



*Final Report*

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## **Attitudes and Perceptions of Canadians about the H1N1 Flu Virus**

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## Introduction

Decima is pleased to present this report highlighting the findings of qualitative research conducted on behalf of the Public Health Agency of Canada (PHAC) to investigate Canadians' attitudes and perceptions relating to the H1N1 virus.

On June 11, 2009, the World Health Organization made an announcement confirming an influenza pandemic, raising the level of influenza pandemic alert from phase 5 to phase 6.

Pandemic preparedness and the potential of a pandemic have been top of mind issues for the media for the past few years and governments at all levels have been queried about their level of preparedness against a pandemic.

When these groups were conducted, a number of activities involving risk communications, media relations and marketing were under development to communicate with the Canadian target audiences during pandemic influenza. The Pandemic Risk Communication plan sets out activities in the following areas: media relations, communications, public and citizen engagement as well as research.

Qualitative research was required to explore issues relating to the H1N1 virus with the primary target audience. Specific objectives included investigating top of mind H1N1 issues such as what people were hearing/thinking around H1N1; perceptions of the disease; its progression; level of concern; vaccine perceptions and issues. Feedback from the research helped guide the development of key messages and communications products on H1N1. This information may also be used by PHAC to improve future key messages and communications products on this or other issues.

Specifically, the goal of this research was to provide PHAC with research-based information on Canadians' opinions on H1N1. This includes:

- Top-of-mind issues of concern (in general);
- Knowledge of the H1N1 flu virus;
- Level of awareness of the outbreak in Canada;
- Level of concern for themselves and their family;
- Change of infection prevention behaviours in light of the outbreak;
- Preparedness in light of outbreak;
- Information needs;
- Intentions in the event of an escalation of the outbreak in Canada; and,
- H1N1 flu vaccine-related concerns.

The following sections outline our research approach to achieve these objectives.

## Overview of Methodology

Decima conducted 18 focus groups with the general public 18 years of age and over. These sessions took place in six cities across Canada, as follows:

- Toronto (English);
- Mississauga (English);
- Montreal (French);
- Halifax (English);
- Winnipeg (English); and
- Vancouver (English).

The focus groups were one hour in length, with between eight (8) and ten (10) participants in each. Three focus groups were conducted each night and were scheduled for 5:30 pm, 6:45 pm and 8:00 pm.

**Participant Selection and Recruitment:** For each group, 10 people were recruited with the aim of having eight to ten participants in each group. Although this is qualitative research, a good diversity of participants in the focus groups was ensured. Diversity refers to participants with a range of differences in such personal characteristics as gender, employment and educational status.

The first group in each city was conducted with participants between the ages of 18 and 29; the second was conducted with participants between 30 and 49 years of age; and the third group was conducted with participants 50 years of age or older.

City	Language	Date	Audience
<b>Toronto</b>	English	October 22	General population
<b>Halifax</b>	English	October 26	General population
<b>Montreal</b>	French	October 27	General population
<b>Mississauga</b>	English	October 27	General population
<b>Winnipeg</b>	English	October 28	General population
<b>Vancouver</b>	English	October 29	General population

This report begins with an executive summary of the key findings from the research, followed by a detailed analysis. Appended to this report are the recruitment screener (English and French) and discussion guide (English and French).

*NOTE: For the purposes of this report, it is important to note that focus group research is a form of scientific, social, policy and public opinion research. As structured, restricted, group interviews that proceed according to a careful research design and attention to the principles of group dynamics, focus groups should be distinguished from “discussion groups”, “problem-solving groups”, “buzz groups”, or “brainstorming groups”. They are not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved, however, the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn and findings cannot reliably be generalized beyond their number.*

*Because qualitative research is exploratory in nature, MRIA (Market Research and Intelligence Association) guidelines preclude researchers from using any quantifiable terms to describe data (i.e. two out of ten, one in four). Rather, it is more appropriate to use terms such as “few”, “many”, “almost all”, or other generic terms. These are the terms that are presented in this report.*

## Executive Summary

Decima conducted qualitative research on behalf of the Public Health Agency of Canada (PHAC) to investigate Canadians' attitudes and perceptions relating to the H1N1 virus. This research provided the PHAC with some of the top of mind H1N1 issues such as what people are hearing/thinking around H1N1; perceptions of the disease; its progression; level of concern; vaccine perceptions and issues. This information was used to guide the development of key messages and communications products on H1N1 and may also be used by PHAC to improve future key messages and communications products on this or other issues. The total cost of this research was \$79,085.59 (including GST).

Decima conducted a total of 18 focus groups with the general public 18 years of age and over. Three sessions took place in each of six cities across Canada, as follows:

- Toronto (English) October 22, 2009;
- Halifax (English) October 26, 2009;
- Montreal (French) October 27, 2009;
- Mississauga (English) October 27, 2009;
- Winnipeg (English) October 28, 2009; and
- Vancouver (English) October 29, 2009.

The focus groups were one hour in length, with between eight (8) and ten (10) participants in each. For each group, 10 people were recruited with the aim of having eight to ten participants in each group. The groups were segregated by age with the first group in each city comprised of participants between the ages of 18 and 29, the second among participants between 30 and 49 years of age, and the third group among participants 50 years of age or older.

**Canadians were aware of H1N1 or Swine Flu and had been receiving information.** This was primarily via news media, but in every group we



found some participants who have proactively sought out information – typically, consulting their physician and/or searching the Internet.

For the most part, people were able to explain what H1N1 or Swine Flu is, how it is spread, and most could accurately list some of the populations more at-risk (of developing severe complications if infected with H1N1).

It would seem that compared to past waves of study (in particular, the Citizen Readiness Campaign focus groups conducted for PHAC in September 2009; and, the pandemic influenza creative testing conducted for PHAC in November and December 2007), more people were able to confidently state that the symptoms of H1N1, or a pandemic influenza in general, are similar to seasonal flu and many were able to name specific symptoms that should be of greater concern (i.e. difficulty breathing).

**Overall, the participants appeared to be fairly knowledgeable on H1N1 – perhaps more so than was the case in previous studies.**

**Participants held widely ranging levels of concern about the H1N1 flu virus outbreak and risk of contracting H1N1; even participants who would not describe themselves as concerned did tend to say it was an issue of which they felt they should be kept abreast.** For the most part, younger participants tended to be less concerned than the two older groups. There were some differences between young women and young men on this, with some young women pointing out that they were concerned because younger people were not usually among the at-risk groups.

Those aged 30-49 tended to be the individuals with the most heightened levels of concern, often being parents who described their concern as primarily being for their children.

Those aged 50 or older did tend to describe themselves as concerned, but the nature or degree of their concern appeared different from the other two.

Particularly among the older groups, there were some who said they were concerned because getting H1N1 would be bad, but they were not anxious about it. This was sometimes because they felt unlikely to be exposed themselves and sometimes because they felt that they were following the recommended advice and that brought adequate comfort.

**The single most common concern across all groups, and perhaps most particularly among the young, was around the H1N1 flu vaccine.** Four themes were repeatedly raised about the vaccine:

- **A sense of inconsistent vaccination advice:** although almost all agreed that public health officials were consistent in advising people to get vaccinated, many described hearing conflicting advice from other sources such as media, blogs, medical doctors, nurses, natural health experts or friends.
- **Concern over vaccine ingredients** such as mercury or the adjuvant since they are either elements they would normally try to avoid or elements that are unknown.
- **A feeling that the vaccine was rushed** and as a result, may have been produced without some normal precautionary processes.
- **Long-term side-effects or potentially serious consequences.**

**The timing of the vaccine appeared to be an emerging concern as the groups progressed.** Many were unclear on when they should personally expect to get the shot, or be able to if they wanted one since they were not part of the priority groups to get the vaccine at that time.

**All were aware of the “common sense” behaviours recommended for reducing the spread of the virus and claimed to be frequently following several of the recommendations: hand washing/sanitizing;**

**coughing/sneezing into their sleeve, etc.** For the most part, few admitted to having changed behaviours as a result of H1N1, but the use of hand sanitizer is probably the behaviour that most commonly increased. It was widely acknowledged that the advice is to stay home if you are sick, but as found in past groups, this presents more mixed attitudes in terms of whether this is feasible.

**Nearly all participants felt there was a role for the federal government to play**, often citing that it was a national pandemic and that Health Canada was responsible for the health of all Canadians. Most were generally unclear about which governments or organizations had which specific roles, but most felt that provincial and municipal governments certainly had their own roles to play.

Although few could name PHAC as the Agency responsible for the federal government's action on H1N1, there was fairly widespread agreement that the federal government was among the organizations seen as having credible and helpful information on the issue.

Most were confident that Canada's response to H1N1 was at least adequate and although few could offer a real comparison, it was assumed Canada is among the better prepared countries.

**Overall, while there were consistent views on the kinds of issues with which people were most concerned, it appeared that views were changing from night to night as the situation unfolded.** (On Tuesday, October 27, it was announced that a Toronto teen had died from H1N1. The media coverage was national and prominent.)

**Certainly, participants themselves were inclined to indicate their own views were evolving**, including their level of concern about H1N1 and intentions to get the H1N1 vaccine.

**Echoing what past research has also shown, Canadians consistently told us that the closer the virus gets to their own personal world, the more heightened their concern would be and the more they claim they would likely take more significant action.**

*Decima Research Inc. certifies that the final deliverables comply with the political neutrality requirement in section 6.2.4 of the revised Procedures for Planning and Contracting Public Opinion Research in the Government of Canada. Specifically, it contains no reference to electoral voting intentions, political party preferences, and standings with the electorate or ratings of the performance of a political party or its leaders.*

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## Sommaire

Le Centre de recherche Décima a effectué une recherche qualitative pour le compte de l'Agence de la santé publique du Canada (ASPC) afin d'étudier les attitudes et les perceptions des Canadiens par rapport au virus de la grippe H1N1. La recherche a permis à l'ASPC de savoir certaines des principales idées que se font spontanément les gens sur la grippe H1N1, notamment ce qu'ils entendent à propos de cette grippe et ce qu'ils en pensent, leurs perceptions de la maladie, sa progression, l'ampleur de leur inquiétude, leurs perceptions et problèmes par rapport au vaccin. Ces renseignements ont servi de guide dans la conception de messages clés et de produits de communication sur la grippe H1N1 et pourront également être utilisés pour améliorer d'éventuels messages ou produits de communication clés dans ce dossier ou d'autres dossiers. Le coût total du projet, TPS incluse, est de 79 085,59 \$.

En tout, le Centre de recherche Décima a mené 18 groupes de discussion auprès de membres du grand public de 18 ans et plus. Trois séances ont eu lieu dans chacune des six villes canadiennes suivantes :

- Toronto (en anglais), le 22 octobre 2009;
- Halifax (en anglais), le 26 octobre 2009;
- Montréal (en français), le 27 octobre 2009;
- Mississauga (en anglais), le 27 octobre 2009;
- Winnipeg (en anglais), le 28 octobre 2009;
- Vancouver (en anglais), le 29 octobre 2009.

Les groupes de discussion ont duré une heure et comptaient de huit (8) à dix (10) participants. Pour chaque groupe, 10 personnes ont été recrutées afin que de 8 à 10 participants se présentent. Les groupes ont été divisés en fonction de l'âge des participants : dans chaque ville, le premier groupe réunissait des participants de 18 à 29 ans, alors que le deuxième groupe réunissait des participants de 30 à 49 ans et le troisième groupe, des participants de 50 ans et plus.

**Les Canadiens connaissent la grippe H1N1 ou grippe porcine et ont reçu de l'information à ce sujet.** Ils obtiennent principalement de l'information dans les médias, mais dans chaque groupe se trouvaient des participants qui avaient activement cherché de l'information – habituellement, ils avaient consulté leur médecin ou effectué une recherche sur Internet.

Dans la plupart des cas, les participants arrivent à expliquer ce qu'est la grippe H1N1 ou grippe porcine et comment elle se propage. De surcroît, la plupart d'entre eux réussissent à nommer certaines populations plus à risque (de développer des complications graves en cas d'infection par le virus de la grippe H1N1).

Il semblerait que comparativement aux études précédentes (en particulier les groupes de discussion sur la Campagne de préparation des citoyens effectués pour l'ASPC en septembre 2009 et l'évaluation de concepts créatifs sur la grippe pandémique menée pour l'ASPC en novembre et en décembre 2007), un plus grand nombre de participants déclarent avec certitude que les symptômes de la grippe H1N1, ou de toute grippe pandémique, s'apparentent à ceux de la grippe saisonnière, et beaucoup d'entre eux parviennent à nommer précisément les symptômes les plus inquiétants (p. ex. les difficultés respiratoires).

**Dans l'ensemble, les participants donnent l'impression qu'ils connaissent assez bien la grippe H1N1 – peut-être plus que lors des études précédentes.**

**L'inquiétude soulevée par l'écllosion du virus de la grippe H1N1 et par les risques de le contracter varie grandement d'un participant à l'autre; même les participants qui ne se disent pas inquiets indiquent généralement qu'ils pensent que c'est un dossier dont ils devraient être tenus au courant.** Dans l'ensemble, les jeunes participants sont généralement moins inquiets que les participants plus âgés. Il existe des différences entre les jeunes femmes et les jeunes hommes. En effet,

certaines jeunes femmes soulèvent le fait qu'elles sont inquiètes parce que les jeunes ne font habituellement pas partie des groupes à risque.

Les participants de 30 à 49 ans sont généralement les plus inquiets, car ce sont souvent des parents qui s'inquiètent surtout pour leurs enfants.

Les participants de 50 ans et plus ont tendance à se dire inquiets, mais la nature et l'ampleur de leur inquiétude semblent différentes de celles des participants des deux autres groupes d'âge. Particulièrement dans les groupes réunissant des personnes plus âgées, certains se disent inquiets parce qu'ils trouveraient malheureux de contracter la grippe, mais ils ne sont pas anxieux. Ceci s'explique parfois par le fait qu'ils croient improbable qu'ils soient eux-mêmes exposés au virus et par le fait qu'ils pensent suivre les conseils prescrits, ce qui leur procure un certain confort.

**La seule inquiétude qui est couramment soulevée dans tous les groupes, et peut-être tout particulièrement dans les groupes de jeunes, touche le vaccin contre la grippe H1N1.** Les participants soulèvent à maintes reprises quatre thèmes concernant le vaccin :

- **Ils trouvent que les conseils sur la vaccination manquent de constance** : même si presque tous les participants s'entendent pour dire que les responsables de la santé publique sont constants lorsqu'ils conseillent à la population de se faire vacciner, nombre d'entre eux rapportent qu'ils ont entendu des conseils contradictoires d'autres sources, notamment les médias, les blogues, les médecins, les infirmières, les spécialistes en santé naturelle ou leurs amis.
- **L'inquiétude concernant les ingrédients du vaccin** comme le mercure ou l'adjuvant, car il s'agit d'éléments qu'ils tentent d'éviter en temps normal ou d'éléments inconnus.

- **Ils ont le sentiment que le vaccin a été fait à la hâte** et que, par conséquent, il peut avoir été produit sans que les précautions habituelles n'aient été observées.
- **Les effets secondaires à long terme ou les conséquences potentiellement graves.**

**Le calendrier de vaccination semble être une inquiétude qui s'amplifie au fur et à mesure que les groupes ont lieu.** Beaucoup de participants ne savent pas quand personnellement s'attendre à recevoir le vaccin ou quand ils pourront le recevoir, s'ils le désirent, car ils ne faisaient pas partie des groupes prioritaires à ce moment-là.

**Tous les participants sont au courant des comportements qui relèvent du « gros bon sens » et qui sont recommandés pour réduire la propagation du virus. Ils déclarent suivre souvent plusieurs de ces recommandations, entre autres se laver/désinfecter les mains et tousser/éternuer dans sa manche.** Dans l'ensemble, peu de participants admettent qu'ils ont modifié leurs comportements en raison de la grippe H1N1, mais l'utilisation d'antiseptique pour les mains est probablement le comportement que le plus de gens ont adopté. Nombre de participants savent qu'il est conseillé de rester à la maison en cas de maladie, mais tout comme les groupes antérieurs ont permis de le constater, ceci suscite surtout des réactions mitigées et les participants se demandent si ce sera possible de le faire.

**Presque tous les participants pensent que le gouvernement fédéral a un rôle à jouer** et invoquent le fait que c'est une pandémie qui se propage partout au pays et que Santé Canada doit voir à la santé de tous les Canadiens. La plupart des participants ne savent pas avec certitude quels rôles précis reviennent à quels gouvernements ou quels organismes, mais la majorité d'entre eux pensent que les gouvernements provinciaux et les



administrations municipales ont certainement des rôles à jouer qui leur sont propres.

Même si peu de participants arrivent à nommer l'ASPC comme l'agence responsable des mesures adoptées par le gouvernement fédéral dans le dossier de la grippe H1N1, beaucoup s'entendent pour dire que le gouvernement fédéral fait partie des organisations qui possèdent des renseignements crédibles et utiles dans ce dossier.

La plupart des participants sont persuadés que la réaction du Canada dans le dossier de la grippe H1N1 a été à tout le moins adéquate et même si peu de participants peuvent effectuer une vraie comparaison, ils tiennent pour acquis que le Canada figure parmi les pays les mieux préparés.

**Dans l'ensemble, bien que les opinions soient constantes quant aux types d'enjeux qui inquiètent le plus la population, les opinions semblent changer soir après soir au fur et à mesure que la situation évolue.** (Le mardi 27 octobre, on annonçait qu'un jeune de Toronto était décédé de la grippe H1N1. Ce décès a fait l'objet d'une grande couverture médiatique partout au pays.)

**Les participants affirment volontiers d'eux-mêmes que leurs opinions personnelles changent,** dont leur degré d'inquiétude au sujet de la grippe H1N1 et leur intention de se faire vacciner contre cette grippe.

**Tout comme des recherches antérieures l'ont démontré, les Canadiens rapportent généralement que plus le virus s'approchera de leur environnement personnel, plus ils seront inquiets et plus ils déclarent qu'ils adopteront des mesures accrues.**

*Le Centre de recherche Décima certifie que les produits livrables finals sont conformes à l'exigence de neutralité politique décrite à la disposition 6.2.4 de la Procédure de planification et d'attribution de marchés de services de*

*recherche sur l'opinion publique au sein du gouvernement du Canada nouvellement amendée. Plus particulièrement, la recherche ne contient aucune référence aux intentions de vote électoral, aux préférences quant aux partis politiques, aux positions des partis ou à l'évaluation de la performance d'un parti politique ou de ses dirigeants.*

Firme de recherche : Centre de recherche Décima

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Pour de plus amples renseignements concernant cette étude, veuillez faire parvenir un courriel à [por-rop@hc-sc.gc.ca](mailto:por-rop@hc-sc.gc.ca)

## Detailed Findings

### Awareness and Knowledge

All participants were aware of H1N1 or Swine Flu and felt they had been receiving recent information. In most groups, there was at least one person who had a personal connection to someone who had contracted H1N1. They knew it was in Canada and that some cases were fatal. Some felt the number of cases were relatively low (i.e. compared to “the hype,” to expectations or to normal seasonal flu), while fewer were of the view that this was “just the beginning.”

All who had been receiving information, proactively sought out this information. This took two forms: consulting their physician and searching the Internet.

On the Internet, a wide variety of sources were mentioned, but the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), “government websites,” and news media sites were among the most consistently mentioned, while some reported relying on natural health experts. There were people in most groups who felt that gathering opinions on “the pros and cons” was important to their self-education. From the discussion, it appeared that not all agreed that this was necessary: “If my doctor said to take the vaccine, I’d take it”.

Local newscasts tended to be cited for their reports on local situations (i.e., reported cases in the area, school closures) – which is the kind of information many described as being of great interest.

For the most part, people were able to explain what H1N1 or Swine Flu is and how it is spread. Most could accurately list populations more at-risk (of developing severe complications if infected with H1N1).

Also, it would seem that compared to past waves of study (such as September 10 to 17, 2009, Citizen Readiness Campaign focus groups; and, November to December 2007, pandemic influenza creative testing), more people were able to accurately describe how similar H1N1 symptoms are to seasonal flu and what specific symptoms should be of greater concern (i.e. difficulty breathing).

Please find below a sample of comments from participants on symptoms and at-risk groups.

***“I’ve heard that it starts off as a cough and cold, then it turns into a flu.”***  
***“I’ve heard college age and younger are at risk.”***  
***“One thing that makes it different from the seasonal flu would be the respiratory problems.”***  
***“People with prior conditions are more susceptible to H1N1.”***  
***“Coughing up blood (is a different symptom).”***  
***“Healthy people are more at risk than others.”***  
***“It spreads just as easily as the regular flu, which is comparatively easy to spread.”***  
***“I have heard people who have said they have it, but I don’t know if I believe them, because the second people are getting the flu they think they have H1N1.”***  
***“The symptoms are different than the seasonal flu.”***  
***“The symptoms will last longer than the seasonal flu.”***  
***“People with a compromised immune system (are at risk).”***  
***“H1N1 is attacking a different segment of the population that we are not generally used to seeing like children, pregnant women and aboriginals.”***  
***“It seems to be targeting more healthy people.”***  
***“It’s more among university aged people.”***  
***“Small kids are more at risk.”***  
***“If you have a really high fever over 103, you should go and see the doctor.”***  
***“All the symptoms synonymous with H1N1 are things that you should go see your doctor about... it’s just as important a year ago as it is now to go and see the doctor with symptoms such as respiratory problems.”***

## Concern

This part of the session asked participants to write down their answer to the following question: “Thinking of the issues facing Canada today, which ONE would you say the Government of Canada SHOULD focus on most? Why?” Almost none of the participants (with the exception of one person in each of several groups) named H1N1 or Swine Flu as the issue they felt should be the top priority for the federal government during the focus group “Top-of-Mind Concerns” exercise. Instead, participants were found more consistently naming the economy, unemployment and health care.

On the whole, participants described widely ranging levels of concern, but there was certainly a level of concern about the issue that would suggest this was a fairly important topic to many.

As described in the methodology section, the groups were segregated by age in every city. The sessions indicated that the youngest participants (18 to 29 year olds) were on the whole, less concerned than the two older groups. The one difference was among women. Compared to how they normally feel about seasonal flu, younger women were more often counter-intuitively seeing themselves as being at risk, and thus more concerned than normal.

The groups with those aged 30 to 49 tended to be composed of more individuals with heightened levels of concern, often being parents and indicating their concern was primarily for their children.

The late groups were among those aged 50 or older and were for the most part concerned, but the nature or degree of their concern appeared different from the other two age groups. The older groups tended to show a degree of concern, but not always with the kind of heightened anxiety that concern often seems to trigger.

Although the views were held by some in every group, it was particularly the case among the older groups that some were concerned because getting H1N1 would be bad, but they were not anxious about it. Some felt they would not likely be exposed given their limited interactions with people. Some felt that following the recommended advice was providing them adequate comfort.

Please find below a sample of participants' comments on the level of concern.

***"If I had anything different from when I have normal flu I'd be worried."  
"I am concerned WITH getting it, but I'm not concerned with the death toll or things like that."  
"It's in the back of your mind because you hear about it all over the place."  
"If there were more severe cases to people I'm closer to it, my level of concern would rise."  
"Proximity matters, if there was only one person with swine flu, but they were around me I'd still be concerned even though its only one person."  
"What's the big deal?"  
"If you asked me a few weeks ago my (concern) would have been (lower), but because of the reports it has increased."  
"A couple of months ago I would have given it a one or two (on a 10-point scale of concern), but now with the panic that has set in, especially considering I have grandchildren my level of concern has gone up."  
"It would be bad to get."  
"Last couple of days, there have been people like me, they are young healthy female, that is me, oh crap, maybe I should get the shot."  
"Because I'm a young woman, I am in the group most likely to get it and I feel like a hypochondriac now and it has really affected me."  
"I'm concerned for myself personally as I have a 14 year old daughter, and concerned that the vaccine has been rushed."  
"One cannot control it even the medical field, you hear in the news that healthy children die from this, so that is the fear...after hearing certain events, my husband and I are reconsidering getting our children immunized, even though the death numbers are low to be so alarmed. You don't want your child to be part of that statistic."***

*"It has been blown out of proportion, but I have not been following it that carefully."*

*"I am confident that everything will be okay because we had the cow disease, and the bird flu and SARS a while back and we seem to be okay."*

*"The flu's around all the time, as far as I'm concerned, and they've got the best minds working on it."*

*"I've heard they expect 1,500-1,800 young people to die in the next wave. That's huge."*

**The single most common concern across all groups, and perhaps most particularly among the young, was around the H1N1 vaccine.** Four

themes were repeatedly raised about the vaccine:

- **A sense of inconsistent vaccination advice.** Although participants tended to agree that all levels of public health officials (municipal, provincial, federal and even the WHO) were consistent in recommending people get the vaccine, there were some people in each group who had received advice or consumed information that this was perhaps not the case or even unwise. Some cited natural health professionals who indicated the vaccine itself is unsafe and others pointed to news reports that nurses or physicians were quoted as suggesting not everyone needed the vaccine or being dissuasive.
- **Concern over vaccine ingredients.** The ingredients of the vaccine – most commonly, mercury – were raised in several groups as being of concern themselves. In some cases, people were saying they would take the vaccine in spite of this (placing their faith in the public health authorities recommendations), but in other cases people were on the fence or disinclined based on this. In every group, some participants knew the term adjuvant and felt there was confusion over the risks associated with having a vaccine with or without the adjuvant.

- **A feeling that the vaccine was rushed.** There were comments in every group demonstrating some concern that in the interest of making a vaccine available as soon as possible, some normal precautionary processes may have been waived or sacrificed. Very few could offer any understanding of how long it would normally take to create a vaccine, but there appeared to be a default for most that since this was “H1N1” it was necessarily a complex and very different vaccine than would normally be produced.
- **Long-term side-effects or potentially serious consequences.** These concerns were raised by some in every group. Again, this appeared to be based on a sense that the vaccine is new and quite different from existing vaccines and that therefore, little could possibly be known about whether people would develop future complications from having taken this vaccine.

Please find below a sample of some participants’ comments about the H1N1 vaccine.

*“I would not get it because I am not really all that concerned...I don’t have much chance of catching it.”*

*“It seems rushed. Medications usually take years to get to market and the vaccine is different.”*

*“I will wait and see if it is convenient for me to get it, if they suggest to.”*

*“I would only get the vaccine if it was convenient and others around me had H1N1.”*

*“I probably won’t because of side effects associated with the flu shot.”*

*“If I were pregnant, I would have no clue what to do.”*

*“I want to hear more proof that the vaccine is working and whether it causes any side effects.”*

*“On ne sait pas si le vaccin est safe, les récupérations, les effets secondaires.”*

*“I want to wait a couple of weeks to see how people react to the vaccine...I don’t feel like the government is doing a good enough job to ensure that the vaccine is safe.”*



***“You owe to your fellow citizens, not as an individual but as a Canadian, to get the shot.”***

***“My decision changed within the last few days because of the two kids who died in Ontario over the course of 48 hours and one of the child’s mother was a nurse.”***

***“I don’t know how susceptible I would be to the disease that they would inject into me and how I would react to it.”***

***“The process has been rushed and we all know that because the vaccine takes typically under a year and we are doing it now in about 7 or 8 months.”***

***“I don’t take the flu shot – that makes me sick. I am concerned about the vaccine. Every time I get the flu shot I get sick with the flu for the entire winter.”***

***“I heard there was higher mercury in vaccine.”***

In addition to these key themes driving concern about the vaccine, there were concerns about the process of getting vaccinated (convenience, timing, availability) but for the most part these were not as strong a concern as the ones above.

Parents tended to express the most heightened levels of concern and this was primarily because of a sense that their children may – unusually – be at risk of contracting H1N1. Parents were fairly consistently of the view that youth were one of the groups identified as being most at risk, most could cite examples of very recent dire cases – such as the Tuesday, October 27, announcement that a Toronto teen had died from H1N1 – or point out the presence of H1N1 in local schools. Most parents were indicating they intended to get themselves vaccinated, but some were not.

One view that was frequently raised, and offered by many of the youth, was that their concern would certainly increase if someone in their family, circle of friends, or a work colleague were to become ill with H1N1. Many offered examples of people in those realms who had been sick and suspected H1N1, but found out it were not that virus. If the information about the lack of flu viruses other than H1N1 at the moment is correct, there would appear to be some cases of H1N1 that are being assumed to not be. This may not be an

issue to address, but there was certainly a common assumption that there were multiple flu viruses one may catch at that time and that if you had a flu, it is unlikely that it was H1N1.

## Actions

All were aware of the “common sense” behaviours recommended for reducing the spread of the virus and claimed to be frequently if not religiously doing several of them: hand washing / sanitizing; coughing/sneezing into their sleeve, etc.

Most claimed they had already been doing these, although a few said they were doing more as a result of H1N1. The use of hand sanitizer was probably the behaviour most commonly described as having increased.

Another behaviour widely recognized as having been advised was to stay home if one was sick, but opinions on this point were more divided. Most said they would stay home if they were sick, particularly the older participants, but there were some who said that this is a challenge given their circumstances.

Please find below a sample of participants’ comments on infection prevention measures.

***“I wash my hands more because hand sanitizers are everywhere.”***  
***“If you get sick, stay home.”***  
***“If I was sick I’d treat it like normal.”***  
***“Organize a health buddy for if you live alone so that you can have someone come and check in on you if they haven’t seen you in a couple of days.”***  
***“Do NOT go to the hospital.”***  
***“Do what I do as I always do – keep (sick people) as far away from me as possible, and try and keep them isolated.”***  
***“I avoid touching public things.”***  
***“On a acheter des masques parce que mon enfant a commencer à tousser.”***

***“Plus attentif à ce que je touché.”***

***“The reality is some people have no choice not to go out, because if you live alone you still have to go out to get groceries.”***

***“I am watching my mother very carefully who is 88, but not more carefully than we do every year going into the flu season.”***

## Information

Beyond addressing the concerns described above, groups also consistently demonstrated an appetite for information on “statistics.” This was very similar to findings from previous waves of study. Participants indicated wanting such information in order to better determine whether the situation was proving to be as much of a concern as suggested, or whether “hype” was pushing them beyond the appropriate level of concern. Statistics sought include the proportion and profile of those who had been infected and those who had developed severe illness, complications or death.

Please find below a sample of participants’ comments on the information sought on H1N1.

***“I want to know more about how safe the vaccine is.”***

***“What is the percentage of Canadians who need to take the vaccine to keep it from spreading?”***

***“I would like to know whether the disease is treatable once you got it.”***

***“What is the recovery rate, is there one?”***

***“Are there side effects of the vaccine?”***

***“I generally stick to government information.”***

***“Is it going to affect me?”***

The timing of the vaccine appeared to be an emerging concern as the groups progressed. Many were unclear on when they should personally expect to get the shot, or be able to if they wanted one.

In terms of the role of the federal government, nearly all agreed that there was a role for the federal government to play. There were a number of reasons mentioned, including the fact that it was a national pandemic and the view that Health Canada was responsible for the health of all Canadians. Most were generally unclear about what governments or organizations had what specific roles, but most felt that provincial and municipal governments certainly had their own roles to play.

Although few could name PHAC as the Agency responsible for the federal government's action on H1N1, there was fairly widespread agreement that the federal government generally, and by inference PHAC and Dr. David Butler-Jones, were among the organizations seen as having credible and helpful information on the issue.

Most were confident that Canada's response to H1N1 was adequate and although few could offer a real comparison, it was assumed Canada is among the better prepared countries.

Please find below a sample of participants' comments on which jurisdiction has responsibility for providing vaccine/H1N1 information.

***"Provincial and federal health organizations have a consistent message to get the vaccine."***

***"The federal government have done it right by getting us the vaccine in a timely fashion...it's a good thing they have gone out and done their job."***

***"They are handling H1N1 very differently across provinces...my daughter in Calgary says it is a state of confusion out there in regards to H1N1 for there has been no plan about which groups should get it first from the provincial government."***

***"I'm confident in our medical community out here."***

***"I think the Federal Government has made the conscious effort to do what is right and nab the situation before it escalates and they want to show the people that they are doing something right so this is why there is all the hype."***

***“This is reason why you have the government...they immobilize, they educate, they communicate, and they go and get vaccines.”***

***“The Minister has a role as a public spokesperson.”***

***“Both (provincial and federal governments) have roles, but the federal government’s role is to get the information out there.”***

***“Every level of government has a role.”***

***“The federal government is in a better position to provide information to all its citizens.”***

## Conclusions

Canadians were aware of H1N1 or Swine Flu and had been receiving information, primarily via news media.

For the most part, people were able to explain what H1N1 or Swine Flu is, how it is spread, and most could accurately list some of the populations more at-risk (of developing severe complications if infected with H1N1).

It would seem that compared to past waves of study (in particular, the Citizen Readiness Campaign focus groups conducted for PHAC in September 2009; and, the pandemic influenza creative testing conducted for PHAC in November and December 2007,), the level of knowledge may have increased, with more participants able to confidently and accurately describe the symptoms of H1N1, or pandemic influenza in general. Participants were more uniformly able to pronounce that symptoms are similar to seasonal flu and many were able to name specific symptoms that should be of greater concern (i.e. difficulty breathing).

The levels of concern about H1N1 varied widely. Those participants who would not describe themselves as concerned nevertheless tended to say it was an issue of which they felt they should monitor. Those aged 30-49 tended to be the individuals with the most heightened levels of concern, often being parents who described their concern as primarily being for their children.

In contrast, those aged 50 or older did tend to describe themselves as concerned, but the nature or degree of their concern appeared different from the other two. In these cases, it seemed that there was agreement that getting H1N1 would be bad and thus deserving of some concern, but they were not anxious about it since they felt less likely to be at risk of catching the virus.

The single most common concern across all groups, and perhaps most particularly among the young, was around the H1N1 flu vaccine.

There was a widespread desire for information about access and availability of the vaccine (when and where can I get it if I want it?). Otherwise, four themes were repeatedly raised as concerns about the vaccine:

- A sense of inconsistent vaccination advice: although almost all agreed that public health officials were consistent in advising people to get vaccinated, many described hearing conflicting advice from other sources such as media, blogs, medical doctors, nurses, natural health experts or friends.
- Concern over vaccine ingredients such as mercury or the adjuvant since they are either elements they would normally try to avoid or elements that are unknown.
- A feeling that the vaccine was rushed and as a result, may have been produced without some normal precautionary processes.
- Long-term side-effects or potentially serious consequences.

While there were consistent views on the kinds of issues people were most concerned about (the vaccine, most commonly), based on the comments relating to emerging news stories and announcements, it appeared that views were changing from night to night. Certainly, participants themselves were inclined to indicate their views were evolving, including their level of concern about H1N1 and intentions to get the H1N1 vaccine.

As with past qualitative research, (such as September 10 to 17, 2009, Citizen Readiness Campaign focus groups; and, November to December 2007, pandemic influenza creative testing), Canadians continued to consistently tell us that the closer the virus gets to their own personal life, the more

heightened their concern would be and the more likely they would be to take more significant action.

Some who were still debating whether or not to get the H1N1 vaccine may become more inclined to get it. Some appeared likely to begin to reduce their interactions with strangers or individuals who were more likely to have come into contact with the virus. Furthermore, some participants suggested they would be likely to adjust their behaviour based on the suggestions put forward by public health officials, such as shaking hands less often.

The federal government was certainly seen as having a significant role to play, since it was seen as a national pandemic and that Health Canada was responsible for the health of all Canadians. Although few could name PHAC as the Agency responsible for the federal government's action on H1N1, there was fairly widespread agreement that the federal government was among the organizations seen as having credible and helpful information on the issue.

Most were confident that Canada's response to H1N1 was at least adequate and although few could offer a real comparison, it was assumed Canada is among the better prepared countries.



## Appendix A: Recruitment Screener

### Attitudes and Perceptions of Canadians about the H1N1 Flu Virus – Focus Group Testing with the General Population

<p>City: Toronto Thursday, October 22, 2009</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Group #1: Gen. pop. (18-29)</td> <td style="width: 15%;">@5:30pm</td> <td style="width: 10%;">1</td> <td style="width: 10%;">\$75.00</td> <td style="width: 30%;"></td> </tr> <tr> <td>Group #2: Gen. pop. (30-49)</td> <td>@6:45pm</td> <td>2</td> <td>\$75.00</td> <td></td> </tr> <tr> <td>Group #3: Gen. pop. (50+)</td> <td>@8:00pm</td> <td>3</td> <td>\$75.00</td> <td></td> </tr> </table> <p>City: Halifax Monday, October 26, 2009</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Group #4: Gen. pop. (18-29)</td> <td style="width: 15%;">@5:30pm</td> <td style="width: 10%;">1</td> <td style="width: 10%;">\$75.00</td> <td style="width: 30%;"></td> </tr> <tr> <td>Group #5: Gen. pop. (30-49)</td> <td>@6:45pm</td> <td>2</td> <td>\$75.00</td> <td></td> </tr> <tr> <td>Group #6: Gen. pop. (50+)</td> <td>@8:00pm</td> <td>3</td> <td>\$75.00</td> <td></td> </tr> </table> <p>City: Montreal (FRENCH) Tuesday, October 27, 2009</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Group #7: Gen. pop. (18-29)</td> <td style="width: 15%;">@5:30pm</td> <td style="width: 10%;">1</td> <td style="width: 10%;">\$75.00</td> <td style="width: 30%;"></td> </tr> <tr> <td>Group #8: Gen. pop. (30-49)</td> <td>@6:45pm</td> <td>2</td> <td>\$75.00</td> <td></td> </tr> <tr> <td>Group #9: Gen. pop. (50+)</td> <td>@8:00pm</td> <td>3</td> <td>\$75.00</td> <td></td> </tr> </table> <p>City: Mississauga Tuesday, October 27, 2009</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Group #10: Gen. pop. (18-29)</td> <td style="width: 15%;">@5:30pm</td> <td style="width: 10%;">1</td> <td style="width: 10%;">\$75.00</td> <td style="width: 30%;"></td> </tr> <tr> <td>Group #11: Gen. pop. (30-49)</td> <td>@6:45pm</td> <td>2</td> <td>\$75.00</td> <td></td> </tr> <tr> <td>Group #12: Gen. pop. (50+)</td> <td>@8:00pm</td> <td>3</td> <td>\$75.00</td> <td></td> </tr> </table> <p>City: Winnipeg Wednesday, October 28, 2009</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Group #13: Gen. pop. (18-29)</td> <td style="width: 15%;">@5:30pm</td> <td style="width: 10%;">1</td> <td style="width: 10%;">\$75.00</td> <td style="width: 30%;"></td> </tr> <tr> <td>Group #14: Gen. pop. (30-49)</td> <td>@6:45pm</td> <td>2</td> <td>\$75.00</td> <td></td> </tr> <tr> <td>Group #15: Gen. pop. (50+)</td> <td>@8:00pm</td> <td>3</td> <td>\$75.00</td> <td></td> </tr> </table> <p>City: Vancouver Thursday, October 29, 2009</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Group #16: Gen. pop. (18-29)</td> <td style="width: 15%;">@5:30pm</td> <td style="width: 10%;">1</td> <td style="width: 10%;">\$75.00</td> <td style="width: 30%;"></td> </tr> <tr> <td>Group #17: Gen. pop. (30-49)</td> <td>@6:45pm</td> <td>2</td> <td>\$75.00</td> <td></td> </tr> <tr> <td>Group #18: Gen. pop. (50+)</td> <td>@8:00pm</td> <td>3</td> <td>\$75.00</td> <td></td> </tr> </table>	Group #1: Gen. pop. (18-29)	@5:30pm	1	\$75.00		Group #2: Gen. pop. (30-49)	@6:45pm	2	\$75.00		Group #3: Gen. pop. (50+)	@8:00pm	3	\$75.00		Group #4: Gen. pop. (18-29)	@5:30pm	1	\$75.00		Group #5: Gen. pop. (30-49)	@6:45pm	2	\$75.00		Group #6: Gen. pop. (50+)	@8:00pm	3	\$75.00		Group #7: Gen. pop. (18-29)	@5:30pm	1	\$75.00		Group #8: Gen. pop. (30-49)	@6:45pm	2	\$75.00		Group #9: Gen. pop. (50+)	@8:00pm	3	\$75.00		Group #10: Gen. pop. (18-29)	@5:30pm	1	\$75.00		Group #11: Gen. pop. (30-49)	@6:45pm	2	\$75.00		Group #12: Gen. pop. (50+)	@8:00pm	3	\$75.00		Group #13: Gen. pop. (18-29)	@5:30pm	1	\$75.00		Group #14: Gen. pop. (30-49)	@6:45pm	2	\$75.00		Group #15: Gen. pop. (50+)	@8:00pm	3	\$75.00		Group #16: Gen. pop. (18-29)	@5:30pm	1	\$75.00		Group #17: Gen. pop. (30-49)	@6:45pm	2	\$75.00		Group #18: Gen. pop. (50+)	@8:00pm	3	\$75.00		<p>Recruit 10</p> <p>Honorarium: \$75.00 Study LD Code:</p>
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Respondent's name: Respondent's phone #: _____ (home) Respondent's phone #: _____ (work) Respondent's fax #: _____ sent? or Respondent's e-mail : _____ sent? Sample source (circle):      random      referral	Interviewer: Date: Validated: Quality Central: On List: On Quotas:
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Hello, my name is \_\_\_\_\_. I'm calling from Decima, a national public opinion research firm. We're organizing discussion groups among residents to explore issues of importance to Canadians.

**EXPLAIN FOCUS GROUPS.** About eight or ten people like you will be taking part, all of them randomly recruited just like you. For their time, participants will receive an honorarium of \$75.00. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions?

Yes **CONTINUE**

No **ASK IF ANYONE ELSE IN THE HOUSEHOLD MIGHT BE INTERESTED**

If NO THANK AND TERMINATE

Participation is voluntary. We are interested in hearing your opinions, no attempt will be made to sell you anything or change your point of view. The format is a "round table" discussion led by a research professional.

READ TO ALL: "This call may be monitored or audio taped for quality control and evaluation purposes."

**ADDITIONAL CLARIFICATION IF NEEDED:**

- to ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- to assess my (the interviewer) work for performance evaluation;
- to ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we're asking the right questions to meet our clients' research requirements – kind of like pre-testing).
- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they were unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.

1a) Do you or any member of your household work...

- For a media outlet, like a newspaper, radio or TV station 1
- For an advertising, public relations or market research firm 2
- In a public health or medical occupation 3

**IF "YES" TO ANY OF THE ABOVE, THANK AND TERMINATE**

1b) **DO NOT ASK – NOTE GENDER  
ENSURE A MIX**

- Male 1
- Female 2

2) Before we ask you further qualification questions, would you be available to attend a focus group on **(FILL IN DATE AND TIME)**? It will last about one hour.

- Yes 1 **CONTINUE**
- No 2 **THANK & TERMINATE**
- DK (do not read) 3 **ARRANGE CALLBACK**

3) What is your mother tongue, that is the language that you first learned to speak at home?

- English 1
- French 2
- Other (SPECIFY) 7

4) And how old are you? Are you ....**READ LIST**

- Under 18 0 **THANK & TERMINATE**
- 18-29 years 1 **CONTINUE** **Group #1 (18-29)**
- 30-39 years 2 **CONTINUE** **Group #2 (30-49)**
- 40-49 years 3 **CONTINUE** **Group #2 (30-49)**
- 50-59 years 4 **CONTINUE** **Group #3 (50+)**
- 60-69 years 5 **CONTINUE** **Group #3 (50+)**
- 70 + 6 **CONTINUE** **Group #3 (50+)**
- Refuse 9 **THANK & TERMINATE**

5) Could you please tell me what is the highest level of education that you have completed?

- Some high school only 1
- Completed high school 2
- Some College/University 3 **MIX IN EACH GROUP**
- Completed College 4
- Completed university 5

6) And what is your occupation? \_\_\_\_\_

**THANK & TERMINATE IF OCCUPATION IN Q1a**

7) And is your total family income...

Below \$30K	1	
Between \$30 – 49,999K	2	
\$50K-100K	3	
Over \$100K	4	<b>MIX IN EACH GROUP</b>
RF/DK	9	

8) Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in front of others? Are you (read list)

Very comfortable	1	<b>MINIMUM 4 PER GROUP</b>
Fairly comfortable	2	
Comfortable	3	
Not very comfortable	4	<b>THANK &amp; TERMINATE</b>
Very uncomfortable	5	<b>THANK &amp; TERMINATE</b>

8b) Have you ever participated in a focus group? A focus group brings together a few people in order to know their opinion about a given subject.

Yes	1	<b>CONTINUE</b>
No	2	<b>SKIP TO Q8F</b>
DNK / DNA	9	<b>THANK &amp; TERMINATE</b>

8c) When did you last attend one of these discussions?

---

**THANK & TERMINATE IF WITHIN THE LAST 6 MONTHS**

8d) Would you please tell me which topics you discussed when you attended the focus group or interviews?

---

**IF MENTIONS ANYTHING RELATED TO PANDEMIC INFLUENZA or H1N1: THANK & TERMINATE**

8e) And how many of these sessions have you attended?

\_\_\_\_\_ **IF Q13E>3 THANK & TERMINATE. OTHERWISE CONTINUE**

8f) Have you been invited to participate in one of these sessions in the next few weeks?

Yes	<b>THANK &amp; TERMINATE</b>
No	<b>CONTINUE</b>

8g) Sometimes participants are also asked to write out their answers to a questionnaire, read or watch a TV commercial during the discussion. Is there any reason why you could not participate? [READ IF NEEDED: I can assure you that everything written or discussed in the groups will remain confidential]

Yes	1	<b>THANK &amp; TERMINATE</b>
No	2	

**TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY OR IF YOU HAVE A CONCERN.**

**Invitation**

As I mentioned earlier, the group discussion will take place the evening of, **Day, Month, Date @ Time for about 1 hour** and participants will receive **\$75.00** for their time. Would you be willing to attend?

Yes	1	CONTINUE
No	2	<b>THANK AND TERMINATE</b>

**PRIVACY QUESTIONS**

Now I have a few questions that relate to privacy, your personal information and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

P1) First, we will be providing the hosting facility and session moderator with a list of respondents' names and profiles (screener responses) so that they can sign you into the group. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	<b>GO TO P2</b>
No	2	<b>READ RESPONDENT INFO BELOW</b>

Unfortunately we need to provide the facility hosting the session and the moderator with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. **GO TO P1A**

P1a) Now that I've explained this, do I have your permission to provide your name and profile to the facility?

Yes	1	<b>GO TO P2</b>
No	2	<b>THANK &amp; TERMINATE</b>

P2) An audio and/or video tape of the group session will be produced for research purposes. The tapes will be used only by the research professional to assist in preparing a report on the research findings and will be destroyed once the report is completed. **[In Toronto only: We will also be streaming the session live over the internet to clients who cannot attend the sessions in person. All security protocol is adhered to and only authorized people will be able to view the session]**

**[If necessary:** Web streaming simply broadcasts the video feed of the session over a secure website so that client who are unable to attend the session in person can still participate. It is no different than having clients viewing from the back room at our facilities. All security protocol is adhered to. Furthermore, the web site is entirely secure, it is not be publicly available (and never will be), and access to the site is through a unique log in name and password.

Do you agree to be audio and/or video taped for research purposes only? **[In Toronto only, do you agree to be audio and/or videotaped and to have the session webcast, for research purposes only?]**

Yes	1	<b>THANK &amp; GO TO P3</b>
No	2	<b>READ RESPONDENT INFO BELOW</b>

Unfortunately it is necessary for the research process for us to audio/video tape the session as the researcher needs this material to complete his report. I assure you it is kept strictly confidential and it will be destroyed as when the research is complete. **GO TO P2A**

P2a) Now that I've explained this, do I have your permission for audio/video taping **[where applicable, and web streaming]**?

Yes	1	<b>THANK &amp; GO TO P3</b>
No	2	<b>THANK &amp; TERMINATE</b>

P3) Each month FocusSearch submits the names of individuals that have participated in our focus groups to the Marketing Research and Intelligence Association ([www.mria-arim.ca](http://www.mria-arim.ca)<[http:// www.mria-arim.ca](http://www.mria-arim.ca) >) Qualitative Central system. Qualitative Central serves as a centralized database to review participation in qualitative research and focus groups. You will not be contacted for any reason whatsoever as a result of being on this list.

Do we have your permission to submit your name and phone number to MRIA's Qualitative Central system?

Yes	1	<b>THANK &amp; GO TO INVITATION</b>
No	2	<b>GO TO P3A</b>

P3a) Unfortunately, to participate in this focus group we must have your permission to add your name to the Qualitative Central system as it is the only way for us to ensure the integrity of the research process and track participation in qualitative research. The system is maintained by the industry body, the Professional Marketing Research Society, and is solely

used to track your participation in qualitative research (such as focus groups). You will not be contacted for any reason whatsoever as a result of being on this list.

Now that I've explained this do I have your permission to add your name to our qualitative central list?

Yes 1 **THANK & GO TO INVITATION**

**AS REQUIRED, ADDITIONAL INFO FOR THE INTERVIEWER:**

Please be assured that this information is kept confidential and is strictly accessed and used by professional market research firm to review participation and prevent “professional respondents” from attending sessions. Research firms participating in MRIA’s Qualitative Central require your consent to be eligible to participate in the focus group - the system helps ensure the integrity of the research process.

**AS REQUIRED, NOTE ABOUT MRIA:**

The Marketing Research and Intelligence Association is a non-profit organization for marketing research professionals engaged in marketing, advertising, social, and political research. The Society's mission is to be the leader in promoting excellence in the practice of marketing and social research and in the value of market information.

Invitation:

**Do you have a pen handy so that I can give you the address where the group will be held?  
It will be held at: (ADD ADDRESSES)**


We ask that you arrive fifteen minutes early to be sure you find parking, locate the facility and have time to check-in with the hosts. The hosts may be checking respondents’ identification prior to the group, so please be sure to bring some personal identification with you (for example, a driver’s license). If you require glasses for reading make sure you bring them with you as well.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to attend, please call us so that we may get someone to replace you. You can reach us at **1-800-363-4229 x5068** at our office. Please ask for **Carol Smith**. Someone will call you the day before to remind you about the discussion.

So that we can call you to remind you about the focus group or contact you should there be any changes, can you please confirm your name and contact information for me? **[READ INFO WE HAVE AND CHANGE AS NECESSARY.]**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

**If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.**



**Attitudes et perceptions des Canadiens à l'égard du virus de la grippe H1N1 –  
Évaluation lors de groupes de discussion auprès du grand public**

<b>Ville : Toronto</b>				Recrutez 10 personnes  Prime : <b>75 \$</b> Étude Code d'interurbain :
<b>Jeudi 22 octobre 2009</b>				
Groupe 1 : Grand public (18 à 29 ans)	@ 17 h 30	1	75 \$	
Groupe 2 : Grand public (30 à 49 ans)	@ 18 h 45	2	75 \$	
Groupe 3 : Grand public (50 ans et plus)	@ 20 h 00	3	75 \$	
<b>Ville : Halifax</b>				
<b>Lundi 26 octobre 2009</b>				
Groupe 4 : Grand public (18 à 29 ans)	@ 17 h 30	1	75 \$	
Groupe 5 : Grand public (30 à 49 ans)	@ 18 h 45	2	75 \$	
Groupe 6 : Grand public (50 ans et plus)	@ 20 h 00	3	75 \$	
<b>Ville : Montréal (FRANÇAIS)</b>				
<b>Mardi 27 octobre 2009</b>				
Groupe 7 : Grand public (18 à 29 ans)	@ 17 h 30	1	75 \$	
Groupe 8 : Grand public (30 à 49 ans)	@ 18 h 45	2	75 \$	
Groupe 9 : Grand public (50 ans et plus)	@ 20 h 00	3	75 \$	
<b>Ville : Mississauga</b>				
<b>Mardi 27 octobre 2009</b>				
Groupe 10 : Grand public (18 à 29 ans)	@ 17 h 30	1	75 \$	
Groupe 11 : Grand public (30 à 49 ans)	@ 18 h 45	2	75 \$	
Groupe 12 : Grand public (50 ans et plus)	@ 20 h 00	3	75 \$	
<b>Ville : Winnipeg</b>				
<b>Mercredi 28 octobre 2009</b>				
Groupe 13 : Grand public (18 à 29 ans)	@ 17 h 30	1	75 \$	
Groupe 14 : Grand public (30 à 49 ans)	@ 18 h 45	2	75 \$	
Groupe 15 : Grand public (50 ans et plus)	@ 20 h 00	3	75 \$	
<b>Ville : Vancouver</b>				
<b>Jeudi 29 octobre 2009</b>				

Groupe 16 : Grand public (18 à 29 ans)	@ 17 h 30	1	75 \$	
Groupe 17 : Grand public (30 à 49 ans)	@ 18 h 45	2	75 \$	
Groupe 18 : Grand public (50 ans et plus)	@ 20 h 00	3	75 \$	
Nom du répondant : _____				Intervieweur : _____
N° de téléphone du répondant : _____ (maison)				Date : _____
N° de téléphone du répondant : _____ (travail)				Validé : _____
N° de télécopieur du répondant : _____ envoyé? ou				Fichiers centraux : _____
Courriel du répondant : _____ envoyé?				Listes : _____
_____				Quotas : _____
Source de l'échantillon ( <i>encerclez</i> ) : aléatoire		référence		

Bonjour, je m'appelle \_\_\_\_\_ et je vous téléphone du Centre de recherche Décima, une firme nationale de recherche sur l'opinion publique. Nous organisons des groupes de discussion auprès de résidents afin d'explorer des enjeux d'importance pour les Canadiens.

**EXPLIQUEZ CE QUE SONT LES GROUPES DE DISCUSSION.** De huit à dix personnes participeront au groupe et, tout comme vous, elles auront été recrutées de façon aléatoire. En guise de remerciement pour leur temps qu'ils nous auront accordé, nous remettrons aux participants une prime en argent de 75 \$. Toutefois, avant de vous inviter à participer, nous devons vous poser quelques questions pour nous assurer de la diversité des groupes. Puis-je vous poser quelques questions?

Oui

**CONTINUEZ**

Non

**DEMANDEZ SI QUELQU'UN D'AUTRE À LA MAISON SERAIT INTÉRESSÉ, SINON REMERCIEZ ET TERMINEZ**

Votre participation est volontaire. Nous désirons connaître vos opinions. Nous ne tenterons pas de vous vendre quoi que ce soit ou de vous faire changer d'avis. La discussion se déroulera sous forme de table ronde et sera animée par un professionnel de la recherche.

LISEZ À TOUS : « Cet appel peut être écouté ou enregistré à des fins d'évaluation ou de contrôle de la qualité. »

#### CLARIFICATIONS SUPPLÉMENTAIRES AU BESOIN :

- Pour s'assurer que je lise les questions correctement et que je recueille vos réponses avec précision;
- Pour évaluer mon rendement;

- Pour vérifier que le questionnaire est exact/correct (c.-à-d. évaluation de la programmation ITAO et de la méthodologie – s’assurer que nous posons les bonnes questions pour répondre aux exigences de nos clients en matière de recherche – comme un prétest);
- Si l’appel est enregistré, l’enregistrement sert uniquement à évaluer le travail de l’intervieweur et est écouté immédiatement après la fin de l’entrevue. S’ils étaient absents au moment de l’entrevue, le client et le gestionnaire de projet pourraient également écouter l’enregistrement.

1a) Est-ce que vous, ou quelqu’un d’autre de votre ménage, travaillez...?

Pour un média, par exemple un journal, une station de radio ou une chaîne de télévision 1

Pour une firme de publicité, de relations publiques ou de recherche marketing 2

Dans le domaine de la santé publique ou dans le domaine médical 3

**SI « OUI » À L’UNE DE CES OPTIONS, REMERCIEZ ET TERMINEZ**

1b) **NE DEMANDEZ PAS – INDIQUEZ LE SEXE  
BONNE DIVERSITÉ**

Homme 1

Femme 2

2) Avant de vous poser d’autres questions pour vérifier votre admissibilité, seriez-vous disponible pour participer à un groupe de discussion le **(DATE ET HEURE)**? La séance durera environ une heure.

Oui 1 **CONTINUEZ**

Non 2 **REMERCIEZ ET TERMINEZ**

NSP (ne lisez pas) 3 **FIXEZ LE RAPPEL**

3) Quelle est votre langue maternelle, c’est-à-dire la première que vous avez apprise à la maison?

Anglais 1

Français 2

Autre (VEUILLEZ PRÉCISER) 7

4) Quel âge avez-vous? Avez-vous...? **LISEZ LA LISTE**

Moins de 18 ans 0 **REMERCIEZ ET TERMINEZ**

18 à 29 ans 1 **CONTINUEZ Groupe 1 (18 à 29 ans)**

30 à 39 ans	2	<b>CONTINUEZ</b>	<b>Groupe 2 (30 à 49 ans)</b>
40 à 49 ans	3	<b>CONTINUEZ</b>	<b>Groupe 2 (30 à 49 ans)</b>
50 à 59 ans	4	<b>CONTINUEZ</b>	<b>Groupe 3 (50 ans et plus)</b>
60 à 69 ans	5	<b>CONTINUEZ</b>	<b>Groupe 3 (50 ans et plus)</b>
70 ans et plus	6	<b>CONTINUEZ</b>	<b>Groupe 3 (50 ans et plus)</b>
Refuse	9	<b>REMERCIEZ ET TERMINEZ</b>	

5) Pouvez-vous me dire quel est le plus haut niveau de scolarité que vous avez atteint?

Études secondaires non terminées seulement	1	<b>DIVERSITÉ DANS CHAQUE GROUPE</b>
Études secondaires terminées	2	
Études collégiales/universitaires non terminées	3	
Études collégiales terminées	4	
Études universitaires terminées	5	

6) Et quelle est votre occupation? \_\_\_\_\_

**REMERCIEZ ET TERMINEZ SI OCCUPATION À Q1a**

7) Et votre revenu familial total est-il...?

Inférieur à 30 000 \$	1	<b>DIVERSITÉ DANS CHAQUE GROUPE</b>
De 30 000 \$ à 49 999 \$	2	
De 50 000 \$ à 100 000 \$	3	
Supérieur à 100 000 \$	4	
Refuse/NSP	9	

8) Nous demandons aux participants des groupes de discussion d'exprimer leurs opinions et de verbaliser leurs pensées. Dans quelle mesure êtes-vous à l'aise d'exprimer votre opinion devant d'autres personnes? Diriez-vous que vous êtes...? (Lisez la liste)

Très à l'aise	1	<b>MINIMUM 4 PAR GROUPE</b>
Assez à l'aise	2	
À l'aise	3	
Pas très à l'aise	4	<b>REMERCIEZ ET TERMINEZ</b>
Très mal à l'aise	5	<b>REMERCIEZ ET TERMINEZ</b>

8b) Avez-vous déjà participé à un groupe de discussion? Un groupe de discussion réunit quelques personnes dans le but d'obtenir leurs opinions sur un sujet donné.

Oui	1	<b>CONTINUEZ</b>
Non	2	<b>PASSEZ À Q8F</b>
NSP/PDR	9	<b>REMERCIEZ ET TERMINEZ</b>

8c) À quand remonte votre dernière participation à un groupe de discussion?  
\_\_\_\_\_ **REMERCIEZ ET TERMINEZ SI AU COURS DES  
6 DERNIERS MOIS**

8d) Quel était le sujet de l'entrevue ou du groupe de discussion auquel vous avez participé?  
\_\_\_\_\_  
**SI MENTIONNE UN SUJET RELATIF À LA GRIPPE PANDÉMIQUE OU H1N1,  
REMERCIEZ ET TERMINEZ**

8e) Et à combien de ces séances avez-vous participé?  
\_\_\_\_\_ **SI Q13E>3 REMERCIEZ ET TERMINEZ. SINON, CONTINUEZ**

8f) Vous a-t-on invité(e) à participer à une séance qui aura lieu au cours des prochaines semaines?

Oui **REMERCIEZ ET TERMINEZ**  
Non **CONTINUEZ**

8g) Parfois, les participants doivent répondre par écrit à un questionnaire, lire ou regarder une publicité télévisée au cours de la discussion. Y a-t-il une raison qui vous empêcherait de participer? [LISEZ AU BESOIN : Je vous assure que tout ce qui sera écrit ou discuté durant les groupes demeurera confidentiel.]

Oui 1 **REMERCIEZ ET TERMINEZ**  
Non 2

**TERMINEZ SI LE RÉPONDANT DONNE UNE RAISON COMME UN  
PROBLÈME DE LA VUE, DE L'OUÏE, D'ALPHABÉTISME, UNE  
PRÉOCCUPATION À NE PAS POUVOIR COMMUNIQUER EFFICACEMENT  
OU SI VOUS AVEZ UN DOUTE.**

### **Invitation**

Comme je l'ai mentionné plus tôt, le groupe de discussion aura lieu le **jour date mois @ heure et durera 1 heure**. Les participants recevront une prime de **75 \$** en guise de remerciement pour le temps qu'ils nous auront accordé. Accepteriez-vous d'y participer?

Oui	1	<b>CONTINUEZ</b>
Non	2	<b>REMERCIEZ ET TERMINEZ</b>

### **ENJEUX RELATIFS À LA CONFIDENTIALITÉ**

J'aurais maintenant quelques questions à vous poser à propos de la confidentialité, de vos renseignements personnels et du déroulement de la recherche. Nous devons obtenir votre permission par rapport à certains sujets pour pouvoir effectuer notre recherche. Lorsque je vous poserai ces questions, n'hésitez pas à me demander de les clarifier si vous en ressentez le besoin.

- P1) Tout d'abord, nous fournirons une liste des noms et des profils (réponses au questionnaire) des participants aux hôtes du groupe de discussion et au modérateur, afin qu'ils puissent vous inscrire au groupe. Acceptez-vous que nous leur transmettions ces renseignements? Je peux vous assurer que ceux-ci demeureront strictement confidentiels.

Oui	1	<b>PASSEZ À P2</b>
Non	2	<b>LISEZ L'INFORMATION SUIVANTE AU RÉPONDANT</b>

Malheureusement, nous devons donner votre nom et votre profil aux hôtes et au modérateur du groupe de discussion, puisque seuls les gens qui sont invités à participer peuvent prendre part à la discussion. Les hôtes et le modérateur ont besoin de ces renseignements à des fins de vérification uniquement. Soyez assuré(e) que ces renseignements demeureront strictement confidentiels. **PASSEZ À P1A**

- P1a) Maintenant que je vous ai expliqué cela, acceptez-vous que nous transmettions votre nom et votre profil aux hôtes et au modérateur du groupe de discussion?

Oui	1	<b>PASSEZ À P2</b>
Non	2	<b>REMERCIEZ ET TERMINEZ</b>

- P2) Il y aura un enregistrement audiovisuel de la séance et celui-ci servira uniquement à des fins de recherche. L'enregistrement sera uniquement utilisé par un professionnel de la recherche pour préparer le rapport sur les résultats de la recherche. L'enregistrement sera détruit lorsque le rapport sera terminé. **[À Toronto seulement : Nous transmettrons également la séance en continu et en direct sur Internet aux clients qui ne sont pas en**

mesure d'assister à la séance en personne. Nous respectons tous les protocoles de sécurité et seules les personnes autorisées pourront observer la séance.]

**[Au besoin :** La transmission en continu sur Internet diffuse simplement la vidéo de la séance sur un site Web sécurisé afin que le client qui n'est pas en mesure d'assister à la séance en personne puisse quand même participer. C'est la même chose que si les clients assistaient à la séance dans la salle d'observation dans nos bureaux. Nous respectons tous les protocoles de sécurité. De plus, le site Web est entièrement sécurisé, il n'est pas accessible au public (et ne le sera jamais), et les clients accèdent au site en inscrivant un nom d'utilisateur et un mot de passe uniques.

Acceptez-vous qu'un enregistrement audiovisuel de la séance soit effectué uniquement à des fins de recherche? **[À Toronto seulement,** acceptez-vous qu'un enregistrement audiovisuel et une diffusion Web de la séance soient effectués uniquement à des fins de recherche?]

Oui 1

**REMERCIEZ ET PASSEZ À P3**

Non 2 **LISEZ L'INFORMATION SUIVANTE AU RÉPONDANT**

Malheureusement, nous devons faire un enregistrement audiovisuel de la séance puisque le professionnel de la recherche a besoin de ce matériel pour rédiger son rapport. Je peux vous assurer que cet enregistrement demeurera strictement confidentiel et qu'il sera détruit dès que le rapport sera terminé. **PASSEZ À P2A**

P2a) Maintenant que je vous ai expliqué cela, acceptez-vous que nous fassions un enregistrement audiovisuel **[Au besoin :** et une diffusion Web] de la séance?

Oui 1 **REMERCIEZ ET PASSEZ À P3**

Non 2 **REMERCIEZ ET TERMINEZ**

P3) Chaque mois, nous soumettons le nom des personnes qui ont participé à nos séances au Registre central de recherche qualitative de l'Association de la recherche et de l'intelligence marketing ([www.mria-arim.ca](http://www.mria-arim.ca)). Le Registre central de recherche qualitative est une base de données centrale qui vérifie la participation aux entrevues de recherches qualitatives. Personne ne communiquera avec vous parce que votre nom se trouve sur cette liste.

Nous permettez-vous de soumettre votre nom et votre numéro de téléphone au Registre central de recherche qualitative de l'ARIM?

Oui 1 **REMERCIEZ ET PASSEZ À L'INVITATION**

Non 2 **PASSEZ À P3A**

P3a) Malheureusement, pour que vous puissiez participer à cette séance, nous devons avoir votre permission pour ajouter votre nom au Registre central de recherche qualitative puisqu'il s'agit du seul moyen qui nous permet d'assurer l'intégrité du processus de recherche et de faire le suivi de la participation aux recherches qualitatives. Le système est tenu à jour par l'Association de la recherche et de l'intelligence marketing et il est uniquement utilisé pour faire le suivi de votre participation aux recherches qualitatives (comme les groupes de discussion). Personne ne communiquera avec vous parce que votre nom se trouve sur cette liste.

Maintenant que je vous ai expliqué cela, acceptez-vous que nous ajoutions votre nom au Registre central de recherche qualitative?

Oui 1 **REMERCIEZ ET PASSEZ À L'INVITATION**

**AU BESOIN, RENSEIGNEMENTS SUPPLÉMENTAIRES POUR L'INTERVIEWEUR :**

Soyez assuré(e) que cette information demeurera confidentielle et seules les firmes de recherche marketing professionnelles pourront y accéder et l'utiliser pour vérifier la participation et empêcher les « répondants professionnels » de participer aux séances. Les firmes de recherche qui participent au Registre central de recherche qualitative de l'ARIM ont besoin de votre autorisation avant que vous ne soyez admissible à participer au groupe. Cette procédure contribue à assurer l'intégrité du processus de recherche.

**AU BESOIN, NOTE À PROPOS DE L'ARIM :**

L'Association de la recherche et de l'intelligence marketing est un organisme à but non lucratif qui regroupe des professionnels de la recherche marketing impliqués dans le marketing, la publicité, les recherches sociales et politiques. La mission de l'Association est d'être le leader dans la promotion de l'excellence dans la pratique du marketing et des recherches sociales ainsi que dans la valeur de l'information sur les marchés.

**Invitation :**

***Avez-vous un crayon à portée de la main pour prendre en note l'adresse de l'endroit où se tiendra la séance? Elle aura lieu à : (AJOUTEZ LES ADRESSES)***




Nous vous demandons d'arriver quinze minutes avant l'heure prévue pour vous permettre de stationner votre voiture, de trouver l'endroit et de vous présenter. Il est possible qu'on vous demande de vous identifier avant la tenue du groupe. Par conséquent, assurez-vous d'avoir une pièce d'identité (par exemple, un permis de conduire) sur vous. De plus, si vous avez besoin de lunettes pour lire, veuillez les apporter.

Comme nous n'invitons qu'un petit nombre de personnes, votre participation est très importante pour nous. Si, pour une raison ou une autre vous ne pouvez pas vous présenter, veuillez nous en aviser pour que nous puissions vous remplacer. Vous pouvez nous joindre au **1 800 363-4229, poste 5068**. Demandez à parler à **Louise Tremblay**. Quelqu'un communiquera avec vous la veille du groupe de discussion pour confirmer votre présence.

Afin que nous puissions vous appeler pour confirmer votre présence ou pour vous informer si des changements survenaient, pourriez-vous me confirmer votre nom et vos coordonnées? **[LISEZ LES COORDONNÉES QUE NOUS AVONS ET MODIFIEZ-LES AU BESOIN.]**

Prénom \_\_\_\_\_

Nom de famille \_\_\_\_\_

Courriel \_\_\_\_\_

N° de téléphone le jour \_\_\_\_\_

N° de téléphone le soir \_\_\_\_\_

Si le répondant refuse de donner son prénom, son nom ou son numéro de téléphone, dites-lui que ces renseignements demeureront strictement confidentiels en vertu de la loi sur le respect de la vie privée et que ceux-ci seront uniquement utilisés pour le contacter afin de confirmer sa présence et pour l'informer de tout changement concernant le groupe de discussion. S'il refuse toujours, REMERCIEZ ET TERMINEZ.

## Appendix B: Discussion Guide

### Moderator's Guide

#### Introduction and Warm-up (5 minutes)

The moderator will take a few minutes to go around the table and ask respondents to introduce themselves, and will outline a few ground rules for the discussion:

- Want to ensure that people share their views openly and honestly
- Ensure that everyone participates
- Want people to talk about their views, not “other people’s views”
- No right or wrong answers
- Everyone’s views are valid
- Remind participants that their responses will be kept confidential and that no names will appear anywhere in the research findings. All findings will be reported in aggregate.
- The moderator’s job is to ensure that we hear from everyone, and that we stay on topic. Reinforce the message that the moderator has no stake in the results.


The moderator will also point out that there is a one-way mirror, observers in the back, audio/video taping, and webcasting (Toronto only) but assure participants that the discussion is entirely confidential.

#### Top-of-Mind Concerns (3 minutes)

*On the piece of paper in front of you, please write down your answer to:*  
Thinking of the issues facing Canada today, which ONE would you say the Government of Canada SHOULD focus on most? Why?



#### General Awareness/Concern of H1N1 (10 minutes)






- Has anybody heard of H1N1 or Swine Flu? 
- How concerned would you say you are about you or a member of your family contracting the H1N1 flu virus? On the piece of paper in front of you, please write down a number from 0 to 10 to rate how concerned you









are about H1N1, where 0 means not at all concerned and 10 means very concerned.


*I'd like to go around the table now and hear what level of concern you have and **why** (probe specific concerns).*

Note: If H1N1 vaccine mentioned, steer discussion back to the current topic indicating vaccines will be discussed later in the session.


- What are the kinds of things that would make you less concerned about H1N1? What are the kinds of things that would make you more concerned about it? 
- As far as you know, have you or anyone you know had the H1N1 flu? 
- In Canada, how serious do you think H1N1 is right now? Do you think it will get worse? Are you worried about it getting worse? What makes you say that? 
- How closely are you following news stories? 
- Are you hearing consistent messages? Contradictory messages? Are you confused? What are you confused about? What are you hearing that is confusing you? 

### **Knowledge about H1N1 (10 minutes)**

- What do you know about H1N1? 
- What have you heard about H1N1? Where are you hearing about it? 
- Is it different from the seasonal flu, or is it the same thing? 
- What are some of the symptoms of H1N1? (*Probe: are they the same or different as the seasonal flu?*) 
- As far as you know, how is H1N1 spread from person to person? 
- What are the kinds of things you should do to take care of someone with H1N1? Is there anything specific you should watch out for? 


- Who/what groups is/are especially at risk of getting H1N1? Are you or any members of your family at a high risk? Why? 


### Behavioural Changes (10 minutes)


- Have you changed your behaviour in any way to help prevent infection (for yourself or your family)?
  - What have you done? 
  - Why haven't you done anything?


*Use the following as probes, if necessary: Do you...*

- Wash your hands more frequently
- Try to keep your hands away from your face
- Be sure to cough and sneeze into your arm/sleeve, not your hand
- Make an effort to keep common surface areas clean and disinfected
- Stay healthy (eating health, exercise, sleep)
- **Stay home if you feel sick / keep kids home from school** (be sure to probe this – how do they feel about this message?)







- **[If no change in behaviour]** What would make you change your behaviour? Anything? What kinds of things need to happen for you to change your behaviour? What are the kinds of behaviours you would consider changing? 

-  • **[If change in behaviour]** What types of changes will you continue to make/what additional changes, if any, to your behaviour will you make if the outbreak gets worse?




-  • What behaviours are you unlikely to change, even if you were advised to? PROBE: if not going to stay home from work/school – why not?



-  • Have you and your family talked about or planned what you might do differently in the event of a broader outbreak? What are the kinds of things you imagine you would change? Do you think this will be sufficient to keep you and your family safe?

### Information needs (10 minutes)

-  • Have you actively looked for information about H1N1?  
If yes:
  - What types of information were you looking for?
  - Where did you / would you look for it?If no:
  - For those of you who are concerned, why are you not looking for information?
  
-  • Do you expect to receive information about H1N1 from the government (Federal, Provincial, or both)?
  
-  • What type of information (topic) do you want to receive from the government?
  
-  • How do you want to receive this? What medium? (*Probes, if necessary: television ads/announcements, transit, radio, internet, outdoors, schools/workplaces, etc.*)
  
-  • Do you feel that health messages concerning H1N1 from the Government of Canada are credible? Do you trust them? Why / why not?
  
-  • How do you feel about the amount/type of information you have received about H1N1? (e.g. in the mail, from child's school, from family practitioner, (non-media) websites) \*\*\*Not what is in the news\*\*\* Too much, right amount, not enough? Helpful information/confusing information?


### H1N1 Vaccine (10 minutes)

-  • What have you heard about the H1N1 vaccine?
  
-  • Do you / your family plan to get it?
  
-  • What makes you say that?
  - Probe: side-effects, don't feel it is needed, concerns about effectiveness

-  • What information would you like to have about vaccines that you don't currently have?
-  • What information would make you more likely to get the vaccine?  
- Probe: side-effects, testing, doctor recommended.

**Conclusion and Wrap Up (2 minutes)**

*Before wrapping up the group, the moderator will come back to the viewing room and check to see if there are any questions the client(s) would like to ask or explored further.*

-  • Do you have any other further comments?
- Don't forget to pick up your incentive
- **FIRST TWO GROUPS:** Ask participants to not discuss the group since another group is waiting outside.

Thank you very much for your time and cooperation

### **Introduction et mise en train (5 minutes)**

Le modérateur prendra quelques minutes pour faire un tour de table et demander aux participants de se présenter. Il expliquera ensuite quelques règles de base pour la discussion :

- Les participants doivent exprimer leurs points de vue ouvertement et en toute honnêteté
- Il faut laisser la chance à tous de participer
- Les participants doivent exprimer leur point de vue personnel et non celui « des autres »
- Il n'y a pas de bonne ni de mauvaise réponse
- Tous les points de vue sont valables
- Rappelez aux participants que leurs réponses demeureront confidentielles et que nous respecterons leur anonymat lorsque nous présenterons les résultats de la recherche. Tous les résultats seront rapportés sous forme agrégée.
- Le rôle du modérateur est de faire en sorte que tous aient la chance de s'exprimer et que l'on ne s'égaré pas dans des discussions futiles. Le modérateur n'a pas de parti pris dans les résultats.

Le modérateur informera ensuite les participants qu'il y a un miroir d'observation derrière lequel se trouvent certaines personnes, que l'on fera un enregistrement audiovisuel de la discussion (et qu'elle sera diffusée sur le Web - à Toronto seulement), mais il les assure que la discussion est tout à fait confidentielle.

### **Inquiétudes mentionnées de façon spontanée (3 minutes)**

Sur la feuille placée devant vous, veuillez écrire votre réponse à la question suivante : En songeant aux enjeux auxquels le Canada est confronté à l'heure actuelle, sur LEQUEL de ces enjeux le gouvernement du Canada DEVRAIT-IL se concentrer le plus, selon vous? Pourquoi?

**Connaissance générale de la grippe H1N1 et inquiétudes à ce propos (10 minutes)**

- Quelqu'un a-t-il entendu parler de la grippe H1N1 ou grippe porcine?
- Dans quelle mesure diriez-vous que vous êtes inquiet(ète) de la possibilité que vous, ou un membre de votre famille, contractiez le virus de la grippe H1N1? Sur la feuille placée devant vous, veuillez écrire un chiffre de 0 à 10 pour indiquer dans quelle mesure la grippe H1N1 vous inquiète. 0 signifie « pas du tout inquiet(ète) » et 10, « très inquiet(ète) ».

*J'aimerais faire un tour de table maintenant pour savoir dans quelle mesure vous êtes inquiet(ète) et pourquoi (sondez pour connaître les inquiétudes précises).*

Note : Si quelqu'un mentionne le vaccin contre la grippe H1N1, ramenez la discussion sur le sujet que l'on discute présentement et précisez que les vaccins feront l'objet d'une discussion plus tard durant la séance.

- Qu'est-ce qui vous rendrait moins inquiet(ète) à propos de la grippe H1N1? Qu'est-ce qui vous rendrait plus inquiet(ète) à propos de cette grippe?
- À votre connaissance, est-ce que vous, ou quelqu'un que vous connaissez, avez eu la grippe H1N1?
- Au Canada, dans quelle mesure croyez-vous que la grippe H1N1 est un enjeu sérieux à l'heure actuelle? Pensez-vous que la situation se détériorera? Êtes-vous inquiet(ète) à l'idée que la situation se détériore? Qu'est-ce qui vous fait dire cela?
- Dans quelle mesure suivez-vous l'actualité de près?
- Les messages que vous entendez sont-ils cohérents? Sont-ils contradictoires? Y a-t-il quoi que ce soit qui sème la confusion chez vous? Qu'est-ce qui sème la confusion chez vous? Qu'est-ce qui prête à confusion dans ce que vous entendez?

**Connaissance de la grippe H1N1 (10 minutes)**

- Que savez-vous à propos de la grippe H1N1?



- Qu'avez-vous entendu à propos de la grippe H1N1? Où en entendez-vous parler?
- Est-ce différent de la grippe saisonnière, ou est-ce la même chose?
- Quels sont certains des symptômes de la grippe H1N1? (*Sondez : est-ce que ces symptômes sont les mêmes que ceux de la grippe saisonnière ou sont-ils différents?*)
- À votre connaissance, comment la grippe H1N1 se transmet-elle d'une personne à l'autre?
- Que devriez-vous faire pour prendre soin d'une personne atteinte de la grippe H1N1? Y a-t-il quelque chose de précis que vous devriez surveiller?
- Qui est/Quels sont les groupes particulièrement à risque de contracter la grippe H1N1? Est-ce que vous ou certains membres de votre famille courez un risque élevé? Pourquoi?

### **Changements de comportement (10 minutes)**

- Avez-vous modifié votre comportement de quelque façon que ce soit pour prévenir les infections (pour vous ou votre famille)?
  - Qu'avez-vous fait?
  - Pourquoi n'avez-vous rien fait?

*Utilisez les éléments suivants pour sonder, au besoin : Est-ce que... ?*

- *Vous vous lavez les mains plus souvent*
- *Vous essayez de garder vos mains loin de votre visage*
- *Vous vous assurez de tousser et d'éternuer dans le creux de votre bras/dans votre manche et non dans vos mains*
- *Vous faites un effort pour garder les surfaces communes propres et désinfectées*
- *Vous restez en santé (vous mangez sainement, faites de l'exercice, dormez)*
- ***Vous demeurez à la maison si vous vous sentez malade/Vous n'envoyez pas les enfants à l'école*** (*assurez-vous de sonder pour ce point – que pensez-vous de ce message?*)

- **[Si aucun changement de comportement]** Qu'est-ce qui vous ferait modifier votre comportement? Y a-t-il quoi que ce soit? Qu'est-ce qui devrait arriver pour vous amener à modifier votre comportement? Quels types de comportements envisageriez-vous de changer?
- **[Si changement de comportement]** Quels types de changements continuerez-vous d'adopter/Le cas échéant, quels autres changements adopterez-vous si la situation s'aggrave?
- Quels comportements est-il improbable que vous changiez, même si on vous conseillait de le faire? **SONDEZ** : ne demeurera pas à la maison plutôt que d'aller travailler/à l'école – pourquoi pas?
- Est-ce que votre famille et vous-même avez parlé de ce que vous ferez peut-être différemment advenant une propagation plus importante du virus? Avez-vous planifié quoi que ce soit? Qu'est-ce que vous seriez susceptible de faire différemment? Pensez-vous que cela serait suffisant pour vous protéger et protéger votre famille?

### **Besoins de renseignements (10 minutes)**

- Avez-vous fait des recherches actives pour trouver des renseignements sur la grippe H1N1?  
  
Si oui :
  - Quels types de renseignements avez-vous cherchés?
  - Où avez-vous cherché/Où seriez-vous susceptible de chercher?  
Si non :
  - Pour ceux d'entre vous qui sont inquiets, pourquoi ne cherchez-vous pas de renseignements?
- Vous attendez-vous à recevoir des renseignements sur la grippe H1N1 du gouvernement (fédéral, provincial ou les deux)?
- Quel type de renseignements voulez-vous recevoir du gouvernement (sur quels sujets)?
- Comment voulez-vous les recevoir? Par quel moyen de communication? (*Éléments pour sonder, au besoin : publicités/annonces télévisées, transport en commun, radio, Internet, à l'extérieur, écoles/milieus de travail, etc.*)

- Avez-vous l'impression que les messages de santé sur la grippe H1N1 émis par le gouvernement du Canada sont crédibles? Leur faites-vous confiance? Pourquoi/Pourquoi pas?
- Que pensez-vous de la quantité/du type de renseignements que vous avez reçus sur la grippe H1N1? (P. ex. par la poste, de l'école de votre enfant, de votre médecin de famille, sur des sites Web (autres que ceux des médias)) \*\*\*Pas ce qui est dans les nouvelles \*\*\* En avez-vous reçu trop, suffisamment ou pas assez? Les renseignements étaient-ils utiles/prêtaient-ils à confusion?

### **Vaccin contre la grippe H1N1 (10 minutes)**

- Avez-vous entendu parler du vaccin contre la grippe H1N1?
- Est-ce que vous/votre famille avez l'intention de vous faire vacciner?
- Pourquoi dites-vous cela?
  - Sondez : effets secondaires, pas l'impression que c'est nécessaire, soucieux(euse) quant à son efficacité
- Quels sont les renseignements que vous aimeriez avoir à propos des vaccins et que vous n'avez pas à l'heure actuelle?
- Quels renseignements feraient en sorte que vous seriez plus susceptible de vous faire vacciner?
  - Sondez : effets secondaires, tests, recommandation du médecin.

### **Conclusion et récapitulation (2 minutes)**

*Avant de clore le groupe de discussion, le modérateur ira dans la salle d'observation pour vérifier si les clients ont d'autres questions ou s'ils souhaitent approfondir certains points.*

- Avez-vous d'autres commentaires à formuler?
- TOUS LES GROUPES : N'oubliez pas de récupérer votre prime.
- DEUX PREMIERS GROUPES : Demandez aux participants de ne pas discuter du groupe en sortant, car un autre groupe attend son tour.

Je vous remercie de votre collaboration et du temps que vous nous avez accordé.