Public Health Agency of Canada | Agence de la santé publique du Canada

Childhood Seasonal Immunization Coverage Survey (CSICS), 2025

Methodological Report

Prepared for the Public Health Agency of Canada
Supplier name: Advanis Inc.
Contract number: 6D142-253261
Contract value: $299,973.29 (including HST)
Award date: September 13, 2025
Delivery date: March 27, 2026

Registration number: POR 019-25
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Ce rapport est aussi disponible en français.

Canada

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This report presents the methodological details for the *Childhood Seasonal Immunization Coverage Survey (CSICS), 2025* conducted by Advanis Inc. on behalf of the Public Health Agency of Canada (PHAC). The survey was administered among 12,211 members of the adult Canadian general public, between October 7, 2025 and February 16, 2026.

Ce rapport est aussi disponible en français sous le titre: Enquête sur la couverture vaccinale saisonnière des enfants (ECVSE), 2025 : rapport méthodologique

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Catalogue Number: H14-643/2026E-PDF

International Standard Book Number (ISBN): 978-0-660-99319-5

Related publications (registration number: 260013):
Catalogue number: H14-643/2026F-PDF (Methodological Report, French)
International Standard Book Number (ISBN): 978-0-660-99320-1 (French)

1. Executive Summary

1.1 Background

Vaccinations have been one of the most important scientific achievements in public health. They have contributed to declines in vaccine-preventable diseases (VPD) and have also helped combat progression of disease to severe illness, hospitalization and mortality. Monitoring vaccine coverage on a regular basis helps improve vaccination programs and helps public health understand how well people are protected from various VPD. Seasonal influenza and COVID-19 are public health concerns especially among certain populations, such as young children, older adults, and those with underlying medical conditions, and puts them at higher risk for serious complications.

The National Advisory Committee on Immunization (NACI) provides detailed recommendations on the use of COVID-19 and seasonal influenza vaccines among individuals 6 months and older. NACI's research priorities include the continuous monitoring of vaccine acceptance in Canada for COVID-19 vaccines and other routine vaccines, including consideration of measures that may reduce the risk of disparities in vaccine confidence and uptake across different subpopulations (including individuals in racialized and other equity-denied communities who may be disproportionately affected due to intersecting equity factors).

The Childhood Seasonal Immunization Coverage Survey (CSICS) monitors COVID-19 and seasonal influenza vaccine coverage in children younger than 18 years of age, both nationally and sub-nationally. CSICS is an annual survey that was first implemented in 2022. Prior to 2022, Canada lacked regular data on seasonal influenza coverage in children and the need for a new standalone survey was identified, given that existing surveillance tools could not be leveraged. While coverage assessment for COVID-19 and seasonal influenza vaccination is measured through provincial and territorial immunization registries and the Standardized Reporting on Vaccination (STARVAX) surveillance system, immunization registry data does not include contextual information on socioeconomic determinants of health, vaccine hesitancy, sex and gender based analysis (SGBA)+ indicators and parental knowledge, attitudes and beliefs (KABs). Understanding parental knowledge, attitudes and views is essential to estimate expected vaccine uptake and to guide education and awareness efforts to promote vaccination.

Two surveys related to children, which have captured this information are the childhood National Immunization Coverage survey (cNICS) and the Canadian Health Survey on Children and Youth (CHSCY). cNICS is a biennial survey that measures routine childhood immunization coverage among children aged 2-, 7-, 14- and 17-years old. The cNICS 2021 included questions on COVID-19 vaccination among 14- and 17-year-olds (coverage rates and reasons for not getting the vaccine) as well as intentions to get vaccinated (all children). The 2025 cNICS will measure COVID-19 vaccination among 2-, 7-, 14- and 17- year olds, but will not provide a comprehensive coverage estimate for all children of 6 months to 17 years. The CHSCY has also collected information on COVID-19 and seasonal influenza vaccination in children and youth in past cycles, but the 2024 and 2025 surveys did not measure coverage for these vaccines.

Given the limitation of registry data and of current surveys, CSICS is a complementary surveillance tool that provides data on COVID-19, seasonal influenza, and new for the 2025 cycle, routine vaccine coverage. The addition of questions to capture information on routine vaccination uptake was prompted by a significant rise in measles cases in Canada since December 2024. The CSICS is conducted more frequently than the cNICS and will provide more immediate data on vaccine uptake needed to respond to this public health challenge. It also allows for deeper understanding of behavioural and social drivers of vaccine

uptake in children. Furthermore, data from CSICS also supports Canada's international reporting commitments to the WHO.

1.2 Objectives

The primary objective of this research is to continue a surveillance program established in 2022 that provides national estimates on an annual basis and provincial/territorial level estimates, where possible.

Specifically, this research aims to:

- Provide data on:
    - Routine, COVID-19 and seasonal influenza (flu) immunization coverage among children in Canada younger than 18 years of age who are eligible for vaccination.
    - Intentions to vaccinate children.
- Determine parental knowledge, attitudes and beliefs towards their children's vaccination.
- Determine barriers to routine, COVID-19 and seasonal influenza (flu) immunization among children (e.g., vaccine hesitancy).
- Collect information on chronic medical conditions and socioeconomic indicators to examine vulnerable children or those at higher risk of complications by applying SGBA+ analysis (when possible).

1.3 Methodology

Data collection started October 7, 2025, and ended February 16, 2026, and was conducted by Advanis.

Advanis sought a probability-based target sample of 11,200 Canadian parents/guardians aged 18 or older through the use of Advanis' General Population Representative Sample (GPRS) sample and through Random digit dialing (RDD).

Data was collected using a multimodal approach, collecting survey responses online and by phone, to obtain a nationally representative sample. First, participants taken from our GPRS sample were recruited by 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. In hard-to-reach populations, the survey was also offered by phone, using a Computer Assisted Telephone Interviewing (CATI) methodology.

Survey results were weighted by region, children's age group and children's sex at birth. The results for 2025 are based on responses from 12,211 parents/guardians (18 years of age or older) with children younger than 18 years of age across all provinces and territories. Recruitment ensured quotas were reached for key sub-populations to ensure statistical relevance and representativeness. Advanis collected more survey responses than the targeted 11,200 in order to improve sample sizes in the Atlantic region and the Territories.

Weighted results can be extrapolated to the broader population. Cross tabulations must align with the weighted categories to be extrapolated to the broader population.

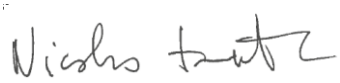
1.4 Contract Value

The contract value for this survey was $299,973.29 (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.



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2. Methodology

PHAC contracted Advanis to conduct the *Childhood Seasonal Immunization Coverage Survey 2025* (CSICS). CSICS is a survey of Canadian parents/guardians of children and adolescents younger than 18 years of age. Data collection started October 7, 2025, and ended February 16, 2026, and was conducted by Advanis.

The project used Advanis' proprietary, probability-based General Population Random Sample (GPRS), using an IVR-to-Web and CATI-to-Web methodology to contact potential respondents. This consists of using our proprietary interactive voice response (IVR) system and our in-house CATI call centre to conduct random digit dialing (RDD) to recruit respondents to be part of the GPRS sample.

This method is probability-based; that is, every recruit has an equal and known chance of being invited to participate since Advanis uses a random sampling approach when selecting people to invite from its GPRS sample. Advanis then used a two-step approach where people who are part of our GPRS sample were recruited by telephone to participate in an online web survey.

The study used Advanis' GPRS to recruit respondents to participate in a web survey and random digit dialing (RDD) for harder to reach populations. The probability-based study was conducted using a two-step approach where respondents were recruited by 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 three (3) reminder messages. Reminder messages were sent 3 and 6 days after the initial recruitment.

There can be an unknown bias since not everyone agrees to participate in studies. The inherent potential bias of our GPRS sample is similar to other random sampling approaches.

2.1 Survey Design

The questions for this survey were designed by the Public Health Agency of Canada and supplied to Advanis. Advanis was responsible for the French survey translation. The questionnaire contained questions for the parent and the child on demographics, COVID-19, influenza, and routine vaccinations, and knowledge, attitudes and beliefs (KAB) questions towards these vaccines.

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 October 7 to October 9, 2025. Advanis conducted surveys with 57 participants from across Canada (35 English and 22 French). During the pre-test phase the phone survey length averaged 26 minutes (budgeted 19 minutes) and the web survey averaged 15 minutes, the target length. Feedback from the pretest was used to refine question wording and reduce survey length from approximately 26 minutes to the target length of 19 minutes for telephone administration.

2.2 Sampling and Administration

The target audience for this project was Canadian parents/guardians of children and adolescents younger than 18 years old living in the 10 provinces and three territories. The targeted number of completed surveys was 11,200 Canadian adults. Key sub-population that required quotas were:

- Parents/guardians with children in the following age groups: 0-4 years, 5-11 years, 12-17 years
- Parents/guardians in specific regions (individual provinces and territories)
- Children of both sexes (50% males, 50% females)

Participants were taken from our GPRS sample and others were reached through Random digit dialing (RDD). If a participant expressed the desire to complete the survey online, they were sent an email or SMS invitation.

To target parents/guardians in Atlantic and Northern provinces/territories who are often more difficult to reach online, prospective participants were reached on the phone and were asked if they wanted to complete the survey with an interviewer. Those who agreed to participate in the survey were interviewed with the use of Computer Assisted Telephone Interviewing (CATI) methodology.

A total of 12,211 responses were obtained (10,382 in English and 1,829 in French) to reach quotas, where possible (Table 1a). Overall, 51.1% of children were male and 48.9% were female (unweighted). Advanis collected more survey responses than the targeted 11,200 in order to improve sample sizes in the Atlantic region and the Territories.

Table 1a: Completes and targets

Population Groups by Province	Total Completes	Total target	0 to 4 Completes	0 to 4 Target	5 to 11 Completes	5 to 11 Target	12 to 17 Completes	12 to 17 Target
NF	403	400	106	70	143	90	154	90
NS	523	475	130	70	173	90	220	90
PEI	411	400	106	70	153	90	152	90
NB	499	475	145	70	170	90	184	90
QC	2,196	2,100	532	400	851	450	813	450
ON	3,542	3,250	779	650	1,282	700	1,481	700
MB	535	500	138	80	211	100	186	100
SK	526	500	139	80	197	120	190	120
AB	1,635	1,350	395	250	570	300	670	300
BC	1,573	1,300	358	290	576	310	639	310
NT*	144	200	32	25	50	30	62	30
NU*	13	50	4	25	5	30	4	30
YT	211	200	57	25	85	30	69	30
Total	**12,211**	**11,200**	**2,921**	**2,105**	**4,466**	**2,430**	**4,824**	**2,430**

*Only targets for Nunavut and NWT were not met. It was agreed with PHAC during data collection that the numbers represented the best effort given the resources available and the timeline.

In this cycle, the aim was also to use the sample to report on routine childhood vaccines. Therefore, the selection strategy ensured that children 2, 7, 14 and 17 years were prioritised even though no specific quotas were established. To ensure a sufficient number of children in these age groups were obtained to be able to report on vaccine information, parents with children in a wider age group were asked the subset of questions on routine vaccination (Table 1b). These included parents with children who are:

- At least 2 at time of survey to <4 years
- At least 7 at time of survey to <9 years
- At least 14 at time of survey to <16 years
- At least 17 at time of survey to <18 years

Table 1b: Number of completes by selected child age for the routine vaccination section of CSICS*

Age Groups for Routine Vaccine Section	Completed the survey
Selected child age: 2 to 3 years	1,326
Selected child age: 7 to 8 years	1,131
Selected child age: 14 to 15 years	1,548
Selected child age: 17 years	980

*Note this is included in the completes reported in Table 1a

2.3 Web methodology

After having recruited participants by phone to participate in an online web survey, invitations were sent by SMS/email and grouped by province, to ensure that they were sent out during appropriate hours within each time zone. Invitations were sent to a targeted sample that matched the target audience characteristics based on already compiled information in our GPRS sample.

Overall, 47,487 people were recruited to the web survey, with 17,920 participating, for a **response rate of 37.7%.** However, 7,381 were screened out either for refusing to provide the number of children, not being a parent or legal guardian, or for living outside Canada. Hence, 10,539 eligible participants completed the web survey.

After sending the initial invitation, a reminder message was sent three days later to applicants who did not complete a survey or who were not screened out of the survey. The majority of respondents were sent two reminder messages. Overall, 104,081 SMS and email messages were sent during data collection for this study.

Table 2: Number of invitations/reminders sent

Message number	Purpose	Total Sent
1	Invite 1 (EN)	40,229
2	Invite 1 (FR)	7,258
3	Reminder 1 (EN)	27,961
4	Reminder 1 (FR)	5,124
5	Reminder 2(EN)	18,467
6	Reminder 2 (FR)	3,348
7	Reminder 3 (EN)	1,621
8	Reminder 3 (FR)	73
Total		**104,081**

Each survey had a unique number embedded in the hyperlink to eliminate the possibility of duplicate responses from any participant.

2.4 CATI methodology

Participants who completed the survey on the phone were reached between October 7, 2025, and February 16, 2026. Interviews were offered in French or English based on respondent preference. In total, 239,774 potential respondents were called and 20,280 agreed to participate in the survey. The **response rate for the CATI portion of the study was 10.8%.** Of those who agreed to participate, 18,610 were ineligible. In total, 1,670 respondents completed the survey on the phone.

Overall, 12,211 respondents completed the survey (by web or CATI), with a response rate of 13.6%, and a margin of error of +/-0.83% (19 times out of 20 at a 95% confidence interval). More detailed data collection statistics can be found in Appendix B.

2.5 Weighting and Data Cleaning

A direct weighting approach was conducted using three variables: age, sex assigned at birth and province. The population sizes are based on the latest Statistics Canada census results published for the 2021 census. This weight and its corresponding weighting scheme identifier are provided in the final clean data. Detailed weight values can be found in Appendix A.

To account for the complexity of the sampling design and any issues arising from it (i.e., selecting non-working numbers, unreachable or out-of-scope respondents, etc.) bootstrap weights were calculated to assist with estimation of variance using the Rao-Wu-Yue-Beaumont (RWYB)[1] bootstrap method.

The RWYB method generates a series of simulated samples (replicate weights) based on the original data. Unlike older variance estimation methods, the RWYB method seamlessly incorporates a Finite Population Correction (FPC) and is applicable to a wide variety of designs, including single-stage and multistage stratified designs with arbitrary sampling fractions and unequal probability sampling.

Weights were calculated for each bootstrap sample using the probability of selection within each province and then calibrated by age and sex assigned at birth. Primary sampling units in non-selected replicates would have a weight of zero; to avoid any issues when calculating estimates and protect confidentiality of survey respondents, mean bootstrap weights were calculated, each mean bootstrap weight was generated from 12 regular bootstrap samples. A total of 500 mean bootstrap weight variables are provided in a separate file.

The database was cleaned to remove any errors at the end of the data collection phase, and all unique identifiers in the respondent profiles were removed in the final data set provided to PHAC. The verbatim responses were reviewed, and no unique identifiers were found. For verbatim responses, if the verbatim response aligned with an existing question level the response was recoded to match the existing level. New levels were created when needed.

A different weighting scheme was created for the routine vaccination section shown only to parents of children of specific age groups (age groups are described at section 2.2). Respondents eligible to answer

[1] Beaumont, J.-F., & Émond, N. (2022). A bootstrap variance estimation method for multistage sampling and two-phase sampling when Poisson sampling is used at the second phase. Stats, 5(2), 339–357. https://doi.org/10.3390/stats5020019

these questions were weighted using a direct weighting approach using three variables: age, sex assigned at birth and province. To avoid extreme weight values some regions were also merged. The population sizes are based on the latest Statistics Canada census results published for the 2021 census and detailed weight values can also be found in Appendix A.

2.5.1 Detailed description of bootstrap weighting[2]

2.5.1.1 Background

Data obtained from complex large-scale surveys, cross-sectional as well as longitudinal studies, typically involve stratified, multi-stage cluster sampling, leading to dependencies among sample elements or unequal probabilities of selection, which frequently means unequal design weights.[3] Additionally, weights are often calibrated to known population totals of auxiliary variables as well as subjected to unit non-response adjustments.

Because of this, the application of standard statistical methods to survey data could lead to incorrect inferences even for large samples: underestimation of standard errors of estimators, inflated type I error rates (probabilities of rejecting a true null hypothesis) and erroneous model diagnostics. This is what motivated the development of new methods such as bootstrapping. Different bootstrapping methodologies have been used and developed since then and factors such as resampling replications, calibration, and balancing have to be considered.

2.5.1.2 General methods

Bootstrap belongs to a family of variance estimation techniques known as replicate-based variance estimation. The steps for constructing replicate weights for a survey are:

1. Choose the method for replicate variance estimation. Bootstrap produces consistent variance estimators for smooth functions of means and quantiles and allows to view the sampling distribution for statistics calculated from the data. The main disadvantage of bootstrap is that it requires a large number of replicates to produce a reliable estimate (in this case, 500 replicates were created).
2. Construct the columns of sampling weights (w_i). The sampling weight for unit *i* is the reciprocal of the probability the unit was selected to be in the sample. The final weight for unit *i* (w^*_i) incorporates any weighting adjustments, post-stratification, raking or calibration.
3. Construct replicate sampling weight vectors $\boldsymbol{w}_1$, $\boldsymbol{w}_2$, …., $\boldsymbol{w}_{500}$ using the method selected in step 1. For bootstrap, $\boldsymbol{w}_1$ is the vector of weights created from the first bootstrap resample. This step applies the replicate weight method to the sampling weights from the full sample.
4. For each replicate weight vector $\boldsymbol{w}_r$, for *r*=1, ..., 500, apply the same adjustments that were used to arrive at the final weights w^*_i in step 2. The result is a set of replicate weights w^*_1, …, w^*_{500}.

All of the methods produce variance estimates of the form:

$$\sum_{r=1}^{500} c_r\left(\hat{\theta}_r - \hat{\theta}\right)^2$$

[2] *Adapted from Sampling: Design and Analysis, 3rd ed.: Sharon L. Lohr, Boca Raton, FL: Chapman & Hall/CRC Press, 2022, xxiii + 650 pp., ISBN 978-0367279509.*

[3] Statistics Canada 2006. https://www150.statcan.gc.ca/n1/en/pub/11-522-x/2006001/article/10416-eng.pdf?st=Uyb-g6Bp

Where the coefficients c_r depend on the method used. For bootstraps c_r =(1/(R-1) for replicate r. The replicate variance estimator has the form for any statistic, whether that statistic is an estimated mean, population total, ratio, regression or correlation coefficient, or quantile.

Poststratification is often used when a sample does not reflect the distribution of some known variable in the population. When sampling quotas have been used to oversample units that belong to a small but important subgroup, then those sample units that had higher selection probabilities represent fewer population units. Therefore, in this situation, weights are not inverse selection probabilities, but ratios of population size to sample size within post-strata.

If this type of sampling has been used, post-stratification weights must be defined as the ratio of population size to design-weighted sample size. Note that post-stratification reduces the sampling error because the weighted average of the within post-strata variance is smaller than the overall variance. Variables that are associated with the post-stratification variables will also have reduced variance.

Please note: The bootstrap methods used in CSICS since 2024 are an improvement to methods used in previous cycles of the survey. More specifically, additional corrections were made to the bootstrap algorithm to correct for a type of sampling. Although previous methods used are valid and not necessarily incorrect, the newer method serves as an improvement.

2.5.1.3 Analysis

In Stata, the *svyset* command can be used to calculate reliable estimates of the variance to account for the complex survey design. The *svyset* statement to be used in Stata for 500 mean bootstrap weights each composed of 12 bootstrap weights would have the following form:

```
svyset [pweight=weightN], bsrweight(Wgt_1-Wgt_500) bsn(12) vce(bootstrap) dof(500)
```

Declaring pweight=weightN tells Stata that the survey weight is the variable weightN. The option vce(bootstrap) states that bootstrap variance estimation should be used. The option bsn(12) states that variance estimation should be done with a bootstrap mean-weight adjustment of 12. The option bsrweight (Wgt_1-Wgt_500) states that the bootstrap weight variables are Wgt_1, Wgt_2, …, Wgt_500.

Additionally, other software, like SAS or R, could calculate proper variances when mean bootstrap weights are provided by applying the BRR variances or using Fay coefficient. In R, the function as_survey_rep in the "srvyr" package can be used to create the survey design object, specifying the data, the weighting variable, and the replicate weights for design-adjusted bootstrap standard errors [4] :

[4] https://documentation.sas.com/doc/en/statcdc/14.2/statug/statug_surveymeans_details49.htm
https://www.rdocumentation.org/packages/srvyr/versions/0.1.1/topics/as_survey_rep

```
ST_svrep_design = Data_with_bootstrap %>%
 as_survey_rep(
   repweights = starts_with("w_boot_avg_"),
   weights = w_poststrat,
   type = "bootstrap",
   bootstrap_average = 12  )
```

2.5.1.4 Limitations

The empirical properties of variance estimators depend on the size and composition of the estimation domain. Moreover, certain bootstrap schemes are appropriate only in certain circumstances and therefore non-response corrections and other weight adjustments have to be considered.

Bootstrapping may not always be the best method for variance estimation, but is applicable in a wider set of circumstances, such as when the sample size is insufficient for direct statistical inference (usually the case in general population samples), when the theoretical distribution of a statistic of interest is complicated or unknown, or when power calculations are needed from a small sample. This explains its popularity when estimating variance for complex studies.

The trade-off between bias and variance for complex survey data are well known. It is recommended to assess the efficiency when using different types of methods to determine if the trade-off is worthwhile.

The data presented in this report were analyzed using bootstrap weighting and poststratification to obtain weighted population estimates representative of the less than 18 years-old population living in Canada, and to estimate variance. This allows for reporting national population-representative estimates of immunization coverage and, depending on the degree of variance, estimates for sub-populations. The bootstrap weights were calibrated using these criteria from population data obtained from the 2021 Census of Population: age groups, sex assigned at birth, and geographic location.

In general, there are several methods to developing bootstrap weights, each with their advantages and disadvantages. Bootstrapping schemes can take into account many factors, such as sampling methodology, population size, available information of a population, and what sub-categories of the general population are being used to develop the bootstrap weights.

It is important to note that there are limitations to any method of design and estimation in survey sampling. The sample was obtained using random digit dialing (RDD) and this method, while strong and well-established, limits respondents to those who have access to a landline or cellphone, who speak English or French, and who are both literate and competent with electronic devices to be able to complete the self-administered survey online. The likelihood of them participating may be reduced considering their reading skills and thus their non-response bias for cannot be fully accounted for in the bootstrap weights. Even though all estimates should be treated as valid and sound, the limitations listed should be considered when deriving any conclusions from the data.

2.6 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 respondent 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.
- 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 specification document to be quality assured 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 and Limitations

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. 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 demographic (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. These include:

- 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.

4. Guidelines for Analysis and Release

When doing an analysis, it is important to align the analysis plan with the weighting scheme. The weights adjust the data to better reflect the population based on parameters that have been chosen to maximize the level of detail without creating distortions due to extreme weights (an extreme weight will occur when a population group is represented by a proportionally smaller subset of respondents compared to other population groups, thus introducing an important risk of bias due to their specific profile).

For this survey (except for the routine vaccination section), the basic sociodemographic information that should be used in the analysis of results are:

- Provinces and Territories
- Age: 0 to 4, 5 to 11 and 12 to 17, or any unaltered grouping of theses ranges (i.e., 0 to 11 or 5 to 17)
- Sex: male or female

For the routine vaccination section, the basic sociodemographic information that should be used in the analysis of results are:

- Atlantic, Québec, Ontario, Prairies (Alberta, Saskatchewan, Manitoba), BC and Territories
- Age: 2 to 3, 7 to 8, 14 to 15 and 17, or any unaltered grouping of theses ranges
- Sex: male or female

Using age groupings other than the ones described above could potentially produce distorted data. As these results would be inaccurate based on how the weights were calculated, we strongly advise not to report any results that are not aligned with these specified categories.

Any results with an unweighted base size (denominator) of less than 30 should not be reported, due to statistical robustness.[5,6] 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 estimates with an unweighted numerator of less than 5 (i.e., 1 to 4) should be suppressed.

For all estimates based on a denominator size of 30 or more, the following guidelines for data suppression related to coefficient of variations (CV) should be used when reporting estimates:[7]

[5] CDC. National Center for Health Statistics Data Presentation Standards for Proportions. 2017. Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

[6] Statistics Canada. Canadian Community Health Survey User Guide. 2021

[7] CDC. National Center for Health Statistics Data Presentation Standards for Proportions. 2017. Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

Type of Estimate	CV (in %)[8]	Guidelines
Acceptable	CV ≤ 15.0	Estimates can be considered for general unrestricted release. Requires no special notation.
Marginal	15.0 < CV ≤ 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.

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 unrounded 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 unrounded 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 unrounded estimates to be published or otherwise released by users. Unrounded estimates imply greater precision than actually exists.

[8] 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 for the main section of the survey

Weight Category	Unweighted N	Weighted N	Weight
Male, 0 to 4, Alberta	207	223	1.079
Male, 0 to 4, British Columbia	185	195	1.055
Male, 0 to 4, Manitoba	65	71	1.091
Male, 0 to 4, New Brunswick	67	29	0.426
Male, 0 to 4, Newfoundland and Labrador	56	17	0.303
Male, 0 to 4, Northwest Territories and Nunavut	20	6	0.302
Male, 0 to 4, Nova Scotia	64	36	0.561
Male, 0 to 4, Ontario	389	617	1.587
Male, 0 to 4, Prince Edward Island	58	6	0.107
Male, 0 to 4, Quebec	256	365	1.427
Male, 0 to 4, Saskatchewan	70	63	0.893
Male, 0 to 4, Yukon	33	2	0.061
Male, 5 to 11, Alberta	295	338	1.147
Male, 5 to 11, British Columbia	307	301	0.981
Male, 5 to 11, Manitoba	104	109	1.045
Male, 5 to 11, New Brunswick	73	47	0.641
Male, 5 to 11, Newfoundland and Labrador	88	29	0.33
Male, 5 to 11, Northwest Territories and Nunavut	33	9	0.263
Male, 5 to 11, Nova Scotia	82	57	0.700
Male, 5 to 11, Ontario	651	927	1.424
Male, 5 to 11, Prince Edward Island	80	10	0.127
Male, 5 to 11, Quebec	415	561	1.351
Male, 5 to 11, Saskatchewan	96	95	0.988
Male, 5 to 11, Yukon	42	3	0.075
Male, 12 to 17, Alberta	333	278	0.835
Male, 12 to 17, British Columbia	322	260	0.809
Male, 12 to 17, Manitoba	100	86	0.863
Male, 12 to 17, New Brunswick	93	42	0.449
Male, 12 to 17, Newfoundland and Labrador	86	27	0.317
Male, 12 to 17, Northwest Territories and Nunavut	35	7	0.192
Male, 12 to 17, Nova Scotia	116	50	0.433
Male, 12 to 17, Ontario	780	828	1.062
Male, 12 to 17, Prince Edward Island	74	9	0.126
Male, 12 to 17, Quebec	408	455	1.115
Male, 12 to 17, Saskatchewan	108	77	0.709
Male, 12 to 17, Yukon	41	2	0.055
Female, 0 to 4, Alberta	188	213	1.135
Female, 0 to 4, British Columbia	173	183	1.059
Female, 0 to 4, Manitoba	73	68	0.931
Female, 0 to 4, New Brunswick	78	27	0.350
Female, 0 to 4, Newfoundland and Labrador	50	16	0.321
Female, 0 to 4, Northwest Territories and Nunavut	16	6	0.353
Female, 0 to 4, Nova Scotia	67	34	0.509
Female, 0 to 4, Ontario	390	586	1.504
Female, 0 to 4, Prince Edward Island	48	6	0.120
Female, 0 to 4, Quebec	276	347	1.256
Female, 0 to 4, Saskatchewan	69	60	0.876
Female, 0 to 4, Yukon	24	2	0.071

Weight Category	Unweighted N	Weighted N	Weight
Female, 5 to 11, Alberta	274	324	1.183
Female, 5 to 11, British Columbia	269	283	1.052
Female, 5 to 11, Manitoba	107	103	0.964
Female, 5 to 11, New Brunswick	97	45	0.463
Female, 5 to 11, Newfoundland and Labrador	55	27	0.493
Female, 5 to 11, Northwest Territories and Nunavut	22	9	0.388
Female, 5 to 11, Nova Scotia	90	54	0.605
Female, 5 to 11, Ontario	632	889	1.407
Female, 5 to 11, Prince Edward Island	73	10	0.134
Female, 5 to 11, Quebec	438	537	1.227
Female, 5 to 11, Saskatchewan	101	91	0.902
Female, 5 to 11, Yukon	43	3	0.067
Female, 12 to 17, Alberta	336	267	0.795
Female, 12 to 17, British Columbia	317	253	0.798
Female, 12 to 17, Manitoba	86	85	0.989
Female, 12 to 17, New Brunswick	91	40	0.441
Female, 12 to 17, Newfoundland and Labrador	68	26	0.380
Female, 12 to 17, Northwest Territories and Nunavut	31	7	0.217
Female, 12 to 17, Nova Scotia	104	48	0.461
Female, 12 to 17, Ontario	700	796	1.137
Female, 12 to 17, Prince Edward Island	78	9	0.118
Female, 12 to 17, Quebec	403	439	1.089
Female, 12 to 17, Saskatchewan	82	74	0.906
Female, 12 to 17, Yukon	28	2	0.077

APPENDIX B: WEIGHTS FOR THE DIRECT WEIGHTING METHOD OF THE ROUTINE VACCINATION SECTION OF THE SURVEY

Weight Category	Unweighted N	Weighted N	Weight
Male, 2 and 3, Atlantic	96	37	0.389
Female, 2 and 3, Atlantic	109	35	0.324
Male, 7 and 8, Atlantic	74	42	0.572
Female, 7 and 8, Atlantic	87	40	0.461
Male, 14 and 15, Atlantic	110	45	0.407
Female, 14 and 15, Atlantic	112	42	0.378
Male, 17, Atlantic	72	22	0.310
Female, 17, Atlantic	66	22	0.336
Male, 2 and 3, Québec	112	154	1.373
Female, 2 and 3, Québec	124	147	1.184
Male, 7 and 8, Québec	114	170	1.489
Female, 7 and 8, Québec	122	162	1.329
Male, 14 and 15, Québec	121	159	1.312
Female, 14 and 15, Québec	131	153	1.172
Male, 17, Québec	92	75	0.819
Female, 17, Québec	87	72	0.832
Male, 2 and 3, Ontario	192	263	1.371
Female, 2 and 3, Ontario	187	250	1.336
Male, 7 and 8, Ontario	185	277	1.500
Female, 7 and 8, Ontario	143	267	1.865
Male, 14 and 15, Ontario	251	287	1.145
Female, 14 and 15, Ontario	237	277	1.168
Male, 17, Ontario	138	148	1.073
Female, 17, Ontario	128	142	1.106
Male, 2 and 3, Prairies	161	153	0.950
Female, 2 and 3, Prairies	157	147	0.933
Male, 7 and 8, Prairies	106	163	1.536
Female, 7 and 8, Prairies	110	155	1.410
Male, 14 and 15, Prairies	175	153	0.873
Female, 14 and 15, Prairies	169	149	0.879
Male, 17, Prairies	104	75	0.717
Female, 17, Prairies	109	72	0.661
Male, 2 and 3, British Columbia and territories	106	86	0.813
Female, 2 and 3, British Columbia and territories	82	81	0.990
Male, 7 and 8, British Columbia and territories	96	95	0.988
Female, 7 and 8, British Columbia and territories	94	89	0.946
Male, 14 and 15, British Columbia and territories	129	93	0.719
Female, 14 and 15, British Columbia and territories	113	90	0.797
Male, 17, British Columbia and territories	92	48	0.525
Female, 17, British Columbia and territories	92	47	0.515

APPENDIX C: RESPONSE RATE CALCULATION

Canada Response Rate	**CATI – (RDD)**	**Web – (GPRS)**	Total	**TOTAL**
Generated	239,844	47,487	287,331	**100.0%**
Used	239,774	47,487	287,261	**100.0%**
No service	48,642	-	48,642	**16.9%**
Not residential	1,395	-	1,395	**0.5%**
Line problems	438	-	438	**0.2%**
Fax	102	-	102	**0.0%**
Wrong number	56	-	56	**0.0%**
Invalid[8]	50,633	0	50,633	**17.6%**
Potentially Eligible	189,141	47,487	236,628	**82.4%**
U. No answer	22,263	29,567	51,830	**21.9%**
U. Busy	515	-	515	**0.2%**
U. Answering machine/voicemail	96,241	-	96,241	**40.7%**
U. Unresolved[9]	119,019	29,567	148,586	**51.7%**
IS. Language barrier	365	-	365	**0.2%**
IS. Illness/incapacity	49	-	49	**0.0%**
IS. Household refusals	37,659	-	37,659	**15.9%**
IS. Respondent refusal	6,098	-	6,098	**2.6%**
IS. Appointments	3,777	-	3,777	**1.6%**
IS. In-Scope Non-Responding[10]	47,948	-	47,948	**16.7%**
R. Non eligible	18,610	7,381	25,991	**11.0%**
R. Quota Blocked	0	0	0	**0.0%**
R. Completed	1,670	10,539	12,209	**5.2%**
R. Responding Units[11]	20,280	17,920	38,200	**16.1%**
% REFUSAL[12]	**23.1%**	**n/a**	**18.5%**	
% COMPLETED[13]	**0.9%**	**22.2%**	**5.2%**	
COOPERATION RATE[14]	**28.9%**	**n/a**	**43.4%**	
RESPONSE RATE[15]	**10.8%**	**37.7%**	**16.1%**	

[8] No possible contact
[9] Cases that cannot be determined whether call/invitation was made to eligible or ineligible respondent
[10] Includes refusals, break-offs, and other eligible non-respondents
[11] Includes cases who would have participate but were disqualified, completes and partial completes
[12] Household + Respondent Refusal / Potentially Eligible Sample
[13] Completed / Potentially Eligible Sample
[14] Responding Units / (Potentially Eligible - Unresolved)
[15] Responding Units / (Unresolved + In Scope Non-Responding + Responding Units)

PHAC CSICS Parent Survey 2025

Government of Canada

Languages: English, French

Section CATI

Show if isCATI (custom: <<current_mode_is("cati")>>)

vmrecordingrecruit, RefInbound, CBinbound, ParentTermInbound, RecruitParent, Refusinitial, rendezvousinitial, ParentTermRecruit, RecruitInt, Refcontactmethod, CBcontactmethod, FSAConfirmed, FSARefused, parentterminate2, confirmemail, SMSReminder, EndEmail, Refuseemail, confirmsms, Refusesms, EndSMS

Page VOICEMAIL

vmrecordingrecruit *Show if VM ON (custom: __VM_ON__)*

Listen for the beep and then press the 'Play VM' button".

Page INBOUND

RefInbound *Show if Inbound refused (knowninbound = 2)*

Thank you for your time. Good-bye.

Status Code: 1000

CBinbound *Show if Inbound callback (knowninbound = 3)*

Arrange callback.

Status Code: 1001

ParentTermInbound *Show if Inbound notparent (knowninbound = 8)*

We're sorry but for this survey we are looking for people who are parents or guardians of children under the age of 18. Thank you for your time.

Status Code: 502

Page RECRUIT TO WEB INTRO *Show if not inbound (knowninbound = Not Answered)*

RecruitParent

(if is mobile (phone_source = 2,3)) **Wireless number**

Hello, this is _____ calling from TellCityHall and the Public Health Agency of Canada. We are conducting an **online** study about **children's** healthcare in Canada. Your answers will help to make informed recommendations to our Government.

Do children under the age of 18 currently live in your household?

(if is Landline (phone_source = 1,4)) **Landline number**

Hello, this is _____ calling from TellCityHall and the Public Health Agency of Canada. We are conducting an **online** study about **children's** healthcare in Canada. Your answers will help to make informed recommendations to our Government.

Do children under the age of 18 currently live in your household?

- ❍ 1 Yes, continue
- ❍ 2 Refused
- ❍ 3 Call back
- ❍ 4 Not a parent/guardian of a child that is under 18

Refusinitial *Show if refusparent (RecruitParent = 2)*

Thank you for your time. Good-bye.

Status Code: 1000

rendezvousinitial *Show if rendez vous initial (RecruitParent = 3)*

Arrange callback.

Status Code: 1001

ParentTermRecruit *Show if Recruit notparent ((RecruitParent = 4) OR (RecruitInt = 7))*

We're sorry but for this survey we are looking for people who are parents or guardians of children under the age of 18. Thank you for your time.

Status Code: 502

RecruitInt *Show if Recruit parent continue (RecruitParent = 1)*

(if is mobile (phone_source = 2,3)) **Wireless number**

Great, Can I send you an SMS text message with a link to the study to complete when you have time?

IF REFUSE SMS:
Can I send you an email with a link to the study? We will only send you a message for the purposes of administering this specific survey.

ONLINE SURVEY LENGTH:
If asked; the online survey will take approximately 10-15 minutes depending on your answers.
IF PERSON IS ANGRY ABOUT BEING CALLED:
We would be happy to put you on our do-not-call list. Thank you for your time today.
Respondent too busy (refusal/appointment):
We will send you the study via text message or email and you can complete it when it's more convenient.
If needed:
You've completed a study for us in the past, and said you might participate in public policy surveys in the future. TellCityHall is a public policy initiative of Advanis, a market and social research company. Tell City Hall is a service that provides survey information to all levels of government and non-profits. All of your responses are completely anonymous and only group results will be reported. The study can be completed on a smartphone, tablet, or computer.

(if is Landline (phone_source = 1,4)) **Landline number**

Great, Can I send you an SMS text message with a link to the study to complete when you have time?

IF REFUSE SMS:
Can I send you an email with a link to the study? We will only send you a message for the purposes of administering this specific survey.

ONLINE SURVEY LENGTH:
If asked; the online survey will take approximately 10-15 minutes depending on your answers.
IF PERSON IS ANGRY ABOUT BEING CALLED:
We would be happy to put you on our do-not-call list. Thank you for your time today.
Respondent too busy (refusal/appointment):
We will send you the study via text message or email and you can complete it when it's more convenient.
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reported. The study can be completed on a smartphone, tablet, or computer.

- ❍ 4 Send SMS/text message to current phone number *(Show if is mobile (phone_source = 2,3))*
- ❍ 5 Send SMS/text message to a different number
- ❍ 6 Send email message
- ❍ 3 Callback later (use sparingly)
- ❍ 2 No - Refused (did not agree to email or SMS)
- ❍ 9 Not a parent/guardian of a child that is under 18
- ❍ 8 Continue on the phone (Special request)

Refcontactmethod *Show if refusedrecruit (RecruitInt = 2)*

Thank you for your time. Good-bye.

Status Code: 1000

CBcontactmethod *Show if callbackrecruit (RecruitInt = 3)*

Arrange callback.

Status Code: 1001

Page RECRUIT SEND

FSAConfirmed *Show if OutofRegion ((knowninbound = 7) OR (RecruitInt = 7) OR (CATIInt = 7))*

So we can avoid contacting you when the topic is not relevant, can I have the first three digits of your postal code?

(Show if CATI) Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.

(Show if Web) Please do not enter personally identifying information (e.g., name, email address, phone number, mailing address), as anything you enter may be shared with the sponsor of this research.

_____
_____
_____
_____
_____

- ❑ -8 Prefer not to answer/DK

FSARefused *Show if OutofRegion ((knowninbound = 7) OR (RecruitInt = 7) OR (CATIInt = 7))*

Thank you for your time. Good-bye.

Status Code: 520

parentterminate2 *Show if not a parent recruitint 2 (RecruitInt = 9)*

We're sorry but for this survey we are looking for people who are parents or guardians of children under the age of 18. Thank you for your time.

Status Code: 502

confirmemail *Show if send email ((RecruitInt = 6) OR (CATIInt = 6) OR (knowninbound = 6) OR (SENDSMS11 = 2))*

What email address would you like us to send the survey link to?

(Show if CATI) READ EMAIL ADDRESS BACK PHONETICALLY.

_____
_____
_____
_____
_____

❑ -8 Refused

SMSReminder *Show if AskSMSReminder ((phone_source = 2,3) AND (panel_sms_invite = 0) AND NOT (confirmemail = Refused,Not Answered) AND (SENDSMS11 = Not Answered))*

Just in case we have an issue reaching you via email, could we send an invitation by text message to this number?

(Show if CATI) We will only send you an SMS message for the purposes of administering this specific survey.

❍ 1 Yes
❍ 2 No

EndEmail *Show if email confirmed NOT (confirmemail = Refused,Not Answered)*

You will be receiving an email message shortly with the survey address and login details. If you do not see the email please check your spam folder. The email will come from

survey+CSICS2025@tellcityhall.ca. Have a nice day.

Status Code: 480

Refuseemail *Show if Refused toprovide email (confirmemail = Refused)*

Thank you for your time.

Status Code: 1000

confirmsms *Show if send sms new ((RecruitInt = 5) OR (CATIInt = 5) OR (knowninbound = 5) OR (SENDSMS11 = 5))*

What mobile phone number would you like us to send the study link to?

(Show if CATI) Please enter the 10-digit phone number. The number will automatically replace the N

_____
_____
_____
_____
_____

❑ -8 Refused

Refusesms *Show if Refused toprovide sms (confirmsms = Refused)*

Thank you for your time.

Status Code: 1000

EndSMS *Show if send sms (((RecruitInt = 5) OR (CATIInt = 5) OR (knowninbound = 5) OR (SENDSMS11 = 5)) OR (RecruitInt = 4) OR (CATIInt = 4,5) OR (knowninbound = 4) OR (SENDSMS11 = 1))*

Thank you for agreeing to participate. We will send you a text message with a link to the study. Goodbye and have a great day/evening!

Status Code: 480

Section Login page

wcag, LoginTCH

Page Consent

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

Si vous préférez répondre à l'étude en français, veuillez cliquer sur français

You have been invited to participate in the 2025 Childhood Seasonal Immunization Coverage Survey (CSICS). The Public Health Agency of Canada has contracted an independent public opinion research company, Advanis (opens in a new window) (http://advanis.net), to conduct this research on their behalf. TellCityHall is one of Advanis' data collection methods. The online survey is voluntary, and you may withdraw at any time. The survey will take approximately 10-15 minutes to complete.

This research has been approved by the Public Health Agency of Canada Research Ethics Board.

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

By clicking on "Start Survey" you acknowledge having read, understood and provided consent to the information below.

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.

Why are we collecting your information?

The aim of the Childhood Seasonal Immunization Coverage Survey is to measure how many children and teens in Canada have received routine childhood vaccines, COVID-19 and influenza (flu) vaccines. The survey will also ask parents about their views on these vaccines. Even if you are not sure about the vaccines, or have family members that are not vaccinated, we would still like to understand all points of view from parents.

Your answers will help develop vaccination programs in Canada. You will be asked questions, such as age, gender, and ethnicity. Your answers will remain confidential and we will not ask you to provide us with any information that could directly identify you or your child, such as name(s), or full date of birth. 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.

What is the Authority to Collect the Information?
The information you provide to the Public Health Agency of Canada is collected 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, will be responsible for collecting survey data from all participants. Once data collection is complete, Advanis will provide the Public Health Agency of Canada (PHAC) with a dataset that will not include any personal identifiers to ensure you and your child's confidentiality. The dataset will also be available to federal and provincial governments and researchers across Canada, if requested. Any reports or publications produced based on this research will use grouped data and will not identify you/your child or link you to these survey results. If you choose to provide your email address to TellCityHall, it will be used to provide you with the results of the study and/or invitations to participate in future surveys.

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.

For more information refer to the Personal Information Bank, Outreach Activities PSU 938. If you have any questions or concerns about the survey or the information we are collecting, please e-mail: sday+csics@tellcityhall.ca (mailto:sday+csics@tellcityhall.ca)

What You Will Be Asked to Do
You will be asked to complete a 15-minute survey to answer questions related to routine childhood vaccines, COVID-19 and influenza (flu) 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.

Benefits
By participating in this study you will help advance understanding of Canadian children's uptake of routine childhood vaccines, COVID-19 and influenza (flu) vaccines.

Confidentiality
The survey will not collect information that directly identifies you or your child and data will be stored on password-protected computers. Responses will be grouped for analysis and presented in grouped form. Your responses will remain anonymous.

For technical support with the survey, accessibility requirements, or to request to complete the survey over the phone you can contact TellCityHall and Advanis at sday+csics@tellcityhall.ca

(mailto:sday+csics@tellcityhall.ca).

For more information about COVID-19 vaccination: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html (opens in a new window) (https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html)

For more information about the influenza (flu) vaccine: https://www.canada.ca/en/public-health/services/diseases/flu-influenza/get-your-flu-shot.html (opens in a new window) (https://www.canada.ca/en/public-health/services/diseases/flu-influenza/get-your-flu-shot.html)

For more information about childhood routine vaccines: https://www.canada.ca/en/public-health/services/immunization-vaccines/provincial-territorial-routine-vaccination-programs-infants-children.html (opens in a new window) (https://www.canada.ca/en/public-health/services/immunization-vaccines/provincial-territorial-routine-vaccination-programs-infants-children.html)

This survey is registered with the Canadian Research Insights Council's (CRIC) Research Verification Service. The project verification number is: 20251002-AD945. Click here (opens in a new window) (https://www.canadianresearchinsightscouncil.ca/rvs/home/) to verify the legitimacy of this survey.

❍ 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

Section Survey Questions

S3, S3b, S3c, T4, record, RecordTerm, AgeChildren, B0, Q4, T6, A5, T7, B2ageunder6months, B2age6monthsless5, B2ageChild5to11, B2ageChild12to17

Page Your household

S3

(Show if CATI) Would you prefer to continue in English or French? (switch language based on the response and continue)

How many children under the age of 18 currently live in your household?

DO NOT READ LIST.

(Show if Web) How many children under the age of 18 currently live in your household?

<<SingleInstruction>>

- ❍ 0 None
- ❍ 1 1
- ❍ 2 2
- ❍ 3 3
- ❍ 4 4
- ❍ 5 5
- ❍ 6 6
- ❍ 7 7
- ❍ 8 8
- ❍ 9 9
- ❍ 10 10 or more
- ❑ -8 Prefer not to answer

S3b *Show if Number of children Not provided (S3 = Prefer not to answer)*

For our analysis of the data, **we need to know** for how many children under the age of 18 you are the parent/legal guardian.

Are you sure you don't want to give this information?

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes, I'm sure
- ❍ 2 No, I will answer

S3c *Show if WillAnswer AND Number not provided ((S3b = 2) AND (S3 = Prefer not to answer))*

T4 *Show if NoChildren OR Confirmed Number not provided ((S3 = 0) OR (S3b = 1))*

We're sorry but for this survey we need to speak with parents/legal guardians of children aged 18 or less that live in your household and the person most knowledgeable about the child's

immunization. Thank you for your time.

Status Code: 503

record *Show if isCATI (custom: <<current_mode_is("cati")>>)*

Thank you, before we get started please note that this call may be recorded for quality assurance purposes. Participation in this study survey is voluntary and you can withdraw at any time. This research has been approved by the Public Health Agency of Canada Research Ethics Board. Your answers will remain confidential and we will not ask you to provide us with any information that could directly identify you or your child, such as name(s), or full date of birth. This project also has been registered with the Canadian Research Insights Council.

Can we begin?

- ❍ 1 Yes
- ❍ 2 No, I do not wish to participate

RecordTerm *Show if No consent (record = 2)*

Thank you for your time. Good-bye.

Status Code: 551

Page Your household1

AgeChildren

How old is each child living in your household, starting with the oldest child?

(Show if CATI) Wait for the respondent to say age and then select appropriate level. DO NOT READ AGE BUCKETS UNLESS NEEDED.

(Show if Web) <<TableInstruction>>

1.	1st child	
2.	2nd child	*(Show if 2 or more children (S3 = 2,3,4,5,6,7,8,9,10))*
3.	3rd child	*(Show if 3 or more children (S3 = 3,4,5,6,7,8,9,10))*
4.	4th child	*(Show if 4 or more children (S3 = 4,5,6,7,8,9,10))*
5.	5th child	*(Show if 5 or more children (S3 = 5,6,7,8,9,10))*
6.	6th child	*(Show if 6 or more children (S3 = 6,7,8,9,10))*
7.	7th child	*(Show if 7 or more children (S3 = 7,8,9,10))*
8.	8th child	*(Show if 8 or more children (S3 = 8,9,10))*
9.	9th child	*(Show if 9 or more children (S3 = 9,10))*

10. 10th child *(Show if 10 or more children (S3 = 10))*

- ❍ 1 under 6 months
- ❍ 2 6 months to less than 5 years
- ❍ 4 5 years to less than 12 years
- ❍ 5 12 years to less than 18 years

B0

(if Default) During the survey we would like to ask you about your child who is **<<ChildAgeInsert>>** old. You will be asked questions about this child's vaccination history for routine childhood vaccines, COVID-19 and the influenza virus.

In order to simplify your responses for the rest of the survey, please provide a nickname which will be used to refer to this child throughout the survey. This information will not be kept or associated with any of your responses. It will only be used for you as a reference as you are completing this survey.

(Show if CATI) IF NEEDED: Please do not use your child's full name.

(Show if Web) Please do not use your child's full name.

_____
_____
_____
_____
_____

Q4

What is your relationship to **<<B0.text>>**?

(Show if CATI) READ LIST IF NEEDED

(Show if Web) <<SingleInstruction>>

- ❍ 1 Mother
- ❍ 2 Father
- ❍ 3 I am a legal guardian
- ❍ 4 Relative (non-guardian)
- ❍ 5 Unrelated

T6 *Show if Unrelated or not legal guardian (Q4 = 4,5)*

We're sorry but for this survey we need to speak with the parent/legal guardian. Thank you for your time.

Status Code: 507

A5

In which province or territory do you reside?

(Show if CATI) DO NOT READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 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
- ❍ 14 I live outside of Canada

T7 *Show if Live outside Canada (A5 = 14)*

We're sorry but for this survey we need to speak with those that live in Canada. Thank you for your time.

Status Code: 505

Page Your household2

B2ageunder6months *Show if Selected Child Under6months (SelectedChild = 1)*

What is the exact age of **<<B0.text>>**?

(Show if Web) <<SingleInstruction>>

- ❍ 1 1 month
- ❍ 2 2 months
- ❍ 3 3 months
- ❍ 4 4 months
- ❍ 5 5 months

B2age6monthsless5 *Show if 6monthsless5 (SelectedChild = 2)*

What is the exact age of **<<B0.text>>**?

(Show if Web) <<SingleInstruction>>

- ❍ 1 6 months
- ❍ 2 7 months
- ❍ 3 8 months
- ❍ 4 9 months
- ❍ 5 10 months
- ❍ 6 11 months
- ❍ 7 1 year old
- ❍ 8 2 years old
- ❍ 9 3 years old
- ❍ 10 4 years old

B2ageChild5to11 *Show if Child5to11 (SelectedChild = 4)*

What is the exact age of **<<B0.text>>**?

(Show if Web) <<SingleInstruction>>

- ❍ 1 5 years old
- ❍ 2 6 years old
- ❍ 3 7 years old
- ❍ 4 8 years old
- ❍ 5 9 years old
- ❍ 6 10 years old
- ❍ 7 11 years old

B2ageChild12to17 *Show if Child12to17 (SelectedChild = 5)*

What is the exact age of **<<B0.text>>**?

(Show if Web) <<SingleInstruction>>

- ❍ 1 12 years old
- ❍ 2 13 years old
- ❍ 3 14 years old
- ❍ 4 15 years old
- ❍ 5 16 years old
- ❍ 6 17 years old

Section COVID 19 and Influenza Immunization

D1, D2, D4, D8, D11, D12, D13, D14, D15, D16, D17, D18, D19, D20, D21, D22, D23, D24

Page COVID-19 Immunization

Show if Child is 6 months and older (SelectedChild > 1)

D1

The next few questions are about your child's experience with COVID-19 vaccination.

Prior to the past year, has **<<B0.text>>** ever received a COVID-19 vaccine?

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

D2

Has **<<B0.text>>** received a COVID-19 vaccine in the **past year**?

(Show if CATI) DO NOT READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No

❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

D4 *Show if Child Not COVID19 vaccinated (D2 = 0)*

(Show if CATI) What were the reasons why <<B0.text>> did not receive a COVID-19 vaccine? Would you say it is because…?

For each option please answer yes or no.

READ LIST. Select all that apply.

(Show if Web) What were the reasons why **<<B0.text>>** did not receive a COVID-19 vaccine? Would you say it is because…?

Select all that apply

❑ 1 Do not consider it necessary for my child *
❑ 2 Do not think the vaccine is safe/concerned about side effects *
❑ 3 Do not think the vaccines are effective in protecting against the virus *
❑ 4 Religious, philosophical or cultural reasons *
❑ 5 I do not trust the government and/or pharmaceutical companies *
❑ 6 My child already had COVID-19 and I believe they are adequately protected by natural immunity *
❑ 7 My child is not at risk of getting COVID-19 *
❑ 8 My child did not want to/refused to get vaccinated *
❑ 9 It was not advised for my child due to medical reasons *
❑ 10 I am opposed to COVID-19 vaccines *
❑ 12 I did not get around to it (e.g., too busy, lack of time) *
❑ 11 [READ IF NO RESPONSE SELECTED /]Other reason, please specify: _____
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

*Levels marked with * are randomized*

D8 *Show if not opposed to covid vaccine NOT (D4_10 = 1)*

(Show if CATI) Have you ever been hesitant to vaccinate **<<B0.text>>** against COVID-19?

IF NEEDED: Vaccine hesitancy is being conflicted about or opposed to getting vaccinated, and can

impact your decision to get vaccinated.

DO NOT READ LIST.

(Show if Web) Have you ever been hesitant to vaccinate **<<B0.text>>** against COVID-19?
Vaccine hesitancy is being conflicted about or opposed to getting vaccinated, and can impact your decision to get vaccinated.

<<SingleInstruction>>

- ❍ 1 Not at all hesitant
- ❍ 2 Not very hesitant
- ❍ 3 Somewhat hesitant
- ❍ 4 Very hesitant
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Page Influenza Immunization

Show if Child is 6 months and older (SelectedChild > 1)

D11

(Show if CATI) The next few questions are about **<<B0.text>>**'s experience with vaccination against the flu (influenza). Children 6 months of age and older are eligible for the influenza vaccine.

Prior to the 2024-2025 flu season, how often did **<<B0.text>>** receive their flu vaccine? Would you say...

READ LIST.

(Show if Web) The next few questions are about **<<B0.text>>**'s experience with vaccination against the flu (influenza). Children 6 months of age and older are eligible for the influenza vaccine.

Prior to the 2024-2025 flu season, how often did **<<B0.text>>** receive their flu vaccine?

<<SingleInstruction>>

- ❍ 1 Every flu season
- ❍ 2 Most flu seasons
- ❍ 3 Some flu seasons (including once only)
- ❍ 4 Never
- ❑ -8 [DO NOT READ /]Prefer not to answer

❑ -9 [DO NOT READ /]Don't know

D12

(Show if CATI) Did **<<B0.text>>** receive a flu vaccine last flu season, between **September 2024 and April 2025?**

IF NEEDED: There are two general types of flu vaccinations. Most influenza vaccine is given with a needle and syringe but some children may receive a spray in their nose.

(Show if Web) Did **<<B0.text>>** receive a flu vaccine last flu season between **September 2024 and April 2025**?
There are two general types of flu vaccinations. Most influenza vaccine is given with a needle and syringe but some children may receive a spray in their nose.

<<SingleInstruction>>

❍ 1 Yes
❍ 0 No
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

D13 *Show if Child Not flu vaccine DK PNA (D12 = 0,<<catiDoNotRead>>Prefer not to answer,<<catiDoNotRead>>Don't know)*

(Show if CATI) Did you intentionally decide not to get the flu vaccine for **<<B0.text>>** ?

IF NEEDED: Flu season: between September 2024 and April 2025
Deciding not to receive a vaccine means you were not willing to get a vaccine or chose not to get a vaccine.

(Show if Web) Did you intentionally decide not to get the flu vaccine for **<<B0.text>>** ?
*Flu season: between **September 2024 and April 2025**.*

Deciding not to receive a vaccine means you were not willing to get a vaccine or chose not to get a vaccine.

<<SingleInstruction>>

❍ 1 Yes
❍ 0 No
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

D14 *Show if Child Not flu vaccinne this season (D12 = 0)*

(Show if CATI) What were the reasons why **<<B0.text>>** did not receive the flu vaccine ? Would you say it is because…?

For each option please answer yes or no.

IF NEEDED: Flu season: between September 2024 and April 2025.

READ LIST. Select all that apply.

(Show if Web) What were the reasons why **<<B0.text>>** did not receive the flu vaccine ? Would you say it is because…?
*Flu season: between **September 2024 and April 2025**.*

Select all that apply

- ❑ 1 My child is not at risk of getting the flu *
- ❑ 2 Concerns about the safety/side effects of the flu vaccine *
- ❑ 3 Due to medical reasons *
- ❑ 4 Religious, philosophical or cultural reasons *
- ❑ 5 I think the flu vaccine does not work *
- ❑ 6 Did not consider it necessary for my child *
- ❑ 7 My child is not at risk of serious illness *
- ❑ 8 I did not get around to it (e.g., too busy, lack of time) *
- ❑ 9 My child did not want to get vaccinated *
- ❑ 10 I am opposed to flu vaccines *
- ❑ 11 [READ IF NO RESPONSE SELECTED /]Other, please specify _____
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

*Levels marked with * are randomized*

D15 *Show if Child received flu vaccine (D12 = 1)*

(Show if CATI) Why did **<<B0.text>>** receive a flu vaccine?

For each option please answer yes or no.

IF NEEDED: Flu season: between September 2024 and April 2025.

READ LIST. Select all that apply.

(Show if Web) Why did **<<B0.text>>** receive a flu vaccine?
*Flu season: between **September 2024 and April 2025**.*

Select all that apply

- ❑ 1 To protect themselves and/or household members *
- ❑ 2 It was offered at the same time when my child was getting other vaccines *
- ❑ 3 I was following public health recommendations *
- ❑ 4 To prevent the spread of the flu in my community *
- ❑ 5 It was recommended by a health care provider *
- ❑ 6 It was easily available and free *
- ❑ 7 I am worried about serious health consequences from the flu for my child *
- ❑ 8 My child receives it every year *
- ❑ 9 [READ IF NO RESPONSE SELECTED /]Other, please specify: _____
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

*Levels marked with * are randomized*

D16 *Show if not opposed to flu vaccine NOT (D14_10 = 1)*

(Show if CATI) Did any obstacles make it difficult or prevent **<<B0.text>>** from getting the flu vaccine last flu season?

For each option please answer yes or no.
IF NEEDED: Flu season: between September 2024 and April 2025.

READ LIST. Select all that apply.

(Show if Web) Did any obstacles make it difficult or prevent **<<B0.text>>** from getting the flu vaccine last flu season?
*Flu season: between **September 2024 and April 2025**.*

Select all that apply

- ❑ 1 No obstacles *(Exclusive)*
- ❑ 2 Difficulty getting an appointment (e.g., no appointments available, or scheduling conflicts)

- ❑ 3 There were no places to receive the vaccine in my area
- ❑ 4 Transportation to get to the appointment was a problem
- ❑ 5 I/my child had an adverse reaction to a previous vaccine
- ❑ 6 My child fears needles
- ❑ 7 I do not have a family physician, nurse practitioner or pediatrician who can provide the vaccine
- ❑ 8 I did not know where to get my child vaccinated
- ❑ 9 Could not get the information I needed to make a decision
- ❑ 10 [READ IF NO RESPONSE SELECTED /]Other, please specify _____
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

D17 *Show if not opposed to flu vaccine NOT (D14_10 = 1)*

(Show if CATI) Have you ever been hesitant to vaccinate **<<B0.text>>** against the flu during the 2024-2025 flu season?

IF NEEDED : Vaccine hesitancy is being conflicted about or opposed to getting vaccinated, and can impact your decision to get vaccinated.
IF NEEDED: 2024-2025 flu season: between September 2024 and April 2025.

(Show if Web) Have you ever been hesitant to vaccinate **<<B0.text>>** against the flu during the last season flu?
*Last flu season: between **September 2024 and April 2025**.*

Vaccine hesitancy is being conflicted about or opposed to getting vaccinated, and can impact your decision to get vaccinated.

<<SingleInstruction>>

- ❍ 1 Not at all hesitant
- ❍ 2 Not very hesitant
- ❍ 3 Somewhat hesitant
- ❍ 4 Very hesitant
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

D18 *Show if Child hesitant to flu vaccine (D17 = 2,3,4)*

(Show if CATI) Why were you hesitant to get the flu vaccine for **<<B0.text>>**?

For each option please answer yes or no.

IF NEEDED: Flu season: between September 2024 and April 2025.

READ LIST. Select all that apply.

(Show if Web) Why were you hesitant to get the flu vaccine for **<<B0.text>>**?
*Flu season: between **September 2024 and April 2025**.*

Select all that apply

- ❑ 1 My child fears needles *
- ❑ 2 My child is not at risk of getting the flu *
- ❑ 3 Was not able to discuss the flu vaccine with my child's health care practitioner *
- ❑ 4 I was concerned about the effectiveness *
- ❑ 5 I had concerns about the safety *
- ❑ 6 My child had a bad experience with previous vaccines *
- ❑ 7 I did not know where to get reliable information *
- ❑ 8 Religious, philosophical or cultural reasons *
- ❑ 9 I do not trust the government or pharmaceutical companies *
- ❑ 10 I am not certain that the benefits of vaccination outweigh the risks *
- ❑ 11 [READ IF NO RESPONSE SELECTED /]Other, please specify: _____
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

*Levels marked with * are randomized*

D19

To what extent do you agree with the following statements?

(Show if Web) <<TableInstruction>>

1. The flu vaccine is important for my child's health
2. Getting the flu vaccine is a good way to protect my child from flu illness
3. The flu vaccine is effective
4. Having my child vaccinated for flu is important for the health of others in my community
5. The flu vaccine is beneficial for my child
6. I do what my child's health care provider recommends about flu vaccine
7. I think the flu vaccines might cause the flu in my child
8. I am concerned about serious side effects of flu vaccine
9. I think the flu vaccine might cause lasting health problems for my child

- ❍ 1 Strongly disagree
- ❍ 2 Disagree

❍ 3 Neither agree nor disagree
❍ 4 Agree
❍ 5 Strongly agree
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

Page Influenza Immunization1

D20

How likely are you to get **<<B0.text>>** vaccinated against the flu this season, as of September 1, 2025?

(Show if CATI) READ LIST.

If they were already vaccinated against the flu this season, select "Definitely will".

(Show if Web) <<SingleInstruction>>

If <<B0.text>> was already vaccinated against the flu this season, select "Definitely will".

❍ 2 Definitely will
❍ 3 Probably will
❍ 4 Probably won't
❍ 5 Definitely won't
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

Page Combined Immunization

D21 *Show if Child is 6 months and older (SelectedChild > 1)*

(Show if CATI) Did a health care provider recommend that **<<B0.text>>** receive...
IF NEEDED : Flu season: between September 2024 and April 2025.

(Show if Web) Did a health care provider recommend that **<<B0.text>>** receive...

<<TableInstruction>>

1. the **COVID-19** vaccine in the past year?
2. the **influenza (flu)** vaccine this past flu season?
   *Flu season: between **September 2024 and April 2025**.*

❍ 1 Yes
❍ 0 No
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

D22 *Show if Child received Covid19 AND Flu ((D12 = 1) AND (D2 = 1))*

Did **<<B0.text>>** receive the flu and COVID-19 vaccines during the same visit last flu season?

(Show if Web) <<SingleInstruction>>

❍ 1 Yes
❍ 0 No
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

D23 *Show if Child Flu Covid19 same time (D22 = 1)*

What is the main reason why **<<B0.text>>** received the flu and COVID-19 vaccines at the same visit? Would you say it is …?

(Show if Web) <<SingleInstruction>>

❍ 1 To save time
❍ 2 Easier to book one appointment to receive both vaccines
❍ 3 To help reduce workload for health care system
❍ 4 It was recommended by a health care professional
❍ 5 The other vaccine was offered during my child's visit
❍ 6 Other reasons, please specify: _____
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

D24 *Show if Child Flu Covid not at the same time (D22 = 0)*

What is the main reason why **<<B0.text>>** did not receive the flu and COVID-19 vaccines at the same visit? Would you say it is because…?

(Show if Web) <<SingleInstruction>>

❍ 1 Receiving both vaccines might cause a higher number of adverse reactions/side effects
❍ 2 Vaccines could be less effective than getting them at different time points
❍ 3 Two vaccines at the same time can overload my child's immune system

❍ 4 My child only wanted or needed one of the two vaccines
❍ 5 My child was not offered the option/not able to book an appointment to receive both at the same visit
❍ 6 Other reasons, please specify: _____
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

Section Routine Childhood Vaccination

F1, F2, F2a, F3, F4, F5, F6, C1, C2, C3

Page Routine Immunization

F1

(Show if CATI) Has **<<B0.text>>** received all recommended routine vaccinations for their age?

Do not include COVID-19 and flu vaccines.
IF NEEDED: Routine childhood vaccinations for children 0-17 years of age include vaccines against diseases such as measles, mumps, rubella, chickenpox, hepatitis B, tetanus, diphtheria, human papillomavirus, etc. More information can be found here: https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information/provincial-territorial-routine-vaccination-programs-infants-children.html.

READ LIST IF NEEDED.

(Show if Web) Has **<<B0.text>>** received all recommended routine vaccinations for their age?
Do not include COVID-19 and flu vaccines.

Routine childhood vaccinations for children 0-17 years of age include vaccines against diseases such as measles, mumps, rubella, chickenpox, hepatitis B, tetanus, diphtheria, human papillomavirus, etc. More information can be found here (opens in a new window) (https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information/provincial-territorial-routine-vaccination-programs-infants-children.html).

<<SingleInstruction>>

❍ 1 Yes
❍ 2 No, only some were received
❍ 3 No, none
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

Page Routine Immunization1 *Show if Child is 2 3 7 8 14 15 17 ((B2age6monthsless5 = 8,9) OR (B2ageChild5to11 = 3,4) OR (B2ageChild12to17 = 3,4) OR (B2ageChild12to17 = 6))*

F2 *Show if Child received some routine vaccines (F1 = 2)*

(Show if CATI) Which of the following recommended vaccines has **<<B0.text>>** received? Please select a response for each vaccine.

Some vaccines protect against one disease, while combination vaccines can protect against several diseases.

READ LIST. Select all that apply.

(Show if Web) Which of the following recommended vaccines has **<<B0.text>>** received? Please select a response for each vaccine.

Some vaccines protect against one disease, while combination vaccines can protect against several diseases. If you have access to your child's vaccine record, please refer to this while answering the questions below. Otherwise your answers can be based on recall.

<<TableInstruction>>

1. Diphtheria, Tetanus and Pertussis vaccine *(DTaP-IPV-Hib or DTaP-HB-IPV-Hib)* *(Show if Child is 2 3 (B2age6monthsless5 = 8,9))*
2. Hepatitis B vaccine *(HB or HAHB)* *(Show if Child is 2 3 (B2age6monthsless5 = 8,9))*
3. Measles, mumps, rubella vaccine *(MMR or MMRV)* *(Show if Child is 2 3 (B2age6monthsless5 = 8,9))*
4. Varicella vaccine *(Var or MMRV)* *(Show if Child is 2 3 (B2age6monthsless5 = 8,9))*
5. Meningococcal vaccine *(Men-C-C, Men C-ACYW-135)* *(Show if Child is 2 3 (B2age6monthsless5 = 8,9))*
6. Pneumococcal vaccine *(Pneu-C)* *(Show if Child is 2 3 (B2age6monthsless5 = 8,9))*
7. Rotavirus vaccine *(Rota)* *(Show if Child is 2 3 (B2age6monthsless5 = 8,9))*
8. Diphtheria, Tetanus and Pertussis vaccine *(DTaP-IPV-Hib or DTaP-HB-IPV-Hib or Tdap-IPV)* *(Show if Child is 7 8 (B2ageChild5to11 = 3,4))*
9. Hepatitis B vaccine *(HB or HAHB)* *(Show if Child is 7 8 (B2ageChild5to11 = 3,4))*
10. Measles, mumps, rubella vaccine *(MMR or MMRV)* *(Show if Child is 7 8 (B2ageChild5to11 = 3,4))*
11. Varicella vaccine *(Var or MMRV)* *(Show if Child is 7 8 (B2ageChild5to11 = 3,4))*
12. Human papillomavirus vaccine *(HPV9, Gardasil)* *(Show if Child is 14 15 (B2ageChild12to17 = 3,4))*
13. Hepatitis B vaccine *(HB)* *(Show if Child is 14 15 (B2ageChild12to17 = 3,4))*
14. Tetanus, diphtheria and acellular pertussis booster *(Tdap)* *(Show if Child is 17 (B2ageChild12to17 = 6))*
15. Meningococcal type C vaccine *(Men-C-ACYW-135)* *(Show if Child is 17 (B2ageChild12to17 = 6))*
16. Other vaccine(s) not listed above

❍ 1 Yes
❍ 0 No
❑ -8 [DO NOT READ /] Prefer not to answer
❑ -9 [DO NOT READ /] Don't know

F2a *Show if others vaccines (F2_p = 1)*

Please specify the other recommended vaccine(s) that **<<B0.text>>** received.

_____
_____
_____
_____
_____

❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Not sure

F3 *Show if None aucun vaccinroutine recu OR No routinevaccine AND F2 au moins 1 NON recu ((F1 = 3) OR (((F2_a = 0) OR (F2_b = 0) OR (F2_c = 0) OR (F2_d = 0) OR (F2_e = 0) OR (F2_f = 0) OR (F2_g = 0) OR (F2_h = 0) OR (F2_i = 0) OR (F2_j = 0) OR (F2_k = 0) OR (F2_l = 0) OR (F2_m = 0) OR (F2_n = 0) OR (F2_o = 0)) AND (F1 = 2)))*

Did you intentionally decide **not to** get any of the following routine childhood vaccines for **<<B0.text>>**?

Deciding not to receive a vaccine means you were not willing to get a vaccine or chose not to get a vaccine.

(Show if CATI) READ LIST. Select all that apply.

(Show if Web) Select all that apply

❑ 1 Diphtheria, Tetanus and Pertussis vaccine ***(DTaP-IPV-Hib or DTaP-HB-IPV-Hib)*** *(Show if Child is 2 3 (B2age6monthsless5 = 8,9) and F2 1 Diphtheria Teta (F2_a = 0,Not Answered))*
❑ 2 Hepatitis B vaccine ***(HB or HAHB)*** *(Show if Child is 2 3 (B2age6monthsless5 = 8,9) and F2 2 Hepatitis B vac (F2_b = 0,Not Answered))*
❑ 3 Measles, mumps, rubella vaccine **(MMR or MMRV)** *(Show if Child is 2 3 (B2age6monthsless5 = 8,9) and F2 3 Measles mumps r (F2_c = 0,Not Answered))*
❑ 4 Varicella vaccine ***(Var or MMRV)*** *(Show if Child is 2 3 (B2age6monthsless5 = 8,9) and F2 4 Varicella vacci (F2_d = 0,Not Answered))*
❑ 5 Meningococcal vaccine ***(Men-C-C, Men C-ACYW-135)*** *(Show if Child is 2 3 (B2age6monthsless5 = 8,9) and F2 5 Meningococcal v (F2_e = 0,Not Answered))*

- ❑ 15 Pneumococcal vaccine ***(Pneu-C)*** *(Show if Child is 2 3 (B2age6monthsless5 = 8,9) and F2 15 Pneumococcal va (F2_f = 0,Not Answered))*
- ❑ 6 Rotavirus vaccine ***(Rota)*** *(Show if Child is 2 3 (B2age6monthsless5 = 8,9) and F2 6 Rotavirus vacci (F2_g = 0,Not Answered))*
- ❑ 7 Diphtheria, Tetanus and Pertussis vaccine ***(DTaP-IPV-Hib or DTaP-HB-IPV-Hib or Tdap-IPV)*** *(Show if Child is 7 8 (B2ageChild5to11 = 3,4) and F2 7 Diphtheria Teta (F2_h = 0,Not Answered))*
- ❑ 8 Hepatitis B vaccine ***(HB or HAHB)*** *(Show if Child is 7 8 (B2ageChild5to11 = 3,4) and F2 8 Hepatitis B vac (F2_i = 0,Not Answered))*
- ❑ 9 Measles, mumps, rubella vaccine ***(MMR or MMRV)*** *(Show if Child is 7 8 (B2ageChild5to11 = 3,4) and F2 9 Measles mumps r (F2_j = 0,Not Answered))*
- ❑ 10 Varicella vaccine ***(Var or MMRV)*** *(Show if Child is 7 8 (B2ageChild5to11 = 3,4) and F2 10 Varicella vacci (F2_k = 0,Not Answered))*
- ❑ 11 Human papillomavirus vaccine ***(HPV9, Gardasil)*** *(Show if Child is 14 15 (B2ageChild12to17 = 3,4) and F2 11 Human papilloma (F2_l = 0,Not Answered))*
- ❑ 12 Hepatitis B vaccine ***(HB)*** *(Show if Child is 14 15 (B2ageChild12to17 = 3,4) and F2 12 Hepatitis B vac (F2_m = 0,Not Answered))*
- ❑ 13 Tetanus, diphtheria and acellular pertussis booster ***(Tdap)*** *(Show if Child is 17 (B2ageChild12to17 = 6) and F2 13 Tetanus diphthe (F2_n = 0,Not Answered))*
- ❑ 14 Meningococcal type C vaccine ***(Men-C-ACYW-135)*** *(Show if Child is 17 (B2ageChild12to17 = 6) and F2 14 Meningococcal t (F2_o = 0,Not Answered))*
- ❑ 16 Other vaccines not listed above, please specify:

  _____
- ❑ -8 [DO NOT READ /] Prefer not to answer
- ❑ -9 [DO NOT READ /] None of the above

F4 *Show if None aucun vaccinroutine recu OR No routinevaccine AND F2 au moins 1 NON recu ((F1 = 3) OR (((F2_a = 0) OR (F2_b = 0) OR (F2_c = 0) OR (F2_d = 0) OR (F2_e = 0) OR (F2_f = 0) OR (F2_g = 0) OR (F2_h = 0) OR (F2_i = 0) OR (F2_j = 0) OR (F2_k = 0) OR (F2_l = 0) OR (F2_m = 0) OR (F2_n = 0) OR (F2_o = 0)) AND (F1 = 2)))*

What were the reasons why **<<B0.text>>** did not receive all of their routine childhood vaccines? Would you say it is because…?

(Show if CATI) READ LIST. Select all that apply.

(Show if Web) Select all that apply

- ❑ 1 Do not consider it necessary for my child *
- ❑ 2 Do not think the vaccine is safe/concerned about side effects *
- ❑ 3 Do not think the vaccines are effective in protecting against the virus *
- ❑ 4 Religious, philosophical or cultural reasons *
- ❑ 5 I do not trust the government and/or pharmaceutical companies *
- ❑ 6 I am opposed to vaccines *
- ❑ 7 I believe they are adequately protected by natural immunity *
- ❑ 8 It was not advised for my child due to medical reasons *
- ❑ 9 No access to immunization clinic or primary health care provider *
- ❑ 10 I wanted to first discuss vaccines with my child's health care practitioner *

❑ 11 Do/did not know where to get reliable information *
❑ 13 I did not get around to it (e.g., too busy, lack of time) *
❑ 12 [READ IF NO RESPONSE SELECTED /] Other reason, please specify:
_____
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

*Levels marked with * are randomized*

F5 *Show if not opposed to routine vaccine NOT (F4_6 = 1)*

(Show if CATI) Did any obstacles make it difficult or prevent **<<B0.text>>** from getting their routine childhood vaccines?

For each option please answer yes or no.

READ LIST. Select all that apply.

(Show if Web) Did any obstacles make it difficult or prevent **<<B0.text>>** from getting their routine childhood vaccines?

Select all that apply

❑ 1 No obstacles *(Exclusive)*
❑ 2 Difficulty getting an appointment (e.g., no appointments available, or scheduling conflicts)
❑ 3 Transportation to get to the appointment was a problem
❑ 4 My child fears needles
❑ 5 My child had an adverse reaction to a previous vaccine
❑ 6 I did not know where to get my child vaccinated
❑ 7 I do not have a family physician, nurse practitioner or pediatrician who can provide the vaccine
❑ 8 I did not know which vaccines my child needed
❑ 9 I could not get leave from my employer
❑ 10 [READ IF NO RESPONSE SELECTED /]Other, please specify:
_____
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

F6 *Show if not opposed to routine vaccine NOT (F4_6 = 1)*

(Show if CATI) Have you ever been hesitant to vaccinate **<<B0.text>>** with a routine childhood vaccine?

IF NEEDED: Vaccine hesitancy is being conflicted about or opposed to getting vaccinated, and can

impact your decision to get vaccinated.

(Show if Web) Have you ever been hesitant to vaccinate **<<B0.text>>** with a routine childhood vaccine?

Vaccine hesitancy is being conflicted about or opposed to getting vaccinated, and can impact your decision to get vaccinated.

<<SingleInstruction>>

- ❍ 1 Not at all hesitant
- ❍ 2 Not very hesitant
- ❍ 3 Somewhat hesitant
- ❍ 4 Very hesitant
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Page Parent Immunization

C1

(Show if CATI) Does **<<B0.text>>** have any of the following conditions?

For each option please answer yes or no.

Interviewer note: Migraines and mental health conditions, such as depression, anxiety, PTSD, etc., are not included.

READ LIST. Select all that apply.

(Show if Web) Does **<<B0.text>>** have any of the following conditions?

Select all that apply

- ❑ 1 Sickle cell anemia or thalassemia major *
- ❑ 2 A heart condition *
- ❑ 3 Neurologic or neurodevelopmental disorders [IF NEEDED /] (e.g., epilepsy, Down syndrome, etc.) *
- ❑ 4 Autoimmune conditions [IF NEEDED /] *
- ❑ 5 Asthma or other chronic lung disease [IF NEEDED /](e.g., cystic fibrosis, etc.) *
- ❑ 6 Chronic liver disease or kidney disease [IF NEEDED /](e.g., impaired kidney functions, dialysis, hepatitis, cirrhosis, etc.) *

❑ 7 Cochlear implant *
❑ 8 Diabetes, obesity or other endocrine disorders [IF NEEDED /] (e.g., hypothyroid, etc.) *
❑ 9 Immune suppression [IF NEEDED /] (e.g., chemotherapy, radiation, steroid use, an organ or stem cells transplant, HIV/AIDS, etc.) *
❑ 10 Cancer [IF NEEDED /] (any type, including leukemia and lymphoma) *
❑ 11 Spleen problems or removal *
❑ 12 [READ IF NO RESPONSE SELECTED /] Other medical condition, please specify:

(Please do not include migraines or mental health conditions.)
_____
❑ 13 None of these conditions *(Exclusive)*
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

*Levels marked with * are randomized*

C2

(Show if CATI) Does **<<B0.text>>** identify as a person with a disability?

IF NEEDED : A person with a disability is a person who has a long-term or recurring impairment (such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental health-related) which limits their daily activities inside or outside the home (such as at school, work, or in the community in general).

DO NOT READ LIST.

(Show if Web) Does **<<B0.text>>** identify as a person with a disability?

A person with a disability is a person who has a long-term or recurring impairment (such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental health-related) which limits their daily activities inside or outside the home (such as at school, work, or in the community in general).

<<SingleInstruction>>

❍ 1 Yes
❍ 0 No
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

C3

Do you currently have regular access to a health care provider? This includes a family doctor or nurse practitioner, or a community health centre.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Section COVID-19 and Influenza immunization history - PARENT

E1, E2, E4, E5, E6, E7

Page COVID-19 immunization of parent/legal guardian

E1

The next few questions are about **your** experiences with vaccination against COVID-19 and the flu (influenza).

Prior to the past year, have you ever received a COVID-19 vaccine?

(Show if CATI) READ LIST IF NEEDED.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

E2

Have you received a COVID-19 vaccine in the **past year**?

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Page Page Influenza Immunization of parent/legal guardian

E4

Prior to the 2024-2025 flu season, how often did **you** receive the flu vaccine?

(Show if CATI) READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Every flu season
- ❍ 2 Most flu seasons
- ❍ 3 Some flu seasons (including once only)
- ❍ 4 Never
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

E5

(Show if CATI) Did **you** get the flu vaccine last flu season between September 2024 and April 2025?

IF NEEDED : Flu season: between September 2024 and April 2025.

DO NOT READ LIST.

(Show if Web) Did **you** get the flu vaccine last flu season between **September 2024 and April 2025**?

<<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

E6 *Show if Parent not received flu vaccine DK PNA (E5 = 0,<<catiDoNotRead>>Prefer not to answer,<<catiDoNotRead>>Don't know)*

Did you intentionally decide **not** to get the flu vaccine, during that time?

(Show if CATI) DO NOT READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

E7

How likely are you to get vaccinated against the flu this flu season, as of September 1, 2025?

(Show if CATI) READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Definitely will
- ❍ 2 Probably will
- ❍ 3 Probably won't
- ❍ 4 Definitely won't
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Section Knowledge, Attitudes and Behaviours

F8, F9

Page Knowledge, Attitudes and Beliefs

F8

What is your most trusted source of information about vaccines?

(Show if CATI) SINGLE RESPONSE READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Health care providers (e.g., medical doctors, nurse/nurse practitioner, pharmacists, etc.)

❍ 2 Family/Friends
❍ 3 Social media (e.g., X (formerly called Twitter), Facebook)
❍ 4 Scientific publications/journals
❍ 5 My local public health unit/provincial health authority/immunization clinic
❍ 6 Public Health Agency of Canada/Health Canada
❍ 7 Community nursing stations or clinics
❍ 8 News/media (e.g., TV, radio, newspapers)
❍ 9 National Advisory Committee on Immunization (NACI)
❍ 10 International sources (e.g., World Health Organization (WHO), Center for Disease Control and Prevention (CDC)
❍ 11 Other
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

F9

(Show if CATI) To what extent do you agree with the following statements?

Read statement, then probe:

Would you say you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

(Show if Web) To what extent do you agree with the following statements?

<<TableInstruction>>

1. In general, vaccines are safe *
2. In general, vaccines are effective *
3. COVID-19 vaccines are safe *
4. The flu vaccine is safe *
5. Vaccines are important for my child's health *
6. Most parents I know keep their child's routine vaccination up to date *
7. It is easy to get vaccination services for my child *
8. I think that having my child vaccinated helps to protect the health of others in my family and/or community *
9. I believe the use of alternative practices, such as homeopathy or naturopathy, can eliminate the need for vaccination *
10. I believe a healthy lifestyle such as healthy nutrition and hygiene can replace the need for vaccination *
11. The measles vaccine is safe *
12. The measles vaccine is important for my child's health *
14. The HPV vaccine is safe * *(Show if Child is 12 17 (B2ageChild12to17 = 1,2,3,4,5,6))*
15. The HPV vaccine is effective in preventing HPV-related cancers * *(Show if Child is 12 17 (B2ageChild12to17 = 1,2,3,4,5,6))*
16. The HPV vaccine is important for my child's health * *(Show if Child is 12 17 (B2ageChild12to17 = 1,2,3,4,5,6))*

*Levels marked with * are randomized*

- ❍ 1 Strongly disagree
- ❍ 2 Disagree
- ❍ 3 Neither agree nor disagree
- ❍ 4 Agree
- ❍ 5 Strongly agree
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Section Demographic information of child

B2, B4, B5, G5, G6

Page Demographic information of your child

B2

The next few questions will help us understand background characteristics of children in this survey. Remember that all the information you provide is completely anonymous and will be kept confidential.

What was **<<B0.text>>'s** assigned sex at birth?

(Show if CATI) DO NOT READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Male
- ❍ 2 Female
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

B4

(Show if CATI) What is **<<B0.text>>'s** racial or ethnic background?
IF NEEDED: We recognize this list of racial or ethnic identifiers may not exactly match how you would describe your child.

Select all that apply.

READ LIST UNTIL INTERRUPTED, AFTER, PROMPT FOR 'ANY OTHERS?'

(Show if Web) What is **<<B0.text>>'s** racial or ethnic background?
We recognize this list of racial or ethnic identifiers may not exactly match how you would describe your child.

Select all that apply

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

B5 *Show if Child identifies as indigenous (B4_3 = 1)*

Does **<<B0.text>>** identify as First Nations, Métis and/or Inuit?

(Show if CATI) DO NOT READ LIST. Select all that apply.

(Show if Web) Select all that apply

- ❑ 1 First Nations (includes status and non status individuals)
- ❑ 2 Métis
- ❑ 3 Inuit
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

G5 *Show if Child identifies as First nations (B5_1 = 1)*

Is **<<B0.text>>**'s primary residence on a reserve?

(Show if CATI) DO NOT READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

G6 *Show if Child identifies as Inuit (B5_3 = 1)*

Is **<<B0.text>>**'s primary residence in Inuit Nunangat (Inuvialuit, Nunavik, Nunatsiavut, or Nunavut)?

(Show if CATI) DO NOT READ LIST.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Yes
- ❍ 0 No
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Section Demographic Information of parent/legal guardian

G1, G2, A3, G3, G7, G8, G9, G10, G11, G12

Page Demographic Information of parent/legal guardian

G1

These last few questions are about **you** and will be used to help us better understand the background of parents in this survey.

What was your assigned sex at birth?

(Show if CATI) DO NOT READ.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Male
- ❍ 2 Female
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

G2

(Show if CATI) Do you live in an urban or rural area?
IF NEEDED: An urban area is a city, town or village with a population of 1000 people or more, while a rural area is any other area of lower population.

DO NOT READ.

(Show if Web) Do you live in an urban or rural area?
An urban area is a city, town or village with a population of 1000 people or more, while a rural area is any other area of lower population.

<<SingleInstruction>>

- ❍ 1 Urban
- ❍ 2 Rural
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

A3

How old are **you**?

Minimum: 18, Maximum: 120

_____

- ❑ -8 [DO NOT READ /]Prefer not to answer

G3

(Show if CATI) What is your racial or ethnic background?
IF NEEDED: We recognize this list of racial or ethnic identifiers may not exactly match how you

would describe yourself.
Select all that apply.

READ LIST UNTIL INTERRUPTED, AFTER, PROMPT FOR 'ANY OTHERS?'

(Show if Web) What is your racial or ethnic background?
We recognize this list of racial or ethnic identifiers may not exactly match how you would describe yourself.

Select all that apply

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

G7

Which group best defines your citizenship status in Canada?

(Show if CATI) READ LIST AS NEEDED.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Canadian citizen by birth [IF NEEDED /] (i.e., born in Canada or born outside Canada with at least one of the parents being Canadian.)
- ❍ 2 Canadian citizen by naturalization [IF NEEDED /] (i.e., a person who was not born as a Canadian citizen who was granted citizenship of Canada under the Citizenship Act.)
- ❍ 3 Permanent resident/landed immigrant
- ❍ 4 Other (e.g., refugee, holds work or study permit)
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don’t know

G8 *Show if Parent citizenship not by birth (G7 = 2,3,4)*

How many years have you been living in Canada?

(Show if CATI) Enter 0 if less than a year.

(Show if Web) If less than a year please enter 0.

Minimum: 0, Maximum: 9999999

_____

- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

G9

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

(Show if CATI) READ LIST AS NEEDED.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Less than a high school diploma or equivalent
- ❍ 2 High school / Secondary school / École secondaire 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
- ❍ 7 University – post-graduate degree above bachelor's level
- ❍ 8 [DO NOT READ /]Other, please specify: _____
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]I don't know

G10

Which best describes your current employment status? Are you…

(Show if CATI) READ LIST UNTIL INTERUPTED.

(Show if Web) <<SingleInstruction>>

- ❍ 1 Working full-time, 35 or more hours per week
- ❍ 2 Working part-time, less than 35 hours per week
- ❍ 3 Self-employed
- ❍ 4 Unemployed, but looking for work

❍ 5 A student attending school full-time or part-time
❍ 6 Retired
❍ 7 Not in the workforce (full-time homemaker, unemployed, not looking for work)
❍ 8 [DO NOT READ /]Other
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

G11

(Show if CATI) Are you currently working or volunteering in any of the following sectors?
We are interested in jobs that put employees at high-risk of vaccine preventable diseases. For each option please answer yes or no.

READ LIST. Select all that apply.

(Show if Web) Are you currently working or volunteering in any of the following sectors?
We are interested in jobs that put employees at high-risk of vaccine preventable diseases.

Select all that apply

❑ 1 Health care or laboratory worker[IF NEEDED /](e.g., physician, nurse, occupational/physical therapist, etc., those who work, study, or volunteer in hospitals, long-term care, nursing home, and community settings)
❑ 2 Child care or schools[IF NEEDED /](e.g., teacher, daycare worker)
❑ 3 Exposed to animals or their materials[IF NEEDED /](e.g., veterinarian)
❑ 4 Emergency services worker[IF NEEDED /](e.g., police, fire fighter, EMT)
❑ 5 Other[IF NEEDED /](e.g., worker in a correction facility, on a crew ship or aircraft, military personnel, humanitarian relief or essential community service)
❑ 6 I don't work in any of the above sectors *(Exclusive)*
❑ -8 [DO NOT READ /]Prefer not to answer
❑ -9 [DO NOT READ /]Don't know

G12

(Show if CATI) What was your total household income, before taxes and deductions, for the year ending December 31, 2024.

READ LIST UNTIL INTERRUPTED.

(Show if Web) Please indicate your total household income, before taxes and deductions, for the year ending December 31, 2024.

<<SingleInstruction>>

- ❍ 1 Under $20,000
- ❍ 2 $20,000 to $39,999
- ❍ 3 $40,000 to $59,999
- ❍ 4 $60,000 to $79,999
- ❍ 5 $80,000 to $99,999
- ❍ 6 $100,000 to $149,999
- ❍ 7 $150,000 and above
- ❑ -8 [DO NOT READ /]Prefer not to answer
- ❑ -9 [DO NOT READ /]Don't know

Section Survey End *Show if isWeb (custom: <<current_mode_is("web")>>)*

WebEndTCH, CATIEnd

Page End_main

WebEndTCH *Show if isWeb (custom: <<current_mode_is("web")>>)*

(if is WCAG (wcag = 1))

This survey was conducted on behalf of the Public Health Agency of Canada. We hope you've found it interesting, and we sincerely thank you for your time.

(if is not WCAG (wcag != 1))

This survey was conducted on behalf of the Public Health Agency of Canada. We hope you've found it interesting, and we sincerely thank you for your time.

(if Default)

This survey was conducted on behalf of the Public Health Agency of Canada. We hope you've found it interesting, and we sincerely thank you for your time.

Status Code: -1

CATIEnd *Show if isCATI (custom: <<current_mode_is("cati")>>)*
We hope you've found it interesting, and we sincerely thank you for your time.

The Public Health Agency of Canada has contracted an independent public opinion research company Advanis to conduct this research.

Status Code: -1

Help Page

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Contact info: Sue Day at 1-888-883-7094

If you are having stress/emotional difficulties at this time, it might help to talk to someone.
I have a toll free number I could give you if you are interested in talking to someone.

Canada: 1 833 456-4566 or if you prefer to send a SMS to one of their resources text 45645 (from 4pm to midnight) or call 1-800-273-TALK (1-800-273-8255)
US: 1-800-273-8255
Additionally you can call or text 9-8-8 for a safe space to talk, 24 hours a day, every day of the year.