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2025-2026 Health, Attitudes, and Behavioural Insights Tracker (HABIT) Survey

METHODOLOGY REPORT

Submitted to
Public Health Agency of Canada (PHAC)

Prepared by
Leger

Ce rapport est aussi disponible en français

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Canada

2025-2026 Health, Attitudes, and Behavioural Insights Tracker (HABIT) Survey

Methodological Report
Prepared for Public Health Agency of Canada (PHAC)
Supplier Name: Leger
January 2026

This public opinion research methodological report presents the technical aspects of a web survey conducted by Leger Marketing Inc. on behalf of the Public Health Agency of Canada. The research was conducted with Canadians 18 and over who could understand and express themselves in either French or English.

Cette publication est aussi disponible en français sous le titre : L'ENQUÊTE SUR LA SANTÉ, LES ATTITUDES ET LES CONNAISSANCES COMPORTEMENTALES (SACC) 2025-2026

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1. Executive Summary

Leger is pleased to present The Public Health Agency of Canada (PHAC), as well as the Government of Canada, with this technical report outlining the methodology employed in the study to comprehend the evolving beliefs, attitudes, and behaviors of Canadians concerning public health.

This report was prepared by Leger who was contracted by The Public Health Agency of Canada (contract number 6D001-25-3643 awarded on October 21st, 2026). This contract has a value of $72,013.24 (including HST).

1.1 Background, Purpose and Objectives, Methodology

Background

The Behavioural Science Office (BeSciO) was established to provide expertise, advice, and evidence to support PHAC's work in promoting better health outcomes for people in Canada. Through its behavioural science function, PHAC works to better understand the factors involved in people's health-related choices and integrates evidence-based insights and recommendations to support communications and public education materials, as well as public health policy and program decisions.

Previously, BeSciO partnered with the Privy Council Office's Impact and Innovation Unit (PCO-IIU) through a Memorandum of Understanding (MOU), under which PCO contracted the Health, Attitudes, and Behavioural Insights Tracker (HABIT) via its public opinion research standing offer. During this period, PHAC relied on this partnership to support the delivery of behavioural insights research. Subsequently, PHAC established its own infrastructure to support this work directly.

PHAC launched two population-based research surveys to examine a range of topics central to the Government of Canada's health priorities. These studies provide important tracking of changes in the national health context, establish baseline data for new and emerging public health issues, and analyze key factors predicting health outcomes, including differences among diverse groups and communities across the population.

Purpose and Objectives

These surveys offer a flexible research infrastructure to generate rapid insights on emerging topics of timely relevance to PHAC, alongside knowledge translation products and recommendations on key priority areas. The multi-wave design enables the tracking of key priorities, such as public trust in PHAC, and incorporates flexible topical modules to address emerging public health issues. Advanced analytics and randomized controlled trials are also used to reveal nuanced trends and inform evidence-based strategies and messaging. Ongoing access to this platform and associated rapid advice support PHAC in its role as a world-leading, data-driven public health organization, in alignment with the objectives of PHAC's Science Strategy related to surveillance, data, and communications.

The main goal of this research is to conduct continuous quantitative data collection to maintain a real-time understanding of Canadians' changing beliefs, attitudes, and behaviours related to public health.

1.2 Notes on The Interpretation of The Findings

The respondents were randomly selected from members of our panel (LEO). While the Leo panel is meant to be representative of the Canadian population, it is not probabilistic; the results cannot be inferred to the general population of Canada as respondents are selected among those who have volunteered to participate/registered to participate in online surveys.

Respondents were randomly selected among LEO panellists ensuring that the sample closely resembles the actual population of Canada. Since an Internet sample is non-probabilistic in nature, the margin of error does not apply.

The data have been weighted to reflect the demographic composition of the target population. Detailed information about the weighting process is presented in Appendix A.1.

1.3 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*.

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:

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1.4 Methodology

Data was collected online through two cross-sectional surveys of nationally representative samples of adult Canadians (18 years of age and older). The sample included Canadian citizens as well as permanent residents.

The targeted sample consisted of adults living in Canada 18 years of age and older, aimed for appropriate representation of gender, age and regional split, using data from Census 2021.

The sample for the first wave consisted of 2,034 general population respondents, with an oversample of respondents aged 18 to 34 years old (n=200)

The second wave sample included 2,127 general population respondents, with an oversample of respondents who use artificial intelligence (AI) at least once a month (n=200).

The respondents were randomly selected from members of Leger panel (LEO)

1.5 Quotas

A series of quotas were implemented for this project. Quotas were cross-referenced by gender and age groups and were also imposed on the region of residence of respondents. The first quota was 50% men and 50% women for the gender sample. These gender quotas were also respected within the following age groups: 18-34, 35-54 and 55 and over. Those gender and age quotas had to be respected at the regional level. The Canadian regions were split as follows:

- Atlantic Canada (Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick);
- Quebec;
- Ontario;
- Manitoba/Saskatchewan/Nunavut;
- Alberta/Northwest Territories;
- British Columbia/Yukon.

The following table details the targeted distribution of the general population sample across the provinces and territories.

The sample distribution was planned as follows:

Provinces and Territories	**NL**	**NS**	**PE**	**NB**	**QC**	**ON**	**MB**	**SK**	**AB**	**BC**	**NU**	**NT**	**YT**
# of general population respondents	28	52	9	42	460	769	73	61	230	270	2	2	2

In addition to the above, Leger targeted the following age quotas:

- 18-34 years old - 26%

    - 18-24 years old - 10%
    - 25-34 years old - 17%
- 35-54 years old - 32%
- 55+ years old - 41%

As with any general population sample derived from a national survey, the final results were weighted by region, age group, gender and level of education to make the final samples representative of the actual population of Canada. Details on the weighting factors are presented in a subsequent section of this report.

1.6 CAWI Approach

For the online surveys, a computer-aided web interviewing (CAWI) method with self-administered questionnaires was used.

All interviewees were contacted by Leger. All invitations were bilingual to ensure that no respondent gets a unilingual invitation in the wrong official language.

Each invitation email contained a unique URL link that respondents could simply click to access the survey in the language of their choice. Upon arrival on Leger's online survey servers, the respondent was asked to confirm their choice of language before entering the survey. Respondents were also allowed to answer the survey in more than one continuous if they desired. They could simply leave the survey and come back at a later time using the same unique URL that was provided to them for their initial visit. All data entered contained strictly on Leger's Canadian servers and will be protected using an SSL process.

1.7 Survey accessibility

Surveys were programmed under the Web Content Accessibility Guidelines (WCAG) 2.0.

1.8 Increasing Participation Rate

Some measures were taken to increase the participation rate among online survey respondents, as well as to reduce the number of incomplete questionnaires and increase the representative nature of the final sample. The following methods helped increase participation rates, hereby reducing non-response bias with some subgroups:

- Identify the survey sponsor and topic in the survey so that potential respondents could quickly ascertain that the survey is a legitimate public policy study and not a telemarketing ploy.
- Respondents could stop the survey and continue later, restarting exactly where they were before pausing, without losing their data.
- The survey was accessible 24 hours a day, seven days a week from any web-enabled computer and portable devices (**tablets and smartphones**).

- In case of technical problems, respondents could send an email to our technical support team or can contact Leger by phone directly. Our technical support team was available throughout fieldwork to assist with their difficulties if any.

1.9 Compensation

All panelists received an incentive to participate in our surveys. The incentive to complete a 20-minute questionnaire is $2.00.

2. Details for Each Wave

2.1 Pretest

To validate the programming of the questionnaire, a pretest was conducted before each wave of the project. The following table shows the details of those pretests. A validation of frequencies and the database was done after each pretest to ensure that the programming was accurate and functional.

Regarding the first wave, two pretests were conducted. The first involved 55 respondents, 14 in French and 41 in English. Due to the extended average response time observed in the initial pretest, a second pretest was conducted following the revision of the questionnaire. The second pretest was conducted with 72 respondents, 12 in French and 60 in English.

During the second wave, one pretest was conducted. It involved 31 respondents, 13 in French and 18 in English.

Table 1. Pretest Details

Wave 1	
Date of the pretest # 1	December 1st, 2025
Number of completed questionnaires # 1	55
Average length during pretest # 1	31 min
Date of the pretest # 2	December 2nd, 2025
Number of completed questionnaires # 2	72
Average length during pretest # 2	23 min
Wave 2	
Date of the pretest	March 10th, 2026
Number of completed questionnaires	31
Average length during pretest	24 min

2.2 Data collection

Data collection for the first wave started on December 1st, 2025, and was carried out until December 17th, 2025. Regarding the second wave, the data collection started on March 10th, 2026, and was carried out until March 23rd, 2026.

A minimum target of 2,200 respondents was established for each wave. For the first wave, a total sample of 2,234 respondents were surveyed across all regions of the country. The overall sample also included an oversample of 200 respondents aged 18 to 34 years old. For the second wave, a total sample of 2,227 respondents were surveyed across all regions of the country. The overall sample also included an oversample of 200 respondents that use artificial intelligence (AI).

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

Table 2. Data Collection Details for waves 1 and 2

Wave 1	
Start of data collection	December 1st, 2025
End of data collection	December 17th, 2025
Invitations sent with success	45,424
Number of completed interviews	2,234
Survey Length (Average)	26.30 Minutes
Survey Length (Median)	25.18 Minutes
Wave 2	
Start of data collection	March 10th, 2026
End of data collection	March 23rd,2026
Invitations sent with success	41,610
Number of completed interviews	2,227
Survey Length (Average)	27 Minutes
Survey Length (Median)	25 Minutes

2.3. Participation rate

Below is the calculation of the participation rate to the web survey for the two waves. The participation rate is calculated using the following formula: Participation rate / response rate = R ÷ (U + IS + R). The table below provides details of the calculation. For the first wave, the participation rate was 5.48%. For the second wave the participation rate was 6.92%.

Table 3. Participation Rate for wave 1

Invalid cases	**106**

Invitations mistakenly sent to people who did not qualify for the study	106
Incomplete or missing email addresses	-
Unresolved (U)	**41,406**
Email invitations bounce back	49
Email invitations unanswered	42,357
In-scope non-responding units (IS)	**1,366**
Non-response from eligible respondents	-
Respondent refusals	185
Language problem	-
Selected respondent not available (illness; leave of absence; vacation; other)	-
Early breakoffs	1,181
Responding units (R)	**2,480**
Surveys disqualified – quota filled	246
Completed surveys disqualified for other reasons	-
Completed interviews	2,234
POTENTIALLY ELIGIBLE (U+IS+R)	**45,252**
Participation rate= R/(U + IS + R)	**5.48%**

Table 4. Participation Rate wave 2

Invalid cases	**199**
Invitations mistakenly sent to people who did not qualify for the study	199
Incomplete or missing email addresses	-
Unresolved (U)	**38,333**
Email invitations bounce back	14
Email invitations unanswered	38,319
In-scope non-responding units (IS)	**422**
Non-response from eligible respondents	-
Respondent refusals	143
Language problem	-
Selected respondent not available (illness; leave of absence; vacation; other)	-
Early breakoffs	279
Responding units (R)	**2,883**
Surveys disqualified – quota filled	656

Completed surveys disqualified for other reasons	-
Completed interviews	2,227
POTENTIALLY ELIGIBLE (U+IS+R)	**41,638**
Participation rate= R/(U + IS + R)	**6.92%**

APPENDIX A - Detailed Research Methodology

A.1 Quantitative Methodology

A.1.1 Methods

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

Computer Aided Web Interviewing (CAWI)

A panel-based Internet survey with a sample of Canadian adults from the general population (with different regional and age quotas and a 50%-50% men and women ratio within those quotas).

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. While the Leo panel is meant to be representative of the Canadian population, it is not probabilistic; the results cannot be inferred to the general population of Canada as respondents are selected among those who have volunteered to participate/registered to participate in online surveys.

All respondents received an incentive. The incentive to complete a 20-minute questionnaire is of $2.00.

The questionnaire for this project was provided by the Public Health Agency of Canada (PHAC). The data collection has been conducted in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research—Series A—Fieldwork and Data Tabulation for Online Surveys.

The web survey programming was compliant with the Web Content Accessibility Guidelines (WCAG) 2.0.

A.1.2 Unweighted and Weighted Samples

The tables below present the geographic distribution of respondents, their gender, age and level of education. Some subgroups are sometimes under- or overrepresented in a sample compared to the general population. The weighting of a sample makes it possible to correct those differences. The proportions of each subgroup within the unweighted and weighted samples are

highlighted, along with the difference between these proportions. Ideally, these should be as small as possible.

For wave 1, the weighting corrected some differences across age groups, largely due to the oversample of respondents aged 18 to 34 (n=200), which made age adjustment necessary.

For wave 2, the weighting corrected the overrepresentation of AI users in the sample, which resulted from the oversample of AI users (n=200), bringing their proportion back in line with that of the general population.

The weighting also corrected the weight of Canadians with a university studies who were over-represented in the sample. Since Internet panels tend to over-represent people with higher levels of education, it is normal that the most significant statistical adjustment is found with respect to the respondents' level of education. Education was weighted to the distribution of university studies for Quebec and the rest of Canada as well as the representation of those without any university studies nationally. Quebec was treated separately because its level of university attainment differs from that of the Rest of Canada. While some provinces differ more individually (e.g., Newfoundland and Labrador and New Brunswick), sample sizes at the provincial level are too small to reliably weight education for each province separately.

Adjustments for gender were minimal, as the samples were quite well balanced. Adjustments for province were required in addition to initial nested age/gender/region weights in order to ensure provincial divisions within regions were respected. In fact, region appears twice in the weighting scheme because it serves two related purposes. It was included to ensure that provinces grouped within larger areas (e.g., Atlantic Canada or the Prairies) are represented according to their correct population proportions. Some provinces have relatively small populations, and when further divided by age and gender, certain subgroups can become too small to weight reliably.
To maintain stability, the data were calibrated across region, age, and gender, while also ensuring that the correct provincial proportions were maintained within each broader region.

There is no evidence from the data that having achieved a different age, gender or level of education distribution prior to weighting would have significantly changed the results for this study. The relatively small weight sizes and differences in responses between various subgroups suggest that data quality was not affected, with the highest respondent-level weighting factor at 2.31, indicating that no cell was stretched beyond a reasonable amount. The weight that was applied corrected the initial imbalance and no further manipulations were necessary.

Table 5. Unweighted and Weighted Samples for wave 1

Label	Unweighted		Weighted		Difference (% Weighted - % Unweighted)
	#	%	#	%	Percentage points
Canada	2,234	100%	2,234	100%	
Region					
British Colombia and Yukon	296	13%	311	14%	1
Alberta, Northwest Territories and Nunavut	265	12%	250	11%	-1
Manitoba and Saskatchewan	145	6%	142	6%	0
Ontario	859	38%	865	39%	1
Quebec	525	24%	516	23%	-1
Atlantic	144	6%	150	7%	1
Gender					
Men	1,082	48%	1,064	48%	0
Women	1,129	51%	1,145	51%	0
Non-binary person / Another gender identity	15	1%	16	1%	0
Age					
Between 18 and 34	776	35%	596	27%	-8
Between 35 and 55	659	29%	719	32%	3
55 years old and over	799	36%	919	41%	5
Level of education					
Highschool or less	383	17%	487	22%	5
Trade/college	824	37%	1,048	47%	10
University	1,019	46%	689	31%	-15

Table 6. Unweighted and Weighted Samples for wave 2

Label	Unweighted		Weighted		Difference (% Weighted - % Unweighted)
	#	%	#	%	Percentage points
Canada	2,227	100%	2,227	100%	
Region					
British Colombia and Yukon	317	14%	310	14%	0
Alberta, Northwest Territories and Nunavut	259	12%	248	11%	-1
Manitoba and Saskatchewan	146	7%	143	6%	-1

Ontario	822	37%	862	39%	2
Quebec	519	23%	514	23%	0
Atlantic	164	7%	150	7%	0
Gender					
Men	1,105	50%	1,079	48%	-2
Women	1,114	50%	1,141	52%	2
Non-binary person / Another gender identity	5	<1%	4	<1%	0
Age					
Between 18 and 34	570	26%	594	26%	0
Between 35 and 55	723	32%	717	32%	0
55 years old and over	934	42%	916	41%	-1
Level of education					
Highschool or less	393	18%	500	22%	4
Trade/college	820	37%	1,032	46%	9
University	1,008	45%	687	31%	-14
IA use (at least once a month)					
Yes	1,317	59%	1,199	54%	-5
No	910	41%	1,028	46%	5

A.1.3 Weighting Factors

To ensure the representativeness of the sample, a weighting procedure was applied using an iterative proportional fitting method (RIM weighting). This approach adjusts respondent weights iteratively so that the sample distribution aligns with the target population proportions across key variables. The variables used for weighting were region, gender, age, and income. The target population proportions used for calibration are presented in the following tables.

Results for the first wave were weighted by 1) region, 2) gender, 3) age and 4) level of education.

Table 9. Weight by Region*Gender* Age*

	Weight
BC+YK // Male // 18-24	0.6870
BC+YK // Male // 25-34	1.1771
BC+YK // Male // 35-44	1.1171
BC+YK // Male // 45-54	1.0381
BC+YK // Male // 55-64	1.1551
BC+YK // Male // 65+	1.5961
BC+YK // Female // 18-24	0.6470

BC+YK // Female // 25-34	1.1661
BC+YK // Female // 35-44	1.1501
BC+YK // Female // 45-54	1.1151
BC+YK // Female // 55-64	1.2421
BC+YK // Female // 65+	1.8281
AB+NT // Male // 18-24	0.6070
AB+NT // Male // 25-34	1.0060
AB+NT // Male // 35-44	1.0850
AB+NT // Male // 45-54	0.9140
AB+NT // Male // 55-64	0.9010
AB+NT // Male // 65+	0.9940
AB+NT // Female // 18-24	0.5680
AB+NT // Female // 25-34	1.0110
AB+NT // Female // 35-44	1.0930
AB+NT // Female // 45-54	0.9070
AB+NT // Female // 55-64	0.9160
AB+NT // Female // 65+	1.1250
MB/SK+NU // Male // 18-24	0.3831
MB/SK+NU // Male // 25-34	0.5611
MB/SK+NU // Male // 35-44	0.5471
MB/SK+NU // Male // 45-54	0.4801
MB/SK+NU // Male // 55-64	0.5321
MB/SK+NU // Male // 65+	0.6601
MB/SK+NU // Female // 18-24	0.3511
MB/SK+NU // Female // 25-34	0.5531
MB/SK+NU // Female // 35-44	0.5551
MB/SK+NU // Female // 45-54	0.4851
MB/SK+NU // Female // 55-64	0.5451
MB/SK+NU // Female // 65+	0.7781
ON // Male // 18-24	2.1249
ON // Male // 25-34	3.3168
ON // Male // 35-44	3.0018
ON // Male // 45-54	2.9848
ON // Male // 55-64	3.2868
ON // Male // 65+	4.0388
ON // Female // 18-24	1.9719
ON // Female // 25-34	3.2738
ON // Female // 35-44	3.1908
ON // Female // 45-54	3.1998
ON // Female // 55-64	3.4728

ON // Female // 65+	4.8467
QC // Male // 18-24	1.0880
QC // Male // 25-34	1.8000
QC // Male // 35-44	1.8890
QC // Male // 45-54	1.7590
QC // Male // 55-64	2.0720
QC // Male // 65+	2.7010
QC // Female // 18-24	1.0420
QC // Female // 25-34	1.7820
QC // Female // 35-44	1.8940
QC // Female // 45-54	1.7420
QC // Female // 55-64	2.1100
QC // Female // 65+	3.2060
ATL // Male // 18-24	0.3240
ATL // Male // 25-34	0.4660
ATL // Male // 35-44	0.4650
ATL // Male // 45-54	0.5180
ATL // Male // 55-64	0.6320
ATL // Male // 65+	0.8520
ATL // Female // 18-24	0.3000
ATL // Female // 25-34	0.4660
ATL // Female // 35-44	0.4980
ATL // Female // 45-54	0.5500
ATL // Female // 55-64	0.6700
ATL // Female // 65+	0.9870

Table 10. Weight by Region

	Weight
British Columbia + Yukon	13.9190
Alberta + Northwest Territories	11.1270
Manitoba + Nunavut	3.5060
Saskatchewan	2.9250
Ontario	38.7100
Quebec	23.0850
New Brunswick	2.1590
Newfoundland and Labrador	1.4380
Nova Scotia	2.7080
Prince Edward Island	0.4230

Table 11. Weight by Education Level*Region

In addition to aligning the sample with the overall distribution of education levels, the education weighting also corrected for regional differences (Quebec vs. Rest of Canada). To account for this, education was calibrated in combination with region.

	Weight
Quebec AND University studies	6.5240
Rest of Canada AND University studies	24.3240
Non-university studies	69.1520

Results for the second wave were weighted by 1) region, 2) gender, 3) age, 4) level of education and 5) AI usage

Table 12. Weight by Region*Gender* Age*

	Weight
BC + YK // Male // 18-24	0.687
BC + YK // Male // 25-34	1.177
BC + YK // Male // 35-44	1.117
BC + YK // Male // 45-54	1.038
BC + YK // Male // 55-64	1.155
BC + YK // Male // 65+	1.596
BC + YK // Female // 18-24	0.647
BC + YK // Female // 25-34	1.166
BC + YK // Female // 35-44	1.150
BC + YK // Female // 45-54	1.115
BC + YK // Female // 55-64	1.242
BC + YK // Female // 65+	1.828
AB + NT // Male // 18-24	0.607
AB + NT // Male // 25-34	1.006
AB + NT // Male // 35-44	1.085
AB + NT // Male // 45-54	0.914
AB + NT // Male // 55-64	0.901
AB + NT // Male // 65+	0.994
AB + NT // Female // 18-24	0.568
AB + NT // Female // 25-34	1.011
AB + NT // Female // 35-44	1.093
AB + NT // Female // 45-54	0.907
AB + NT // Female // 55-64	0.916
AB + NT // Female // 65+	1.125
MB/SK // Male // 18-24	0.383
MB/SK // Male // 25-34	0.561

MB/SK // Male // 35-44	0.547
MB/SK // Male // 45-54	0.480
MB/SK // Male // 55-64	0.532
MB/SK // Male // 65+	0.660
MB/SK // Female // 18-24	0.351
MB/SK // Female // 25-34	0.553
MB/SK // Female // 35-44	0.555
MB/SK // Female // 45-54	0,485
MB/SK // Female // 55-64	0.545
MB/SK // Female // 65+	0.778
ON // Male // 18-24	2.125
ON // Male // 25-34	3.317
ON // Male // 35-44	3.002
ON // Male // 45-54	2.985
ON // Male // 55-64	3.287
ON // Male // 65+	4.039
ON // Female // 18-24	1.972
ON // Female // 25-34	3.274
ON // Female // 35-44	3.191
ON // Female // 45-54	3.200
ON // Female // 55-64	3.473
ON // Female // 65+	4.847
QC // Male // 18-24	1.088
QC // Male // 25-34	1.800
QC // Male // 35-44	1.889
QC // Male // 45-54	1.759
QC // Male // 55-64	2.072
QC // Male // 65+	2.701
QC // Female // 18-24	1.042
QC // Female // 25-34	1.782
QC // Female // 35-44	1.894
QC // Female // 45-54	1.742
QC // Female // 55-64	2.110
QC // Female // 65+	3.206
ATL // Male // 18-24	0.324
ATL // Male // 25-34	0.466
ATL // Male // 35-44	0.465
ATL // Male // 45-54	0.518
ATL // Male // 55-64	0.632
ATL // Male // 65+	0.852

ATL // Female // 18-24	0.300
ATL // Female // 25-34	0.466
ATL // Female // 35-44	0.498
ATL // Female // 45-54	0.550
ATL // Female // 55-64	0.670
ATL // Female // 65+	0.987

Table 13. Weight by Region

	Weight
British Columbia + Yukon	13.919
Alberta + Northwest Territories	11.127
Manitoba + Nunavut	3.506
Saskatchewan	2.925
Ontario	38.710
Quebec	23.085
New Brunswick	2.159
Newfoundland and Labrador	1.438
Nova Scotia	2.708
Prince Edward Island	0.423

Table 14. Weight by Education Level*Region

	Weight
Quebec AND University studies	6.524
Rest of Canada AND University studies	24.324
Non-university studies	69.152

Table 15. Weight by AI usage

	Weight
Yes	46.139
No	53.861

APPENDIX B – FIRST WAVE SURVEY

First wave survey
HABIT Survey Questionnaire: Wave 6

Consent

The Government of Canada is conducting a research study on health behaviours and experiences. Leger has been hired to administer this survey. Si vous préférez répondre au sondage en français, veuillez cliquer sur français. The survey takes about 20 minutes to complete and is voluntary and completely confidential.

Your responses will be identified by a subject number and the researchers will not know your identity or your personal information. Review Leger's privacy policy here.

The purpose of this study is to support actions taken by the government to improve the health of Canadians. We recognize that the subject matter of some of these questions may be personal or sensitive. However, should you choose to participate, your answers will be kept confidential and will be used to help improve public health policy in Canada.

In this survey, one of the topics we will address is health information and health beliefs. While we have tried to minimize any potential risks and discomfort, due to the potential sensitive nature of the topic, if at any time you feel uncomfortable or uneasy giving your opinion, please feel free not to answer any of the questions asked or to step away.

https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html

Further information about this study:

- Your data will be treated in accordance with the provisions of the Government of Canada Privacy Policy.
- Your participation in the study is voluntary and your responses will be kept entirely confidential.
- You may stop the survey at any time and without giving reasons.
- You must be 18 years of age and older to participate.

If you have any questions about this survey, please send us an email at bescio-bsc@hc-sc.gc.ca and indicate the “Health survey” in the subject line.

While we prefer that you complete this survey in one sitting, if you need to take a break, you can re-access it at any time using the same link.

CONSENT

I agree to participate in the study and understand that my answers will be used to advance knowledge about Canadians' health outcomes, which may inform future actions taken by the government.

I agree to the processing of my personal data in accordance with the information provided here.

I am aware that the data will be published in anonymous form to promote transparency in public opinion research.

1) I agree to participate
2) No, I don't want to participate [thank and terminate survey]

Demographics

Thank you for deciding to participate in this study. First, please provide us with some information about yourself.

[age] In what year were you born?

(Minimum 1923; Maximum 2025)

Enter year: _____

Prefer not to say (9999)

[IF age=PNR, ASK age_cat]

[age_cat] In which of the following age categories do you belong?

[show if participant did not answer age: [age]=9999]

1) Under 18
2) 18 to 24
3) 25 to 34
4) 35 to 44
5) 45 to 54
6) 55 to 64
7) 65 to 74
8) 75 and older

[Show if 2007 for age or under 18 for age_cat is selected]

Thank you for your interest in the survey, but you must be at least 18 years old to participate.

[sex] What was your sex at birth?

1) Female
2) Male
3) Intersex
4) Prefer not to say

[gender] What is your gender?

This refers to your current gender, which may be different from sex assigned at birth and may be different from what is indicated on legal documents. We collect this information to make sure that our research sample is representative of the Canadian population.

1) Man
2) Woman

3) Non-binary person
4) Another gender identity (option to specify: ___)
5) Prefer not to say

[region] In which province or territory do you live?

1) Alberta
2) British Columbia
3) Manitoba
4) New Brunswick
5) Newfoundland and Labrador
6) Northwest Territories
7) Nova Scotia
8) Nunavut
9) Ontario
10) Prince Edward Island
11) Quebec
12) Saskatchewan
13) Yukon
14) I live outside of Canada (-9) [thank and terminate survey]

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

1) Elementary school or less
2) Some high school
3) High school diploma or equivalent
4) Registered apprenticeship or other trades certificate or diploma
5) Some college/university
6) College or CEGEP certificate or diploma
7) University certificate or diploma below bachelor's level
8) Bachelor's degree
9) Postgraduate degree above bachelor's level
10) Prefer not to say (9999)

[children] Are you a parent or legal guardian of a child under 18 years of age?

1) No
2) Yes
3) Prefer not to say

[pregnant]

Are you or your partner currently pregnant or planning to become pregnant in the next 12 months?

1) Neither currently pregnant, nor planning to become pregnant in the next 12 months
2) I am currently pregnant
3) My partner is currently pregnant
4) I am planning to become pregnant in the next 12 months
5) My partner is not currently pregnant, but is planning to become pregnant In the next 12 months
6) Don't know (98)
7) Prefer not to say (9999)

[INSERT ATTENTION CHECK QUESTION]

Health & Well-being

The following questions ask about your **physical health and well-being.**

[health_status] In general, how do you view your physical health?

1) Poor
2) Fair
3) Good
4) Very good
5) Excellent

[health_mental_status] In general, how do you view your mental health?

1) Poor
2) Fair
3) Good
4) Very good
5) Excellent

[health_diagnosis] Has a doctor or healthcare professional ever given you a formal diagnosis of one of the following conditions? Select all that apply.
[Select all that apply; if select "none of the above," then grey out other options; Alphabetize the list just like in W4]

1) Heart disease
2. Hypertension/high-blood pressure
3. Stroke
4. Cancer

5. Chronic respiratory issues (e.g., asthma, obstructive pulmonary, sleep apnea)
6. Diabetes
7. Arthritis
8. Neurological issues (e.g., Epilepsy, Multiple Sclerosis, Parkinson's)
9. Osteoporosis
10. Periodontal disease
11. Obesity
12. Post Covid-19 Condition (Long Covid)
13. Other (please enter) **[Anchor at bottom]**
14. None of the above **[Anchor at bottom]**

15) Prefer not to say (9999) **[Anchor at bottom]**
16) Conditions or medications that affect or are related to your immune system functioning (e.g., autoimmune diseases, HIV, treatment for cancer, treatment for inflammatory diseases, anti-rejection drugs for organ transplants, etc.)
17) Traumatic brain injury
18) Dementia
19) High cholesterol

[ATTENTION QUESTION]

Public Trust

The following questions ask about your opinions on topics ranging from your views of government, to health information and behaviours.

Trust in Gov

[Trust_OECD] On a scale of 0 to 10, where 0 is not at all and 10 is completely, how much do you trust the federal government in Canada? [0-10 point scale with labels at 0, 10, and don't know]

- Not at all (0)
- Completely (10)
- Don't Know (98)

[Trust_What] Which of the following changes would most *increase* your trust in the Government of Canada? Please select up to two.

Note: We are not asking about trust in a specific political party, but rather the federal government in general (regardless of which party is in power at a given time).

[RANDOMIZE EXCEPT ALWAYS SHOW Trust_What_Other LAST; SELECT A MAXIMUM OF TWO]

[Trust_What_ServiceDelivery] Better and/or faster program and service delivery. (1)
[Trust_What_Efficient] Reducing government waste and more efficient use of resources. (2)
[Trust_What_Diversity] Greater diversity in leadership and people in positions of authority. (3)
[Trust_What_Involvement] More public involvement in deciding on key issues. (4)
[Trust_What_Useful] More useful websites and government resources. (5)
[Trust_What_Recognition] More recognition of past mistakes by the government. (6)
[Trust_What_TransparencyDec] More open communication about how government decisions are made. (7)
[Trust_What_Uncertainty]. More open communication about the evidence used to inform decisions, even in periods of uncertainty. (19)
[Trust_What_Interference] Enhanced measures to combat foreign interference. (20)
[Trust_What_Misinformation] Enhanced measures to combat the spread of misinformation and disinformation online. (21)
[Trust_What_PublicHealth] Timely implementation of public health measures during public health emergencies. (22)

[Trust_What_Lobbying] Enhanced measures to combat private interference/lobbying.
[Trust_What_Private] Working more collaboratively with private industry.
[Trust_What_Other] Other (Please specify in a few words: _____) **[OPEN TEXT BOX CONDITIONAL UPON SELECTING]** (77)
None of the above.

Trust in PHAC

[phac_aware] How familiar are you with the role of the Public Health Agency of Canada?

- Not at all familiar
- Slightly familiar
- Somewhat familiar
- Familiar
- Very familiar

[phac_source] How familiar are you with the Public Health Agency of Canada as a source of information for people in Canada on the following topics...? [randomize]

[phac_aware_info_vaccine] Vaccination (i.e. info on vaccine types, safety, schedules etc.)
[phac_aware_info_mh] Mental Health (i.e. info on mental health services, mental illness etc.)
[phac_aware_info_disease] Infectious Disease (i.e. info on new viruses, symptoms, treatments etc.)
[phac_aware_info_ep] Emergency preparedness (i.e. info on wildfire threats, preparing for potential natural events like floods etc.)
[phac_aware_info_hl] Healthy Living (i.e. promoting physical activity)

- Not at all familiar
- Slightly familiar
- Somewhat familiar
- Familiar

- Very familiar

[phac_info_use] If you were looking for information on the following health topics, please indicate how often you would look to Public Health Agency of Canada websites and resources for information on: [randomize][LIST SAME ORDER AS phac_source]

[phac_use_info_vaccine] Vaccination (i.e. info on vaccine types, safety, schedules etc.)
[phac_use_info_mh] Mental Health (i.e. info on mental health services, mental illness etc.)
[phac_use_info_disease] Infectious Disease (i.e. info on new viruses, symptoms, treatments etc.)
[phac_use_info_ep] Emergency preparedness (i.e. info on wildfire threats, preparing for potential natural events like floods etc.)
[phac_use_info_hl] Healthy Living (i.e. promoting physical activity)

- Never
- Rarely
- Sometimes
- Almost always
- Always

[phac_info_trust] On a scale of 0 to 10, where 0 is not at all and 10 is completely, how much do you trust public health information released by the Public Health Agency of Canada?

- Not at all (0)
- Completely (10)
- I don't know (7777)

[Trust_Actions] How likely would you be to do the following hypothetical actions?

[RANDOMIZE]

[TrustActions_Vax] In the event of another virus-caused pandemic, get a new Health Canada-approved vaccine as soon as it's available and recommended for you.
[TrustActions_Evac] In the event of a natural disaster, (e.g., forest fire, flood), follow an evacuation order for your area announced by the relevant government authorities.
[TrustActions_Mask] In the event of a rapidly spreading respiratory virus, wear a mask in public spaces if recommended to you by public health officials.
[TrustActions_HealthData] For public health purposes (e.g., to better understand the health of your community), share your anonymized health data (health data may include things like services accessed, test results, or treatments provided, but any information that could personally identify you is removed) with federal government agencies.

- Not likely at all (1)
- Not very likely (2)
- Somewhat likely (3)

- Very likely (4)
- Don't know (9999)

[Trust_PHAC_Dimensions] How much do you agree with the following statements?

[RANDOMIZE]

[PHAC_accurate] Public health authorities can be relied on to provide accurate information about health.
[PHAC_science] Public health authorities in Canada base recommendations on the best available science.
[PHAC_protect] Public health authorities in Canada work effectively to protect the health of Canadians.
[PHAC_equity] Public health authorities in Canada place equal priority for all people in Canada

- Disagree
- Somewhat disagree
- Not sure
- Somewhat agree
- Agree

[PHAC_Conf] Currently, how much confidence do you have in federal government health agencies like the Public Health Agency of Canada and Health Canada on a scale from 0= Not confident at all, to 10 = Completely confident to [INSERT ITEM]

[PHAC_Conf1] Act independently, without interference from outside interests (e.g. industry, political, international)

[PHAC_Conf2] Ensure the safety and effectiveness of prescription drugs sold in ~~the~~ Canada

[PHAC_Conf3] Ensure the safety and effectiveness of vaccines approved for use in Canada

[PHAC_Conf4] Respond to outbreaks of infectious diseases like measles and bird flu

- 0 – Not confident at all
- 10 – Completely confident
- Don't Know (9999)

Trust in Science & Experts

[randomize]

[Science_Tust] How much do you trust scientists in Canada?

[Science_Info] In general, **how much do you trust** scientists to find out accurate information about the world?

[Science_Benefit] How much do you trust scientists working in colleges/universities in Canada to do their work with the intention of benefiting the public?

[Science_Open] How much do you trust scientists working in colleges/universities in Canada to be open and honest about who is paying for their work?

[Science_Gov] How much do you trust scientists working for the Government in Canada to do their work with the intention of benefiting the public?

- No trust at all
- A little trust
- Some trust
- Quite a lot of trust
- A great deal of trust

Trust in Institutions

[INST_trust] In general, how much do you trust or distrust the following institutions to make good decisions about public health and/or the health and well-being of Canadians?

[randomize]

[trust_goc] The Government of Canada

[trust_phac] The Public Health Agency of Canada (PHAC)

[trust_hc] Health Canada

[trust_pt] Your provincial/territorial government
[trust_mun] Your municipal government

[trust_hcp] Medical Doctors and Healthcare Professionals

[trust_science_research] Scientists and Researchers

- Strongly distrust
- Somewhat distrust
- Neither trust nor distrust
- Somewhat trust
- Strongly trust

[TrustInst] In general, to what extent do you trust or distrust the following groups or entities?

[RANDOMIZE]

[Trust_Media] Large Canadian news media organizations (e.g., CBC/SRC, CTV, National Post, La Presse)

[Trust_Politicians_CAN] Politicians in Canada

[Trust_Politicians_USA] Politicians in the United States of America

[Trust_PS] Canadian federal public servants (e.g., non-political employees at Service Canada, statisticians working on the census, etc.)

[Trust_Alt] Alternative online news organizations (e.g., Rebel News, Press Progress)

[Trust_Uni] Academic researchers in Canada

- Strongly Distrust (1)
- Somewhat Distrust (2)
- Neither Trust nor Distrust (3)
- Somewhat Trust (4)
- Strongly Trust (5)

AI and Trust

[INSERT ATTENTION CHECK QUESTION]

The following questions ask about some of your online behaviours and views on artificial intelligence

[SocMED] In the past month, how often did you use each of the following social media platforms or websites?
[randomize]
a. [SocMed_FB] Facebook
b. [SocMed_Twi] X/Twitter
c. [SocMed_Ins] Instagram
d. [SocMed_Tik] TikTok
e. [SocMed_Red] Reddit
f. [SocMed_You] YouTube

- Never
- Less than once a month
- Once or a few times a month
- Once or a few times a week
- Once a day
- Multiple times a day

[AI_Pers_Use] In the past month, how often did you use an AI chatbot for personal use? (e.g. ChatGPT, CoPilot, Claude, Google Gemini)

- Never
- Less than once a month
- Once or a few times a month
- Once or a few times a week
- Once a day
- Multiple times a day

[AI_Work_Use] In the past month, how often did you use an AI chatbot for your work/job? (e.g. ChatGPT, CoPilot, Claude, Google Gemini)

- Never
- Less than once a month
- Once or a few times a month
- Once or a few times a week
- Once a day
- Multiple times a day

[AI_Health_Use] In the past month, how often did you use an AI chatbot to find health information or to answer health related questions? (e.g. ChatGPT, CoPilot, Claude, Google Gemini)

- Never
- Less than once a month
- Once or a few times a month
- Once or a few times a week
- Once a day
- Multiple times a day

[AI_Trust] On a scale of 0 to 10, where 0 is not at all and 10 is completely, how much would you trust health information that was provided to you by an AI chatbot (e.g. ChatGPT)? [0-10 point scale with labels at 0, 10, and don't know]

Not at all (0)
Completely (10)
Don't Know (98)

Literacies

The following questions ask about how you find, understand, and assess information related to science, health, and public issues in your everyday life.

Science literacy

[science_critique] Please rate how often you do the following when encountering health or public health information online.

[critic1] I try to find the original source of the information.

[critic2] I evaluate if the information is supported by other evidence.

[critic3] I ask questions such as "who benefits from this information?" or “why is this information being shared?”.

[critic4] I approach new information with skepticism.

[critic5] I compare the information with other sources to see if it supports or goes against.

[critic6] I look into whether or not the source is credible.

- Never
- Rarely
- Sometimes
- Frequently
- Always

[PIUS_Uncertain] Please rate your level of agreement with the following statements:

(PIUS_ U1C) I like it when scientists describe the limitations of their studies, in addition to the benefits.

(PIUS_ U2P) I like to know about preliminary or early evidence even if it’s likely to change in the future.

(PIUS_ U3P) I like to learn about preliminary evidence if it’s the best answer we currently have.

(PIUS_ U4C) Science journalists should describe the uncertainties or unknowns when reporting about a scientific discovery.

(PIUS_ U5C) If a study doesn’t produce definitive conclusions, the researchers should say so.

(PIUS_ U6S) I would rather scientists offer definitive answers than describe the uncertainties or unknowns that remain on an issue.

(PIUS_ U7C) When learning about a new scientific discovery, I want to know how well the evidence supports a particular claim.

(PIUS_ U8E) Researchers should be completely sure about a conclusion before sharing it with the world.

- Strongly Disagree (1)
- Somewhat Disagree (2)
- Neither Agree nor Disagree (3)
- Somewhat Agree (4)
- Strongly Agree (5)

Public Health Literacy

Perceptions of health 'Surveillance'

Please answer the degree to which the following statements accurately reflect your current views. [RANDOMIZE]

[PH_surv_import] Public health surveillance is important.

[PH_surv_privacy] Public health surveillance is an invasion of personal privacy.

[PH_surv_understand] I understand what public health surveillance is.

[PH_surv_disease] It is important for the government to collect data to monitor outbreaks of diseases.

[PH_surv_collect] It's important for public health authorities to monitor trends in diseases.

[PH_sharing] I expect different levels of government (e.g. federal and provincial) to share health and public health data and information with each other.

[PH_surv_access] I am comfortable with public health authorities having access to anonymous information about my use of health services when I am ill.

- Strongly Disagree (1)
- Somewhat Disagree (2)
- Neither Agree nor Disagree (3)
- Somewhat Agree (4)
- Strongly Agree (5)

Information environments

[Health_PassiveInfo] Where do you most often encounter health information (e.g., about nutrition, screening and testing or vaccines)? Select 3 most common sources.
[RANDOMIZE EXCEPT ALWAYS SHOW Other LAST]

- Web search engine (ex. Google, Bing)
- News website (ex. CBC, CTV)
- Radio
- News aggregator (ex. Apple News)
- Social media platform (ex. Instagram, TikTok, X, Reddit)

- A specific content creator on social media (podcast, blog, social media content creator, etc.)
- Artificial intelligence (AI) chatbot (ex., Chat GPT)
- Smart assistant (ex., Siri, Alexa, Google)
- Family member
- Friend
- Healthcare professionals
- Pharmacy/pharmacist
- Local government website (ex. Toronto Public Health)
- Provincial or territorial government website
- Government of Canada website
- Other (please specify)
- I don't know [Anchor, Exclusive]

[Health_answers] When you have questions about your health (e.g., nutrition, symptoms, vaccines), how do you typically get answers? Select all that apply.
[RANDOMIZE EXCEPT ALWAYS SHOW Other LAST]

- Reaching out to your primary healthcare provider or asking another healthcare provider
- Asking your local pharmacy
- Looking on a government website (federal or provincial)
- Google or other search engine
- Using an AI Chatbot (I.e. ChatGPT)
- Asking someone I know who is a healthcare provider or who works in health sciences
- Asking friends or family
- Community resources, community leaders, faith leaders
- Looking to social media
- Looking at academic literature, scientific studies, science websites
- Accessing resources from healthcare providers (e.g., Mayoclinic, etc)
- Looking at traditional news media, magazines, etc.
- Looking at alternative news media, podcasts, blogs etc.
- Looking at product monographs (such as leaflets describing a vaccine, as written by the pharmaceutical company)
- Alternative healthcare providers (e.g., naturopath, homeopath, chiropractor, herbalist)
- Other _____

[Health_answers_prefer] When you have questions about your health (e.g., nutrition, symptoms, vaccines) what would be your *most ideal* way of getting an answer you trust? Please select one. **[RANDOMIZE]**

- Asking a doctor or healthcare provider (your own or another)
- Asking your local pharmacist

- Asking an alternative healthcare provider (e.g., naturopath, homeopath, chiropractor, herbalist)
- Asking someone you know who works in health sciences
- Asking friends or family
- Accessing community resources, community leaders, or faith leaders
- Doing your own research by looking in books or online
- Accessing resources from healthcare providers (e.g., Mayoclinic, etc)
- Using an AI Chatbot (I.e. ChatGPT)
- Looking to social media (ex. Instagram, TikTok, X, Reddit)
- Looking in traditional news media, magazines, etc.
- Looking in alternative news media, podcasts, blogs etc.
- Other _____

[Health_answers_ease] Based on the ideal way you selected in the previous question, how easy or difficult is it for you get a health question answered using that method?

- Very difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Very easy

[Info_assess_self] If someone sent you health information (e.g., about nutrition, health remedies, or vaccines), how confident are you that you could assess its accuracy?

- Very confident
- Confident
- Somewhat confident
- Not confident

[Info_assess_other] Thinking about that same health information (e.g., about nutrition, health remedies, or vaccines), how confident are you that the average person could assess its accuracy?

- Very confident
- Confident
- Somewhat confident
- Not confident

Public health MIDI (exposure, perceptions, beliefs)

In the next section, you will be asked some questions about public health topics. Please answer the questions to the best of your knowledge without consulting any outside information or leaving this survey window.

To the best of your knowledge, are the claims in each of the following statements true or false? [RANDOMIZE]

[MIDI_1] The measles vaccine is more harmful to children's health than the measles virus.

[MIDI_2] Taking Tylenol (acetaminophen) during pregnancy is linked to the development of autism in children.

[MIDI_3] There is no documented antiviral treatment available for infection with the measles virus.

[MIDI_4] mRNA vaccines can alter your DNA.

[MIDI_5] Other animals, including mammals like cats, can contract and spread Avian Influenza (H5N1) from infected birds.

[MIDI_6] Vitamin A can prevent measles infections in unvaccinated individuals.

[MIDI_7] The measles, mumps, rubella vaccines, also known as the MMR vaccines, have been shown to cause autism in children.

[MIDI_8] mRNA vaccines contain microchips that are used to track vaccinated individuals.

[MIDI_9] mRNA vaccines have not been tested properly to determine long-term safety effects (e.g., impacts on fertility).

- Very confident this is false (1)
- Somewhat confident this is false (2)
- Unsure / Don’t Know (3)
- Somewhat confident this is true (4)
- Very confident this is true (5)

This section contains some statements people have made in the media or elsewhere. Without consulting any outside information, indicate your current level of awareness of the following health statements.

NOTE: You are not indicating if they are true or false, simply if you have heard or read any of the contents of the message. [RANDOMIZE]

[HS_Measles1] ‘Canada has lost its measles elimination status.’

(Measles elimination status means a country doesn't have the regular, ongoing spread of measles, and when cases do appear they come from travellers who bring the virus from other countries)

[HS_Measles2] 'Getting the measles vaccine is more dangerous for children than an actual measles infection.'

[HS_Tylenol] 'Tylenol use during pregnancy is linked to autism in children.'

[HS_mRNA] 'mRNA vaccine technology has not been properly tested for its long-term safety.'

- Yes, I have heard or read this (1)
- I think I have heard or read something about this (2)
- No, have not heard or read this (3)

[perceived_MIDI_prev] Thinking about any **health information** you have seen in the past 3 months (e.g., medical drugs, food and nutrition, healthy living), have you come across what you suspect is:

[perceived_DIS] ***Disinformation:*** false health information that is deliberately spread in an attempt to mislead or trick you.

[perceived_MIS] ***Misinformation:*** false health information that is unintentionally spread by people who think it is true.

[perceived_MAL] ***Malinformation:*** information that is technically correct, but misrepresented to mislead the reader.

-
- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very often (5)
- Don't know/unsure (6)

If **[perceived_MIDI_prev] =2, 3, 4, or 5 ask;**

[perceived_MIDI_behav] Under what circumstances did you come across false, misleading, or exaggerated health information? Select all that apply.

[RANDOMIZE EXCEPT ALWAYS SHOW Other LAST]

- Looking for information on a specific health issue, medical term, or condition (e.g., mental health, vaccination)
- Looking up health symptoms (e.g. looking for potential health diagnosis or trying to better understand health symptoms)
- Looking for information about a specific medication or treatment
- Looking for information about a vaccine
- Looking at or for wellness advice (e.g., diet, exercise, lifestyle)
- Looking for a healthcare provider

- Looking for information on something unrelated to health
- It was shared with me online
- It was told to me by someone I know
- I was not looking for anything in particular and came across false, misleading, or exaggerated health information.
- Other (please specify)
- Don't know [Exclusive, Anchor]

[MIDI_valid] When you find information related to a personal health question, do you question or check whether or not the information is true?

- Never
- Rarely
- Sometimes
- Most of the time
- All of the time
- Don't know

ASK ALL RESPONDENTS WHO SELECT ALL OF THE TIME, MOST OF THE TIME, SOMETIMES, RARELY OR Don't know IN [MIDI_Valid].

[MIDI_Check] How do you determine if the answer you found is true? Select all that apply.
[RANDOMIZE EXCEPT ALWAYS SHOW Other LAST]

- Fact check using other sources.
- Check who is the author/source of the information.
- Look for an "About Us" page or physical address.
- Review the website's design and domain names for signs of unprofessionalism.
- Conduct a reverse image search, if relevant.
- Review whether the social media account is a verified account.
- Reflect on whether the content is designed to provoke a strong emotional response or contains exaggerated claims.
- Ensure the information is current and up-to-date.
- Look at how many times it has been shared/liked.
- Read others' comments.
- Trust my judgement/previous experience.
- I don't do anything.
- Other (please specify).

[MIDI_concern] How concerned are you about the spread of false, misleading, or exaggerated health information?

- Not at all concerned
- Slightly concerned
- Somewhat concerned
- Very concerned

- Extremely concerned
- Don't know/unsure

[PH_expect] Please indicate your level of agreement/disagreement with the following statements. [RANDOMIZE]

[PH_expect1] When false, misleading, or exaggerated health information is spreading, I expect public health authorities to respond and correct it.

[PH_expect2] When false, misleading, or exaggerated health information is spreading, I look to government public health websites to find accurate information.

[PH_expect3] Public health authorities should not be intervening in the spread of false, misleading, or exaggerated health information.

[PH_expect4] Public health authorities contribute to the spread of false, misleading, or exaggerated health information.

[PH_expect5] If new health information is circulating and Public Health Authorities do not respond to or correct it, I assume it is true.

- Completely disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Completely agree

Infectious disease

The following questions ask about your awareness, perceptions, and experiences related to infectious diseases and vaccination in Canada.

H5N1

[h5n1_familiar] Have you heard of avian influenza (e.g., H5N1, bird flu)?

1) No
2) Yes, but I don't know much about it
3) Yes, and I understand what it is

[h5n1_concern] Avian influenza, also known as bird flu with current strains known as A(H5N1) or A(H5Nx), is a kind of influenza virus that mainly infects birds but has been detected in other animals and has caused rare infections in humans. Outbreaks in domestic and wild birds and

some mammals have recently emerged and become widespread in many parts of the world, including Canada.

[h5n1_concernA] How concerned are you about currently circulating strains of avian influenza (bird flu)?

[h5n1_concernB] How concerned are you about avian influenza (e.g. H5N1) as a risk to animal health/ food security?

[h5n1_concernC] How concerned are you about avian influenza (e.g. H5N1) as a risk to human health?

1) Not at all concerned
2) Slightly concerned
3) Moderately concerned
4) Concerned
5) Very Concerned

[h5n1_vax] If a vaccine against highly pathogenic avian influenza (e.g. A(H5N1) or A(H5Nx) were recommended for you or your loved ones, would you get vaccinated and/or support others to get vaccinated?

1) Definitely
2) Probably
3) Probably not
4) Definitely not
5) Don't know/Unsure

Measles

[Measles_aware] Have you heard about changes in the spread of measles in Canada over the past 12 months?

- Yes, I have heard that the number of measles cases has been increasing.
- Yes, I have heard that the number of measles cases has been decreasing.
- I haven't heard of any change in the spread of measles.
- I haven't heard anything about measles.

[Measles_concern] In 2025 the spread of the measles virus increased in Canada. A total of 5,060 measles cases have been reported by 10 jurisdictions as of October 4, 2025. In comparison, there were 147 measles cases in Canada in 2024, and 12 cases in 2023.

How concerned are you about the spread of measles in Canada?

1) Not at all concerned
2) Slightly concerned
3) Moderately concerned
4) Concerned
5) Very concerned

Please indicate your level of agreement/disagreement with the following statements about measles.

[Measles_beliefs1] The best way to deal with the measles virus is through letting people get measles so that they are protected (natural immunity) from getting measles again.

[Measles_beliefs2] The best way to deal with the measles virus is with high rates of vaccination.

[Measles_beliefs3] The best way to deal with the measles virus is with social distancing/isolation if experiencing symptoms.

[Measles_beliefs4] In children, measles can be a very serious disease that can have long term health consequences.

[Measles_beliefs5] In adults, measles can be a very serious disease that can have long term health consequences.

- Completely disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Completely agree
- I don't know

Vaccination

[Vax_Safe] How confident, if at all, are you that vaccines in general are safe?

- Very confident
- Somewhat confident
- Not too confident
- Not at all confident

[Vax_Effect] How confident, if at all, are you that vaccines in general are effective (work as intended)?

- Very confident
- Somewhat confident
- Not too confident
  Not at all confident

[Vax_Safety] Please indicate your level of agreement with the following statements about vaccine safety in Canada. **[Randomize]**

[Vax_SafetyAware] I am aware that there are systems in place in Canada to identify safety problems with vaccines.

[Vax_SafetyTrust] I am confident that the systems in place in Canada to identify safety problems with vaccines are doing their job effectively.

[Vax_SafetyComms] I am confident that Canada has systems in place to transparently share information about vaccine safety problems with the public (e.g. identify serious side-effects of vaccines).

- Completely disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Completely agree

Seasonal Vaccination

[flu_vax]Do you usually get the annual flu shot?

- I get it every year
- I intend to get it every year, but don't always get around to it
- I get it some years depending on what my risk is/how worried I am about flu
- I get it some years depending on if it is directly offered to me
- I've gotten it a few times, but not usually
- I never get seasonal flu vaccines

From September 1, 2025, to now, have you received any of the following vaccines. Select all that apply.

1) [covid_vax_fall_2025] A COVID-19 vaccine (primary or booster dose)
2) [flu_vax_fall_2025] A seasonal flu vaccine (also known as the flu shot)
3) [none_fall_2025] None of the above

[If flu_vax_fall_2025=unselected then ask flu_vax_intent]

[flu_vax_intent] How likely is it that you will get the seasonal flu vaccine between now and March 2026? Would you say you:

- Will definitely get one
- Very likely I will get one
- Likely I will get one
- Unlikely I will get one
- Very unlikely I will get one
- Will definitely not get one
- Don't Know (98)

[If flu_vax_fall_2025=unselected then ask flu_vax_barrier]

[flu_vax_barrier] What is your main reasons for not yet having received the flu shot this season? Select up to two. **[RANDOMIZE EXCEPT ALWAYS SHOW Other LAST]**

1) **[flu_vax_barrier_plan]** I still plan to get it.
1) **[flu_vax_barrier_doctor]** It hasn't been recommended to me by a doctor or pharmacist.
2) **[flu_vax_barrier_pharmacist]** I haven't seen a pharmacist.
3) **[flu_vax_barrier_ineffective]** I don't think the flu vaccine works.
4) **[flu_vax_barrier_safety]** I don't think the flu vaccine is safe.
5) **[flu_vax_barrier_sick]** I don't want to have side effects or feel sick.
6) **[flu_vax_barrier_unconcern]** I don't feel that I need it.
7) **[flu_vax_barrier_busy]** I haven't gotten around to it yet (e.g., too busy, lack of time).
8) **[flu_vax_barrier_appointment]** It is difficult to get an appointment.
9) **[flu_vax_barrier_treat**] I would prefer to take my chances with the flu and treat it if I get it.
10) **[flu_vax_barrier_vaccinated]** I already feel protected because of past vaccine doses.
11) **[flu_vax_barrier_immunity]** I already had the flu and believe I am adequately protected by natural immunity.
12) **[flu_vax_barrier_other]** Other, please specify [open-text]

[If covid_vax_fall_2025=unselected then ask covid_vax_intent]

[covid_vax_intent] How likely is it that you will get a COVID-19 vaccine between now and March 2026? Would you say you:

- Definitely will get one
- Very likely I will get one
- Likely I will get one
- Unlikely I will get one
- Very unlikely I will get one
- Will definitely not get one
- Don't Know (98)

[If covid_vax_fall_2025=unselected then ask covid_vax_barrier]

[covid_vax_barrier] What are your main reasons for not yet having received a COVID-19 vaccine this season? Select up to two. [randomize]

2) **[covid_vax_barrier_plan]** I still plan to get it.
3) **[covid_vax_barrier_doctor]** It hasn't been recommended to me by a doctor or pharmacist.
4) **[covid_vax_barrier_pharmacist]** I haven't seen a pharmacist.
5) **[covid_vax_barrier_ineffective]** I don't think a COVID-19 vaccine works.
6) **[covid_vax_barrier_safety]** I don't think a COVID-19 vaccine is safe.
7) **[covid_vax_barrier_sick]** I don't want to have side effects or feel sick.
8) **[covid_vax_barrier_unconcern]** I don't feel that I need it.
9) **[covid_vax_barrier_pay]** I don't want to pay for it.
10) **[covid_vax_barrier_cost]** I can't afford to pay for it.
11) **[covid_vax_barrier_busy]** I haven't gotten around to it yet (e.g., too busy, lack of time).
12) **[covid_vax_barrier_appointment]** It is difficult to get an appointment.
13) **[covid_vax_barrier_treat]** I would prefer to take my chances with the COVID and treat it if I get it.
14) **[covid_vax_barrier_vaccinated]** I already feel protected because of past vaccine doses.
15) **[covid_vax_barrier_immunity]** I already had COVID-19 and believe I am adequately protected by natural immunity.
16) **[covid_vax_barrier_other]** Other, please specify [open-text].

[respiratory_likely] In your opinion, how likely are you to get a respiratory illness such as the flu or COVID-19 during the upcoming cold and flu season?

- Extremely unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Extremely likely

[Vax_fall2024] Thinking about last Fall/Winter (2024/2025), did you get a flu or COVID-19 vaccine? Select all that apply.

- [covid_vax_fall_2024] A COVID-19 vaccine (primary or booster dose)
- [flu_vax_fall_2024] A seasonal flu vaccine (also known as the flu shot)
- [none_fall_2024] None of the above

Measles

[if children=2 then ask Measles_vax]

[Measles_vax] Thinking about your youngest child, are they vaccinated against the measles virus? (MMR or MMRV vaccine)

- Yes
- No, but they will be
- No, they will not be getting vaccinated against measles
- I don't know

[if pregnant=2 or 3 then ask Measles_vax_intent]

[Measles_vax_intent] Do you plan on getting your newborn child vaccinated against the measles virus when they are old enough?

- Definitely will
- Probably will
- Undecided
- Probably will not
- Definitely will not

MRNA

[MRNA_Vax] Have you ever received a mRNA vaccine?

Note: mRNA vaccines don't use a weakened or killed virus to trigger an immune response. Instead, they teach your cells how to make a protein that will trigger an immune response. Once triggered, your body makes antibodies. These antibodies help you fight the infection if the real virus does enter your body in the future. Some of the Covid-19 vaccines were mRNA vaccines (e.g Pfizer, Moderna).

- Yes
- No
- Don't know

For the next set of statements, please indicate how much you agree or disagree with the statement provided: [randomize]

[VaxS_RNA1] mRNA vaccines hold great potential for solving health problems in the future.

[VaxS_RNA2] mRNA vaccines were an important development that helped end the COVID-19 pandemic.

[VaxS_RNA3] mRNA vaccines have not been thoroughly tested.

[VaxS_RNA4] I have a good understanding of how mRNA vaccines work.

[VaxS_RNA5] : The Government of Canada should invest in the development of new medical technologies to improve health outcomes for Canadians.

[VaxS_RNA6] The Government of Canada should be investing in mRNA vaccine research and manufacturing in Canada.

[VaxS_RNA7] I'd be willing to take an mRNA vaccine in a future pandemic if they were stated to be effective at preventing death or serious illness by a source I trust.

[VaxS_RNA8] I'd be willing to be vaccinated with mRNA vaccines outside of a pandemic. For example: routine vaccination, as treatment against rare diseases, or cancer therapy.

- Strongly disagree
- Disagree
- Neither agree not disagree
- Agree
- Strongly agree
- Don't know

[RNA_safe] mRNA technology is used in some vaccines, including COVID-19 vaccines. How confident are you that vaccines using mRNA technology are safe?

- Not at all confident
- Not too confident
- Somewhat confident
- Very confident
- Don't know enough to say

[VaxS_RNA9] If you had the option to receive either an mRNA vaccine or another type of vaccine for the same disease, both recommended by experts and having similar safety, effectiveness, and cost, which would you choose?

- Strong preference for the mRNA vaccine
- Slight Preference for the mRNA vaccine
- No preference between the two
- Slight preference for the other type of vaccine
- Strong preference for the other type of vaccine
- I'd prefer receiving neither vaccine
- I would defer to the doctors recommendation
- I don't know, please elaborate: (option to specify)

Health Services

[INSERT ATTENTION CHECK QUESTION]

The following questions ask about your experiences with physical and mental health care services.

[primary_care] Do you have access to a primary care provider (i.e., family doctor or nurse practitioner that you can see for regular check-ups, when you get sick, and/or ask for medical advice)?

1) No
2) Yes

[primary_care2] How easy/difficult is it for you to get time with a primary care provider (e.g, family doctor, doctor or nurse practitioner), when you have a question about your health?

- Very Difficult
- Difficult
- Somewhat Difficult
- Neither Different nor Easy
- Somewhat Easy
- Easy
- Very Easy
- I don't know

[primary_care3] If you wanted to speak with a primary care provider (e.g. family doctor, nurse practitioner) about a health concern, how much effort would it take for you?

- Very little effort
- Little effort
- Some effort
- A lot of effort
- A great deal of effort
- I don't know

[hotline_mh_988] Are you familiar with the 9-8-8: Suicide Crisis Helpline?

1) Not at all familiar
2) Slightly familiar
3) Somewhat familiar
4) Familiar
5) Very familiar

Additional Information

In the final section of the survey, we will ask you a few more questions about yourself.
[urban] Which of the following best describes where you live now?

1) A remote area
2) A rural area

3) A small city or town
4) A suburb near a large city
5) A large city
6) Prefer not to say (9999)

[generation] What is your generation status as a person in Canada? Generation status refers to whether you or your parents were born in Canada.

1) First generation (Not born in Canada and immigrated here)
2) Second generation (Born in Canada, but at least one of your parents was not)
3) Third generation (You and both of your parents were born in Canada, but at least one of your grandparents was not)
4) Fourth generation or more
5) Don't know
6) Prefer not to say

[indigenous] Are you First Nations, Métis, or Inuk (Inuit)?

Please select all that apply.

1) First Nations
2) Métis
3) Inuk (Inuit)
4) No, I am not First Nations, Metis, or Inuk (Inuit)

[ethnicity]
[IF indigenous=1,2,3 USE WORDING] In addition to your Indigenous status, you may belong to one or more other racial or cultural groups on the following list. Are you...?
[ALL OTHER]You may belong to one or more racial or cultural groups on the following list. Are you...?
Please select all that apply.

1) Arab
2) Black
3) Chinese
4) Filipino
5) Japanese
6) Korean
7) Latin American
8) South Asian (e.g., East Indian, Pakistani, Sri Lankan)
9) Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Thai, Laotian)
10) West Asian (e.g., Iranian, Afghan)
11) White
12) Other (please specify)
13) None of the above

14) Prefer not to say (9999)

[household_income] Which of the following categories best describes your total household income last year (2024)? That is, the total income of all persons in your household combined, before taxes?

1) Under $20,000
2) $20,000 to just under $40,000
3) $40,000 to just under $60,000
4) $60,000 to just under $80,000
5) $80,000 to just under $100,000
6) $100,000 to just under $150,000
7) $150,000 to just under $200,000
8) $200,000 to just under $250,000
9) $250,000 and above

Prefer not to say (9999)

[employment] Which of the following categories best describes your current employment status?

1) Employed (e.g., for wages, salary) full time, that is, 30 or more hours per week
2) Employed (e.g., for wages, salary) part-time, that is, less than 30 hours per week
3) Self-employed
4) Unemployed
5) A student attending school full-time
6) Retired
7) Full-time homemaker
8) Other
9) Prefer not to say (9999)

[LGBTQ+] Do you identify as a member of the 2SLGBTQIA+ community (Two-Spirited, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and/or identify as part of a sexual and/or gender diverse community)?

We collect this information to make sure that our research sample is representative of the Canadian population.

1) No
2) Yes
3) Prefer not to say

[dependent] Do you have dependents residing in your household?

A dependent is a person who relies on another, for financial support and can include a child, grandchild, parent, grandparent, brother, sister, uncle, aunt, and/or a person with a mental or physical disability.

1) No
2) Yes (please enter number of dependents): ____
3) Prefer not to say (9999)

[marital_status] Which of the following best describes your marital status?

1) Single (divorced, widowed, never married)
2) Married or Common-law
3) Separated, but legally married
4)
5) Prefer not to say (9999)

[disability] Do you 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.

1) No
2) Yes
3) Prefer not to say (9999)

[housing] Which of the following best describes your housing arrangement?

1) Owned by you
2) Owned by a parent/family member
3) Rented
4) Unhoused
5) Other
6) Prefer not to say (9999)

[fsa] What are the first three characters of your postal code? This information helps us understand general trends in different areas. Your response will not be used to identify you.

1) [Open Text]
2) Prefer not to say (9999)

[FinalThoughts] Thank you for taking the time to complete this survey. Is there anything else that you would like to say about public health, trust, misinformation, infectious disease or vaccination beyond your answers to the specific survey questions?

1) **[open ended]**
2) **No further comments**

Debriefing

Some of the questions in this study **presented statements that are inaccurate**, based on current expert evidence and consensus.

The following are **accurate versions of these statements** according to the **current, best available evidence.**

- **The measles virus is more harmful to children's health than the vaccine.**
- **Tylenol is safe during pregnancy and no causal link to autism has been established.**
- **mRNA vaccines do not alter your DNA nor do they contain microchips.**
- **Long-term safety of mRNA vaccines has been tested.**
- **The MMR vaccine does not cause autism in children**

Some other questions in this study presented misinformed beliefs about the measles virus. <u>Evidence supports that the best way to deal with the measles virus is with high rates of vaccination.</u>

Evidence does not support letting people get measles so that they are protected (natural immunity) from getting measles again as a good way to deal with measles.

Social distancing/isolation if experiencing symptoms can help when infected, but vaccination and prevention remain the best strategy to deal with measles.

**** New page ****

Thank you for taking the time to complete this survey.

This study dealt with topics that you might have found distressing. We want to encourage you to consider using free mental health services, if needed, including the following:

If you or someone you know is in crisis:

If you're in immediate danger or need urgent medical support, call 9-1-1.

If you or someone you know is thinking about suicide, call or text 9-8-8. Support is available 24

hours a day, 7 days a week.

For additional mental health resources, please click the following link:

https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html

https://www.canada.ca/fr/sante-publique/services/services-sante-mentale/sante-mentale-obtenir-aide.html

APPENDIX C – SECOND WAVE SURVEY

HABIT Survey Questionnaire: Wave 7

Consent

The Government of Canada is conducting a research study on health behaviours and experiences. Leger has been hired to administer this survey. Si vous préférez répondre au sondage en français, veuillez cliquer sur français. The survey takes about 20 minutes to complete and is voluntary and completely confidential.

Your responses will be identified by a subject number and the researchers will not know your identity or your personal information. Review Leger's privacy policy here.

The purpose of this study is to support actions taken by the government to improve the health of Canadians. We recognize that the subject matter of some of these questions may be personal or sensitive. However, should you choose to participate, your answers will be kept confidential and will be used to help improve public health policy in Canada.

In this survey, some of the topics we will address include public health topics like dementia and sexually transmitted and blood-borne infections. While we have tried to minimize any potential risks and discomfort, due to the potential sensitive nature of some of these topics, if at any time you feel uncomfortable or uneasy giving your opinion, please feel free not to answer any of the questions asked or to step away.

https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html

Further information about this study:

- Your data will be treated in accordance with the provisions of the Government of Canada Privacy Policy.
- Your participation in the study is voluntary and your responses will be kept entirely confidential.
- You may stop the survey at any time and without giving reasons.
- You must be 18 years of age and older to participate.

If you have any questions about this survey, please send us an email at bescio-bsc@phac-aspc.gc.ca and indicate the “Health survey” in the subject line.

While we prefer that you complete this survey in one sitting, if you need to take a break, you can re-access it at any time using the same link.

CONSENT

I agree to participate in the study and understand that my answers will be used to advance knowledge about Canadians' health outcomes, which may inform future actions taken by the government.

I agree to the processing of my personal data in accordance with the information provided here.

I am aware that the data will be published in anonymous form to promote transparency in public opinion research.

1) I agree to participate
2) No, I don't want to participate [thank and terminate survey]

Demographics

Thank you for deciding to participate in this study. First, please provide us with some information about yourself.

[age] In what year were you born?

(Minimum 1923; Maximum 2025)

Enter year: _____

Prefer not to say (9999)

[IF age=PNR, ASK age_cat]

[age_cat] In which of the following age categories do you belong?

[show if participant did not answer age: [age]=9999]

1) Under 18
2) 18 to 24
3) 25 to 34
4) 35 to 44
5) 45 to 54
6) 55 to 64
7) 65 to 74
8) 75 and older

[Show if 2007 for age or under 18 for age_cat is selected]

Thank you for your interest in the survey, but you must be at least 18 years old to participate.

[sex] What was your sex at birth?

1) Female
2) Male
3) Intersex
4) Prefer not to say

[gender] What is your gender?

This refers to your current gender, which may be different from sex assigned at birth and may be different from what is indicated on legal documents. We collect this information to make sure that our research sample is representative of the Canadian population.

1) Man
2) Woman

3) Non-binary person
4) Another gender identity (please specify: ___)

5) Prefer not to say

[region] In which province or territory do you live?

1) Alberta
2) British Columbia
3) Manitoba
4) New Brunswick
5) Newfoundland and Labrador
6) Northwest Territories
7) Nova Scotia
8) Nunavut
9) Ontario
10) Prince Edward Island
11) Quebec
12) Saskatchewan
13) Yukon

14) I live outside of Canada [thank and terminate survey]

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

1) Elementary school or less
2) Some high school
3) High school diploma or equivalent
4) Registered apprenticeship or other trades certificate or diploma
5) Some college/university
6) College or CEGEP certificate or diploma
7) University certificate or diploma below bachelor's level
8) Bachelor's degree
9) Postgraduate degree above bachelor's level
10) Prefer not to say (9999)

[children] Are you a parent or legal guardian of a child under 18 years of age?

1) No
2) Yes

3) Prefer not to say

[pregnant] Are you or your partner currently pregnant or planning to become pregnant in the next 12 months?

1) Neither currently pregnant, nor planning to become pregnant in the next 12 months
2) I am currently pregnant
3) My partner is currently pregnant

4) I am not currently pregnant, but I am planning to become pregnant in the next 12 months
5) My partner is not currently pregnant, but is planning to become pregnant in the next 12 months
6) Don't know (98)
7) Prefer not to say (9999)

Health & Well-being

The following questions ask about your **physical health and well-being.**

[health_status] In general, how do you view your physical health?

1) Poor
2) Fair
3) Good
4) Very good
5) Excellent

[health_mental_status] In general, how do you view your mental health?

1) Poor
2) Fair
3) Good
4) Very good
5) Excellent

[health_diagnosis] Has a doctor or healthcare professional ever given you a formal diagnosis of one of the following health conditions or diagnoses? Select all that apply.
[Select all that apply; if select "none of the above," then grey out other options; Alphabetize the list just like in W6]

1) Heart disease
2) Hypertension/high-blood pressure
3) Stroke
4) Cancer
5) Chronic respiratory conditions (e.g., asthma, chronic obstructive pulmonary disease)
6) Diabetes
7) Arthritis
8) Neurological conditions (e.g., Epilepsy, Multiple Sclerosis, Parkinson's disease)
9) Obesity (as diagnosed by a healthcare professional)
10) Post Covid-19 Condition (Long Covid)
11) A condition or treatment affecting your immune system (e.g., autoimmune disease, HIV, cancer treatment, organ transplant medications)

12) Traumatic brain injury
13) Dementia
14) Other chronic condition (e.g. High cholesterol**,** Periodontal disease, Osteoporosis)
15) A diagnosed mental health condition (e.g., depression or anxiety disorder)
16) Other (please enter) **[Anchor at bottom]**
17) None of the above **[Anchor at bottom]**
18) Prefer not to say (9999) **[Anchor at bottom]**

Public Trust

The following questions ask about your opinions on topics ranging from your views of government, to health information and behaviours.

Trust in Gov

[Trust_OECD] On a scale of 0 to 10, where 0 is not at all and 10 is completely, how much do you trust the federal government in Canada? [0-10 point scale with labels at 0, 10, and don't know]

- Not at all (0)
- Completely (10)
- Don't Know (98)

[phac_info_trust] On a scale of 0 to 10, where 0 is not at all and 10 is completely, how much do you trust public health information released by the Public Health Agency of Canada?

- Not at all (0)
- Completely (10)
- I don't know (98)

Trust in Institutions

[INST_trust] In general, how much do you trust or distrust the following institutions to make good decisions about public health and/or the health and well-being of Canadians?

[randomize]

[trust_goc] The Government of Canada

[trust_phac] The Public Health Agency of Canada (PHAC)

[trust_hc] Health Canada

[trust_pt] Your provincial/territorial government
[trust_mun] Your municipal government

[trust_hcp] Medical Doctors and Healthcare Professionals

[trust_science_research] Scientists and Researchers

- Strongly distrust
- Somewhat distrust
- Neither trust nor distrust
- Somewhat trust
- Strongly trust

AI

[INSERT ATTENTION CHECK QUESTION]

The following questions ask about some of your online behaviours and views on artificial intelligence

AI Use

[AI_Use] How often, if ever, do you use an AI chatbot (e.g., ChatGPT, Microsoft Copilot, Claude, Google Gemini)

- I have never used an AI chatbot (1)
- Less than once a month (2)
- Once or a few times a month (3)
- Once or a few times a week (4)
- Once a day (5)
- Multiple times a day (6)

[if [AI_Use] > 1, ask [AI_Health_Chatbot]

[AI_Health_Chatbot] How often, if ever, do you use an AI chatbot to find health information or to answer health related questions? (e.g. ChatGPT, Microsoft CoPilot, Claude, Google Gemini)

- Never (1)
- Less than once a month (2)
- Once or a few times a month (3)
- Once or a few times a week (4)

- Once a day (5)
- Multiple times a day (6)

[AI_Health_Use_Search] Have you ever used AI-generated summaries in search results to find health information or to answer health related questions? (for example, an "AI Overview" or AI answer shown at the top of Google or Bing results)

- Never (1)
- Less than once a month (2)
- Once or a few times a month (3)
- Once or a few times a week (4)
- Once a day (5)
- Multiple times a day (6)

[if [AI_Health_Chatbot]=1, skip [AI_Verify], [AI_Health_Motive], [AI_Health_Tasks], [AI_Health_Emotion]]

The following questions ask specifically about your use of AI chatbots

[AI_Verify] When you use an AI chatbot (e.g. ChatGPT, CoPilot, Claude, Google Gemini) for health information, how often do you do the following?

[AI_Verify3] I accept AI-provided health information without verifying it elsewhere.
[AI_Verify1] Check whether the information is supported by other reliable sources
[AI_Verify2] Compare the information with guidance from trusted health authorities (e.g., public health agencies or medical organizations).

- Never
- Rarely
- Sometimes
- Frequently
- Always

[AI_Health_Motive] Have you used an AI chatbot (e.g. ChatGPT, CoPilot, Claude, Google Gemini) for health-related information for any of the following reasons?

(select all that apply)

- Understand a health topic more quickly
- Decide whether professional care might be needed
- Prepare for an appointment with a healthcare provider
- Make sense of information I already received from a healthcare provider
- Explore options when I cannot easily access a healthcare provider
- Reassure myself about a symptom or concern
- Understand conflicting or confusing health information I have seen or heard (for example, about vaccines, treatments, or nutrition advice)

- General curiosity or learning
- Other (please specify)
- Prefer not to say

[AI_Health_Tasks] In the past 6 months, have you used an AI chatbot (e.g. ChatGPT, CoPilot, Claude, Google Gemini) to do any of the following?
(Select all that apply)

- Look up symptoms or possible causes of a health issue
- Decide whether a symptom might be serious
- Research a disease, condition or treatment
- Summarize or explain medical test results, lab reports, or imaging findings
- Explain medical terms, diagnoses, or treatment options
- Compare treatment options or medications
- Prepare questions for a healthcare appointment
- Interpret vaccine or medication information
- Support mental health or emotional concerns
- I have not used AI for health-related tasks
- Prefer not to say

[AI_Health_Emotion] After using AI chatbots (e.g. ChatGPT, CoPilot, Claude, Google Gemini) for health-related information, to what extent have you experienced the following? [randomize]

- Felt **reassured**
- Felt **relieved**
- Felt **more confident** about what to do
- Felt **empowered** to manage my health
- Felt **more informed**
- Felt **motivated** to seek additional information from other sources
- Felt **uncertain** or unsure
- Felt **confused**
- Felt **anxious or worried**
- Felt **overwhelmed** by information
  - Not at all
  - A little
  - Somewhat
  - Quite a bit
  - A great deal
  - Don’t know / Prefer not to say

The following questions ask specifically about any AI tool use (e.g. Chatbots or AI generated search result overviews)

[AI_Health_AppropriateUse] For which of the following types of health questions or decisions do you think it is appropriate for people to use AI tools (such as AI chatbots or AI-generated search summaries)?(Select all that apply.)

[RANDOMIZE EXCEPT LAST]

- Learning general health information or healthy lifestyle advice
- Understanding symptoms or deciding whether medical care may be needed
- Understanding medical test results or diagnoses
- Preparing questions for a healthcare appointment
- Information on medication
- Information on vaccines
- Comparing treatment options
- Serious illness decisions (e.g., cancer treatment)
- Medical emergencies or urgent symptoms
- Health decisions affecting children or family members
- None of these are appropriate uses
- Not sure

[if [AI_Health_Chatbot]=1 AND [AI_Health_Use_Search] =1, skip [AI_Health_AccessDriver] & [AI_Health_NegOutcome]]

[AI_Health_AccessDriver] Which best describes why you turn to AI tools (Chatbots or AI search overview) for health-related information? (Select up to 3)

- They are faster than other sources
- They are easier to use than other sources
- I cannot easily access a healthcare provider
- To supplement information from a healthcare professional
- Out of curiosity or interest in new technologies
- Don’t know / Prefer not to say
- Other (please specify)

[AI_Health_Impact] Have you ever relied on AI-provided health information for an important health decision (for example, delaying care, changing a medication, or deciding whether or not to seek treatment)?

- Yes
- No

- Not sure
- Prefer not to say

[if AI_Health_Impact] = Yes, ask]

[AI_Health_CareImpact_Channel] Which type of AI was most involved in that decision?

- AI chatbot (e.g. ChatGPT, CoPilot, Claude, Google Gemini)
- AI-generated search summary (for example, an “AI Overview” or AI answer shown at the top of Google or Bing results)
- Both
- Not sure

[if AI_Health_ Impact] = Yes, ask]

[AI_Health_CareImpact_CF] Would you have made the same decision if the information had not come from an AI tool?

- Yes, likely would have made the same decision
- No, the AI information influenced my decision
- Not sure

[AI_Health_NegOutcome] Have you ever experienced a negative health impact that you believe resulted from following advice provided by an AI tool (e.g. a bad reaction/adverse reaction/negative impact on your health)?

- Yes
- No
- Not sure

[if [AI_Health_NegOutcome] = Yes, ask]

[AI_Health_NegOutcome_Channel] Which type of AI was most involved in providing that advice ?

- AI chatbot (e.g. ChatGPT, CoPilot, Claude, Google Gemini)
- AI-generated search summary (for example, an “AI Overview” or AI answer shown at the top of Google or Bing results)
- Both
- Not sure

AI Mental Health

[AIMH_Use] In the past 6 months, have you used an AI chatbot (e.g., ChatGPT, CoPilot, Claude, Gemini) for mental health support (e.g., stress, anxiety, mood, coping, relationships)?”

- Never
- Less than once a month
- Once or a few times a month
- Once or a few times a week
- Once a day
- Multiple times a day

[AIMH_Willing] If you were seeking mental health support, how willing would you be to use an AI chatbot designed specifically to support mental health?

- Very unwilling (1)
- Somewhat unwilling (2)
- Neither willing nor unwilling (3)
- Somewhat willing (4)
- Very willing (5)
- Don't know / Prefer not to say (98)

[AIMH_Guardrails] Do you think AI chatbots that can provide mental health support should be…

- Only used alongside support from a mental health professional.
- Used by people regardless of whether they are actively supported by a mental health professional
- These should not be available to people at all
- Not sure

[AIMH_Preference] If you were seeking mental health support, which would you prefer?

- A licensed mental health professional (e.g.,psychiatrist, psychologist, social worker, counsellor)
- An AI chatbot
- Both (AI plus a professional)
- Neither / would not seek support
- Not sure

[AIMH_Scenarios] Which of the following situations, if any, would you consider using an AI chatbot for mental health or emotional support? (select all that apply)

[RANDOMIZE EXCEPT ALWAYS SHOW None, Other & I would not LAST]

- Managing everyday stress or emotional wellbeing
- Learning strategies to cope with worry, low mood, or lack of motivation
- Relationship, family, or interpersonal concerns
- When feeling anxious, sad, or emotionally overwhelmed
- To better understand or organize my thoughts or feelings

- Preparing for conversations with a healthcare or mental health professional
- Between mental health professional appointments or ongoing supports
- In a crisis or when feeling unsafe
- None of the above
- Other (please specify)
- I would not use AI chatbots for mental health support

[If AIMH_Use ≠ Never OR AIMH_Willing = 3, 4 OR 5, ask **[AIMH_UseRole] and [AIMH_Drivers]]**

[AIMH_UseRole] When using (or considering using) an AI chatbot for mental health support, which of the following best describes how you would use it?

(select one)

- Alongside support from a mental health professional (as a supplement)
- While waiting to access professional support or because services are difficult to access
- Instead of speaking with a mental health professional
- Only for everyday stress or personal reflection (not professional support needs)
- Not sure / Prefer not to say
- I would not use it
- Other (please specify)

[AIMH_Drivers] What are the main reasons you have used, or would consider using, an AI chatbot for mental health support? (select all that apply)

[RANDOMIZE ALL EXCEPT Other AND None ALWAYS LAST]

- It is available anytime (24/7)
- It is easier than booking an appointment
- It is lower cost or free
- It feels more private or anonymous
- I feel less judged than when talking to a person
- It helps me put my thoughts or feelings into words
- It helps me manage everyday stress or emotions
- I can control how much information I share
- I find/would find it easier to talk to an AI than to another person about personal or emotional concerns
- I don’t have access to a human mental health professional
- I am curious about new technologies
- Other (please specify)
- None of the above

AI views

[AI_Trust] On a scale of 0 to 10, where 0 is not at all and 10 is completely, how much would you trust health information that was provided to you by an AI tool? [0-10 point scale with labels at 0, 10, and don't know]

Not at all (0)
Completely (10)
Don't Know (98)

Please rate your level of agreement with the below statements.

[AI_AI1] Artificial Intelligence (AI) will advance medical breakthroughs and help cure diseases we don't currently have a cure for.

[AI_AI2] I would feel comfortable with Artificial Intelligence (AI) being used to help my doctor diagnose or treat a medical condition for me or a loved one.

[AI_Gov] Government of Canada employees should be leveraging Artificial Intelligence (AI) in their work to increase efficiency and scientific innovation. Strongly Disagree (1)

- Somewhat Disagree (2)
- Neither Agree nor Disagree (3)
- Somewhat Agree (4)
- Strongly Agree (5)
- I don't know (98)

AI tools are increasingly used to support evidence-based decision-making, such as using scientific research to inform policies, programs, or other important decisions. These AI tools may help identify, organize and summarize research more efficiently. At the same time, their use may have limitations that could affect how research is interpreted and used.

[AI_EBDM_NoHuman] How comfortable would you feel with organizations using AI tools to inform decisions based on scientific research, with limited or no direct involvement from human experts?

- Very uncomfortable
- Somewhat uncomfortable
- Neither comfortable nor uncomfortable
- Somewhat comfortable
- Very comfortable
- Unsure

[AI_EBDM_HumanLoop] How comfortable would you feel with organizations using AI tools to support evidence-based decision-making by helping review scientific research, while keeping human experts involved in the process?

- Very uncomfortable
- Somewhat uncomfortable
- Neither comfortable nor uncomfortable
- Somewhat comfortable
- Very comfortable
- Unsure

[AI_EBDM_Balance] Which balance of human and AI involvement do you think is most appropriate for reviewing scientific research used in evidence-based decision-making?

- Human experts only
- Mostly human experts, with some AI support
- Humans and AI involved about equally
- Mostly AI, with some human oversight
- AI only
- Unsure

[AI_EBDM_TrustDrivers] Which of the following, if any, would increase your trust in the use of AI tools to support the review of scientific research for evidence-based decision-making?

(Select all that apply)

[RANDOMIZE ALWAYS SHOW Other, None AND Unsure LAST]

- Human experts review and approve all AI-supported work
- Regular checks to ensure AI-supported results are as accurate as those produced by humans
- Steps to reduce the risk of AI introducing or reinforcing bias
- Transparent reporting about how AI tools are used in reviewing scientific research
- Clear documentation so AI-supported processes can be audited if needed
- Other_____
- None of the above
- Unsure

To what extent do you agree or disagree with the following statement:

[AI_Health_Cert] Which of the following best reflects your view on AI tools that provide health information to people?

- They should be certified or approved before being widely used
- They should be allowed to operate but monitored/regulated after launch
- They should not require special regulation beyond existing laws
- They should not be used for health information at all
- Don’t know

[AI_Lit_Confidence] How confident are you that you understand how AI chatbots generate responses?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident
- Prefer not to say

[AI_Bias] Do you think AI chatbots can produce answers that are biased or inaccurate?

- Definitely yes
- Probably yes
- Unsure
- Probably not
- Definitely not

[AI_Lit_Learning] Which of the following best describes how AI chatbots like ChatGPT learn how to respond?

- They are programmed with exact answers to all possible questions
- They pull information directly from the internet in real-time
- They learn patterns from large datasets of text and statistical models
- They generate responses randomly
- Not sure

[INSERT ATTENTION CHECK QUESTION]

Literacies

The following questions ask about how you find, understand, and assess information related to science, health, and public issues in your everyday life.

Media literacy

[science_critique] Please rate how often you do the following when encountering health or public health information online.

[critic1] I try to find the original source of the information.

[critic2] I evaluate if the information is supported by other evidence.

[critic3] I ask questions such as "who benefits from this information?" or “why is this information being shared?”.

[critic4] I approach new information with skepticism.

[critic5] I compare the information with other sources to see if it supports or goes against.

[critic6] I look into whether or not the source is credible.

- Never
- Rarely
- Sometimes
- Frequently
- Always

Information environments

[SocMED] In the past month, how often did you use each of the following social media platforms or websites?
[randomize]
a. [SocMed_FB] Facebook
b. [SocMed_Twi] X/Twitter
c. [SocMed_Vid] Instagram, TikTok, Snapchat
d. [SocMed_Red] Reddit
e. [SocMed_You] YouTube

- Never
- Less than once a month
- Once or a few times a month
- Once or a few times a week
- Once a day
- Multiple times a day

[Health_answers] When you have questions about your health (e.g., nutrition, symptoms, vaccines), how do you typically get answers? (Select all that apply.)
[RANDOMIZE SUBHEADINGS EXCEPT ALWAYS SHOW Other LAST]

Healthcare and personal contacts

- Reaching out to my primary healthcare provider or another healthcare professional
- Asking a pharmacist
- Asking someone I know who works in healthcare or health sciences
- Asking friends or family
- Community resources, community leaders, or faith leaders
- Alternative healthcare providers (e.g., naturopath, chiropractor, herbalist)

Online tools and information sources

- Google or another search engine
- Using an AI chatbot (e.g., ChatGPT, Copilot, Gemini)

Media and content sources

- National or regional news organizations (e.g., CBC, CTV, newspapers)
- Independent journalists or commentators
- Social media posts, creators, or influencers (e.g., TikTok, Instagram, YouTube, X)
- Online discussion forums or peer communities (e.g., Reddit, Facebook groups, online support forums)
- Podcasts or long-form audio/video creators

Institutional information sources

- Government or public health websites (federal, provincial, or local)
- Healthcare organization websites (e.g., hospitals, Mayo Clinic)
- Academic or scientific sources (research studies, journals)
- Official medication or vaccine information leaflets

- Other_____

STBBI

[STBBI_Test_Ever] Have you ever been tested for a sexually transmitted and blood-borne infection (STBBI) (for example, Chlamydia, Gonorrhea, Syphilis, HIV, Hepatitis B and C)?

- Yes
- No
- Don't know / unsure
- Prefer not to say

[if **STBBI_Test_Ever = Yes, ask]**

[STBBI_Test_Recent] When did you last get tested?

- In the past 12 months
- 1–2 years ago
- More than 2 years ago

[STBBI_Barriers] Which of the following, if any, might prevent you (or have prevented you) from getting tested or seeking treatment if you thought you might have a sexually transmitted and blood-borne infection (STBBI)? Select all that apply
[RANDOMIZE SUBHEADINGS EXCEPT ALWAYS SHOW None or Other LAST]

Thinking testing wasn't necessary

- I didn't think I was at risk / didn't think testing was necessary
- I didn't have symptoms, so I didn't think I needed testing

Worry/discomfort with testing

- Fear that I might test positive
- Feelings of shame or embarrassment
- Previous experience(s) of stigma or discrimination in healthcare

Privacy or personal concerns

- Concerns about anonymity or confidentiality of my personal information
- Uncomfortable talking about sexual health or behaviours with a healthcare provider
- Fear of having to disclose certain behaviours (e.g., sexual history or practices, multiple partners, drug use, etc.)
- Fear of having to disclose sexual orientation, gender identity
- Lack of culturally safe or culturally appropriate care (e.g., language barriers or discrimination)

Practical or access challenges

- Not sure where to go to get tested or treated
- Difficulty getting a timely appointment or long wait times
- Testing or treatment locations are not convenient or easy to get to
- Lack of time due to work, caregiving, or other priorities
- Fear and/or discomfort regarding testing procedures (e.g., blood, genital secretion, or urine samples)

None or other

- Nothing would prevent me/has prevented me from getting tested or seeking treatment
- Other (please specify — do not include personal information)

[STBBI_WhenTest] In your opinion, when is it important to get tested for a sexually transmitted and blood-borne infection (STBBI)? Select all that apply. [RANDOMIZE, ANCHOR LAST ITEM]

- Whenever I have a new partner
- After having unprotected sex
- As a part of regular health check-up
- If I or my partner have symptoms of an STI
- If I or my partner have multiple partners
- If I am pregnant or planning to become pregnant
- If I have shared needles or other drug use equipment
- I don’t think STI testing is important

To what extent do you agree or disagree with the following statement:

[STBBI_Stigma_Testing] People are often judged for getting tested for sexually transmitted and blood-borne infections (STBBI).

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Don't know / Prefer not to say

[STBBI_Stigma_Source] Who do you think people are most likely to feel judged by when getting tested for STBBIs?

(Select all that apply)

- Friends or peers
- Sexual partner(s)
- Family member(s)
- Healthcare providers
- Staff at testing clinics or pharmacies
- Online or social media communities
- Religious or cultural community members
- No one — people are generally not judged
- Other_____

[STBBI_Info] How would you prefer to receive information or learn more about sexually transmitted and blood-borne infections (STBBI)? Please select all that apply.
[RANDOMIZE EXCEPT ALWAYS SHOW Other LAST]

- From my family doctor/primary care provider
- E-mail
- News stories
- Podcasts
- Social media (Facebook, X (formerly Twitter), Instagram, etc.)
- AI Chatbots (e.g. ChatGPT, Claude, Gemini)
- Radio
- Television
- Video sites such as YouTube
- Government websites
- Charities'/Non-profit organizations' websites
- Through stories of people with lived experience with STBBI

- Social media influencers with expertise (e.g., healthcare provider) or lived experience with sexually transmitted and blood borne infections
- Other (please specify):

Dementia

[DEM_Impact] Overall, how much of an impact do you think dementia is having in Canada today?

1 - Not at all an impact

2

3 – A moderate impact

4

5 – A very large impact

Don't know

[DEM_Prevent] To the best of your knowledge, please indicate if the following is true or false: "There are things we can do to reduce the risk of developing dementia."

- True
- False
- Don't know

[DEM_Risk_OE]

What are the first three risk factors that come to mind when thinking about what might increase the likelihood of developing dementia?

(open-ended response)

[DEM_Risk] The following is a list of key risk factors for dementia. Before seeing this list, were there any risk factors **that you did not know about previously**? (Select all that you were previously unaware of)

- Depression
- Diabetes
- Traumatic brain injury
- Social isolation
- Lower levels of education

- Untreated vision loss
- Hearing loss
- High LDL cholesterol
- Obesity
- Smoking
- Excessive alcohol use
- Hypertension
- Physical inactivity
- Air pollution

[DEM_Steps] In the last 12 months, have you taken any steps to specifically reduce your own risk for developing dementia?

- Yes
- No
- Don't Know

[If **[DEM_Steps]** = Yes, ask **[DEM_Steps_Motiv]]**

[DEM_Steps_Motiv] What or who motivated you to start taking steps to reduce your risk of developing dementia?

- Advertising/social media/influencer
- Media, such as newspaper, radio or television
- Advice from people close to me such as family and friends
- Credible evidence such as scientific studies
- A change to my health status that increased my concern
- Advice from a health care provider
- I know or have known a person living with dementia
- Self-motivation toward healthy lifestyle
- Other (Please specify):
- Don't know

[If **[DEM_Steps]** = No OR Don't Know, ask **[DEM_Steps_Barriers]]**

[DEM_Steps_Barriers] What has prevented you from taking specific steps to reduce your risk of developing dementia? (Select all that apply)

- I don't know enough about actions I should take
- I don't trust the evidence about dementia risk
- I am not sure it will make a difference
- I believe it is too late in my life to take action
- Lack of time

- Too expensive
- Other (please specify):
- Don’t know
- Prefer not to say

[DEM_experience] Who do you know (if anyone) that is living/has lived with dementia? (Select all that apply.)

- Myself
- My spouse/partner
- A parent
- An extended family member
- A friend
- A neighbour
- Colleague
- I do not personally know anyone with dementia
- Not sure
- Prefer not to say

[if any “Yes” selected, ask]

[DEM_Caregiver] An unpaid caregiver may do a range of things to care for someone living with dementia. Have you done any of the following in the last 5 years for a person living with dementia, without getting paid? Please read each item in the list and select each one that applies.

- Assisted with financial affairs
- Assisted with activities of daily living (e.g., cooking, cleaning, bathing or dressing)
- General health care and health monitoring (e.g., overseeing medication usage or help administering medication, setting up appointments)
- Other types of care (Please specify):
- None of these – no assistance to a person living with dementia
- Don’t know
- Prefer not to answer

[DEM_Supports] What do you think are the biggest barriers to accessing dementia-related care or support?
(Select all that apply.)

- Not knowing where to go for care or support
- Cost of services or supports
- Lack of care or support that considers cultural context
- Lack of care or support in the right language

- Feeling uncomfortable about asking for care or support
- People live too far from the needed care or support
- Other (please specify)
- I have not experienced any barriers
- Don’t know

[DEM_Comf] How comfortable would you feel interacting with someone living with dementia?

1 - Not at all comfortable

2

3 – Moderately comfortable

4

5 – Very comfortable

Don’t know

Prefer not to answer

[if **[DEM_Comf]**] >= 3, ask **[DEM_Comf_why]]**

[DEM_Comf_why] Why would you feel comfortable interacting with someone living with dementia?

- Currently know or have known people with dementia
- Generally confident in dealing with most situations
- Have information on supporting people with dementia
- Other
- Don’t know
- Prefer not to answer

[if **[DEM_Comf]**] < 3, ask **[DEM_Uncomf_why]]**

[DEM_Uncomf_why] Why would you feel uncomfortable interacting with someone living with dementia?

- Not sure how to talk to or support/help the person
- Worried about or unsure of how the person will behave/react
- Don’t have enough information about dementia
- I have never known anyone with dementia
- Other

- Don’t know
- Prefer not to answer

Vaccination

[INSERT ATTENTION CHECK QUESTION]

The following questions ask about vaccines in Canada.

[Vax_Safe] How confident, if at all, are you that vaccines in general are safe?

- Very confident
- Somewhat confident
- Not too confident
- Not at all confident

[Vax_Effect] How confident, if at all, are you that vaccines in general are effective (work as intended)?

- Very confident
- Somewhat confident
- Not too confident
  Not at all confident

[Vax_Invest] Governments invest in both new vaccine technologies and established approaches to disease prevention. Where do you think investment should be focused?

Please indicate where you believe the government should prioritise innovation vs. tried-and-true traditional approaches for the prevention and treatment of disease.

- 1-Focus [most OR the vast majority of] resources on innovative new technologies.
- 5-Focus equally on both new innovations and traditional approaches.
- 9- Focus only on traditional approaches.
- Don’t know

Health Services

[INSERT ATTENTION CHECK QUESTION]
The following questions ask about your experiences with physical and mental health care services.

[primary_care] Do you have access to a primary care provider (i.e., family doctor or nurse practitioner that you can see for regular check-ups, when you get sick, and/or ask for medical advice)?

3) No
4) Yes

[primary_care2] How easy/difficult is it for you to get time with a primary care provider (e.g, family doctor, doctor or nurse practitioner), when you have a question about your health?

- Very Difficult
- Difficult
- Somewhat Difficult
- Neither Difficult nor Easy
- Somewhat Easy
- Easy
- Very Easy
- I don't know

[hotline_mh_988] Are you familiar with the 9-8-8: Suicide Crisis Helpline?

6) Not at all familiar
7) Slightly familiar
8) Somewhat familiar
9) Familiar
10) Very familiar

[hotline_988_knowledge] Which of the following statements about the 9-8-8 Suicide Crisis Helpline are true, to the best of your knowledge?
Select all that apply.

- It is available 24 hours a day, 7 days a week
- It can be reached by calling or texting 9-8-8
- It is intended only for people who are considering or thinking about suicide
- It can be used by people who are worried about someone else
- Calling 9-8-8 does not automatically result in emergency services being sent
- I'm not sure how it works

[hotline_988_access] To what extent do you agree or disagree with the following statements about the 9-8-8 Suicide Crisis Helpline?

[hotline_988_access1] It would be easy for me to access 9-8-8 if I needed help.

[hotline_988_access2] I would feel comfortable reaching out to 9-8-8 if I need help or am worried about someone else.
[hotline_988_access3] 9-8-8 feels like a confidential and safe option.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

[hotline_988_barriers] Which of the following, if any, might make you hesitant to contact the 9-8-8 Suicide Crisis Helpline if you or someone close to you needed support?
Select all that apply.

- I would worry about being judged
- I wouldn't want emergency services involved
- I would prefer to talk to someone I know
- I wouldn't feel the situation was serious enough
- I wouldn't know what to say or how the conversation would go
- I'm worried about privacy and confidentiality
- I didn't know it existed or how it works
- None of the above
- Other_____

[hotline_988_consider] In which of the following situations, if any, would you consider contacting 9-8-8?
Select all that apply.

- If I were feeling overwhelmed or distressed
- If I were having thoughts of harming myself
- If I were worried about a friend or family member
- If I didn't know where else to turn for support
- I would not consider using 9-8-8
- Prefer not to say

Additional Information

In the final section of the survey, we will ask you a few more questions about yourself.
[urban] Which of the following best describes where you live now?

1) A remote area

2) A rural area
3) A small city or town
4) A suburb near a large city
5) A large city
6) Prefer not to say (9999)

[generation] What is your generation status as a person in Canada? Generation status refers to whether you or your parents were born in Canada.

1) First generation (Not born in Canada and immigrated here)
2) Second generation (Born in Canada, but at least one of your parents was not)
3) Third generation (You and both of your parents were born in Canada, but at least one of your grandparents was not)
4) Fourth generation or more
5) Don't know
6) Prefer not to say

[indigenous] Are you First Nations, Métis, or Inuk (Inuit)?

Please select all that apply.

1) First Nations
2) Métis
3) Inuk (Inuit)
4) No, I am not First Nations, Metis, or Inuk (Inuit)

[ethnicity]
[IF indigenous=1,2,3 USE WORDING] In addition to your Indigenous status, you may belong to one or more other racial or cultural groups on the following list. Are you...?
[ALL OTHER]You may belong to one or more racial or cultural groups on the following list. Are you...?
Please select all that apply.

1) Arab
2) Black
3) Chinese
4) Filipino
5) Japanese
6) Korean
7) Latin American
8) South Asian (e.g., East Indian, Pakistani, Sri Lankan)
9) Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Thai, Laotian)
10) West Asian (e.g., Iranian, Afghan)
11) White
12) Other (please specify)

13) None of the above
14) Prefer not to say (9999)

[household_income] Which of the following categories best describes your total household income last year (2024)? That is, the total income of all persons in your household combined, before taxes?

1) Under $20,000
2) $20,000 to just under $40,000
3) $40,000 to just under $60,000
4) $60,000 to just under $80,000
5) $80,000 to just under $100,000
6) $100,000 to just under $150,000
7) $150,000 to just under $200,000
8) $200,000 to just under $250,000
9) $250,000 and above

Prefer not to say (9999)

[employment] Which of the following categories best describes your current employment status?

1) Employed (e.g., for wages, salary) full time, that is, 30 or more hours per week
2) Employed (e.g., for wages, salary) part-time, that is, less than 30 hours per week
3) Self-employed
4) Unemployed
5) A student attending school full-time
6) Retired
7) Full-time homemaker
8) Other
9) Prefer not to say (9999)

[LGBTQ+] Do you identify as a member of the 2SLGBTQIA+ community (Two-Spirited, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and/or identify as part of a sexual and/or gender diverse community)?

We collect this information to make sure that our research sample is representative of the Canadian population.

1) No
2) Yes
3) Prefer not to say

[dependent] Do you have dependents residing in your household?

A dependent is a person who relies on another, for financial support and can include a child, grandchild, parent, grandparent, brother, sister, uncle, aunt, and/or a person with a mental or physical disability.

1) No
2) Yes (please enter number of dependents): ____
3) Prefer not to say (9999)

[marital_status] Which of the following best describes your marital status?

1) Single (divorced, widowed, never married)
2) Married or Common-law
3) Separated, but legally married
4) Prefer not to say (9999)

[disability] Do you 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.

1) No
2) Yes
3) Prefer not to say (9999)

[housing] Which of the following best describes your housing arrangement?

1) Owned by you
2) Owned by a parent/family member
3) Rented
4) Unhoused
5) Other
6) Prefer not to say (9999)

[fsa] What are the first three characters of your postal code? This information helps us understand general trends in different areas. Your response will not be used to identify you.

1) [Open Text]
2) Prefer not to say (9999)

[FinalThoughts] Thank you for taking the time to complete this survey. Is there anything else that you would like to say about public health, trust, misinformation, infectious disease or vaccination beyond your answers to the specific survey questions?

1) **[open ended]**
2) **No further comments**

Debriefing

Thank you for taking the time to complete this survey.

This study dealt with topics that you might have found distressing. We want to encourage you to consider using free mental health services, if needed, including the following:

If you or someone you know is in crisis:

If you're in immediate danger or need urgent medical support, call 9-1-1.

If you or someone you know is thinking about suicide, call or text 9-8-8. Support is available 24 hours a day, 7 days a week.

For additional mental health resources, please click the following link:

https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html

https://www.canada.ca/fr/sante-publique/services/services-sante-mentale/sante-mentale-obtenir-aide.html