	7
* Don't know	8
* Refusal	9

ADTCOV_051

[ASK IF ADTCOV_050=1]

For which reasons were you reluctant to get a COVID-19 booster dose?

INTERVIEWER INSTRUCTIONS: (READ LIST - MULTIPLE ANSWERS ALLOWED)

Please select all that apply.

Responses:

I have concerns about the safety and/or side effects of having a COVID-19 booster dose	01
I think COVID-19 vaccines are not effective in protecting me from the virus	02
I am well protected after receiving two doses/being fully vaccinated	03
I am not at high risk of getting COVID-19	04
I already had COVID-19	05
I had bad reactions to the previous doses	06
I have concerns getting it with the flu vaccine	07
I was waiting for an updated vaccine targeting new variants	08
Other reasons; specify	6
DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

ADTCOV_052

[ASK IF ADTCOV_050=1]

What made you decide to get a COVID-19 booster dose despite your initial reluctance?

INTERVIEWER INSTRUCTIONS: (READ LIST - MULTIPLE ANSWERS ALLOWED)

Please select all that apply.

Responses:

There was a high number of COVID-19 cases in my area	01
I was recommended by a health care professional	02
I fear I may regret it later if I don't	03
It is required at my work place	04
I had concerns over mandatory vaccination policies	05
I thought the benefits are more important than risks	06
I was advised by a friend or a family member	07
A vaccine targeting new variants (e.g. Omicron variant) is available	08
Other reasons; specify	6

- * Valid skip/not applicable 7
- * Don't know 8
- * Refusal 9

ADTCOV_060

[ASK IF ADTCOV_040=00 or ADTCOV 030 = 01 or 02]

How likely are you to get a booster dose of a COVID-19 vaccine?

(READ LIST. ONLY ONE MENTION)

Responses:

- Very unlikely 01
- Somewhat unlikely 02
- Somewhat likely 03
- Very likely 04

I already booked an appointment for my booster dose 05

- * Valid skip/not applicable 7
- * Don't know 8
- * Refusal 9

ADTCOV_070

[ASK IF ADTCOV_030=01, 02, 03, 04 or 05]

How likely are you to keep your COVID-19 doses up to date (e.g. continue to receive them as you become eligible for another booster dose)?

(READ LIST. ONLY ONE MENTION)

Responses:

- Very unlikely 01
- Somewhat unlikely 02
- Somewhat likely 03
- Very likely 04

I already booked an appointment for another booster dose 05

- * Valid skip/not applicable 7
- * Don't know 8
- * Refusal 9

Single mention question

[ASK IF ADTCOV_060 or ADTCOV_070 = Very likely or somewhat likely or ADTCOV_04=01, 02 or 03]

ADTCOV_080

What is the main reason why you would receive COVID-19 booster doses? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

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

To protect myself personally from COVID-19	01
To protect my family members from COVID-19	02
To prevent the spread of COVID-19 in my community	03
To more safely spend time with family and friends in person	05
It is required at my work place	06
Concerns over vaccination policies	07
It was recommended by a health care professional	08
For travel related purposes	09
A vaccine targeting new variants (e.g. Omicron variant) is available	10
Other reasons; specify	6
DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

Single mention question

[ASK IF ADTCOV_060 or ADTCOV_070 = somewhat unlikely or very unlikely]

ADTCOV_090

What is the main reason why you do not intend to get a COVID-19 booster dose? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

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

I have concerns about the safety and/or side effects of having so many COVID-19 vaccines	01
I think COVID-19 vaccines are not effective in protecting me from the virus	02
I am well protected with the current dose	03
I am not at high risk of getting COVID-19	04
I already had COVID-19	05
I had bad reactions to the previous doses	06
I have concerns getting it with the flu vaccine	07
I don't think COVID-19 infection is serious enough anymore to need a booster dose	08
I'm fed up with getting vaccinated	09
Other reasons; specify	6
DO NOT READ) Valid skip/ Not applicable	7
(DO NOT READ) Don't know	8
(DO NOT READ) Refusal	9

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

Single mention question

[ASK ALL]

ADTCOV_100

“It’s a good thing for children to get natural immunity (protection) against COVID-19 by being exposed to coronavirus.”

Responses:

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

Single mention question

[ASK ALL]

ADTCOV_110

“It’s a good thing for adults to get natural immunity (protection) against COVID-19 by being exposed to coronavirus.”

Responses:

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

ANCIENNE AUDTCOV_110 SUPPRIMÉE

ADTCOV_120

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

Responses:

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

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

Section info

QSCTDEMO

INTERVIEWER SCRIPT:

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

Single mention question

Scola

[ASK ALL]

[ORDRE DE LA LISTE : En ordre]

ADTDEM_040

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

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

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

Single mention question

Reven

[ASK ALL]

[LIST ORDER : IN ORDER]

ADTDEM_050

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

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

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

Simple mention question

[ASK ALL]

ADTDEM_060

Were you born in Canada?

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

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

Simple mention -open

[ASK IF ADTDEM_060=0]

ADTDEM_070

In which country were you born?

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

China	156
France	250
Germany	276
Greece	300
Guyana	328
Hong Kong	344
India	356
Iran	364
Italy	380
Jamaica	388
Lebanon	422

Netherlands	528
Pakistan	586
Philippines	608
Poland	616
Portugal	620
Romania	642
Korea, Republic of (South Korea)	410
Sri Lanka	144
Taiwan	158
Trinidad and Tobago	780
United Kingdom	826
United States	840
Vietnam	704
Algeria	012
Belgium	056
Colombia	170
Afghanistan	004
Bangladesh	050
Turkey	792
Ukraine	804
Other; specify	996
(DO NOT READ) Valid skip/ Not applicable	997
(DO NOT READ) Don't know	998
(DO NOT READ) Refusal	999

Numerical question

[ASK IF ADTDEM_060=0]

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

ADTDEM_080

How many years have you been living in Canada?

INTERVIEWER INSTRUCTIONS: (RECORD NUMBER OF YEARS.)

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

INTERVIEWER SCRIPT:

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

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