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Seasonal Respiratory Vaccination Coverage Survey, 2025-2026 Report

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Seasonal Respiratory Vaccination Coverage Survey, 2025-2026

Report

Prepared for the Public Health Agency of Canada

Supplier Name: Leger Marketing Inc.

March 2026

This public opinion research report presents the methodology of a hybrid (web and telephone) survey conducted by Leger Marketing Inc. on behalf of the Public Health Agency of Canada. The research was conducted with 8,073 Canadians between January 12 and February 23, 2026.

Cette publication est aussi disponible en français sous le titre : Enquête sur la couverture vaccinale contre les infections respiratoires saisonnières, 2025-2026.

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1. Summary

Leger is pleased to submit this methodological report to the Public Health Agency of Canada (PHAC) of a quantitative survey assessing vaccination coverage against seasonal influenza, COVID-19, and respiratory syncytial virus among the Canadian population.

This report was prepared by Leger following the awarding of a contract to PHAC (contract number CW2431430), awarded December 5, 2025. This contract has a value of \$299,385.80 (including HST).

1.1 Background and Objectives

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

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

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

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

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

As of the 2024-2025 season, the survey has been renamed the Seasonal Respiratory Vaccination Coverage Survey, previously known as Seasonal Influenza Vaccination Coverage Survey. While it continues to monitor influenza vaccine uptake and COVID-19 vaccination (added during the pandemic period), the scope of the survey has been expanded to include questions on public awareness and vaccination coverage regarding respiratory syncytial virus (RSV) vaccines. RSV is a significant cause of lower respiratory tract infections, particularly affecting infants, young children, and older adults. RSV causes seasonal outbreaks in Canada, typically from late fall through early spring. Additionally, the survey continues to assess the COVID-19 vaccine uptake during the fall vaccination campaign, and co-administration of influenza, RSV, and COVID-19 vaccines, thus providing valuable insights for future vaccination campaigns.

The overarching objective of this research is to provide national vaccination coverage estimates for seasonal influenza, COVID-19, and RSV; track progress toward Canada's national coverage goals and identify factors affecting vaccination uptake across various demographic groups. Failure to collect and analyze this information would impede the ability to effectively monitor and enhance vaccination programs, potentially leaving vulnerable populations unprotected.

The primary objective of the research is to provide national vaccination coverage estimates for the influenza, COVID-19 and RSV vaccine among adults 18 years and older. Specifically, the survey will be used to:

- Measure adults' knowledge, attitudes and beliefs towards the vaccines,
- Determine reasons for vaccination or non-vaccination;
- Identify places of vaccination (i.e. pharmacy, doctor's office, or vaccination centre);
- Identify factors associated with vaccine uptake; and
- Measure attitudes toward the flu, COVID-19, and RSV vaccines co-administration.

1.2 Application of Results

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

1.3 Methodology—Quantitative Research

The quantitative research consisted of telephone interviews, which were conducted using a computer-assisted telephone interviewing system (CATI technology) and online surveys using Computer Aided Web Interviewing (CAWI) technology.

Data collection for this survey took place between January 12 and February 23, 2026. The national response rate for the telephonic survey was 9.67% and 8.49% for the web survey. The comprehensive distribution of calls and web interviews is presented in Appendix A. A pretest of 41 telephonic interviews and 50 web interviews, in both official languages, was conducted between January 12 and 14, 2026. More specifically, 21 interviews were conducted in French and 20 in English for the telephonic interviews and 20 interviews were conducted in French and 30 in English for the web interviews. All pretest responses were included in the overall results. The telephone interviews lasted an average of sixteen minutes, whereas the web interviews lasted an average of eight minutes. The interviews were recorded to assess the level of understanding of each question among respondents.

To obtain reliable data for each of the subgroups, we surveyed a sample of 4,149 Canadian adults by phone and 3,924 Canadians on the web for a total sample of 8,073 Canadian adults in all regions of the country. Only one adult respondent was interviewed per household.

The national margin of error for the telephone portion of this survey is +/- 1.52%, 19 times out of 20. Regarding the web portion, since a sample drawn from an Internet panel is not probabilistic in nature, margins of sampling error cannot be calculated. Respondents for this survey were selected among those who have volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population.

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

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

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



with a landline phone and household with cellphones only, according to the latest Canadian Radio-Television and Telecommunications commission (CRTC) data available.

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

1.4 Notes on the Interpretation of the Findings

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

This study uses a hybrid methodology combining a web (online panel) and a telephone survey. As the web component is non-probabilistic, overall results cannot be generalized to the Canadian population. Web results are not representative of the general population, while the telephone component is probabilistic and can be generalized to the Canadian population.



1.5 Declaration of Political Neutrality and Contact Information

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

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

Signed by:

A handwritten signature in blue ink, appearing to read "S. Poitras".

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Appendix A—Detailed Research Methodology

A.1 Quantitative Methodology – Telephone Sample

A.1.1 Methods

This iteration of the Seasonal Respiratory Vaccination Coverage Survey, formerly known as Seasonal Influenza Vaccination Coverage Survey, was conducted using a hybrid methodology: around half of the data collection was done through telephone surveys, and the other half was collected through web surveys. Leger used the same methods as those used in the 2024-2025 survey with respect to sampling methodology.

The telephone interviews were conducted using a computer-assisted telephone interviewing system (CATI technology). This approach is the most suitable for assessing vaccination coverage against seasonal influenza, COVID-19, and RSV among different subgroups of the Canadian population, while ensuring a high level of representativeness.

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

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

Research interviews were conducted through Elemental, a specialized phone data collection platform that optimizes call management and ensures rigorous respondent follow-up. Elemental Data Collection maintains a large bilingual workforce, with over 35% of its staff being bilingual English/French, ensuring that all surveys can be conducted efficiently in both official languages.

A.1.2 Data Collection

Telephone data collection for this survey was conducted between January 12 and February 23, 2026. The national response rate for the telephonic survey was 9.67%. The comprehensive distribution of calls is presented below. A pretest of 41 interviews, in both official languages, was conducted between January 12 and 14, 2026. More specifically, 21

interviews were conducted in French and 20 in English. The interviews lasted an average of 16 minutes.

To obtain reliable data for each of the subgroups, we surveyed a total sample of 4,149 Canadian adults who had access to either a landline or a cellphone in all regions of the country. Only one adult respondent was interviewed per household. Canadians without a landline or cellphone were excluded from the study.

Representative sample of approximately 4,150 Canadians

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

The following table details the regional quotas for the 4,149 Canadian adults and the effective distribution respondents:

Table 1. Flexible regional quotas for the telephone survey

Region	Quotas	Number of completed interviews
Newfoundland and Labrador	150	150
Prince Edward Island	150	150
Nova Scotia	150	150
New Brunswick	150	150
Quebec	850	850
Ontario	1,325	1,325
Manitoba	175	175
Saskatchewan	150	150
Alberta	325	324
British Columbia	425	425
Nunavut*	100	61
Northwest Territories*	100	85
Yukon	100	154
Total	4,150	4,149

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

A.1.3 Sampling Procedures

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

Canada-wide sampling: households with a landline

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

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

For the portion of the sample composed of "cell phone only households," candidates were randomly selected for each province or region taking into account provincial or regional quotas. The precise target of 2,527 respondents from cellphones only households was set and reached to match as closely as possible the proportion of Canadian cellphone only households estimated by the CRTC (60.9%). Statistical weighting corrected the demographic differences between the sample and the actual proportion in the population.

A.1.4 Maximizing Response Rate

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

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

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

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

A.1.5 Call Distribution

The telephonic response rate for this study was 9.67%. The participation rate is calculated using the following formula: Participation rate / response rate = $R \div (U + IS + R)$. The table below provides details of the calculation.

Table 2. Call determination and response rate for the telephone survey

Base Sample	100,473
Invalid number	34,437
No service	33,816
Non-residential	158
Fax / modem / pager	454
Double	9
Unresolved (U)	42,613
No answer	9,039
Answering machine	32,489
Line busy	1,085
EFFECTIVE SAMPLE	27,572
In-scope non-responding units (IS)	17,040
Refusal	16,390
Language Barrier	650
Responding units (R)	6,383
Quota attained	5
Unqualified	451
Incomplete	521
Appointment	1,257
COMPLETED INTERVIEWS	4,149
Participation rate	9.67%

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

An effective response rate of 9.67% is around the average for a national telephone survey of 4,149 respondents conducted over a period of approximately five weeks. This rate is consistent with similar surveys. A response rate of 9.67% is considered typical and within industry standards for a telephone survey with the general population.

A.1.7 Weighting

According to Statistics Canada's 2021 national census data, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level. In addition, the weighting of respondents in the cell phone-only sample was also controlled to match the 60.9% of Canadian households with cellphones only and to correct the difference between the sample and the actual proportion in the population, as per our estimate of CRTC's data.

A baseline comparison of weighted and unweighted samples was also conducted to identify potential nonresponse biases that could be introduced by lower response rates in some demographic subgroups (see tables in the next section). As is usually the case for a telephone survey targeting mainly households with a landline, it was more difficult to reach young respondents. To compensate for this, Leger conducted 2,527 interviews with individuals whose homes do not have landlines (called on their cell phones) in order to maximize the number of youths in the final sample.

Unweighted and Weighted Sample

The tables below show the distribution of respondents, before and after weighting, by province or territory, gender, age, language (mother tongue), education level, and phone equipment.

Table 3. Unweighted and weighted sample distribution by the province.

Province or territory	Unweighted	Weighted
Alberta	324	459
British Columbia	425	573
Manitoba	175	145
New Brunswick	150	90
Newfoundland	150	60
Nova Scotia	150	112
Northwest Territories	85	4
Nunavut	61	3
Ontario	1,325	1,602
Prince Edward Island	150	18
Quebec	850	957

Saskatchewan	150	121
Yukon Territory	154	4

Table 4. Unweighted and gender-weighted sample distribution

GENDER	Unweighted	Weighted
Male	1,890	1,976
Female	2,221	2,121
Other	23	35
Don't know	5	6
Refusal	10	11

Table 5. Unweighted and age-weighted sample distribution

AGE	Unweighted	Weighted
From 18 to 24 years old	196	410
From 25 to 34 years old	455	690
From 35 to 44 years old	676	686
From 45 to 54 years old	642	653
From 55 to 64 years old	780	729
From 65 to 74 years old	829	567
75 years and older	571	415

Table 6. Unweighted and weighted sample distribution by mother tongue

LANGUAGE (MOTHER TONGUE)	Unweighted	Weighted
French	871	818
English	2,612	2,600
Other	653	717
Don't know	3	3
Refusal	10	11

Table 7. Unweighted and weighted sample distribution by education

EDUCATION LEVEL	Unweighted	Weighted
High school or less	981	1,235
College	1,189	1,583
University	1,944	1,283

Table 8. Unweighted and weighted sample distribution by phone equipment

PHONE EQUIPMENT	Unweighted	Weighted
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Not cellphone only	1,612	1,600
Cellphone only	2,527	2,533

Weighting factors

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

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

Table 9. Weighting by gender and by age

Gender*Age	Weighting
Male 18-24	5.228%
Male 25-34	8.347%
Male 35-44	8.125%
Male 45-54	7.712%
Male 55-64	8.600%
Male 65+	10.869%
Female 18-24	4.644%
Female 25-34	8.273%
Female 35-44	8.401%
Female 45-54	8.019%
Female 55-64	8.979%
Female 65+	12.802%

Table 10. Weighting by gender and by region

Gender*Region	Weighting
Newfoundland AND Male	0.70%
Newfoundland AND Female	0.74%

Prince Edward Island AND Male	0.20%
Prince Edward Island AND Female	0.22%
Nova Scotia AND Male	1.30%
Nova Scotia AND Female	1.41%
New Brunswick AND Male	1.05%
New Brunswick AND Female	1.11%
Quebec AND Male	11.30%
Quebec AND Female	11.77%
Ontario AND Male	18.75%
Ontario AND Female	19.86%
Manitoba AND Male	1.72%
Manitoba AND Female	1.78%
Saskatchewan AND Male	1.44%
Saskatchewan AND Female	1.48%
Alberta AND Male	5.50%
Alberta AND Female	5.56%
British Columbia AND Male	6.77%
British Columbia AND Female	7.05%
Yukon Territory AND Male	0.05%
Yukon Territory AND Female	0.05%
Northwest Territories AND Male	0.05%
Northwest Territories AND Female	0.05%
Nunavut AND Male	0.04%
Nunavut AND Female	0.04%

Table 11. Weighting by province and by language

Province*Language	Weighting
Quebec AND French	17.27%
Quebec AND Not French	5.80%
Rest of Canada AND French	2.46%

Rest of Canada AND Not French	74.48%
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Table 12. Weighting by education

Education	Weighting
No University	69.08%
University	30.92%

Table 13. Weighting by phone equipment

Education	Weighting
Cellphone only	61.05%
Not cellphone only	38.95%

A.2 Quantitative Methodology – Web Sample

A.2.1 Methods

The web portion was conducted through online surveys using Computer Aided Web Interviewing (CAWI) technology.

Leger adheres to the most stringent guidelines for quantitative research. The survey was in accordance with Government of Canada requirements for quantitative research, including the Standards of the Conduct of Government of Canada Public Opinion Research – Series A—fieldwork and data tabulation for online surveys.

Respondents were assured of the voluntary, confidential and anonymous nature of this research. As with all research conducted by Leger, all information that could allow for the identification of participants was removed from the data, in accordance with the Privacy Act.

The questionnaire is presented in Appendix B.

A.2.2 Sampling Procedures

Computer Aided Web Interviewing (CAWI)

Participant selection was made randomly from *LegerWeb's* online panel. Leger owns and operates an Internet panel of more than 400,000 Canadians from coast to coast. An Internet panel is made up of Web users profiled on different sociodemographic variables. The majority of Leger's panel members (61%) have been recruited randomly over the phone over the past decade, making it highly similar to the actual Canadian population on many demographic characteristics.

Since an Internet sample (from the panel) is non-probabilistic in nature, the margin of error does not apply.

A.2.3 Data Collection

Fieldwork was conducted from January 12 to February 23, 2026. A pre-test of the questionnaire in English and French was completed on January 13, 2026, with 50 respondents. More specifically, 20 interviews were conducted in French and 30 in English. No changes were made to the questionnaire following the pre-test, so the pre-test results were included in the final results. A total sample of 3,924 Canadians was reached.

Representative sample of approximately 3,850 Canadians

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

The following table details the regional quotas for the 3,850 Canadian adults and the effective distribution of 3,924 respondents:

Table 14. Flexible regional quotas for the web survey

Region	Quotas	Number of completed interviews
Newfoundland and Labrador	150	150
Prince Edward Island	150	150
Nova Scotia	150	152
New Brunswick	150	150
Quebec	850	855
Ontario	1,325	1,325
Manitoba	175	177
Saskatchewan	150	150
Alberta	325	328
British Columbia	425	428
Nunavut	0	9
Northwest Territories	0	23
Yukon	0	27
Total	3,850	3,924

A.2.4 Participation Rate for the Web Survey

The web participation rate for the survey was around 8.49%. Below is the calculation of the participation rate to the web survey. The participation rate is calculated using the

following formula: Participation rate / response rate = $R \div (U + IS + R)$. The table below provides details of the calculation.

Table 15. Participation rate for the web survey

	Target audience
Invalid cases	-
Invitations mistakenly sent to people who did not qualify for the study	-
Incomplete or missing email addresses	-
Unresolved (U)	42,928
Email invitations bounce back	744
Email invitations unanswered	42,184
In-scope non-responding units (IS)	273
Non-response from eligible respondents	-
Respondent refusals	243
Language problem	NA
Selected respondent not available (illness; leave of absence; vacation; other)	NA
Early breakoffs	230
Responding units (R)	4,026
Completed surveys disqualified – quota filled	42
Completed surveys disqualified for other reasons	60
Completed interviews	3,924
POTENTIAL SAMPLE (U+IS+R)	47,427
Participation rate = $R \div (U + IS + R)$	8.49%

The participation rate is largely driven by the high number of unanswered email invitations (42,184). Given the limited data collection timeline and associated deadlines, invitations had to be distributed broadly to achieve the required number of completes. In addition, a large volume of invitations was necessary to meet regional quotas and ensure adequate representation of cellphone-only households. Considering the scope of the project, the participation rate remains in line with industry standards.

A.2.5 Weighting

According to Statistics Canada's 2021 national census data, Leger weighted the results of this survey by age, gender, region, language (mother tongue) and education level.

A baseline comparison of weighted and unweighted samples was also conducted to identify potential nonresponse biases that could be introduced by lower response rates in some demographic subgroups (see tables in the next section).

Unweighted and Weighted Sample

The tables below show the distribution of respondents, before and after weighting, by province or territory, gender, age, language (mother tongue), education level, and phone equipment.

Table 16. Unweighted and weighted sample distribution by the province

Province or territory	Unweighted	Weighted
Alberta	328	435
British Columbia	428	545
Manitoba	177	137
New Brunswick	150	84
Newfoundland	150	56
Nova Scotia	152	106
Northwest Territories	23	4
Nunavut	9	3
Ontario	1,325	1,515
Prince Edward Island	150	17
Quebec	855	903
Saskatchewan	150	114
Yukon Territory	27	4

Table 17. Unweighted and gender-weighted sample distribution

GENDER	Unweighted	Weighted
Male	1,886	1,891
Female	2,018	2,011
Other	16	17
Don't know	1	2
Refusal	3	3

Table 18. Unweighted and age-weighted sample distribution

AGE	Unweighted	Weighted
From 18 to 24 years old	379	396
From 25 to 34 years old	649	651
From 35 to 44 years old	643	647

From 45 to 54 years old	613	616
From 55 to 64 years old	701	688
From 65 to 74 years old	571	560
75 years and older	368	367

Table 19. Unweighted and weighted sample distribution by mother tongue

LANGUAGE (MOTHER TONGUE)	Unweighted	Weighted
French	927	772
English	2,654	2,769
Other	337	374
Don't know	2	3
Refusal	4	6

Table 20. Unweighted and weighted sample distribution by education

EDUCATION LEVEL	Unweighted	Weighted
High school or less	814	1,044
College	1,281	1,638
University	1,805	1,210

Weighting factors

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

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

Table 21. Weighting by gender and by age

Gender*Age	Weighting
Male 18-24	5.215%
Male 25-34	8.326%
Male 35-44	8.105%
Male 45-54	7.693%

Male 55-64	8.578%
Male 65+	10.842%
Female 18-24	4.880%
Female 25-34	8.253%
Female 35-44	8.381%
Female 45-54	7.999%
Female 55-64	8.957%
Female 65+	12.771%

Table 22. Weighting by gender and by region

Gender*Region	Weighting
Newfoundland AND Male	0.70%
Newfoundland AND Female	0.74%
Prince Edward Island AND Male	0.20%
Prince Edward Island AND Female	0.22%
Nova Scotia AND Male	1.30%
Nova Scotia AND Female	1.40%
New Brunswick AND Male	1.05%
New Brunswick AND Female	1.10%
Quebec AND Male	11.27%
Quebec AND Female	11.74%
Ontario AND Male	18.70%
Ontario AND Female	19.91%
Manitoba AND Male	1.72%
Manitoba AND Female	1.78%
Saskatchewan AND Male	1.43%
Saskatchewan AND Female	1.48%
Alberta AND Male	5.49%
Alberta AND Female	5.60%
British Columbia AND Male	6.75%

British Columbia AND Female	7.13%
Yukon Territory AND Male	0.05%
Yukon Territory AND Female	0.05%
Northwest Territories AND Male	0.05%
Northwest Territories AND Female	0.05%
Nunavut AND Male	0.04%
Nunavut AND Female	0.04%

Table 23. Weighting by province and by language

Province*Language	Weighting
Quebec AND French	17.22%
Quebec AND Not French	5.79%
Rest of Canada AND French	2.45%
Rest of Canada AND Not French	74.54%

Table 24. Weighting by education

Education	Weighting
No University	69.15%
University	30.85%

Appendix B — Questionnaire

Seasonal Respiratory Vaccination Coverage Survey, 2025-2026

LEGEND FOR ATTRIBUTE COLUMN

X= Exclusive choice

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

O= Open-ended

Section info

Page info

[ASK ALL]

QINF#

Hello / Bonjour (pause), the Government of Canada is conducting a research survey on influenza, COVID-19 and RSV vaccines. Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais?

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

My name is [first name] of Leger, the company hired to do the survey. The survey takes about 15 minutes to complete. Should you have any questions about the survey, I can give you a contact person within the Government of Canada. Your participation is voluntary and confidential, and you may decline to respond to any questions by saying you prefer not to answer. Your answers will remain anonymous, and the information you provide will be administered according to the requirements of the Privacy Act, the Access to Information Act, and any other pertinent legislation. Is this a safe and convenient time for you? May I continue?

We are currently conducting a study on influenza, COVID-19 and RSV vaccines. This survey is led by the Public Health Agency of Canada and will ask questions about your vaccination status, your opinions and attitudes towards vaccines, your health status, medical conditions and some basic demographic information. Your answers will help improve services that impact Canadians like you. We would therefore greatly appreciate your cooperation.

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

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

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

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

- Phone: 20241212-LE152
- Web: 20241212-LE154

Section info

[ASK ALL]

QSCTDEMO1

INTERVIEWER SCRIPT:

To begin, I have a few questions about you.

Simple mention question

[ASK IF ECHA=CELL AND WEB]

ADTADM_010

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

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

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

Numeric question

[ASK ALL]

[NUMERIC : Min=18, Max=150]

[NOTES: Under 18 = terminate]

[VALIDATION: AGE]

ADTDEM_010

How old were you as of September 1, 2025?

INTERVIEWER INSTRUCTIONS: (RECORD THE NUMBER.)

Enter number
(DO NOT READ) Refusal

XXX
999

TERMINATE

Calculated variable

[NOTES: CALCULATION FROM ADTDEM_010]

ADTDEM_011

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

QUESTION PROVX

Simple mention question

[ASK ALL]

ADTDEM_020

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

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

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

Simple mention question

[ASK ALL]

ADTDEM_030

What is your gender?

INTERVIEWER INSTRUCTIONS:

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

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

ADULT – Flu vaccination

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

Simple mention question

[ASK ALL]

ADTFLU_010

Before September 1st, 2025, have you ever received the seasonal flu vaccine (also known as the flu shot)?

INTERVIEWER INSTRUCTIONS:

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

(DO NOT READ LIST. ONLY ONE MENTION)

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

Simple mention question

[ASK ALL]

ADTFLU_020

From September 1st, 2025, to now, have you received the seasonal flu vaccine (also known as the flu shot)?

INTERVIEWER INSTRUCTIONS:

(DO NOT READ LIST. ONLY ONE MENTION)

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

Simple mention question

[ASK IF ADTFLU_020=0] [RANDOMISE 01-11 ORDER]

ADTFLU_040

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

INTERVIEWER INSTRUCTIONS:

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

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

I think the flu vaccine does not work	01
I am healthy, I am not at risk, and/or trust in my immune system	02
I believe protective behaviors are enough to protect me from the flu (e.g. handwashing, physical distancing)	03
I am not exposed to the flu very often (e.g. teleworking, reduced contacts)	04
I am not around high risk people (e.g. older adults, children)	05
I did not get around to it (e.g. too busy, lack of time)	06
I wanted to but was not able to get an appointment (e.g. no appointment available)	07
I have concerns about the safety of the flu vaccine, and/or its side effects	08
Because of my health condition (e.g. allergic reactions, recent infections)	09
I heard or read negative media (e.g. on social media, blogs, forums) about vaccines	10
I already booked an appointment to get the flu vaccine	11
Other reason; specify:	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTFLU_020=1]

ADTFLU_050

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

INTERVIEWER INSTRUCTIONS: READ. ONLY ONE MENTION

September 2025	0
October 2025	1
November 2025	2
December 2025	3
January 2026	4
February 2026	5

March 2026	6
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTFLU_020=1]

ADTFLU_060

Where did you receive the flu vaccine this time?

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

Permanent or temporary vaccination centre (e.g. At the mall, points de services locaux (PSL) in Quebec) 01

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

Simple mention question

[ASK if ADTFLU_020=1] [RANDOMISE 01-10]

ADTFLU_070

What was the most important reason why you decided to receive the flu vaccine this time?

INTERVIEWER INSTRUCTIONS:

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

I want to prevent infection / I do not want to get the flu	01
I am at high risk of getting the flu (e.g. due to working conditions, frequent contact with others)	02
I am at risk of serious illness or complications from the flu (e.g. health conditions, age, pregnancy)	03
It was recommended by a health care professional	04
It is required in my workplace	05
It was offered with another vaccine (e.g. COVID-19 vaccine)	06
It was easy and convenient to get vaccinated	07
I want to protect people around me (e.g. family, friends, high-risk people)	08

To prevent the spread of the flu and help to reduce stress on the healthcare system		09
I receive it every year (no specific reason)	10	
Other reasons; specify:	96	O
(DO NOT READ) Valid skip/ Not applicable	97	X
(DO NOT READ) Don't know	98	X
(DO NOT READ) Refusal	99	X

Multiple mentions question

[ASK if ADTFLU_020=1] [RANDOMISE 01-06]

ADTFLU_080

Did you encounter any of the following difficulties for getting the flu shot this time?

MULTIPLE ANSWERS ALLOWED

Please select all that apply.

Limited appointment availability (e.g. no flu shot available, difficult to book an appointment)

01

The vaccine was not offered at my usual/convenient/close location

02

I could not receive it at the same time or location as my COVID-19 or RSV vaccination

03

Lack of walk-in options

04

It was difficult to find time for a vaccine appointment (e.g. due to work/school schedules, other priorities)

05

It was difficult to navigate online appointment platform

06

I didn't encounter any difficulties when getting the vaccine

07

Other, specify

96

(DO NOT READ) Valid skip/ Not applicable

97

(DO NOT READ) Don't know

98

(DO NOT READ) Refusal

99

ADULT – COVID-19 vaccination

INTERVIEWER SCRIPT: Now, I will ask you some questions about the COVID-19 vaccine, and your vaccination status.

Simple mention question

[ASK ALL]

ADTCOV_010

Before September 1st, 2025, have you ever received a COVID-19 vaccine?

INTERVIEWER INSTRUCTIONS:

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

Simple mention question

[ASK ALL]

ADTCOV_020

From September 1st, 2025, to now, have you received a COVID-19 vaccine?

INTERVIEWER INSTRUCTIONS:

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

Simple mention question

[ASK IF ADTCOV_020=0] [RANDOMISE 01-13]

ADTCOV_040

What was the *most important* reason why you did not receive the COVID-19 vaccine this time?
Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

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

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

I have concerns about the safety and/or side effects of having so many COVID-19 vaccines	01
I think COVID-19 vaccines do not work	02
I am healthy, I am not at risk, and/or trust in my immune system	03
I am well protected with the doses received previously	04
I am not exposed to the COVID-19 very often (e.g. teleworking, reduced contacts)	05
I am not around high risk people (e.g. older adults, children)	06
I already had COVID-19 and believe I am adequately protected by natural immunity	07
Because of my health condition (e.g. allergic reactions, bad reactions to the previous doses)	08
Protective behaviors are enough to protect me from the COVID-19 (e.g. handwashing, masking, physical distancing)	09
I don't think COVID-19 infection is serious enough anymore to need another dose	10
Cost of the vaccines	11
I did not get around to it (e.g. too busy, lack of time)	12
I wanted to but was not able to get an appointment (e.g. no appointment available)	13
I already booked an appointment to get a COVID-19 vaccine	14
Other reasons; specify	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTCOV_020=1]

ADTCOV_050

In which month did you receive the COVID-19 vaccine this time?

INTERVIEWER INSTRUCTIONS: READ. ONLY ONE MENTION

September 2025	0
October 2025	1
November 2025	2
December 2025	3
January 2026	4
February 2026	5
March 2026	6
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTCOV_020=1]

ADTCOV_060

Where did you receive the COVID-19 vaccine this time?

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

Permanent or temporary vaccination centre (e.g. At the mall, “points de services locaux (PSL) in Quebec)

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

Simple mention question

[ASK if ADTCOV_020=1] [RANDOMISE 01-10]

ADTCOV_070

What was the most important reason why you decided to receive the COVID-19 vaccine this time?

INTERVIEWER INSTRUCTIONS:

If the respondent says “Other specify” (96) – capture verbatim response. Do not back-code. DO NOT READ -

I want to prevent infection / I do not want to get COVID-19 01

I am at high risk of getting COVID-19 (e.g. due to working conditions, frequent contact with others)

02

I am at risk of serious illness or complications from COVID-19 (e.g. health conditions, age, pregnancy)

03

I want to protect people around me (e.g. family, friends, high-risk people) 04

To prevent the spread of COVID-19 in my community and help to reduce stress on the healthcare system

05

It is required at my workplace 06

It was recommended by a health care professional 07

For travel related purposes

08

I wanted an updated vaccine to better protect against new variants (e.g. vaccine targeting new variant is available)

09

It was offered with another vaccine (e.g. flu shot)

10

Other reasons; specify:

96 O

(DO NOT READ) Valid skip/ Not applicable

97 X

(DO NOT READ) Don't know

98 X

(DO NOT READ) Refusal

99 X

Multiple mentions question

[ASK if ADTCOV_020=1] [RANDOMISE 01-06]

ADTCOV_080

Did you encounter any of the following difficulties when getting the COVID-19 vaccine this time?

MULTIPLE ANSWERS ALLOWED

Please select all that apply.

Limited appointment availability (e.g. no vaccine available, difficult to book an appointment)

01

The vaccine was not offered at my usual/convenient/close location

02

I could not receive it at the same time or location as my flu or RSV vaccination

03

Lack of walk-in options

04

It was difficult to find time for a vaccine appointment (e.g. due to work/school schedules, other priorities)

05

It was difficult to navigate online appointment platform

06

I didn't encounter any difficulties when getting the COVID-19 vaccine

07

Other, specify

96

(DO NOT READ) Valid skip/ Not applicable

97

(DO NOT READ) Don't know

98

(DO NOT READ) Refusal

99

ADULT – RSV vaccination

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

Single mention question

[ASK ALL]

ADTRSV_010

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

- | | | |
|---|----|---|
| I know about the RSV and what symptoms it causes | 01 | |
| I heard about RSV but do not know what symptoms it causes | 02 | |
| I have not heard of it | 03 | |
| DO NOT READ) Don't know | 98 | X |
| (DO NOT READ) Refusal | 99 | X |

Single mention question

[ASK IF ADTRSV_010=03,98]

ADTRSV_011

Respiratory syncytial virus or RSV is a common respiratory virus that usually causes mild cold-like symptoms. Infants and older adults are more at risk to develop severe symptoms following infection and need hospitalization. RSV is a different virus from flu and COVID-19.

Based on this definition, does the term “respiratory syncytial virus (or RSV)” sound familiar to you?

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

Simple mention question

[ASK ALL]

ADTRSV_020

Respiratory syncytial virus or RSV is a common respiratory virus that usually causes mild cold-like symptoms. Infants and older adults are more at risk to develop severe symptoms following infection and need hospitalization. RSV is a different virus from flu and COVID-19.

Before September 1st, 2025, have you ever received a RSV vaccine?

INTERVIEWER INSTRUCTIONS:

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

Simple mention question

[ASK ALL]

ADTRSV_030

From September 1st, 2025, to now, have you received a RSV vaccine?

INTERVIEWER INSTRUCTIONS:

(DO NOT READ LIST. ONLY ONE MENTION)

Yes 1

No 0

(DO NOT READ) Don't know 8

(DO NOT READ) Refusal 9

Simple mention question

[ASK IF ADTRSV_030=0] [RANDOMISE 01-12]

ADTRSV_050

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

INTERVIEWER INSTRUCTIONS:

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

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

(READ LIST. ONLY ONE MENTION)

I have concerns about the safety and/or side effects of RSV vaccine 01

I don't know what RSV is 02

I am healthy, I am not at risk, and/or trust in my immune system

03

I am not exposed to the RSV very often (e.g. teleworking, reduced contacts) 04

I am not around high risk people (e.g. older adults, children) 05

Because of my health condition (e.g. allergic reactions, bad reactions to vaccines) 06

Protective behaviors are enough to protect me from the RSV (e.g. handwashing, physical distancing) 07

I heard or read negative media (e.g. on social media, blogs, forums) about vaccines 08

I did not get around to it (e.g. too busy, lack of time) 09

I wanted to but was not able to get an appointment (e.g. no appointment available) 10

Cost of the vaccines 11

I was not eligible to receive the vaccine 12

I already booked an appointment to get the RSV vaccine

13

Other reasons; specify 96

DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Simple mention question

[ASK IF ADTRSV_030=1]

ADTRSV_060

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

INTERVIEWER INSTRUCTIONS: READ. ONLY ONE MENTION

September 2025	0	
October 2025	1	
November 2025	2	
December 2025	3	
January 2026	4	
February 2026	5	
March 2026	6	
(DO NOT READ) Valid skip/ Not applicable	97	
(DO NOT READ) Don't know	98	
(DO NOT READ) Refusal	99	

Simple mention question

[ASK IF ADTRSV_030=1]

ADTRSV_070

Where did you receive the RSV vaccine this time?

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

Permanent or temporary vaccination centre (e.g. At the mall, "points de services locaux (PSL) in Quebec)

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

Simple mention question

[ASK if ADTRSV_030=1] [RANDOMISE 01-08]

ADTRSV_080

What was the most important reason why you decided to receive the RSV vaccine this time?

INTERVIEWER INSTRUCTIONS:

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

I want to prevent infection / I do not want to get RSV	01
I am at high risk of getting the RSV (e.g. due to working conditions, frequent contact with others)	02
I am at risk of serious illness or complications from the RSV (e.g. health conditions, age, pregnancy)	03
I want to protect people around me (e.g. family, friends, high-risk people)	04
To prevent the spread of RSV in my community and help to reduce stress on the healthcare system	05
It is required at my workplace	06
It was recommended by a health care professional	07
It was offered with another vaccine (e.g. flu shot or COVID-19 vaccine)	08
Other reasons; specify:	96 O
(DO NOT READ) Valid skip/ Not applicable	97 X
(DO NOT READ) Don't know	98 X
(DO NOT READ) Refusal	99 X

Multiple mentions question

[ASK if ADTRSV_030=1] [RANDOMISE 01-06]

ADTRSV_090

Did you encounter any of the following difficulties when getting the RSV vaccine this time?

MULTIPLE ANSWERS ALLOWED

Please select all that apply.

Limited appointment availability (e.g. no vaccine available, difficult to book an appointment)	01
The vaccine was not offered at my usual/convenient/close location	02
I could not receive it at the same time or location as my flu or COVID-19 vaccination	03
Lack of walk-in options	04
It was difficult to find time for a vaccine appointment (e.g. due to work/school schedules, other priorities)	05
It was difficult to navigate online appointment platform	06
I didn't encounter any difficulties when getting the RSV vaccine	07
Other, specify	96
(DO NOT READ) Valid skip/ Not applicable	97

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

ADULT – Vaccine co-administration

Single mention question

[ASK IF ADTFLU_020 = 01 or ADTCOV_020 = 01 or ADTRSV_030=1]

ADTCOA_020

Did you receive any of your flu, COVID-19, or RSV vaccines during the same visit (i.e., at the same appointment)?

Yes, flu and COVID-19 vaccine during the same visit	01
Yes, flu and RSV vaccine during the same visit	02
Yes, COVID-19 and RSV vaccine during the same visit	03
Yes, all three vaccines (Flu, COVID-19, and RSV) during the same visit	04
No, I only received one vaccine per visit	05
DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

Single mention question

[ASK IF ADTCOA_020 = 5] [RANDOMISE 01-06]

ADTCOA_040

What is the main reason why you did not receive two or more vaccines at the same visit? Would you say it is because...?

INTERVIEWER INSTRUCTIONS:

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

(READ LIST. ONLY ONE MENTION)

I think receiving two or more vaccines might cause a higher risk of adverse reactions/side effects
01

I think vaccines could be less effective than getting them at different time points
02

I think two or more vaccines at the same time can overload my immune system
03

I only wanted or needed one of these vaccines
04

I was not offered the option/not able to book an appointment to receive more than one vaccine at the same visit
05

I could not receive two or more vaccines at the same time due to health conditions (e.g. suggested by a healthcare provider)

Other reasons; specify	96
(DO NOT READ) Valid skip/ Not applicable	97
(DO NOT READ) Don't know	98
(DO NOT READ) Refusal	99

HEALTH

Section info

HEALTH STATUS

INTERVIEWER SCRIPT:

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

Multiple mentions question

[ASK ALL]

[MENTIONS MULTIPLES: Max=12]

[LIST ORDER : IN ORDER]

ADTCMC_010

Do you have or are you currently being treated for any of the following medical conditions or health factors that have been diagnosed by a healthcare provider? Indicate only conditions that have been diagnosed.

INTERVIEWER INSTRUCTIONS: (READ LIST - MULTIPLE ANSWERS ALLOWED)

Please select all that apply.

Cardiac or pulmonary disorders	01FCR
Diabetes mellitus and other metabolic diseases	02FCR
Renal disease / Chronic kidney disease	03FCR
Morbid obesity (defined as BMI of 40 kg/m ² and over)	04FCR
Cancer	05FC
Solid organ or blood stem cell transplant	06FCR
Neurologic or neurodevelopmental conditions	07FR
Moderate and severe immunodeficiency	08FCR
Chronic liver disease	09CR
Anemia or hemoglobinopathy	10F
Cerebrovascular disease	11C
Disabilities (e.g., Down syndrome, learning, intellectual, or developmental disabilities; ADHD; cerebral palsy; congenital disabilities; spinal cord injuries)	12C
Mental health disorders (limited to: mood disorders, including depression; schizophrenia spectrum disorders)	13C
Pregnancy and recent pregnancy	14FC
HIV infection	15CR
Smoking, current or former	16C

Tuberculosis	17C	
Use of corticosteroids or other immunosuppressive medication	18C	
Conditions affecting ability to clear airway secretions	19R	
Dementia	20R	
None of the above conditions apply to me	97	
(DO NOT READ) Don't know	98	X
(DO NOT READ) Refusal	99	X

Multiple mention question

[ASK ALL]

ADTHLT_040

Did a family doctor, general practitioner, nurse or pharmacist recommend that you get the flu, COVID-19 or RSV vaccines since September 1, 2025?

INTERVIEWER INSTRUCTIONS:

(READ LIST - MULTIPLE ANSWERS ALLOWED)

Yes, recommended the flu vaccine	01	
Yes, recommended the COVID-19 vaccine	02	
Yes, recommended the RSV vaccine	03	
No, I did not receive any recommendation to get vaccinated	04	
I don't have or did not see a family doctor, general practitioner, nurse or pharmacist	05	
(DO NOT READ) Don't know	98	X
(DO NOT READ) Refusal	99	X

KAB

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

Simple mention question

[ASK ALL]

ADTKAB_010

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

Strongly disagree	1
-------------------	---

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

Simple mention question

[ASK ALL]

ADTKAB_020

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Single mention question

[ASK ALL]

ADTKAB_030

"I believe it's better to get natural immunity (protection) from getting sick rather than getting vaccinated."

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

Simple mention question

[ASK ALL]

ADTKAB_040

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

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_050

“The flu vaccine is ineffective at protecting me against getting the flu.”:

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_060

“I believe it is possible to get the flu from the flu vaccine.”:

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_070

"The flu vaccine is safe.":

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

ADTKAB_080

"I believe the COVID-19 vaccine is ineffective at protecting me against getting the COVID-19.":

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_090

"The COVID-19 vaccine is safe.":

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

Simple mention question

[ASK ALL]

ADTKAB_100

"The RSV vaccine is safe.":

INTERVIEWER INSTRUCTIONS:

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

DO NOT READ, UNLESS ASKED BY RESPONDENT.

ONLY ONE MENTION.

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

DEMOGRAPHIC

Section info

QSCTDEMO

INTERVIEWER SCRIPT:

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

Single mention question

Scola

[ASK ALL]

[ORDRE DE LA LISTE : En ordre]

ADTDEM_040

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

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

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

Single mention question

Reven

[ASK ALL]

[LIST ORDER : IN ORDER]

ADTDEM_050

Which of the following categories best describes your total household income for the year 2025? That is, the total income of all persons in your household combined, before taxes.

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

...Under \$20,000	01
... \$20,000 to \$39,999	02
... \$40,000 to \$59,999	03

... \$60,000 to \$79,999	04
... \$80,000 to \$99,999	05
... \$100,000 to \$149,999	06
...\$150,000 and above	07

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

Simple mention question

[ASK ALL]

ADTDEM_060

Were you born in Canada?

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

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

Numerical question

[ASK IF ADTDEM_060=0]

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

ADTDEM_080

How many years have you been living in Canada?

INTERVIEWER INSTRUCTIONS: (RECORD NUMBER OF YEARS.)

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

Multiple mention question

[ASK ALL]

ADTDEM_090

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

Please select all that apply to you.

White European (Caucasian)

01

Black (African, Afro-Caribbean, African descent)	02
East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other East/Southeast Asian descent)	03
Indigenous (First Nations, Métis and/or Inuk/Inuit)	04
Indigenous (from another part of the world)	05
Latino/Latina (e.g. Latin American, Hispanic descent)	06
Middle Eastern and North African (e.g. Arab, Algerian, Egyptian, West Asian descent (e.g. Iranian, Israeli, Lebanese, Turkish, Kurdish, etc.))	07
South Asian (e.g., Afghan, Indian, Pakistani, Bangladeshi, Sri Lankan, etc.)	08
Other, please specify:	996
(DO NOT READ) Don't know	998
(DO NOT READ) Refusal	999

Multiple mention question

[ASK IF ADTDEM_090 = 04]

ADTDEM_100

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

Please select all that apply.

First Nations (includes status and non-status individuals)	01
Métis	02
Inuk (Inuit)	03
(DO NOT READ) Valid skip/ Not applicable	997
(DO NOT READ) Don't know	998
(DO NOT READ) Refusal	999

Simple mention question

[ASK ALL]

ADTDEM_120

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

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

INTERVIEWER SCRIPT:

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

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