



► Electronic Questionnaire Screen Design Conception des écrans du questionnaire électronique

This screen design is provided for the following survey | Conception d'écran pour l'enquête suivante :

[COVID-19 Vaccination Coverage Survey \(CVCS\)](#)

[QDRC_CVCS Screen Design RY2020 V4_E](#)

Disclaimer

This screen design is based on assumptions and interpretations of information provided by clients. The design layout presented is based on our current approach of designing electronic questionnaires screen design. Some content has been altered to bring clarity and consistency throughout the questionnaire and to reflect the mode of collection of a self-administered questionnaire. Any content changes that we apply are merely suggestions and client always has the final decision regarding content.

Désistement

Cette conception d'écran est basé sur des hypothèses et des interprétations d'informations fournies par les clients. La mise en page présentée est basée sur notre approche actuelle de la conception d'écran des questionnaires électroniques. Certains contenus a été modifié pour apporter de la clarté et de la cohérence dans le questionnaire ainsi que représenter le mode de collecte d'un questionnaire auto-administré. Toute modification de contenu que nous appliquons sont que des suggestions et le client a toujours la décision finale quant au contenu.

What you need to know...

The user is able to update:

- Question text
- Answer text
- Cell identification numbers
- Bolding to emphasize text
- On-screen help instructions such as:
 - **Include / Exclude**
 - Definitions
 - Examples
 - Supplementary instructions

The user cannot change:

- The survey title
- The layout of questions and answers
- The question numbering
- The logic
- The help button placement
- Standardized text
- Standardized modules
- Standardized cell IDs
- The navigational buttons
- The order of lists in the French version of the screen design

Note: The order will be the same as in English screen design but once the electronic questionnaire is developed, lists will be re-ordered correctly in French.

Ce que vous devez savoir ...

L'utilisateur peut ajouter ou mettre à jour :

- Texte de la question
- Texte de la réponse
- Numéro d'identification des cellules
- Caractères gras afin d'accentuer le texte
- Directives et aide à l'écran, tels que:
 - **Inclure/Exclure**
 - Des définitions
 - Des exemples
 - Des instructions supplémentaires

L'utilisateur ne peut pas changer :

- Le titre de l'enquête
- La mise en page des questions et réponses
- La numérotation des questions
- La logique
- L'emplacement du bouton d'aide
- Le texte normalisé
- Les modules standardisés
- L'identifications des champs normalisées
- Les boutons de navigation
- L'ordre des listes de la conception d'écran en version française

Note : Dans la version française, l'ordre des listes sera identique à celui de la conception d'écran en version anglaise. Toutefois, dès que le questionnaire sera élaboré, les éléments de listes de la version française seront classés en ordre alphabétique.

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COVID-19 Vaccination Coverage Survey (CVCS)

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Vaccination



VX_R05

The following questions are about vaccination against COVID-19.

1. Have you been vaccinated against COVID-19?

1 Yes

VX_Q05

2 No

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Vaccination

2. Does the vaccine you received require one or two doses?

Note: Certain types of vaccines require more than one dose to protect against COVID-19. You would have been informed at the time of your vaccination if you needed a second dose.

1 One dose

VX_Q10A

2 Two doses

How many doses of the COVID-19 vaccine have you received so far?

1 One dose

VX_Q10B

2 Two doses

Hidden related field

3 Don't know

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Vaccination

2. Does the vaccine you received require one or two doses?

Note: Certain types of vaccines require more than one dose to protect against COVID-19. You would have been informed at the time of your vaccination if you needed a second dose.

1 One dose

VX_Q10A

2 Two doses

How many doses of the COVID-19 vaccine have you received so far?

1 One dose

VX_Q10B

2 Two doses

3 Don't know

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Vaccination

3. When did you receive #({_DT_MULTIDOSEVAX_E})the COVID-19 vaccine?

Month

VX_Q15A

Year

VX_Q15B

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Vaccination

4. Where did you receive #[_DT_MULTIDOSEVAX_E]the COVID-19 vaccine?

- 1 A COVID-19 vaccination clinic **not located** within a healthcare facility
e.g., a clinic located within a mall or a hockey rink
vx_Q20
- 2 Public Health Unit or CLSC in Quebec
- 3 Medical clinic or doctor's office
- 4 Pharmacy
- 5 Workplace
- 6 Other

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Vaccination

5. What is the **main** reason why you haven't been vaccinated against COVID-19?

- 1 I do not want to be vaccinated
VX_Q25
- 2 I am not part of a group that is prioritized for vaccination at this time
- 3 The vaccine isn't available in my region yet
- 4 I was sick at the time the vaccine was offered to me
- 5 The vaccine is not recommended for me because I have a pre-existing medical condition
- 6 I have already had COVID-19
- 7 I have not been able to get an appointment yet
- 8 I don't know how or where to get vaccinated
- 9 I haven't had the time
- 10 Other reason

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Vaccination

6. Why don't you want to be vaccinated against COVID-19?

Select all that apply.

- 1 I am not at high risk of getting COVID-19
VX_Q30_01
- 2 If I get COVID-19, I will not be very sick
VX_Q30_02
- 3 The severity of the pandemic has been overstated
VX_Q30_03
- 4 Vaccines in general are not effective in preventing diseases
VX_Q30_04
- 5 Vaccines in general are not safe
VX_Q30_05
- 6 I do not trust the effectiveness of the COVID-19 vaccines
VX_Q30_06
- 7 I do not trust the safety of the COVID-19 vaccines
VX_Q30_07
- 8 Philosophical or religious reasons
VX_Q30_08
- 9 Other reason
VX_Q30_09

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Vaccination

7. In the future, how likely is it that you will get vaccinated against COVID-19?

Is it:

- 1 Very likely
VX_Q35
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely

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Health



HL_R05

The following questions are about your health.

8.

Have you ever been diagnosed with or tested positive for COVID-19?

Note: Diagnosed means that you were told by a healthcare professional or your local health authority that you had COVID-19.

1 Yes

HL_Q05A

Did you have any symptoms of COVID-19?

Note: Examples of COVID-19 symptoms include: cough, difficulty breathing, fever, fatigue or weakness, aches and pain, new loss of smell or taste, headache, abdominal pain, diarrhea, vomiting.

1 Yes

HL_Q05B

Were you hospitalized?

1 Yes

HL_Q05C

2 No

Hidden related field

2 No

Hidden related field

2 No

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Health



HL_R05

The following questions are about your health.

8.

Have you ever been diagnosed with or tested positive for COVID-19?

Note: Diagnosed means that you were told by a healthcare professional or your local health authority that you had COVID-19.

1 Yes

HL_Q05A

Did you have any symptoms of COVID-19?

Note: Examples of COVID-19 symptoms include: cough, difficulty breathing, fever, fatigue or weakness, aches and pain, new loss of smell or taste, headache, abdominal pain, diarrhea, vomiting.

1 Yes

HL_Q05B

Were you hospitalized?

1 Yes

HL_Q05C

2 No

2 No

2 No

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Health

9. Which of the following health conditions do you have?

Select all that apply.

- 1 Obesity
HL_Q10_01
 - 2 Heart disease
HL_Q10_02
 - 3 Diabetes
HL_Q10_03
 - 4 Liver disease
HL_Q10_04
 - 5 Chronic kidney disease
HL_Q10_05
 - 6 Alzheimer's disease
HL_Q10_06
 - 7 Chronic lung disease
e.g., Asthma, COPD
HL_Q10_07
 - 8 Immunocompromised or immunosuppressed
e.g., due to AIDS, an organ transplant, cancer treatment or congenital immunodeficiency
HL_Q10_08
- OR**
- 9 I have none of these health conditions
HL_Q10_09

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Employment

10. Are you currently working in any of the following sectors?

Include paid and unpaid work.

Select all that apply.

- 1 **Healthcare**
e.g., in or out-patient services, long-term care facilities, laboratories and pharmacies
OS_Q05_01
- 2 **Vaccine manufacturing**
OS_Q05_02
- 3 **Education**
OS_Q05_03
- 4 **Food production and supply**
e.g., farming, food processing and distribution
OS_Q05_04
- 5 **Child care**
OS_Q05_05
- 6 **Public transportation**
OS_Q05_06
- 7 **Emergency services**
e.g., fire, police, ambulance, paramedic services and the military
OS_Q05_07

OR

- 8 **I don't work in any of the above sectors**
OS_Q05_08

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Knowledge and beliefs

11. Please indicate to what extent you agree or disagree with each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
a. In general, vaccines are safe <small>KB_Q05A</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b. In general, vaccines are effective in protecting people from disease <small>KB_Q05B</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
c. I am confident that Canada's regulation process approves vaccines only if they are safe and effective <small>KB_Q05C</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
d. By being vaccinated against COVID-19, I am protecting myself from the disease <small>KB_Q05D</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
e. By being vaccinated against COVID-19, I am helping to protect the health of others in my community <small>KB_Q05E</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
f. I do not trust COVID-19 vaccines because they were developed too quickly <small>KB_Q05F</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
g. I am confident that COVID-19 vaccines are safe <small>KB_Q05G</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
h. I am confident that COVID-19 vaccines are effective in preventing the disease <small>KB_Q05H</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
i. Only those at risk of becoming seriously ill from COVID-19 need to be vaccinated <small>KB_Q05I</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
j. It is better to develop immunity from a natural infection of COVID-19 rather than from the vaccines <small>KB_Q05J</small>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

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k. Physical distancing and good hygiene are enough to protect me from COVID-19

1

2

3

4

KB_Q05K

l. Those who have had COVID-19 do not need to be vaccinated

1

2

3

4

KB_Q05L

m. The severity of the pandemic has been overstated

1

2

3

4

KB_Q05M

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Knowledge and beliefs

12. Which sources do you trust to provide information about COVID-19 vaccines?

Select all that apply.

- 1 Public Health Agency of Canada and Health Canada
KB_Q10_01
- 2 Provincial, Territorial or regional Health Authority
KB_Q10_02
- 3 World Health Organization (WHO)
KB_Q10_03
- 4 Pharmaceutical companies producing the COVID-19 vaccines
KB_Q10_04
- 5 Health scientists and researchers
KB_Q10_05
- 6 My physician
KB_Q10_06
- 7 Other healthcare professionals
e.g., nurses, pharmacists
KB_Q10_07
- 8 Alternative health providers
e.g., naturopaths, homeopaths
KB_Q10_08
- 9 Friends or family
KB_Q10_09
- 10 Other people's experience or knowledge
KB_Q10_10
- 11 Other source
KB_Q10_11

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Aboriginal identity

hc

13. **#{_DT_ARE_C} #{_DT_YOU2}** an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit)?

?

Note: First Nations (North American Indian) includes Status and Non-Status Indians.

Would you say:

- 1 No, not an Aboriginal person
ABM_Q01_1
- OR**
- 2 Yes, First Nations (North American Indian)
ABM_Q01_2
- 3 Yes, Métis
ABM_Q01_3
- 4 Yes, Inuk (Inuit)
ABM_Q01_4

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Individual and household information

hc

14.

The following question collects information in accordance with the *Employment Equity Act* and its Regulations and Guidelines to support programs that promote equal opportunity for everyone to share in the social, cultural, and economic life of Canada.

?

Select all that apply.

Are you:

- 1 White
PG_Q05_01
- 2 South Asian
e.g., East Indian, Pakistani, Sri Lankan
PG_Q05_02
- 3 Chinese
PG_Q05_03
- 4 Black
PG_Q05_04
- 5 Filipino
PG_Q05_05
- 6 Arab
PG_Q05_06
- 7 Latin American
PG_Q05_07
- 8 Southeast Asian
e.g., Vietnamese, Cambodian, Laotian, Thai
PG_Q05_08
- 9 West Asian
e.g., Iranian, Afghan
PG_Q05_09
- 10 Korean
PG_Q05_10
- 11 Japanese
PG_Q05_11
- 12 Other
PG_Q05_12

Specify other

PG_S05

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Individual and household information

15. Where #({_DT_WERE)} #({_DT_YOU2}) born? ?

Specify place of birth according to present boundaries.

1 Born in Canada

IM_Q01B

2 Born outside Canada

Select the country

To search for a country, type the first few letters to narrow down the choices.
 Note: If the country is not listed, select "Other".

<<< Select >>>

IM_Q01B2

Specify other country

IM_S01B2

Hidden related field

Hidden related field

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Individual and household information

15. Where **#(_DT_WERE)** **#(_DT_YOU2)** born? ?

Specify place of birth according to present boundaries.

1 Born in Canada

IM_Q01B

2 Born outside Canada

↳ Select the country

To search for a country, type the first few letters to narrow down the choices.
Note: If the country is not listed, select "Other".

IM_Q01B2

↳ Specify other country

IM_S01B2

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Individual and household information

16.

In what year did #[DT_YOU2] first come to Canada to live?



If exact year is not known, enter best estimate.

Year of arrival

IM_Q02

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Individual and household information

hc

17.

What is your **gender**?

Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

Is it:

- 1 Male
GDR_Q10
- 2 Female
- 3 Or please specify

Specify your gender

GDR_S10

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Individual and household information

hc

18. What is the **highest** certificate, diploma or degree that #[_DT_YOU2] #[_DT_HAVE] completed?

- 1 Less than high school diploma or its equivalent
ED_Q05
- 2 High school diploma or a high school equivalency certificate
- 3 Trades certificate or diploma
- 4 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree
e.g., B.A., B.A. (Hons), B.Sc., B.Ed., LL.B.
- 7 University certificate, diploma or degree above the bachelor's level

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Individual and household information

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19. What is your age?

Age in years

AGE_Q02

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Individual and household information

hc

20. What is #[_DT_YOUR2] marital status?

Is it:

- 1 **Married**
For Quebec residents only, select the "Married" category if your marital status is "civil union".
MS_Q01
- 2 **Living common law**
Two people who live together as a couple but who are not legally married to each other.
- 3 **Never married (not living common law)**
- 4 **Separated (not living common law)**
- 5 **Divorced (not living common law)**
- 6 **Widowed (not living common law)**

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Individual and household information

21.

How many children aged 18 and under live in your household?



Include all children who have their main residence at this address, even if they are temporarily away.

Note: Press the help button (?) for additional information about who to include.

- 1 None
DEM_Q05
- 2 One
- 3 Two
- 4 Three
- 5 Four
- 6 Five or more

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Individual and household information

22. Including yourself, how many people living in your household are #({_DT_PRIORAGE_E}) years of age or older?

Include all those who have their main residence at this address, even if they are temporarily away.

- 1 None
DEM_Q10
- 2 One
- 3 Two
- 4 Three
- 5 Four
- 6 Five or more

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Individual and household information

23. To confirm the geographic region that you live in, please provide your postal code.

Postal code:

Example: A9A 9A9

DEM2_Q05

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Total household income



Now a question about total **household** income for the year **before the COVID-19 pandemic**.

THI_R01



24.

What is your best estimate of **#[_DT_YOUR1]** total **household** income received by **all** household members, from all sources, **before taxes** and deductions, **during the year** ending December 31, **#[REFYEAR]**?

Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, social assistance, child benefits and other income such as child support, spousal support (alimony) and rental income.

Capital gains **should not** be included in the household income.

Rounded to the nearest **CAN\$**

THI_Q05

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Total household income

25.

Please indicate which group includes your total household income, before taxes and deductions, for the year ending **December 31, 2019?**

Note: Please provide an estimate of total household income, before taxes and deductions, for the year before the COVID-19 pandemic.

- 1 Less than \$30,000
THL_Q10
- 2 \$30,000 to less than \$60,000
- 3 \$60,000 to less than \$90,000
- 4 \$90,000 to less than \$120,000
- 5 \$120,000 to less than \$150,000
- 6 \$150,000 and over

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