



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Key adult populations Immunization Coverage Survey (KAPICS) 2025

Methodological Report

Prepared for the Public Health Agency of Canada

Supplier name: Advanis Inc.

Contract number: 6D142-247781

Contract value: \$296,072.43 (including HST)

Award date: January 31, 2025

Delivery date: July 16, 2025

Registration number: POR 099-24

For more information on this report, please contact Health Canada at:

hc.cpab.por-rop.dgcap.sc@canada.ca

Ce rapport est aussi disponible en français.

TABLE OF CONTENTS

- TABLE OF CONTENTS 2**
- 1. EXECUTIVE SUMMARY..... 4**
 - 1.1 BACKGROUND 4**
 - 1.2 OBJECTIVES 4**
 - 1.3 METHODOLOGY 5**
 - 1.4 CONTRACT VALUE 6**
 - 1.5 POLITICAL NEUTRALITY REQUIREMENT..... 6**
- 2. METHODOLOGY 7**
 - 2.1 SURVEY DESIGN 7**
 - 2.2 SAMPLING AND ADMINISTRATION 7**
 - 2.3 WEIGHTING AND DATA CLEANING 9**
 - 2.4. QUALITY CONTROL 9**
- 3. NON-RESPONSE BIAS..... 11**
- 4. GUIDELINES FOR ANALYSIS AND RELEASE 12**
 - 4.1 ROUNDING GUIDELINES..... 12**
- APPENDIX A: WEIGHTS FOR THE DIRECT WEIGHTING METHOD 13**
- APPENDIX B: QUESTIONNAIRE 19**

Key adult populations Immunization Coverage Survey (KAPICS) 2025

Methodological Report

Prepared for the Public Health Agency of Canada

Supplier Name: Advanis Inc.

July 2025

This report presents the methodological details for the **Key adult populations Immunization Coverage Survey (KAPICS) 2025** conducted by Advanis Inc. on behalf of the Public Health Agency of Canada (PHAC). The survey was administered among 5,754 members of the adult Canadian general public, between February 19 to March 24 and from May 1 to July 3, 2025.

Ce rapport est aussi disponible en français sous le titre: **Enquête sur la couverture vaccinale dans les populations adultes clés (ECVPC) 2025**

This publication may be reproduced for non-commercial purposes only. Prior written permission must be obtained from the Public Health Agency of Canada. For more information on this report, please contact:

hc.cpab.por-rop.dgcap.sc@canada.ca

Health Canada, CPAB
200 Eglantine Driveway, Tunney's Pasture
Jeanne Mance Building, AL 1915C
Ottawa, Ontario K1A 0K9

Catalogue Number:

H14-664/2025E-PDF

International Standard Book Number (ISBN):

978-0-660-78735-0

Related publications (registration number: POR 099-24:

Catalogue number: H14-664/2025F-PDF (Methodological Report, French)

International Standard Book Number (ISBN): 978-0-660-78736-7 (French)

1. Executive Summary

1.1 Background

Surveillance data suggests that vaccine coverage is uneven across Canada. Furthermore, results from existing surveillance tools suggest that some population sub-groups are under-surveyed, which results in insufficient data regarding immunization status, and knowledge, attitudes and behaviors towards vaccination within these specific groups. In turn, this hinders core immunization functions such as vaccine surveillance, vaccine confidence, available data, policy, public health guidance, and knowledge mobilization activities.

In the effort of addressing immunization coverage gaps relating to key adult populations, the Public Health Agency of Canada (PHAC) is seeking third party to update the former surveillance tool, the Vulnerable and Hard-to-reach Populations COVID-19 Immunization Coverage Survey (VHCICS), by expanding the scope of the survey through covering additional vaccines beyond vaccines against COVID-19. Hence, to reflect this change, the survey name for this iteration is, Immunization Coverage Survey in key adult populations (KAPICS) 2025.

The purpose of the KAPICS 2025 is to provide information regarding adulthood immunization coverage that is currently unavailable, and to continue to measure COVID-19 immunization coverage and uptake as well as flu vaccination coverage in key adult populations. This surveillance tool is needed to continue to address data coverage gaps identified for these sub-populations and to inform public health vaccination programs and initiatives. It will also inform decisions on prioritizing investments and crucial information funneled through PHAC, as well as federal, provincial, territorial and private partners.

1.2 Objectives

The primary objective of this surveillance study is to maintain a surveillance tool to gain a better understanding of vaccine coverage-related information in select key adult populations.

Specifically, the research aims to collect information on:

- Immunization Status, including COVID-19, flu and other routine adult immunizations
- Intent to get vaccinated for those not yet vaccinated
- Reasons for non-vaccination (including barriers)
- Knowledge, attitudes and beliefs toward vaccination
- Sources of information on vaccines accessed by respondents
- Socio-demographic characteristics that are linked to inequalities in vaccination uptake

The second research objective is to document the socioeconomic, cognitive, and motivational factors associated with low vaccination uptake of in eight (8) key adult populations (indicated below).

1.3 Methodology

Data collection started on February 19, 2025, was suspended on March 23 due to election period and restarted on May 1 and ended on July 3, 2025, and was conducted by Advanis.

The KAPICS contained a benchmark survey that was a probability-based survey of 961 Canadians aged 18 or older using Advanis' General Population Representative Sample (GPRS) sample in a multi-phase sampling approach. This approach involved collecting data from randomly selected sample units (GPRS), and then collecting more data from a randomly selected subsample¹.

Advanis then used the same core questions in the questionnaire administered to the general population to survey 8 key populations groups, each with a couple of variations according to the target population. Overall, a sample of 5,754 Canadians aged 18 or older was reached using Advanis' GPRS sample. For the key elect groups, recruitment was completed using targeting information Advanis had on profile within the GPRS database to ensure quota minimums were met. Targeting was possible for those in groups A and B, but group C was based on natural fallout of the sample. The results can be extrapolated to general population and to the targeted A and B subpopulations.

The 8 key populations groups included:

- **Group A:** key populations aged 18 years and older
 - a) people with lower income (less than \$60k per year, per household);
 - b) people with lower education (high school or less); and
 - c) younger adults (aged 18-29 years).

- **Group B:** Key populations aged 18 years and older
 - a) Indigenous people;
 - b) visible minorities (including Indigenous);
 - c) recent immigrants (adults who have lived in Canada for less than 10 years); and
 - d) people living in rural or remote locations.

- **Group C:** Key populations aged 18 years and older
 - a) people who use drugs (i.e., illegal substances excluding alcohol, cannabis or tobacco);

Participants pulled from Advanis' GPRS sample were recruited by cell phone and were invited to participate in a Web survey. Those who agreed to participate received an email or SMS inviting them to take part in the survey.

Survey results were weighted by nested data obtained from Statistics Canada from the 2021 census. The weighting variables included status on gender, education, income, age, population center, visible minority, recent immigrant and Indigenous. The results for 2025 are based on responses from 5,754 Canadians across all provinces and territories. Recruitment ensured quotas were reached for key sub-populations to ensure statistical relevance and representativeness.

¹ Statistics Canada (2021). Statistics: Power from Data! – Probability Sampling – Multi-Phase Sampling Approach. <https://www150.statcan.gc.ca/n1/edu/power-pouvoir/ch13/prob/5214899-eng.htm#a7>

1.4 Contract Value

The contract value for this survey was \$296,072.43 (including HST).

1.5 Political Neutrality Requirement

I hereby certify as a Senior Officer of Advanis that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research.

Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.



Nicolas Toutant
Vice President, Research and Evaluation
Advanis
nicolas.toutant@advanis.ca

2. Methodology

The Public Health Agency of Canada (PHAC) sought to address COVID-19 data coverage gaps relating to vulnerable and hard-to-reach populations. PHAC contracted Advanis to conduct the third iteration of the *Key adult populations Immunization Coverage Survey (KAPICS) 2025 (formerly the Vulnerable and Hard-to-reach Populations COVID-19 Immunization Coverage Survey (VHCICS))*, a 11-minute online survey of Canadians 18 years and older. The study used Advanis' proprietary, probability-based General Population Representative Sample (GPRS). The probability-based study was conducted using a two-step approach where respondents were recruited by cell phone to participate in an online web survey. Respondents were invited to participate in the online survey by either email or SMS (text message), based on their preference at the time of recruitment. After the initial invitation, if respondents had not yet completed the survey, they were sent up to two (2) reminder messages. Reminder messages were sent 3 and 6 days after the initial recruitment.

2.1 Survey Design

The questions for this survey were designed by the Public Health Agency of Canada and supplied to Advanis in both English and French. Advanis reviewed the French survey translations. The questionnaire contained core questions about immunization status, intent to get vaccinated, reasons for non-vaccination (including barriers), knowledge attitudes and beliefs related to vaccination, and sources of information on vaccines, demographics, and questions about general health. In this iteration of the KAPICS, a few questions were also included for routine adulthood vaccines and hesitancy to get flu vaccines.

This survey adhered to the Government of Canada's standards for pre-testing were adhered to. The pretest was conducted in both English and French. The pretest was conducted from February 19th to 20th, 2025. During this pretest, 117 people were recruited by cell phone in English and French. This led to 40 completed online surveys (27 French, and 13 English). After the pretest, a few questions were removed so the length could be closer to the 10 minutes goal from the 14 minutes observed. Given that only removals were made after the pre-test, the completes were retained in the final dataset and included as part of the total sample size.

Among those completing the survey the average length was 11 minutes.

2.2 Sampling and Administration

The target audience for this project included specialized population groups, as well as a general population group that serves as benchmark for comparison. Respondents needed to be 18 years of age or older and living in Canada in order to be eligible for the survey.

The targeted number of completed surveys was 5,700 Canadian adults. A total of 5,754 responses were obtained (4,593 in English and 1,161 in French) to reach quotas (Table 1).

Table 1: Geographic sample and completes

Population Groups by Province	Total Completes	Group A key Populations			Group B key Populations				Group C Key Populations
		Low education	Low income	Younger adults	Indigenous	Visible minority (incl. Indigenous)	Recent immigrants	Rural or Remote	Drug users
Alberta	683	329	167	138	34	158	32	108	49
British Columbia	829	334	198	147	39	261	57	98	76
Manitoba	336	196	79	71	31	101	21	90	16
Saskatchewan	240	115	63	68	18	37	10	63	10
Ontario	1,844	665	379	370	51	734	148	257	138
Quebec	1,353	476	365	194	27	293	79	228	80
Atlantic	456	175	140	68	22	72	24	150	31
Territories	12	1	1	2	1	3	0	5	1
Total	5,754	1,444	1,908	936	420	1,424	453	1,055	401
Target	5700	900	900	900	400	900	400	400	Natural fallout

Overall, 29,364 people were recruited to participate in the survey, with 5,754 completing the web survey for a response rate of 19.6%, and a margin of error of +/-1.3% (19 times out of 20 at a 95% confidence interval). The average survey length was 11 minutes. Table 2 provides information on the number of completes and target completes by specialized groups A and B, though group C could not be targeted.

Table 2: Field details by specialized population group

Population Group Field Details	Total Completes	Group A key Populations*			Group B key Populations*			
		Low education	Low income	Younger adults	Indigenous	Visible minority (incl. Indigenous)	Recent immigrants	Rural or Remote
Invited	29,364	5,748	11,894	7,999	2,544	9,262	4,287	6,344
Completed	5,754	1,444	1,908	936	420	1,424	453	1,055
Response rate (completed / invited)	19.6%	25.1%	16.0%	11.7%	16.5%	15.4%	10.6%	16.6%
Margin of error	+/-1.3%	+/-2.6%	+/-2.2%	+/-3.2%	+/-4.8%	+/-2.6%	+/-4.6%	+/-3.0%

*Note that key groups are not exclusive, respondents can fall into multiple groups.

2.3 Weighting and Data Cleaning

The KAPICS data is weighted by nested data obtained from Statistics Canada from the 2021 Census. The weighting variables included status on gender, education, income, age, population center, visible minority, recent immigrant status and Indigenous status.

The values attributed to the different weight categories can be found in Appendix A. Large weights were observed for some combinations of subgroups, though the large weights influence on the global data set is not substantial. However, analysis of the subgroups with high weights should be interpreted with caution.

Data cleaning involved creating variables for each of the key adult populations, so that analysis can be easily performed for each group. Key populations were indicated in a sample variable. In addition to this, response levels in some questions were rebased to the entire population rather than just subpopulations (e.g., for levels that were only shown to Indigenous), so that percentages would accurately reflect those of the whole population and not just those of the subpopulation. Other specific comments were reviewed and back coded into existing levels where required. For some questions, when the “Other” level exceeded 10%, verbatim responses were reviewed and coded in existing categories (C2, S2, S4, S9, C17, C21). Some variables were derived for reporting purposes (e.g. A1, A12b, A13, b2)

Similar to the 2024 iteration of the study, cleaning was again done to correct respondents who selected that they were a drug user, but then in C21 indicated that the drugs used were “cannabis” or “none”. These respondents should not have selected “Yes” to drug use in S9. As such, these cases were back coded out of the drug-related questions, and their S9 response was updated to “No”.

2.4. Quality Control

Advanis employs several quality control measures to ensure success across the entire life cycle of the project. These measures are detailed below.

Survey Programming: Advanis utilizes technology to maximize quality control in survey programming. Having developed a proprietary survey engine tool, Advanis professionals are able to design and program a survey in a browser-based environment, eliminating the need to involve a programmer who is less familiar with the survey subject matter. The survey was thoroughly pre-tested by Advanis’ project team members, as well as by non-team members (non-team members provide “fresh eyes” for catching potential errors).

CATI Methodology: The CATI recruit script was programmed on Advanis’ proprietary CATI platform with no unforeseen challenges. Advanis was able to leverage its experience for the survey programming and the reminder process to achieve high quality standards. Advanis implemented the following to ensure the highest quality data collection:

- Trained the interviewers to best understand the survey’s objectives and to ensure that they were able to pronounce and understand the survey wording.
- Detailed call records were kept by the automated CATI system, and were monitored for productivity analysis (i.e., not subject to human error).
- The recruit scripts were pre-tested for best possible flow.
- Our average interviewer employment tenure is very high compared to industry standards, resulting in a team of interviewers who are more experienced and knowledgeable regarding the target audience.

- Advanis' Quality Assurance team listened to the actual recordings of ten percent of completed surveys and compared the responses to those entered by the interviewer, to ensure that responses were properly recorded. This is in addition to the live monitoring done by field supervisors.
- Team Supervisors conduct regular, more formal evaluations with each interviewer, in addition to nightly monitoring of each interviewer on their team.

To ensure high interview quality, our interviewers are trained to use various interviewing techniques. As well as maintaining a professional attitude, our interviewers must also be convincing, read word-for-word, take notes, systematically confirm the information given and listen to the respondent. Advanis has also created internal tools within the survey script for interviewers allowing them to use the phonetic alphabet to confirm email address spelling (e.g., a for alpha, b for bravo, etc.) to help reduce the amount of bounced email addresses. However, should bounced emails occur, Advanis has also developed additional tools that allow for someone to re-listen to the recording and easily adjust to correct the email address.

Web Methodology: All Advanis web surveys are hosted internally by Advanis, and employ a rigorous and stringent set of data collection control mechanisms to ensure the highest quality for the data collected, including:

- Respondents have a unique access code to ensure that only that participant can complete the online survey.
- Extensive internal logic checks are programmed directly into the survey to ensure logical responses.
- Web surveys are implemented using Advanis' proprietary software (which is designed to handle complicated survey formats).
- Advanis administered a detailed internal test and an external pretest to ensure that the survey instrument was working as planned.
- Tested the questionnaire in multiple browsers and provided PHAC with a link so they could do internal testing.

Data Handling and Reporting: For the data collected, Advanis develops rules to check the validity of the data. These rules include items such as:

- Time taken to complete the survey.
- Checking for verbatims that are gibberish or don't make sense.
- And, of course, rigorous checks are completed to ensure the data is accurate and error-free according to the questionnaire logic (skip patterns).

All data cleaning performed on projects are outlined and tracked in an internal spec document so they can be QA'd and signed off on. The original raw data file is never overwritten, so that if an error is discovered in our code, we can quickly and easily rerun things to produce a new data file. Individuals developing code incorporate internal checks in their code (e.g., crosstabs) to ensure the adjustment had the desired effect. In addition, all recoding is reviewed by another team member or technical specialist for accuracy.

3. Non-response Bias

Non-response bias occurs when non-responders differ in a meaningful way from respondents, and this difference impacts the information gathered. It is difficult to assess the presence of non-response bias since information about why non-responders did not participate is usually unavailable. That said, one way to gauge the potential impacts of non-response bias is to evaluate if the sample is representative by comparing the respondents' characteristics and gauge if they reflect known population characteristics. Where possible, we can check the distribution of respondents across various demographics (e.g., age and gender) and geographic categories and compare those distributions against known population characteristics. If the variation is fairly small and we have no reason to believe there are other factors impacting respondents' willingness to participate, we can conclude that the likelihood of non-response bias impacting the information gathered in the survey is minimal. This is the case with the current survey.

Several strategies were employed to increase response rates and reduce the effects of non-response bias. This includes:

- Recruiting respondents by telephone (cellular).
- Outpulsing a local phone number (rather than a toll-free number) which increases pick-up rates (reducing call screening).
- Systematically setting the next call date and time based on the outcome of the current call, which ensures that each respondent is called methodically across days of the week and times of the day. Especially for respondents that are difficult to reach, this maximizes the likelihood of reaching them.
- Sending an SMS text message to recruits, which assures a seamless transition from the telephone survey to the online survey, as receipt can be confirmed in real time and encourages respondents to complete the survey as soon as the call ends.
- Collecting both email address and telephone number for recruitment so that if the email address does bounce, we can contact them via SMS message if they agree.
- Offering the survey in both official languages to maximize ease of completion.

Data banners were created and provided to PHAC. The first set is divided by demographic information including sex at birth, gender, region, and age group. The second set is divided by the overall population sample (i.e., general population vs. targeted population (all combined)), as well as the specific target population groups based on education, income, being part of the indigenous community, living in a rural or urban area, being part or not of a visible minority group, etc. Net variables were also created. For example, Likert scales of 5 or 7 items were simplified to two or three categories (e.g., "agree" and "disagree"). Those nets are presented along with their respective detailed initial categories.

4. Guidelines for Analysis and Release

Any results with an unweighted base size (denominator) of less than 30 should be interpreted with caution.²⁻³ This is due to the increased coefficient of variation and, hence, there are larger confidence intervals around results with smaller bases. Furthermore, for confidentiality purposes, any results with a base of less than 10 should be suppressed. For all estimates based on a denominator size of less than 30 (but 10 or more), the following guidelines for data suppression related to coefficient of variations (CV) should be used when reporting estimates:²

Type of Estimate	CV (in %) ⁴	Guidelines
Acceptable	$CV \leq 15.0$	Estimates can be considered for general unrestricted release. Requires no special notation.
Marginal	$15.0 < CV \leq 35.0$	Estimates can be considered for general unrestricted release but should be accompanied by a warning cautioning users of the high sampling variability associated with the estimate.
Unacceptable	$CV > 35.0$	It is recommended to not release estimates of unacceptable quality.

Examining the confidence interval of the estimate will provide further indication of the quality of the estimate in terms of the variability. Long confidence intervals indicate less precision in the estimate while smaller confidence intervals indicate greater precision. When assessing the trustworthiness of sample proportions, the confidence intervals of estimates should be taken into account.²

4.1 Rounding Guidelines

Users are urged to adhere to the following rounding guidelines for estimates.

- Estimates in the main body of a statistical table are to be rounded to the nearest hundred units using the normal rounding technique. In normal rounding, if the first or only digit to be dropped is 0 to 4, the last digit to be retained is not changed. If the first or only digit to be dropped is 5 to 9, the last digit to be retained is raised by one. For example, in normal rounding to the nearest 100, if the last two digits are between 00 and 49, they are changed to 00 and the preceding digit (the hundreds digits) is left unchanged. If the last digits are between 50 and 99, they are changed to 00 and the preceding digit is increased by 1.
- Marginal sub-totals and totals in statistical tables are to be derived from their corresponding un-rounded components and then are to be rounded themselves to the nearest 100 units using normal rounding.
- Averages, rates and percentages are to be computed from un-rounded components (i.e. numerators and/or denominators) and then are to be rounded themselves to one decimal using normal rounding. In normal rounding to a single digit, if the final or only digit to be dropped is 0 to 4, the last digit to be retained is not changed. If the first or only digit to be dropped is 5 to 9, the last digit to be retained is increased by 1.
- Under no circumstances are un-rounded estimates to be published or otherwise released by users. Un-rounded estimates imply greater precision than actually exists.

² CDC. National Center for Health Statistics Data Presentation Standards for Proportions, 2017, page 2.

Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

³ Statistics Canada. Canadian Community Health Survey (CCHS) – Annual Component. User Guide. 2021 microdata file. Ottawa: Statistics Canada, 2022. Available upon request to Statistics Canada.

⁴ CV= (standard error / coefficient) * 100 where the coefficient is either the regression coefficient or the proportion estimate.

Appendices

Appendix A: Weights for the direct weighting method

Definition of weighting variables. All the definitions are based on statistic Canada categories.

- 1- Gender: Men+ includes cisgender men, transgender men and half of the non-binaries. Women+ includes cisgender women, transgender women and half of the non-binaries.
- 2- Education: Low education is high school or less. Not low education includes all others.
- 3- Income: Low income is less than \$60,000. Not low income is \$60,000 or more.
- 4- Age: We have 4 age categories, 18-29, 30-34, 35-54 and 55+.
- 5- Urban or rural / remote: self-defined as rural or remote. Else are urban.
- 6- Origin: Visible minority or not a visible minority.
- 7- Indigenous: Is indigenous includes First Nation, Métis and Inuit/Inuk.
- 8- Recent immigrant: Recent immigrant is defined as a resident for less than 10 years.

Weighting category	weights
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Not rural or remote , Not visible minority , Not indigenous, not recent immigrant	0,651
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Not rural or remote , Not visible minority , Recent immigrant (2011-2021)	1,023
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Not rural or remote , Visible minority (inc. Indigenous) , Not indigenous, not recent immigrant	1,186
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Not rural or remote , Visible minority (inc. Indigenous) , Indigenous Identity	0,378
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Not rural or remote , Visible minority (inc. Indigenous) , Recent immigrant (2011-2021)	1,989
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Rural or remote , Not visible minority , Not indigenous, not recent immigrant	0,763
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Rural or remote , Visible minority (inc. Indigenous) , Not indigenous, not recent immigrant	0,591
Man+ , Not low education (More than high school) , Not low income (60k or more) , 18-29 , Rural or remote , Visible minority (inc. Indigenous) , Indigenous Identity	0,883
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Not rural or remote , Not visible minority , Not indigenous, not recent immigrant	0,522
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Not rural or remote , Not visible minority , Recent immigrant (2011-2021)	1,035
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Not rural or remote , Visible minority (inc. Indigenous) , Not indigenous, not recent immigrant	0,725
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Not rural or remote , Visible minority (inc. Indigenous) , Indigenous Identity	0,507
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Not rural or remote , Visible minority (inc. Indigenous) , Recent immigrant (2011-2021)	1,304
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Rural or remote , Not visible minority , Not indigenous, not recent immigrant	1,042
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Rural or remote , Not visible minority , Recent immigrant (2011-2021)	0,251
Man+ , Not low education (More than high school) , Not low income (60k or more) , 30-34 , Rural or remote , Visible minority (inc. Indigenous) , Not indigenous, not recent immigrant	0,597
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Not rural or remote , Not visible minority , Not indigenous, not recent immigrant	1,103
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Not rural or remote , Not visible minority , Recent immigrant (2011-2021)	0,341
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Not rural or remote , Visible minority (inc. Indigenous) , Not indigenous, not recent immigrant	1,403
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Not rural or remote , Visible minority (inc. Indigenous) , Indigenous Identity	0,317
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Not rural or remote , Visible minority (inc. Indigenous) , Recent immigrant (2011-2021)	0,477
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Rural or remote , Not visible minority , Not indigenous, not recent immigrant	1,182
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Rural or remote , Visible minority (inc. Indigenous) , Not indigenous, not recent immigrant	0,436
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Rural or remote , Visible minority (inc. Indigenous) , Indigenous Identity	0,962
Man+ , Not low education (More than high school) , Not low income (60k or more) , 35-54 , Rural or remote , Visible minority (inc. Indigenous) , Recent immigrant (2011-2021)	0,251
Man+ , Not low education (More than high school) , Not low income (60k or more) , 55+ , Not rural or remote , Not visible minority , Not indigenous, not recent immigrant	0,848

Appendix B: Questionnaire

Immunization Coverage Survey in key adult populations (KAPICS) 2025

Government of Canada (Non-protected)

Generated on 2025-02-19 at 09:32:13 MT



Languages: English, French

Section Login page

wcag

Page Consent Form *Show if isWeb (custom: <<current_mode_is("web")>>)*

wcag *Show if OfferWCAG (custom: <<current_mode_is("web")>> and <<offer_wcag()>>)*

Invitation to Participate

You have been invited to participate in a public health, knowledge, attitudes and experiences survey which is being conducted among key Canadian populations that are under-surveyed using existing vaccination tracking tools. The Public Health Agency of Canada has contracted an independent public opinion research company, [Advanis \(https://advanis.net\)](https://advanis.net) (TellCityHall is one of Advanis' data collection methods), to conduct the research on behalf the Public Health Agency of Canada.

The online survey is voluntary and will take approximately 10 minutes to complete.

If you agree to participate in this survey, please click on the following button to continue:

Participation in this study is voluntary and you can withdraw at any time. There will be no consequences if you decide not to participate. Your decision to participate does not waive your right to legal recourse in the event of research-related harm. You may skip questions that you do not feel comfortable answering by clicking "Prefer not to answer", where applicable. You may also complete the survey in several sessions and from different devices. If you get interrupted while doing the survey, you can click on the same link to pick up right where you left off. Once data has been collected, please note that researchers have no way of knowing which data belongs to which participant. The results from partially completed or abandoned surveys will be deleted.

What will you be asked to do?

You will be asked to complete a survey to answer some demographic questions and questions related to vaccines. Please note that certain questions will be asked at the start of the survey to determine if you are eligible to participate. If you are not eligible to participate, your data will be removed and destroyed.

Why are we collecting your information?

The aim of this survey is to gain an understanding about knowledge, attitudes, and experiences related to public health topics in Canada.

You will be asked questions, such as age, gender, and ethnicity in order to better understand knowledge, attitudes, and experiences across different key populations. Your home address cannot be identified with this information. We will not ask you to provide us with any information that could directly identify you, such as name(s), or full date of birth, and data will be stored on password-protected computers. However, in exceptional circumstances, individual responses in combination with other available information could lead to identifying you. The protection of your personal information is very important to us and we will make every effort to safeguard it and reduce the risk that you are identified.

It is possible that some questions may be upsetting to some people. Risks to participants will be minimized by providing a note before these questions appear. You have the right to skip any questions you are not comfortable answering.

What is the authority to collect the information?

The information you provide to the Public Health Agency of Canada is collected by the Centre for Immunization Surveillance and Programs under the authority of section 4 of the *Department of Health Act* and Section 3 of the *Public Health Agency of Canada Act* and handled in accordance with the *Privacy Act*.

Will we use or share your personal information for any other reason?

The survey firm, [Advanis \(https://advanis.net\)](https://advanis.net), will be responsible for collecting survey data from all participants. Once data collection is complete, Advanis will provide the Public Health Agency of Canada with a dataset that will not include any individual responses to reduce the risk that you could be identified. All the responses received will be grouped for analysis and presented in grouped form. The dataset will also be available by the Public Health Agency to federal and provincial governments, Indigenous governments and organizations, and researchers across Canada, if requested. Any reports or publications produced based on this research will use grouped data and will not identify you or link you to these survey results.

What are your rights?

You have a right to complain to the Privacy Commissioner of Canada if you feel your personal information has not been handled properly.

If you have any questions or concerns about the survey or the information we are collecting, please e-mail: [survey+kapics2025@tellcityhall.ca \(mailto:survey+kapics2025@tellcityhall.ca\)](mailto:survey+kapics2025@tellcityhall.ca).

For technical support with the survey, accessibility requirements, or to request to complete the survey over the phone you can contact [survey+kapics2025@tellcityhall.ca \(mailto:survey+kapics2025@tellcityhall.ca\)](mailto:survey+kapics2025@tellcityhall.ca).

For more information about vaccination: [https://www.canada.ca/en/public-health/services/immunization-vaccines.html \(https://www.canada.ca/en/public-health/services/immunization-vaccines.html\)](https://www.canada.ca/en/public-health/services/immunization-vaccines.html).

The collection of your personal information is described in Info Source at [infosource.gc.ca \(https://www.canada.ca/en/health-canada/corporate/about-health-canada/activities-responsibilities/access-information-privacy/info-source-federal-government-employee-information.html#a5.2\)](https://www.canada.ca/en/health-canada/corporate/about-health-canada/activities-responsibilities/access-information-privacy/info-source-federal-government-employee-information.html#a5.2). Refer to the class of personal information entitled **Health Related Research**.

The Public Health Agency of Canada has contracted an independent public opinion research company, [Advanis \(https://advanis.net\)](https://advanis.net), to conduct the research on PHAC's behalf. This project has been registered with CRIC under number: 20250210-AD722. [CRIC website \(https://www.canadianresearchinsightscouncil.ca/rvs/home/\)](https://www.canadianresearchinsightscouncil.ca/rvs/home/).

- 1 If you require a screen reader or assistive device to complete this survey, check this box to access a compatible version
- 2 Start Survey

S1

In what year were you born?

Minimum: 1923, Maximum: 2024

Year of birth _____

- .8 Prefer not to answer

S1a Show if YoB Prefer not to answer (S1 = Prefer not to answer)

To ensure you are eligible for this survey, we need to know your age category.

Can you tell us your age group?

- 1 Under 18
- 2 18 to 24
- 3 25 to 29
- 4 30 to 34
- 5 35 to 44
- 6 45 to 54
- 7 55 to 64
- 8 65 or older
- .8 Prefer not to answer

T2 Show if Under 18 ((S1 > 2007) OR (S1a = 1))

Thank you for your interest but for this survey you must be 18 years of age or older.

Status Code: 506

T3 Show if Refused Age (S1a = Prefer not to answer)

Thank you for your interest but for this survey we need to know your age in order to compile the results for analysis.



ADVANIS

(<http://www.advanis.ca>) and our public policy

service



TellCityHall

(<http://tellcityhall.ca/>)

Status Code: 507

S2

What is the highest level of formal education you have completed?

- 1 Less than a high school diploma or equivalent
- 2 High school diploma or equivalent
- 3 Registered apprenticeship or other trade certificate or diploma
- 4 College/CEGEP or other non-university certificate or diploma
- 5 University certificate or diploma below bachelor's level
- 6 University – bachelor's degree or equivalent
- 7 University – post-graduate degree above bachelor's level or equivalent
- 8 Other, please specify: _____
- .8 Prefer not to answer

S3

Please indicate your total household income, before taxes and deductions, for the year ending December 31, 2024. Your **total household income** consists of the total amount of money earned by **all household members**.

- 1 Less than \$60,000
 2 \$60,000 or more

S4int

In order to better understand the diversity of the Canadian population, as well as to help achieve greater equity and diversity in public health, we would like to ask you a few questions about your general background.

(Show if Web) Please click the arrow below to continue.

S4

Which of the following best describes the racial or ethnic community that you belong to? We recognize this list of racial or ethnic identifiers may not exactly match how you would describe yourself.

(Show if CATI) Please select all that apply to you.

(Show if Web) Please select all that apply to you.

- 8 White
 1 Black (African, Afro-Caribbean, African descent)
 2 East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other East/Southeast Asian descent)
 3 Indigenous (First Nations, Métis and/or Inuit)
 4 Indigenous (from another part of the world)
 5 Latino/Latina (e.g. Latin American, Hispanic descent)
 6 Middle Eastern and North African (e.g. Arab, Algerian, Egyptian, West Asian descent (e.g. Iranian, Israeli, Lebanese, Turkish, Kurdish, etc.))
 7 South Asian (e.g., Afghan, Indian, Pakistani, Bangladeshi, Sri Lankan, etc.)
 9 Other, please specify: _____
 -8 Prefer not to answer
 -9 Don't know

S5 *Show if isIndigenous (S4_3 = 1)*

Do you identify as First Nations, Métis and/or Inuit?

(Show if CATI) Please select all that apply.

(Show if Web) Please select all that apply.

- 1 First Nations (includes status and non-status individuals)
 2 Métis
 3 Inuit
 -8 Prefer not to answer

S6

Do you live in an urban or rural or remote area?

An **urban area** is a city, town or village with a population of 1,000 people or more.

A **rural area** is defined as an area with less than 1,000 inhabitants and a population density less than 400 people per square kilometre. Rural areas can include:

- small towns, villages and other populated places with less than 1,000 population according to the current census
- rural areas of census metropolitan areas and census agglomerations that may contain estate lots, as well as agricultural, undeveloped and non-developable lands
- agricultural lands
- remote and wilderness areas.

- 1 Urban
- 2 Rural or remote
- 8 Prefer not to answer
- 9 Don't know

S7a Show if isNOT Indigenous NOT (S4_3 = 1)

Which group best defines your citizenship status in Canada?

- 1 Canadian citizen - Born in Canada
- 2 Canadian citizen - Born outside of Canada, and became Canadian citizen
- 3 Permanent resident or landed immigrant (including overseas refugees entering Canada)
- 4 A claimant (Foreign National entered Canada under this category who are awaiting an Immigration and Refugee Board decision or have been found in need of protection (Protected Person))
- 5 Temporary Resident in Canada (e.g., international student, visitor, temporary foreign worker, but excluding current refugee claimants/asylum seekers)
- 8 Prefer not to answer
- 9 Don't know

S7b Show if Canadian by naturalization OR Permanent resident (S7a = 2,3)

In what year did you first come to Canada to live?

Minimum: 1923, Maximum: 2025

Enter year of arrival: _____

- 8 Prefer not to say
- 9 Don't know

Section Section A: Vaccination history

A0, A14int, A14, A2, A2b, A15, A16, A1, A11, A6, A7a, A12, A17, , A12b, A13

Page Section A**A0**

What is your perception of vaccination in general?

- 1 I am generally **opposed** to vaccination
- 2 I am generally **neither in favor nor opposed** to vaccination
- 3 I am generally **in favour** of vaccination

A14int

This section is about routine vaccinations and DOES NOT include questions about influenza (flu), respiratory Syncytial virus (RSV) vaccines and COVID-19 which will be asked about later in the survey. *If you have any vaccine documentation (e.g. vaccine card, app, etc.) available to refer to when answering the questions, it may be helpful but is not necessary.*

A14

Have you ever received the following vaccines?

1. Pertussis (Whooping cough) vaccine **AS AN ADULT**, that is, since you turned 18. The pertussis vaccine is usually given in combination with vaccines for diphtheria and/or tetanus (also known as lockjaw). Pertussis causes prolonged coughing spells that can make it hard to eat, drink, or breathe. These coughing spells can last for weeks and can lead to pneumonia, seizures (that is, jerking and staring spells), brain damage, and death. It can affect people of all ages, but it is most severe in young children.
2. Tetanus vaccine **IN THE PAST 10 YEARS**. The tetanus vaccine (or lockjaw) is usually given in combination with vaccines for diphtheria and/or pertussis (also known as whooping cough). Tetanus, or lockjaw, is caused by bacteria in wounds such as cuts, burns, and bites. This vaccine is often offered when presenting for health care services following a puncture wound, cut, etc. A person infected with the tetanus bacteria experiences painful muscle contractions that begin in the neck and then continue down to involve the muscles of the whole body. It can lead to “locking” of the jaw so the patient cannot open his or her mouth or swallow, hence the popular name, “lockjaw.”
3. Human Papillomavirus (HPV) vaccine. HPV vaccine school programs were introduced for girls in Canada between 2007 and 2010 and for boys between 2012 and 2018-19. HPV is the name of a virus that causes a very common group of infections that are primarily sexually transmitted. Some of these are mild and will go away on their own, but some can lead to more serious consequences such as cervical or anal cancer and, rarely, head and neck lesions, such as throat cancer.
4. Pneumococcal vaccine (the vaccine against pneumonia) **AS AN ADULT**. Invasive pneumococcal disease (IPD) is an acute and serious communicable disease caused by the bacterium Streptococcus pneumoniae. Invasive disease causes bacterial pneumonia and may lead to several syndromes including meningitis and bacteremia. For adults, pneumococcal vaccine is recommended for adults aged 50 and older in Nunavut or adults aged 65 years and older from other provinces and territories across Canada.
(Show if is65 or older logical ((S1) OR ((S1a = 8) AND (S1 = Prefer not to answer))))
5. Shingles vaccine. Shingles, also known as herpes zoster, is a painful rash with blisters. People get shingles when the virus that causes chicken pox, varicella zoster, is reactivated in their body. Although any person who has had chickenpox can get shingles, most people who do so are older than 50 or have a weakened immune system.
(Show if is50 or older logical ((S1) OR (S1a = 6,7,8)))

- 1 Yes
 0 No
 -8 Prefer not to answer
 -9 Don't know

A2

EXCLUDING influenza (flu) and COVID-19 vaccines, have you ever been hesitant to receive any particular vaccine as **an adult** (that is, after you turned 18)?

Vaccine hesitancy refers to a reluctance or delay in acceptance or refusal of vaccines despite availability

- 1 Not at all hesitant
- 2 Not very hesitant
- 3 Somewhat hesitant
- 4 Very hesitant
- 5 Not applicable (e.g., not eligible or not recommended for my age)
- 8 Prefer not to answer
- 9 Don't know

A2b Show if was hesitant to receive vaccines (A2 = 3,4)

(Show if CATI) Why were/are you hesitant and/or decided not to receive one or more vaccines as an adult (EXCLUDING influenza [flu] and COVID-19 vaccines)?

Please answer yes or no for each of the following.

Select all that apply.

(Show if Web) Why were/are you hesitant and/or decided not to receive one or more vaccines as an adult (EXCLUDING influenza [flu] and COVID-19 vaccines)?

Select all that apply.

- 1 Afraid of needles *
 - 2 Did not think it was needed/Not at risk for disease or severe disease *
 - 3 Want to discuss with my health care provider *
 - 4 Concerned about effectiveness, safety, and/or side effects *
 - 5 Negative media about vaccines or concerns about the reliability of information (e.g., news, social media, podcasts, forums) *
 - 6 Bad experience or reaction with previous vaccination *
 - 7 For religious or philosophical reasons *
 - 8 Lack of confidence in the regulatory system that approves vaccines *
 - 9 Cannot get specific vaccines due to medical reasons (e.g., allergies) *
 - 10 [Any other reason not already mentioned? / Other, please specify:]
-
- 8 Prefer not to answer
 - 9 Don't know

Levels marked with * are randomized

A16 Show if did not receive at least one vaccine ((A14_a = 0) OR (A14_b = 0) OR (A14_c = 0) OR (A14_d = 0) OR (A14_e = 0))

Would you get vaccinated against the following if it were recommended to you by a health care provider?

1. Pertussis (Whooping Cough) (Show if not Pertussis (A14_a = 0))
2. Tetanus (Show if not Tetanus (A14_b = 0))
3. Human Papillomavirus (HPV) (Show if not HPV (A14_c = 0))
4. Invasive pneumococcal disease (pneumonia) (Show if not Pneumococcal (A14_d = 0))
5. Shingles (Show if not Shingles (A14_e = 0))

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't know

A1

To the best of your knowledge, how many doses of the Health Canada approved COVID-19 vaccines have you received?

- 0 None
- 1 1 dose
- 2 2 doses
- 3 3 doses
- 4 4 doses
- 5 5 or more doses
- 8 Prefer not to answer
- 9 Don't know

A11 Show if At least one dose OR Don't know OR Prefer not to answer (A1 = 1,2,3,4,5, Prefer not to answer, Don't know)

From September 1, 2024 to now, have you received a COVID-19 vaccine?

- 1 Yes
- 2 No
- 3 No, but I have booked an appointment to get my fall 2024 COVID-19 vaccine
- 8 Prefer not to answer
- 9 Don't know

A6 Show if Have not received COVID vaccine dose OR No approved dose ((A11 = 2) OR (A1 = 0))

For what reasons have you **not received** a COVID-19 vaccine this year?

(Show if CATI) Please select all that apply.

(Show if Web) Please select all that apply.

- 1 I did not want to get vaccinated against COVID-19 *(Exclusive)*
- 15 I didn't get around to it/it was not convenient enough for me to get *
- 16 I believe I am adequately protected by previous vaccine doses or previous infections *
- 17 I was recently infected and need to wait to receive my next dose *
- 3 I feel/felt that the vaccine does not provide much protection, as you can still get COVID-19 even if vaccinated *
- 4 I don't think I am at risk of severe effects from infection *
- 5 I don't think the vaccine works *
- 6 I have concerns about the safety and/or vaccine side effects *
- 18 I had a serious reaction to previous vaccination (e.g., severe vaccine adverse effects like an anaphylactic reaction) *
- 19 I've had unpleasant side effects after previous doses and don't want to experience them again *
- 8 I heard or read negative media (e.g., on social media, blogs, forums) about vaccines *
- 9 I did not know where to find true or reliable information about vaccines *

- 10 I have concerns about the frequency of injections and vaccine schedules *
- 11 Ethical, religious or spiritual reasons *
- 12 I am not aware of any Indigenous organizations that may offer more information on vaccinations *
(Show if Indigenous CDN (S4_3 = 1))
- 13 I want to discuss COVID-19 vaccination with my health care practitioner *
- 14 Other
- 8 Prefer not to answer
- 9 Don't know

Levels marked with * are randomized

A7a Show if Not opposed to vaccine (A0 != 1)

Do you plan to get vaccinated against COVID-19 in the future?

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't know

A12

We now have a few questions about the seasonal Influenza vaccine and respiratory syncytial vaccine.

From September 1st 2024 to now, have you received the seasonal Influenza vaccine (also known as the flu shot)?

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't know

A17 Show if Did or did not get the flu shot (A12 = 0,1)

Were you hesitant to get the flu vaccine during the most recent flu season, that is, between September 1st, 2024 and March 31st, 2025?

Vaccine hesitancy refers to a reluctance or delay in acceptance or refusal of vaccines despite availability.

- 1 Not at all hesitant
- 2 Not very hesitant
- 3 Somewhat hesitant
- 4 Very hesitant
- 5 Not applicable (e.g., not eligible)
- 8 Prefer not to answer
- 9 Don't know

A12b Show if Did not get Influenza vaccine OR Don't know OR Prefer not to answer (A12 = 0, Prefer not to answer, Don't know)

How likely is it that you will get the seasonal Influenza vaccine between **now and June 2025**? Would you say you:

- 1 Will definitely get one
- 2 Will probably get one
- 3 Will probably not get one
- 4 Will definitely not get one

- .8 Prefer not to answer
 -.9 Don't know

A13

Respiratory syncytial virus or RSV is a common respiratory virus that usually causes mild cold-like symptoms. Infants and older adults are more likely to develop severe RSV and need hospitalization.

If a RSV vaccine was recommended for you and free of charge, how likely would you be to receive it?

- 1 Definitely would
 2 Probably would
 3 Probably would not
 4 Definitely would not
 -.8 Prefer not to answer
 -.9 Don't know

Section Section B: Knowledge, Attitudes, and Beliefs

B1, B2, B3, C12, C20

Page Section B**B1**

Which of the following sources of information would you be most likely to consult in order to find information on approved COVID-19 vaccines?

(Show if Web) Please select up to three (3) of the provided sources in order of importance to you.

- _____ I do not consult information on COVID-19 vaccines or have no preference on source of information
(Exclusive)
- _____ Health care workers (e.g., doctors, nurses) *
- _____ Family, friends or colleagues *
- _____ Medical associations (e.g., Canadian Public Health Association) *
- _____ My local public health clinic/Local Community Services Centre (including their websites) *
- _____ Ministry of Health within my province or territory (including their websites) *
- _____ Public Health Agency of Canada or Health Canada (including their websites) *
- _____ Social media (e.g., Facebook, Instagram, Twitter, TikTok, Snapchat) *
- _____ News or media sources (e.g., television, online (websites, blogs)) *
- _____ Online search engines (e.g., Google) *
- _____ Community leaders (e.g., community advocates, community activists, academic institutions) *
- _____ Religious or spiritual leaders (e.g., Elders, imams, priests, rabbis) *
- _____ Indigenous organizations or Friendship Centres (e.g., First Nations Health Authority) * *(Show if Indigenous CDN (S4_3 = 1))*
- _____ Politicians (e.g., municipal, provincial/territorial, federal) *
- _____ School officials (e.g., teachers, professors, educators) *
- _____ Scientific journals/publications *
- _____ National Advisory Committee on Immunization (NACI) *
- _____ International health authorities (e.g., World Health Organization (WHO), Centers for Disease Control and Prevention (CDC)) *
- _____ Other
- .8 Prefer not to answer
 -.9 Don't know

*Levels marked with * are randomized*

B2

Canadians have many viewpoints on approved vaccines and their effectiveness or necessity.

Please indicate the extent to which you agree or disagree with the following statements.

1. In general, vaccines are effective. *
2. In general, vaccines are safe. *
3. In general, the flu shot is safe. *
4. In general, the flu shot is effective. *
5. COVID-19 vaccines are safe. *
6. COVID-19 vaccines are effective. *
7. Canada has good and trustworthy systems for making sure vaccines are safe. *
8. You cannot get flu infection from a flu vaccine. *
9. The benefits of a vaccine outweigh the risk of any of its possible side effects. *
10. Vaccinating people with a weaker immune system protects them against infections. *
11. Vaccination is a safer way to build immunity against a disease than contracting it. *
12. I have access to enough trustworthy information about vaccines to make an informed decision. *
13. Alternative medicine is a good substitute for vaccination. *

*Levels marked with * are randomized*

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 8 Prefer not to answer
- 9 Don't know

B3

How would you rate your level of vaccine fatigue?

That is, the feeling of being tired of hearing about vaccination or of having to get vaccinated.

- 1 Very high fatigue
- 2 High fatigue
- 3 Moderate fatigue
- 4 Low fatigue
- 5 I am not fatigued
- 8 Prefer not to answer
- 9 Don't know

C12

In the **past 12 months**, how would you describe the **quality** of the publicly funded health care services available to you?

Public health care includes a combination of programs, services and policies that protect and promote the health of all Canadians. For example, this includes access to hospitals, physicians and diagnostics, including immunization without paying out-of-pocket.

- 1 Excellent
- 2 Very good
- 3 Good

- 4 Fair
- 5 Poor
- 6 Not applicable, no interaction
- 8 Prefer not to answer
- 9 Don't know

C20 Show if Indigenous CDN (S4_3 = 1)

In general, how would you describe your **spiritual health**? Spiritual health may include one's connection with the self, society (others), nature, and/or religion.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Prefer not to answer
- 9 Don't know

Section Section C: Sociodemographics

DemInt, C1, C2, C3, C4, S3b, C17, S9, C21

Page Section C**DemInt**

Finally, we have some questions for statistical purposes.

(Show if Web) Please click the arrow below to continue.

C1

What was your sex at birth?

- 1 Male
- 2 Female

C2

What is your gender?

Gender refers to an individual's personal and social identity as a man, woman or a person who is not exclusively a man or a woman, for example, non-binary, agender, gender fluid, queer, or Two-Spirit.

- 1 Woman (cis-gender women or transgender women)
- 2 Man (cis-gender men or transgender men)
- 3 Another gender, please specify: _____
- 8 Prefer not to answer

C3

What is your province or territory of residence?

- 1 Newfoundland and Labrador
- 2 Prince Edward Island
- 3 Nova Scotia

- 4 New Brunswick
- 5 Quebec
- 6 Ontario
- 7 Manitoba
- 8 Saskatchewan
- 9 Alberta
- 10 British Columbia
- 11 Nunavut
- 12 Northwest Territories
- 13 Yukon

C4

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

- 1 Employed full-time (working 35 or more hours per week)
- 2 Employed part-time (working less than 35 hours per week)
- 3 Student attending school full-time or part-time
- 5 Self-employed
- 4 Unemployed, but looking for work
- 6 Unemployed, but not looking for work
- 7 Retired
- 8 Other
- 8 Prefer not to answer

S3b

Which of the following categories best describes your household income for the year ending December 31, 2024?
Your **total household income** consists of the total amount of money earned by **all household members**.

- 1 Under \$20,000 *(Show if Low income (S3 = 1))*
- 2 \$20,000 to \$39,999 *(Show if Low income (S3 = 1))*
- 3 \$40,000 to \$59,999 *(Show if Low income (S3 = 1))*
- 4 \$60,000 to \$79,999 *(Show if Not low income (S3 = 2))*
- 5 \$80,000 to \$99,999 *(Show if Not low income (S3 = 2))*
- 6 \$100,000 to \$149,999 *(Show if Not low income (S3 = 2))*
- 7 \$150,000 or more *(Show if Not low income (S3 = 2))*
- 8 Prefer not to answer
- 9 Don't know

C17

Which language(s) do you primarily speak in your daily life (either at home, work, school or other)?

(Show if Web) Please select all that apply.

- 1 English
- 2 French
- 3 Indigenous language, please specify: _____
- 4 Other language, please specify: _____
- 8 Prefer not to answer

S9

In the **past 12 months**, have you used any drugs (excluding cannabis, tobacco and/or alcohol)?

Please consider any illegal drugs/substances or any drugs/substances that you have taken for reasons other than why they are recommended/prescribed (e.g., for the experience, the feeling they caused, to get high, using more than what is prescribed).

As a reminder, we want to reassure you that your responses will be used for research purposes only. Individual responses will be combined together with those of other respondents and reported as a group.

- 1 Not at all
- 2 Once or twice
- 3 3 to 11 times a year
- 4 Monthly
- 5 Weekly
- 6 Daily or almost daily
- 8 Prefer not to answer
- 9 Don't know

C21 *Show if Drug user (S9 = 2,3,4,5,6)*

Please consider any drugs that you may have taken for reasons other than why they are recommended/prescribed (e.g., for the experience, the feeling they caused, to get high) or any illegal drugs. Please **exclude** cannabis, tobacco and/or alcohol. As a reminder, all responses will remain anonymous.

In the **past 12 months**, have you used any of the drugs listed below?

(Show if Web) Please select all that apply.

- 1 Stimulants (e.g., cocaine, crack, methamphetamine, ecstasy or MDMA)
- 2 Opioids (e.g., heroin, non-pharmaceutical fentanyl)
- 3 Hallucinogens/dissociatives (LSD, psilocybin, PCP, magic mushrooms, mescaline, ketamine, DXM, angel dust)
- 4 Prescription opioids (Oxycodone, Dilaudid®, morphine, codeine, Demerol, Tylenol #3®, Fentanyl, Tramadol)
- 5 Prescription stimulants – ADHD medications (Ritalin®, Concerta®, Adderall®, Dexedrine®)
- 6 Prescription sedatives/tranquilizers (e.g., diazepam (Valium®), lorazepam (Ativan®), alprazolam (Xanax®), clonazepam (Rivotril®))
- 7 Other, please specify: _____
- 8 I do not use drugs for reasons other than why they are recommended/prescribed for me, or illegal drugs *(Exclusive)*
- 8 Prefer not to answer
- 9 Don't know

Section Recruit End

EndTCH

Page Thank you

EndTCH

(if isIndigenous (S4_3 = 1)) This is the end of the survey. On behalf of the Public Health Agency of Canada, we would like to thank you for your participation. Your responses will provide valuable and insightful information about immunizations in Indigenous across Canada.

The First Peoples Wellness Circle (FPWC) (<https://fpwc.ca/>) is a national not-for-profit corporation governed and managed by Indigenous Leaders and exists to improve the lives of Canada's First Peoples by addressing healing, wellness and other mental health challenges. Call 1-833-311-FPWC (3792)

Hope for Wellness Helpline is available 24/7 to all Indigenous people across Canada.

Call the toll-free Help Line: 1-855-242-3310 or connect to the online chat at www.hopeforwellness.ca (<https://www.hopeforwellness.ca/>).

Telephone and online counselling are available in English and French. Additional languages can be requested.

(if Default) This is the end of the survey. On behalf of the Public Health Agency of Canada, we would like to thank you for your participation. Your responses will provide valuable and insightful information about immunization coverage in Canada.

Status Code: -1