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FINAL REPORT

Canadians' Awareness of Health and Safety Issues Related to Consumer Products

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TABLE OF CONTENTS

Appendix:

- Telephone survey questionnaire (English and French)
- Non-response analysis
- Focus group recruitment screener (English and French)
- Focus group moderator's guide (English and French)

EXECUTIVE SUMMARY

Health Canada commissioned Phoenix SPI to conduct research with Canadians to explore their awareness, attitudes, knowledge and behaviours as they relate to consumer product safety. The research consisted of two elements: a quantitative telephone survey, and a set of focus groups.

The survey was administered by telephone to 1,357 adult Canadians. The survey sample was in two parts: 1) 1,006 interviews were conducted with adult Canadian residents, 18 years of age and older (i.e. general public), and 2) 351 interviews were conducted with an oversample of parents and guardians of children 12 years old or younger (i.e. parents). When the oversample is added to the interviews completed with parents/guardians as part of the general public sample, the total number of parents/ guardians of children 12 or younger that is available for analysis is 545. Based on samples of this size, the general public results could be considered to be accurate within +/- 3.2%, 19 times out of 20. The results for parents and guardians could be considered to be accurate within +/- 4.2%, 19 times out of 20. The questionnaire averaged 17 minutes in length. Data collection took place October 20 to November 3, 2010.

The focus groups followed the survey and were designed to obtain supplementary information on key issues identified from the survey results, as well as to help interpret some of the quantitative findings. A set of eight focus groups was held January 24-26, 2011 in the following cities (two groups per city): Halifax, Quebec City (French), Toronto, and Saskatoon. One group in each location was conducted with parents of children 12 or younger, and one with members of the general public. **This phase of the research was qualitative in nature. As such, the results provide an indication of participants' views about the issues explored, but cannot be generalized to the full population of adult Canada or parents of children aged 12 and under.**

The research findings will help Health Canada measure the effectiveness of outreach and marketing strategies, and determine possible policy and program changes. In addition, the results will help the department develop effective messages to help Canadians make informed and safe decisions about the products they buy and use, and will serve as a baseline against which the success of communications/marketing initiatives can be measured.

Detailed Findings

Contextual Issues

Members of the general public collectively identified a wide range of actions they take to determine whether a product they are thinking of buying is safe or not. However, only a few were identified with much frequency. The measure identified most often was reading labels (34%), followed at a distance by researching the product on the Internet (19%), and asking family or friends for recommendations (10%). The behaviour of parents and guardians of children 12 or younger is very similar, the only notable differences is that they were more likely to research the product on the Internet (25% vs. 19% of members of the public), and ask family or friends for recommendations (17% vs. 10%).

Just over half of the general public (51%) said that, after purchasing a product, they generally look for safety information, such as advisories, warnings or recalls from government or industry, to ensure the products they are using are safe. Just under half the parents (49%) said they did this. That said, the sources of information that respondents had in mind when responding were very broad, and not necessarily focused

on recall/advisory-type information. Perhaps not surprisingly, the Internet was identified most often, and in varying ways, as the main source of product safety information. Members of the general public most often identified the Internet in general (35%), followed by Google and similar search engines (17%), with small numbers pointing specifically to manufacturers' websites (6%), and government and consumer safety websites (4% each). The top non-Internet source of information was information accompanying a product when it is sold (31%), followed by newspapers/magazines (15%) and TV/news (14%). The sources cited by parents tend to mirror those identified by the general public.

Over two-thirds of the general public (70%) said they routinely read the labels of products before they purchase them (34% said they *always* do this, 36% *frequently* do it). By comparison, a bare majority said they routinely read the labels of products after they purchase them. This includes 20% who *always* do this, and close to one-third (31%) who *frequently* do this. Clearly, people are more likely to read labels before rather than after purchasing a product. The habits of parents mirror those of members of the public.

Members of the general public who read labels on products, whether before or after purchasing them, most often identified a desire to check ingredients or nutritional information to explain why (33%). One-quarter (25%) said they want to determine if a product is safe, while 22% said they want to find out about directions for use. Other reasons given relatively frequently include determining if there is a risk associated with the product (17%), determining what the product is made of (14%), checking its contents (13%), and checking for warnings (10%). A host of other issues were identified less often. Motivations for reading labels among parents are similar, the only notable difference being a greater proportion wanting to determine if a product is safe (33% vs. 25% of the general public).

Only a small number of members of the general public (n = 39) and parents (n = 20) rarely or never read labels on products they purchase before or after they purchase them. In explaining why, members of both groups were most likely to point to familiarity with the product. Other reasons included lack of interest, lack of need, lack of relevance of label information, lack of time or being too busy, an assumption that the product is safe and that there is no risk associated with it, and label information being too complicated.

Food is, by far, the type of product cited most often for which members of the public tend to read labels before making a purchase. Two-thirds of those who read labels (67%) said they tend to read the labels of food products (in general) before making a purchase. This was followed, at a distance, by medications and household chemicals, each identified by over one-quarter of respondents (28-29%), cosmetics or personal care products (17%), and children's products (13%). With one exception, parents identified the same types of products in similar proportions. Perhaps not surprisingly, the exception was children's products, which were much more likely to be identified by parents (41% vs. 19% of the general public).

When rating the importance to themselves personally of potential reasons for reading the labels of products they buy, the vast majority of members of the general public who read labels (91-95%) attributed importance to checking directions for use, the expiry date, warnings, and determining if a product is safe. Smaller, but relatively substantial majorities, assigned importance to seeing where the product is made or manufactured (70%), and seeing if there are any potential allergens (67%). Perceptions of parents who read labels are very similar. The main difference is that they were less likely to assign *strong* importance to seeing where the product is made (29% vs. 37% of the general public).

All respondents were asked where they *would* go if looking for information on the safety or use of the products they buy. Members of the general public were most likely to identify the Internet, either in general (39%), Google or other search engines (29%), and manufacturers' websites (19%). A small number (3%) identified government websites. The most frequently-identified non-Internet source of information was the product itself, including label information (21%), followed at a distance by Health Canada (10%), a pharmacist (9%), family and friends (7%), and consumer reports (7%). Parents provided similar feedback, the only noteworthy difference being their greater likelihood of identifying Google/search engines (38% vs. 29% of the general public).

Two-thirds of the general public said they have looked for information about the use or safety of products. Among parents, nearly three-quarters (73%) said they have done this. Members of the public who have looked for such information were most likely to have sought information about potential hazards or dangers associated with a product (41%), followed by instructions for use (27%), advisories/warnings/recalls from government (11%) or manufacturers (10%), while 18% looked for information on product content. Parents sought similar information, the only noteworthy differences being their greater likelihood to look for government advisories/warnings/recalls (18% vs. 11% of the general public) and information about the age appropriateness of products (14% vs. 7%).

Attitudinal and Communications Issues

To get a sense of their level of knowledge about related issues, respondents were asked whether five statements about products sold in Canada were true or false. The number of questions correctly answered by members of public and parents was very similar. However, knowledge in this area, as measured through these issues, appears to be quite limited – probably best described as modest. In total, about half of each group answered a majority (three or more) of these correctly (51% of the public, 50% of parents). That said, almost half have accurate perceptions in only one or two of the five areas.

Almost two-thirds of the general public (65%) believe, correctly, that all manufacturers must ensure that products they sell to consumers are safe. Similar numbers think correctly that all consumer products sold in Canada are not tested by government to ensure that they are safe before being sold (64%), and that all products sold in Canada are not pre-approved by government (62%). On the other hand, the large majority (83%) believe incorrectly that the Government of Canada has the power to issue a mandatory recall for any product being sold in Canada. Just over half (52%) believe incorrectly that the government regulates all product labels. Perceptions of parents tend to mirror those of members of the general public.

Respondents were asked to identify the extent to which they agree or disagree with a number of statements about product labels and product recalls (using a 7-point scale: 1 = completely disagree, 7 = completely agree). A majority of the general public agreed with all but one of these statements, but the size of the majority varied. The vast majority (92%) agreed that knowing how to read and use product labels is important to them. Strong majorities also agreed that knowing what products are recalled in Canada is important to them (85%), and that information on labels helps them safely use a product (80%). Over two-thirds (70%) said they feel more confident in the product safety system when they hear about product recalls, and 62% agreed that they get enough information from product labels to make informed purchase decisions. Majorities agreed that there seem to have been a lot more product recalls lately (58%), and that information on product labels is easy to understand (53%). Approximately one-third (36%) agreed that

they do not pay much attention to product recalls, while a majority (53%) disagreed with this statement. With two exceptions, parents expressed similar perceptions. They were more likely to agree that information on product labels is easy to understand (58% vs. 53% of the general public), and less likely to agree that they do not pay much attention to product recalls (28% vs. 36%).

Respondents used another 7-point scale to rate the effectiveness of various ways of receiving information to help make an informed purchase decision (1 = not at all effective; 7 = very effective). Among members of the general public, the Internet (72%) and family and friends (71%) were most likely to be rated as effective, followed by Health Canada publications (65%), manufacturer product information (64%), newspapers (63%), Health Canada's website (62%), consumer watchdog publications (61%), TV shows (60%), and retailers (53%). Close to half rated the following as effective: magazines (49%), brochures (48%), radio shows (46%), and email notification (45%). Social media (31%) and blogs (20%) were less likely to be considered effective. With the exception of TV shows, parents were more likely to consider all of these as effective sources of information.

Respondents who rated social media as an effective way to receive information to help them make an informed purchase decision were asked to specify which media would be effective in this regard. In response, two-thirds of the general public (65%) identified Facebook, followed at a distance by YouTube (22%) and Twitter (16%). A relatively large proportion (17%) did not identify any social media. Parents answered in a similar way, but were more likely to identify Facebook (71%) and less likely to identify Twitter (11%).

In a similar way, respondents who rated Internet sites as effective for receiving information to help them make an informed purchase decision were asked to specify which sites would be effective in this regard. In response, nearly one-third of the general public (32%) identified search engines, such as Google or Yahoo. The most frequently-identified specific website was Health Canada, identified by one-quarter. This was followed by the manufacturer/product website (18%), consumer report websites (12%), other government websites (10%), and news sites (7%). Parents answered in a similar way, although compared to members of the public they were more likely to identify Health Canada's website as effective (31% vs. 25%).

All respondents were asked if they currently own or regularly use a wireless mobile device, including iPhones, Blackberries and Androids, iTouch, iPad, among others. Nearly half of the general public (48%) and a majority of parents (56%) said they do. Of those who do, 52% of the general public and 60% of parents expressed interest in downloading a free application on their wireless mobile device that would help them make informed purchase decisions for consumer products.

The vast majority of members of the general public (94%) and parents (93%) do not currently subscribe to any of the Government of Canada RSS feeds available from Health Canada, Canadian Food Inspection Agency, or Transport Canada.

Just over half the members of the general public (53%) claimed to be aware that the Government of Canada posts on the Internet advisory, warning and recall notices to inform Canadians about potential health risks associated with the unsafe use of certain products. A slightly larger proportion of parents (57%) claimed to be aware of this as well.

A majority of members of the general public aware that the federal government posts advisory, warning and recall notices (54%) claim to have used such information. An even larger majority (70%) of parents aware of this service claim to have used such information.

Half the members of the general public who used such information said they used recall information. This was followed, at a distance, by details about a product (21%), warnings (16%), information updates (10%), advisories (7%), and a warning/recall about a health/medical product (7%). For the most part, parents identified the same types of information. The only notable differences were the larger proportion that identified recalls (58% vs. 50% of the general public), and the smaller proportion that identified warnings (11% vs. 16%), and warning/recalls about a health/medical product (7% vs. 2%).

Respondents who said they have used Government of Canada information on advisory, warning or recall notices were asked what they did with the most recent information of this sort that they used. Members of the general public were most likely to say they disposed of a product (20%) or shared the information with others (17%). Other courses of action identified relatively frequently include reading/using the information (13%), checking to see if they owned the product in question (10%), returning a product (9%), modifying their product usage behaviour (9%), and stopping their use or purchase of a product (8%). Actions taken by parents who said they have used such information mirrored those taken by members of the general public.

All respondents were asked which of five terms would be the most effective, and the second most effective, at encouraging them to pay attention to information from the Government of Canada designed to inform Canadians about potential health risks associated with the unsafe use of certain products. Among members of the general public, 'Recall and Safety Alert' was most likely to be considered the most effective term and the second most effective term. Specifically, one-third (33%) chose it as the most effective expression, and over one-quarter (28%) chose it as the second most effective term. In total, 61% included this term in their top two preferences. The terms 'Product safety alert' and 'Consumer alert' were almost equally likely to be chosen as the first and second choice (45% and 43% respectively). 'Warning' and 'advisory' were less likely to be chosen as effective terms. Perceptions of parents were almost identical, the only difference being the larger proportion choosing 'Recall and Safety Alert' as the most effective term (38% vs. 33% of members of the general public).

Just over half the members of the general public (52%) said they did not know that they can report an incident or injury involving consumer products or other products to Health Canada or other government agencies. A slightly larger proportion of parents (55%) said they did not know this. Among respondents aware of this, very few have done so: 5% of the general public and 5% of parents aware that they can do this have done it.

Conclusions and Implications

The survey results indicate that consumer product safety is an issue that concerns and engages members of both members of the general public and parents. In terms of behaviour, majorities in both audiences said they routinely read product labels before and after purchasing products (though they are more likely to do so before than after purchasing a product). Majorities in both audiences also said they have looked for information about the use or safety of products, and approximately half said they generally look for safety information such as advisories, warnings or recalls after purchasing a product, although this should be interpreted broadly, as meaning product safety information in general given the types of information they identified using. In terms of attitudes and perceptions, at least two-thirds in each audience assign importance to various reasons for reading product labels, with large majorities agreeing that knowing how to read/use product labels is important, and that labels help them safely use a

product. Large majorities also agree that knowing what products are recalled is important. In short, consumer product safety is an issue that appears to resonate with respondents.

Results also indicate that members of both target audiences tend to think about product safety information broadly. Specifically, when they think about product safety, they do not tend to distinguish between information that accompanies a product and information such as advisories, warnings, or recalls, even when asked specifically about the latter. This broad approach to thinking about product safety was evident in the tendency of respondents to:

- Identify information that accompanies a product and information beyond what accompanies a product as determinants of product safety (Q1).
- Identify product labels/packaging as a source for information, such as advisories, warnings, or recalls (Q3), or the place they would go for information on the safety of products (Q10).
- Identify reasons related to determining the safety of a product as their motivation for reading product labels (Q7).
- Identify information that accompanies a product as the type of information they have looked for regarding the use or safety of products (Q12).

Warning/recall/advisory-type information from industry or government does not seem to be top-of-mind as a determinant of product safety. For example, despite relatively high levels of reported use of federal government advisories, warning and recall notices, very few respondents actually identified such information as a way of determining product safety. Moreover, when asked specifically about such information early in the questionnaire, almost all of those who said they looked for it identified other types of product safety information, not government or industry advisory, warning or recall information. It appears that many Canadians have difficulty understanding what is meant by this type of information.

In terms of an effective label for this type of information, 'Recall and Safety Alert', was the clear, albeit not overwhelming preference for both audiences. 'Product Safety Alert' and 'Consumer Alert' were essentially tied for second choice. Significantly, the terms that performed least well – 'Warning' and 'Advisory' – are the terms currently in use, and which generate confusion as to the type of information they entail.

Despite the broad view of product safety information, and relatively widespread use of such information, the product categories to which it applies appear to be relatively narrow. For both the general public and parents, the main categories to which this behaviour applies include, first and foremost, food, followed by medications, household chemicals, cosmetics, and children's products. While many other product types were identified, none was cited with much frequency.

The findings suggest that *knowledge* of product safety issues is less widespread than concern about, or behaviour related to, product safety. Specifically, knowledge as measured through the five true-or-false questions related to product safety issues is best described as modest. In total, almost half of each audience have accurate understandings in only one or two of the five areas.

When it comes to *sources* of information about product safety, whether ones they have used or would use, respondents tend to be more general than specific, with an emphasis on the Internet in general and Google or other search engines. Even when those who identified the Internet were asked to point to specific websites, almost all declined to do

so, keeping the focus more general, suggesting that when people have gone or would go to the Internet for product safety information, most do not go to preferred sites, but rather search more broadly. Government sources of information were identified relatively infrequently, despite relatively high levels of reported use of federal government advisories, warning and recall notices.

In terms of effective ways of receiving information to help make an informed purchase decision, respondents are receptive to a broad range of sources (e.g. government, manufacturers, family and friends) and channels (i.e. web-based and non-web). However, receptivity to web-based communication is not indiscriminate. While a majority consider the Internet effective, fewer than half consider social media and blogs as effective sources of such information. However, this is an area where things are evolving rapidly and, not surprisingly, younger members of both audiences were more likely to view social media tools as effective. At this point, social media in this context is primarily Facebook.

Finally, differences between the two target audiences (i.e. members of the general public and parents) were relatively small across virtually the full range of issues explored in the survey. In other words, awareness, belief, attitudes, knowledge, and behavioural patterns of the target audiences as they relate to product safety issues are largely similar. This suggests the feasibility of a uniform approach to any communications/marketing initiatives related to product safety, rather than the need to target each of these audiences separately. That said, those areas where differences do exist between the general public and parents should be reviewed for guidance as to the particular needs and orientations of parents.

More Information:

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SOMMAIRE

Santé Canada a chargé Phoenix SPI d'effectuer une étude auprès des Canadiens afin de les sensibiliser aux enjeux liés à la sécurité des produits de consommation et afin d'aborder leurs attitudes, leurs connaissances et leurs comportements à cet effet. L'étude s'est fondée sur deux éléments : un sondage téléphonique quantitatif et un ensemble de séances de discussion.

Le sondage s'est effectué au téléphone auprès de 1 357 adultes canadiens. En particulier, l'échantillon de sondage comportait deux volets : 1) 1 006 entrevues ont été réalisées auprès de résidents canadiens d'âge adulte, soit des Canadiens de 18 ans ou plus (c.-à-d. la population en général); 2) 351 entrevues ont été réalisées auprès d'un suréchantillon de parents et tuteurs d'enfants d'au plus 12 ans (c.-à-d. les parents). Lorsque nous ajoutons au nombre de sujets faisant partie du suréchantillon, le nombre d'entrevues réalisées auprès de parents/tuteurs dans le groupe de la population en général, nous obtenons un nombre total de parents/tuteurs d'enfants d'au plus 12 ans s'établissant à 545, pour les besoins de l'analyse. En se fondant sur la taille des échantillons, les résultats s'attachant au groupe de la population en général peuvent être tenus pour exacts dans une marge de +/- 3,2 %, 19 fois sur 20. D'autre part, les résultats s'attachant au groupe des parents et tuteurs peuvent être tenus pour exacts dans une marge de +/- 4,2 %, 19 fois sur 20. En moyenne, les répondants ont mis 17 minutes à compléter le questionnaire. La collecte des données s'est déroulée entre le 20 octobre et le 3 novembre 2010.

Dans la foulée du sondage, nous avons tenu des séances de discussion qui visaient à obtenir des renseignements complémentaires au sujet d'enjeux clés définis au moyen des résultats de sondage. Les discussions de groupe visaient aussi à éclairer l'interprétation de certaines des observations quantitatives. Plus particulièrement, du 24 au 26 janvier 2011, nous avons réalisé une série de huit séances de discussion dans les villes que voici (deux discussions de groupe ont été tenues dans chaque ville) : Halifax, Québec (en français), Toronto et Saskatoon. Dans chaque ville, l'un des groupes de discussion réunissait des parents d'enfants ayant tout au plus 12 ans tandis que l'autre réunissait des membres de la population en général. **Il s'agit du volet qualitatif de l'étude. Par conséquent, les résultats en découlant donnent une idée seulement des points de vue des participants au sujet des enjeux abordés. Il n'est pas opportun de les généraliser à l'ensemble de la population des adultes canadiens ou à l'ensemble de la population des parents d'enfants d'au plus 12 ans.**

Les observations découlant de l'étude aideront Santé Canada à évaluer l'efficacité des stratégies d'information et de marketing et à définir les changements possibles à apporter aux politiques et programmes. De plus, les résultats aideront le Ministère à élaborer des messages efficaces pour aider les Canadiens à prendre des décisions sécuritaires et éclairées au sujet des produits qu'ils achètent et dont ils se servent. Les résultats créeront aussi une référence qui permettra de mesurer la réussite des initiatives de communication ou de marketing.

Observations détaillées

Contexte

Collectivement, les membres de la population en général définissent une vaste gamme de mesures pour expliquer comment ils établissent si le produit qu'ils envisagent d'acheter est sécuritaire. En revanche, quelques mesures seulement ont été signalées avec une

forme de régularité. En particulier, c'est la lecture des étiquettes que les personnes interrogées signalent le plus souvent (34 %). Suivent avec un certain recul les recherches effectuées sur Internet au sujet du produit (mesure signalée dans 19 % des cas) et les demandes de recommandations formulées aux proches et amis (mesure signalée dans 10 % des cas). Les parents et tuteurs d'enfants de 12 ans ou moins adoptent des comportements très semblables. En effet, à ce chapitre, les seules différences dignes de mention entre les deux groupes viennent de ce que les parents et tuteurs sont plus susceptibles de faire des recherches sur Internet au sujet du produit (ce qu'ils font dans une proportion de 25 %, par rapport à 19 % des membres de la population en général) et de ce qu'ils sont aussi plus susceptibles de demander à leurs proches ou amis des recommandations (17 % c. 10 %).

C'est tout juste un peu plus de la moitié des membres de la population en général (51 %) qui affirment qu'après l'achat d'un produit, ils cherchent généralement à obtenir des renseignements sur sa sécurité, comme des avis, des mises en garde ou des avis de retrait émis par le gouvernement ou l'industrie, en vue de vérifier que le produit qu'ils utilisent est sécuritaire. Par ailleurs, c'est un peu moins de la moitié des parents (49 %) qui signalent le faire. Ceci dit, à ce sujet, les répondants envisagent une vaste gamme de sources d'information, lesquelles ne comprennent pas nécessairement les renseignements venant des avis ou des avis de retrait. Fait dont il ne faut peut-être pas se surprendre, c'est l'Internet que les répondants signalent le plus souvent, sous diverses formes, comme principale source d'information sur la sécurité des produits. En particulier, la population en général signale le plus souvent l'Internet en général (35 %). Suivent Google et des moteurs de recherche semblables (17 %) puis, dans des proportions modestes, les sites Web de fabricants (6 %), de même que des sites Web gouvernementaux et des sites Web pour la protection des consommateurs (4 %, dans chaque cas). La principale source d'information ne se trouvant pas sur l'Internet a pour objet les renseignements qui accompagnent un produit à l'achat (31 %). Suivent les journaux ou magazines (15 %) ainsi que la télévision ou les nouvelles (14 %). En général, les sources dont font état les parents font écho à celles que signalent les membres de la population en général.

C'est dans une proportion supérieure aux deux tiers (70 %) que les membres de la population en général affirment lire l'étiquette des produits avant de les acheter (34 % des répondants de ce groupe signalent *toujours* le faire, tandis que 36 % disent le faire *souvent*). À titre comparatif, c'est en proportion faiblement majoritaire que les répondants indiquent lire régulièrement les étiquettes des produits après l'achat. En particulier, 20 % des répondants le font *toujours*, et près du tiers des répondants (31 %) le font *souvent*. De toute évidence, les gens sont plus susceptibles de lire les étiquettes avant l'achat d'un produit qu'après. Les habitudes des parents dans ce domaine rejoignent celles des membres de la population en général.

Plus particulièrement, la population en général lisant les étiquettes qui figurent sur les produits, avant ou après l'achat, indique le plus souvent le faire pour vérifier les ingrédients ou l'information nutritionnelle (33 %). Le quart (25 %) des répondants signalent vouloir vérifier si le produit est sécuritaire, tandis que 22 % des répondants indiquent vouloir en savoir plus au sujet du mode d'emploi. Au nombre des autres raisons signalées plus ou moins souvent, figurent la volonté d'établir si le produit présente des risques (17 %), celle de définir de quoi est fait le produit (14 %), celle d'en vérifier le contenu (13 %), et celle de vérifier si le produit fait l'objet de mises en garde (10 %). Quantité d'autres enjeux ont aussi été signalés à moindre fréquence. Les motivations des parents qui lisent les étiquettes sont semblables. La seule différence digne de mention

vient de ce qu'une plus grande proportion des parents souhaitent établir si le produit est sécuritaire (33 % c. 25 % des membres de la population en général).

C'est en faible nombre seulement que la population en général (n = 39) et les parents (n = 20) signalent ne lire que rarement les étiquettes apparaissant sur les produits qu'ils achètent ou encore, ne jamais les lire, que ce soit avant ou après l'achat. Pour expliquer pourquoi c'est le cas, les membres des deux groupes se révèlent plus enclins à invoquer la bonne connaissance d'un produit. Au nombre des autres raisons signalées, les participants font état de leur manque d'intérêt, indiquent ne pas avoir besoin de le faire, disent que l'information figurant sur les étiquettes manque de pertinence ou encore, affirment manquer de temps pour le faire ou être trop occupés, ainsi qu'invoquant l'hypothèse selon laquelle le produit est sécuritaire et ne présente pas de risque, de même que l'information figurant sur les étiquettes est trop compliquée.

Ce sont les aliments, et de loin, qui constituent le type de produits dont la population en général indique le plus souvent lire les étiquettes, généralement, avant l'achat. En particulier, les deux tiers de ceux qui lisent les étiquettes (67 %) affirment généralement lire l'étiquette des aliments (en général) avant de les acheter. Suivent avec un certain recul, les médicaments et les produits chimiques ménagers, que signalent, dans chaque cas, plus du quart des répondants (28 % - 29 %), de même que les produits de beauté ou de soins personnels (17 %), et les produits pour enfants (13 %). À une exception près, les parents signalent les mêmes types de produits, dans des proportions semblables. Fait dont il ne faut peut-être pas se surprendre, ce sont les produits pour enfants qui font exception. En effet, les parents sont beaucoup plus susceptibles de signaler ces produits (41 % c. 19 % de la population en général).

Dans leurs évaluations de l'importance que revêtent pour eux, personnellement, diverses raisons possibles de lire les étiquettes des produits qu'ils achètent, la grande majorité de la population en général lisant les étiquettes (91 % - 95 %) attribue de l'importance à la consultation du mode d'emploi, à la vérification de la date de péremption, à la lecture d'éventuelles mises en garde et à savoir si le produit est sécuritaire. En proportions plus faibles, qui constituent néanmoins des majorités importantes, les répondants accordent de l'importance à la question de savoir où un produit a été fabriqué (70 %) et à la vérification de la présence de possibles allergènes (67 %). Les perceptions des parents qui lisent les étiquettes sont très semblables. La principale différence vient de ce que ces derniers sont moins susceptibles d'attribuer une *grande* importance à la question de savoir où un produit a été fabriqué (29 % c. 37 % de la population en général).

Nous avons demandé à tous les répondants de préciser où ils *chercheraient* de l'information s'ils voulaient obtenir des renseignements sur la sécurité ou sur l'utilisation des produits qu'ils achètent. La population en général s'est révélée plus susceptibles de signaler l'Internet. En particulier, elle signale soit l'Internet en général (39 %), soit Google ou d'autres moteurs de recherche (29 %), ou encore les sites Web des fabricants (19 %). Un faible nombre de répondants (3 %) signalent les sites Web du gouvernement. Par ailleurs, la source d'information signalée le plus souvent qui ne vient pas de l'Internet est le produit en soi, y compris l'information figurant sur l'étiquette (21 %). Suivent avec un certain recul les sources suivantes : Santé Canada (10 %), un pharmacien (9 %), les proches et amis (7 %), de même que les publications à l'intention des consommateurs (7 %). Les parents formulent des observations semblables. La seule différence digne de mention entre les deux groupes vient de ce que les parents sont plus susceptibles de signaler Google ou d'autres moteurs de recherche (38 % c. 29 % de la population en général).

Les deux tiers des membres de la population en général affirment avoir déjà cherché à obtenir de l'information au sujet de l'usage ou de la sécurité de produits. Dans le groupe des parents, c'est près des trois quarts (73 %) des répondants qui indiquent l'avoir fait. Les membres de la population en général qui ont cherché à obtenir des renseignements du genre sont le plus susceptibles d'avoir cherché de l'information au sujet des risques ou dangers possibles d'un produit (41 %). Suivent les renseignements liés aux directives (27 %) et aux avis, mises en garde ou avis de retrait émis par le gouvernement (11 %) ou par les fabricants (10 %). Par ailleurs, 18 % des répondants en question disent avoir cherché à obtenir de l'information sur les matières contenues dans le produit. Les parents ont cherché à obtenir des renseignements semblables. La seule différence digne de mention vient de ce qu'ils sont plus susceptibles de chercher à obtenir des renseignements au sujet des avis, mises en garde ou avis de retrait émis par le gouvernement (18 % c. 11 % de la population en général) et des renseignements au sujet de l'âge auquel le produit est sécuritaire (14 % c. 7 %).

Enjeux liés aux attitudes et aux communications

En vue d'aborder le niveau de connaissance des répondants au sujet d'enjeux subordonnés aux attitudes et aux communications, nous leur avons lu cinq énoncés au sujet de produits vendus au Canada et nous leur avons demandé d'indiquer, dans chaque cas, si l'énoncé est vrai ou faux. Le nombre de questions auxquelles les participants ont répondu correctement est très semblable dans le groupe de la population en général et dans le groupe des parents. Par contre, selon cette évaluation de ces enjeux, il appert que les connaissances dans le domaine, que l'on pourrait fidèlement qualifier de modestes, sont très restreintes. Au total, dans chaque groupe, c'est la moitié environ des répondants qui ont donné une réponse exacte pour la majorité (c.-à-d. au moins trois) de ces énoncés (51 % de la population en général, 50 % des parents). D'autre part, les perceptions de près de la moitié des répondants sont exactes pour ce qui concerne seulement un ou deux des cinq domaines abordés.

Plus particulièrement, c'est dans une proportion avoisinant les deux tiers (65 %) que la population en général estime, à juste titre, que tous les fabricants doivent s'assurer que les produits qu'ils vendent aux consommateurs sont sécuritaires. Dans des proportions semblables, les répondants pensent, à juste titre, que le gouvernement ne teste pas tous les produits de consommation en vente au Canada, avant leur mise en vente, pour s'assurer qu'ils sont sécuritaires (64 %), et que tous les produits vendus au Canada ne sont pas autorisés au préalable par le gouvernement (62 %). Par contre, c'est en grande majorité (83 %) que les répondants estiment à tort que le gouvernement du Canada a le pouvoir de forcer le retrait du marché de tout produit vendu au Canada. Et c'est un peu plus de la moitié des répondants (52 %) qui estiment, à tort également, que le gouvernement réglemente l'étiquetage de tous les produits. Les perceptions des parents font généralement écho à celles de la population en général.

Les répondants devaient aussi indiquer la mesure dans laquelle ils sont d'accord ou en désaccord avec un certain nombre d'énoncés portant sur les étiquettes des produits et sur les retraits (au moyen d'une échelle de sept points : 1 = entièrement en désaccord, 7 = entièrement d'accord). Si c'est en proportions majoritaires que la population en général est d'accord avec tous les énoncés à l'étude sauf un, il convient de souligner que l'importance de la majorité varie. En particulier, la grande majorité des répondants (92 %) sont d'accord pour dire qu'il est important pour eux de savoir lire les étiquettes des produits et utiliser ces renseignements. C'est aussi en proportions fortement majoritaires que les répondants sont d'accord pour dire qu'il est important pour eux de connaître les produits faisant l'objet d'un retrait au Canada (85 %), et que les renseignements sur les

étiquettes des produits leur permettent d'utiliser ceux-ci en toute sécurité (80 %). Plus des deux tiers des répondants (70 %) affirment que quand ils entendent parler d'un avis de retrait, ils se sentent rassurés par rapport au système d'évaluation de la sécurité des produits. De plus, 62 % des répondants sont d'accord pour dire que les étiquettes des produits contiennent suffisamment de renseignements pour leur permettre de faire des choix éclairés lors de leurs achats. Par ailleurs, en proportions majoritaires, les répondants sont d'accord avec les énoncés voulant qu'il semble que les produits faisant l'objet d'un retrait soient plus nombreux ces derniers temps (58 %) et que les renseignements sur les étiquettes des produits sont faciles à comprendre (53 %). C'est le tiers des répondants environ (36 %) qui sont d'accord pour dire qu'ils ne prêtent pas tellement attention aux avis de retrait, tandis qu'une proportion majoritaire des participants (53 %) est en désaccord avec cet énoncé. À deux exceptions près, les parents font état de perceptions semblables. En particulier, les parents sont plus susceptibles d'être d'accord pour dire que les renseignements figurant sur les étiquettes des produits sont faciles à comprendre (58 % c. 53 % de la population en général), et moins susceptibles d'être d'accord pour dire qu'ils ne prêtent pas tellement attention aux avis de retrait (28 % c. 36 %).

Les répondants ont recouru à une autre échelle de sept points pour évaluer l'efficacité de divers moyens de recevoir des renseignements permettant de faire un choix éclairé dans leurs achats (1 = pas du tout efficace; 7 = très efficace). Chez la population en général, l'Internet (72 %) et les proches et les amis (71 %) se sont révélés les moyens les plus susceptibles d'être reconnus comme efficaces. Suivent les publications de Santé Canada (65 %), les renseignements sur le produit offerts par le fabricant (64 %), les journaux (63 %), le site Web de Santé Canada (62 %), les publications à l'intention des consommateurs (61 %), les émissions de télévision (60 %) et les détaillants (53 %). Près de la moitié des répondants estiment que les moyens suivants sont efficaces : les magazines (49 %), les dépliants (48 %), les émissions radio (46 %), et les avis par courriel (45 %). Il appert par ailleurs que les médias sociaux (31 %) et les blogues (20 %) sont moins susceptibles d'être tenus pour efficaces. À l'exception des émissions de télévision, les parents sont plus susceptibles d'estimer que chacun de ces moyens de communication constitue une source d'information efficace.

Nous avons demandé aux répondants d'avis que les médias sociaux constituent un moyen efficace de recevoir des renseignements pour favoriser des décisions d'achat éclairées de préciser quels médias seraient efficaces pour transmettre ce genre d'information. En guise de réponse, les deux tiers des répondants de la population en général (65 %) signalent Facebook, avec un certain recul YouTube (22 %) et Twitter (16 %). Dans une proportion relativement importante (17 %), les répondants interrogés à cet égard n'ont pas précisé de média social en particulier. Les parents répondent d'une façon semblable. Ils sont toutefois plus susceptibles de signaler Facebook (71 %) et moins susceptibles de signaler Twitter (11 %).

De la même façon, nous avons demandé aux répondants d'avis que les sites Internet constituent un moyen efficace de recevoir des renseignements en vue de décisions d'achat éclairées de préciser quels sites seraient efficaces pour transmettre ce genre d'information. En guise de réponse, près du tiers de la population en général (32 %) signale des moteurs de recherche, comme Google ou Yahoo. Le site Web précis signalé le plus souvent est celui de Santé Canada, dont font état le quart des répondants interrogés. Suivent le site Web du fabricant ou du produit (18 %), les sites Web pour la protection des consommateurs (12 %), d'autres sites Web du gouvernement (10 %) et des sites de nouvelles (7 %). Les parents répondent d'une façon semblable. Cependant, en comparaison des membres de la population en général, les parents se révèlent plus

susceptibles d'indiquer que le site Web de Santé Canada est un moyen efficace (31 % c. 25 %).

Nous avons demandé à tous les répondants s'ils sont propriétaires d'un dispositif mobile sans fil, comme les iPhones, Blackberries et Androids, iTouch, iPads ou autres, ou s'ils en utilisent un régulièrement. Dans une proportion de la population en général avoisinant la moitié (48 %) et en majorité chez les parents (56 %), les répondants répondent par l'affirmative. Au nombre des propriétaires ou utilisateurs, 52 % des membres de la population en général et 60 % des parents se disent intéressés à télécharger sur leur dispositif mobile sans fil une application gratuite qui pourrait les aider à faire des choix éclairés dans leurs achats de produits de consommation.

En grande majorité, la population en général (94 %) et les parents (93 %) ne sont pas actuellement abonnés à un fils RSS du gouvernement du Canada, offert par Santé Canada, l'Agence canadienne d'inspection des aliments ou Transports Canada.

Dans une proportion tout juste supérieure à la moitié (53 %), la population en général affirme savoir que le gouvernement du Canada publie sur Internet des avis, des mises en garde et des avis de retrait pour informer les Canadiens d'éventuels risques pour la santé que présente l'utilisation non sécuritaire de certains produits. Dans une proportion légèrement plus importante (57 %), les parents affirment le savoir également.

En majorité, la population en général sachant que le gouvernement fédéral publie des avis, des mises en garde et des avis de retrait (54 %) affirme avoir déjà utilisé des renseignements de ce genre. De plus, c'est dans une proportion majoritaire encore plus importante (70 %) que les parents au courant de ce service disent avoir utilisé les renseignements contenus dans les avis, mises en garde et avis de retrait. La moitié de la population en général qui s'est déjà servie de ces renseignements précise avoir recouru à l'information contenue dans un avis de retrait. Suivent, avec un certain recul, les renseignements au sujet d'un produit (21 %), les mises en garde (16 %), les mises à jour (10 %), les avis (7 %), et une mise en garde ou un avis de retrait au sujet d'un produit de santé ou d'un produit médical (7 %). En général, les parents font état du même genre de renseignements utilisés. Les seules différences dignes de mention tiennent à la plus forte proportion de parents signalant des avis de retrait (58 % c. 50 % de la population en général) et à la plus faible proportion de parents signalant des mises en garde (11 % c. 16 %) ou encore, une mise en garde ou un avis de retrait au sujet d'un produit de santé ou d'un produit médical (7 % c. 2 %).

Les répondants indiquant s'être servis des renseignements contenus dans un avis, une mise en garde ou un avis de retrait du gouvernement du Canada devaient aussi préciser ce qu'ils ont fait de ces renseignements la dernière fois où ils ont pris connaissance de ce genre d'information. La population en général s'est révélée plus apte à indiquer avoir jeté un produit (20 %) ou avoir partagé l'information avec d'autres personnes (17 %). Au nombre des autres mesures signalées assez fréquemment, figurent les cas où des répondants ont lu l'information ou l'ont utilisé (13 %), les cas où ils ont vérifié s'ils possédaient le produit en question (10 %), et les cas où ils ont retourné un produit (9 %), changé la façon dont ils l'utilisent (9 %), ou arrêté d'utiliser ou d'acheter un produit (8 %). Les mesures qu'ont prises les parents affirmant avoir utilisé ce genre d'information rejoignent les mesures que signalent les membres de la population en général.

Tous les répondants devaient indiquer laquelle des cinq expressions à l'étude les inciterait le plus à prêter attention à l'information du gouvernement du Canada visant à renseigner les Canadiens au sujet d'éventuels risques pour la santé liés à un mauvais usage de

certains produits (et laquelle des expressions occuperaient la deuxième place en importance pour son efficacité à ce chapitre). Chez la population en général, c'est l'expression « Alerte concernant le retrait et la sécurité » qui est la plus susceptible d'être tenue pour l'expression la plus efficace et pour la deuxième expression la plus efficace. En particulier, le tiers (33 %) des répondants sont d'avis que c'est l'expression la plus efficace, et plus du quart (28 %) des répondants estiment que c'est l'expression qui arrive en deuxième place à ce chapitre. Au total, 61 % des répondants font état de cette expression au nombre de leurs deux préférences. Par ailleurs, les expressions « Alerte concernant la sécurité d'un produit » et « Alerte aux consommateurs » sont presque aussi susceptibles d'être signalées comme premier et deuxième choix (45 % et 43 %, respectivement). Toutefois, les expressions « Mise en garde » et « Avis » se sont révélées moins susceptibles d'être considérées comme efficaces. Les perceptions des parents sont pratiquement identiques, exception faite de la plus grande proportion de ces répondants qui ont choisi l'expression « Alerte concernant le retrait et la sécurité » comme expression la plus efficace (38 % c. 33 % des membres de la population en général).

Un peu plus de la moitié des membres de la population en général (52 %) signalent qu'ils ne savaient pas qu'ils peuvent rapporter une blessure ou un incident causés par un produit de consommation ou un autre type de produit à Santé Canada ou à d'autres organismes gouvernementaux. La proportion de parents affirmant ne pas le savoir est légèrement plus importante (55 %). Les répondants au courant de cette possibilité sont très peu nombreux à s'en être prévalus : 5 % de la population en général et 5 % des parents l'ont fait.

Conclusions et répercussions

Les résultats du sondage indiquent que la sécurité des produits de consommation est en enjeu qui préoccupe et interpelle tant les membres de la population en général que les parents. Sur le plan comportemental, dans les deux groupes cibles, des proportions majoritaires des répondants indiquent lire régulièrement les étiquettes des produits avant et après l'achat (encore qu'ils soient plus susceptibles de le faire avant l'achat du produit qu'après). C'est aussi en proportions majoritaires que des membres des deux groupes cibles affirment avoir déjà cherché à obtenir des renseignements au sujet de l'usage ou de la sécurité de produits. De plus, la moitié environ des répondants disent qu'après avoir acheté un produit, ils cherchent généralement à obtenir des renseignements sur sa sécurité, comme des avis, des mises en garde ou des avis de retrait. Il faut toutefois interpréter d'une façon très générale cette dernière observation, qui porte sur les renseignements sur la sécurité d'un produit en général, compte tenu des types d'information que les répondants signalent avoir utilisés. Aux chapitres des attitudes et perceptions, c'est dans une proportion s'élevant aux deux tiers au moins que les membres de chacun des deux groupes attribuent de l'importance aux diverses raisons de lire les étiquettes de produits. Plus particulièrement, en proportions fortement majoritaires, les membres des groupes sont d'accord pour dire qu'il est important pour eux de savoir lire les étiquettes des produits et utiliser ces renseignements, et que les renseignements sur les étiquettes des produits les aident à utiliser ceux-ci en toute sécurité. En grande majorité, les répondants sont aussi d'accord pour dire qu'il est important de connaître les produits faisant l'objet d'un retrait. En bref, l'enjeu de la sécurité des produits de consommation semble interpeller les répondants.

Les résultats indiquent aussi que les membres des deux groupes cibles envisagent généralement les renseignements sur la sécurité des produits sous une perspective très générale. En particulier, lorsqu'ils envisagent la sécurité des produits, les répondants n'ont pas tendance à distinguer entre les renseignements d'accompagnement à un

produit à des renseignements provenant de sources comme les avis, mises en garde ou avis de retrait, même lorsque nous les interrogeons tout particulièrement au sujet des renseignements contenus dans ces derniers avis. Cette grande perspective adoptée à l'égard de la sécurité des produits se révèle avec la tendance des répondants, soit :

- à désigner les renseignements d'accompagnement à un produit et l'information au-delà des renseignements d'accompagnement à un produit comme facteurs déterminants de la sécurité d'un produit (Q1);
- à désigner les étiquettes ou emballages des produits comme sources d'information s'apparentant aux avis, mises en garde ou avis de retrait (Q3) ou à signaler que c'est sur les étiquettes ou emballages qu'ils chercheraient à obtenir des renseignements sur la sécurité des produits (Q10);
- à signaler des raisons s'apparentant à la détermination de la sécurité d'un produit pour décrire leur motivation en ce qui concerne la question de savoir pourquoi ils lisent les étiquettes des produits (Q7);
- à designer les renseignements d'accompagnement à un produit comme genre d'information qu'ils ont cherché à obtenir au sujet de l'usage ou de la sécurité des produits (Q12).

Il semble que les renseignements provenant des mises en gardes, avis de retrait et avis émis par l'industrie ou le gouvernement ne soient pas les premiers cités comme facteurs déterminants de la sécurité en ce qui concerne les produits. Par exemple, malgré les niveaux signalés d'utilisation des avis, mises en garde ou avis de retrait du gouvernement fédéral, qui sont relativement élevés, dans les faits, un très faible nombre de répondants ont signalé ces renseignements au nombre des moyens de déterminer la sécurité des produits. De plus, lorsque nous avons interrogé les répondants plus particulièrement au sujet de ces renseignements, au début du questionnaire, presque tous ceux affirmant avoir cherché à obtenir ce genre d'information ont désigné d'autres types de renseignements sur la sécurité des produits, et pas les avis, mises en garde ou avis de retrait émis par le gouvernement ou l'industrie. Il appert qu'un grand nombre de Canadiens ont de la difficulté à comprendre ce que comporte ce genre d'information.

Au chapitre du titre qui pourrait efficacement désigner ce genre d'information, les membres des deux groupes cibles préfèrent nettement l'expression « Alerte concernant le retrait et la sécurité », encore qu'elle ne fasse pas l'objet d'un appui massif. D'autre part, les expressions « Alerte concernant la sécurité d'un produit » et « Alerte aux consommateurs » sont essentiellement à égalité au deuxième rang. Fait intéressant, les expressions dont les résultats sont le plus modestes, « Mise en garde » et « Avis », sont les expressions actuellement utilisées. Il ressort de l'étude que ces titres créent de la confusion quant au type d'information qu'il peut s'agir.

Malgré une plus grande perspective adoptée au sujet de l'information sur la sécurité des produits, ainsi que l'utilisation relativement répandue de ces renseignements, les catégories de produits auxquelles s'appliquent ces renseignements semblent assez restreintes. En effet, tant dans la population en général que dans le groupe des parents, les principales catégories dans lesquelles les comportements à l'étude s'appliquent comprennent d'abord et avant tout les aliments. Suivent les médicaments, les produits chimiques ménagers, les produits de beauté et les produits pour enfants. Encore que les répondants aient signalé un grand nombre d'autres types de produits, aucune des autres catégories n'a été nommée avec régularité.

Par conséquent, les observations font penser que les *connaissances* au sujet des enjeux liés à la sécurité des produits sont moins répandues que les préoccupations entourant la sécurité dans le contexte des produits ou que les comportements s'y rattachant. En

particulier, selon l'évaluation fondée sur les cinq questions de type vrai ou faux, on pourrait fidèlement qualifier de modestes les connaissances dans le domaine des enjeux de la sécurité des produits. Dans l'ensemble, c'est pratiquement la moitié des membres de chaque groupe qui ont une juste compréhension des enjeux dans seulement un ou deux des cinq domaines à l'étude.

Au chapitre des *sources* d'information au sujet de la sécurité des produits, qu'il s'agisse des sources dont les répondants se sont servis ou de celles dont ils se serviraient, les réponses de ces derniers ont tendance à se révéler plus générales que précises, avec accent sur l'Internet en général et sur Google ou les autres moteurs de recherche. Même lorsque nous avons invité les répondants ayant signalé l'Internet à préciser les sites Web qu'ils consultent en particulier, pratiquement toutes les personnes interrogées ne l'ont pas fait, continuant d'adopter une perspective plus générale, ce qui fait penser que les personnes qui consultent l'Internet ou qui le feraient pour obtenir de l'information sur la sécurité des produits, dans la plupart des cas, ne se dirigent pas vers des sites de prédilection, préférant au contraire effectuer des recherches de large portée. C'est ainsi que malgré des niveaux signalés relativement élevés pour ce qui a trait à l'utilisation des avis, mises en garde ou avis de retrait du gouvernement fédéral, les sources gouvernementales d'information sont désignées relativement rarement.

Maintenant, sur le plan des moyens efficaces de recevoir de l'information en vue de prendre des décisions d'achat éclairées, les répondants sont ouverts à la consultation d'une vaste gamme de sources (p. ex., le gouvernement, les fabricants, les proches et amis) et au recours à diverses voies de communication (tant sur le Web qu'à l'extérieur du Web). Néanmoins, les répondants ne se montrent pas réceptifs à l'ensemble de l'information disponible sur le Web sans distinction. En effet, tandis qu'une majorité des personnes interrogées estiment que l'Internet est un moyen efficace d'obtenir des renseignements, moins de la moitié des répondants estiment que les médias sociaux et les blogues sont des sources efficaces d'information dans ce domaine. Par contre, il s'agit d'un domaine qui évolue rapidement. Fait dont il ne faut pas se surprendre, dans les deux groupes cibles, les plus jeunes se révèlent plus susceptibles de trouver les outils des médias sociaux efficaces. À ce moment-ci, dans ce contexte, c'est Facebook qui constitue le principal média social.

En terminant, en ce qui concerne pratiquement tous les enjeux abordés dans le sondage, nous n'avons relevé que des différences relativement ténues entre les membres des deux groupes cibles (c.-à-d. la population en général et les parents). Autrement dit, la sensibilisation des groupes cibles aux enjeux de sécurité des produits et leurs croyances, attitudes, connaissances et types de comportements sont largement semblables. Cela fait penser qu'il serait possible d'adopter une démarche uniforme dans la mise au point d'initiatives de communication ou de marketing, sans devoir cibler séparément chacun de ces groupes. Reste qu'il faudra examiner les domaines dans lesquels il y a des différences entre la population en général et les parents, afin d'éclairer les démarches en misant sur les orientations et besoins particuliers des parents.

Renseignements supplémentaires :

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Pour de plus amples renseignements sur cette étude, prière d'adresser un courriel à por-rop@hc-sc.gc.ca.

INTRODUCTION

Health Canada commissioned Phoenix SPI to conduct research with Canadians to explore their awareness, attitudes, knowledge and behaviours as they relate to consumer product safety.

Background and Objectives

The Food and Consumer Safety Action Plan (FCSAP) is required to report on public awareness of consumer product safety issues and to determine the relevance and cost-effectiveness of targeted consumer information. In 2009, as part of the FCSAP, a four-year Consumer Information Strategy (CIS) was created. As stated in the Treasury Board submission, a key objective of this strategy is "to provide authoritative, credible and balanced product information for Canadians, which is easily accessible and reflects Canadian knowledge and circumstances."

Health Canada is responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. In order for Canadians to make individual choices related to their health, they require easy access to reliable information on matters that concern them, like the composition, care and use of products they purchase.

The goal of this research is to provide Health Canada with information on Canadians' knowledge, awareness, attitudes and behaviours with respect to product safety issues and the subsequent Health Canada information made available. This information will help the department measure the effectiveness of outreach and marketing strategies and the new legislation, and determine policy and program changes. In addition, the results will help the department develop effective messages to help Canadians make informed and safe decisions about the products they buy and use. Finally, the results will provide a benchmark of public attitudes towards consumer product safety policy and information at the onset of the new *Canada Consumer Product Safety Act* (CCPSA), and will serve as a baseline against which the success of communications/marketing initiatives can be measured.

Specific objectives of this research included the following:

- Determine awareness, attitudes, knowledge and behaviours of the target audience as they relate to understanding about product safety;
- Evaluate Canadians' awareness, understanding and concern around consumer product labelling;
- Assess Canadians' awareness of, and behaviour in relation to, the Government of Canada's recall and reporting mechanisms;
- Determine Canadians' information needs with relation to consumer product safety information and their preferred communication medium; and

Research Design

To address the research objectives, a mixed-mode research project was undertaken, which included both quantitative and qualitative methodologies. The research consisted of two elements:

1. A quantitative telephone survey; and
2. A set of eight focus groups.

Details about the target audience are provided below, along with the specifications that applied to the survey and focus groups.

Target Audience

The target audience for this study was adult Canadian residents, 18 years of age and older, including parents and guardians of children aged 12 and under.

Telephone Survey

The survey was administered by telephone to 1,357 adult Canadians. The survey sample was in two parts: 1) 1,006 interviews were conducted with adult Canadian residents, 18 years of age and older (i.e. general public), and 2) 351 interviews were conducted with an oversample of parents and guardians of children 12 years old or younger. When the oversample is added to the number of interviews completed with parents/guardians as part of the general public sample, the total number of parents/guardians of children 12 or younger that is available for analysis is 545.

Based on samples of this size, the general public results could be considered to be accurate within +/- 3.2%, 19 times out of 20. As well, the results for parents and guardians of children 12 or younger could be considered to be accurate within +/- 4.2%, 19 times out of 20.

The percentage of households with parents/guardians of children under the age of 12 was estimated at approximately 20% prior to the data collection. During the fieldwork, in the general public portion of the study, where there was no screening up front for parents, the incidence of parents with children 12 or younger was 19.3%. However, once this became a screening criterion for the oversample, the incidence was 9.5%. This may be a function of respondents passively refusing (i.e. denying their parental status) so that they would not qualify for the survey.

In addition, the following specifications applied to the telephone survey:

- The questionnaire averaged 17 minutes in length. Data collection took place October 20 to November 3, 2010.
- The general public sample was geographically disproportionate in order to improve the accuracy of some regional/provincial results. The sample frame is presented in the following table.

Regional Approach	Distribution of Population	Margin of Error		Sample Distribution	Margin of Error
Atlantic	72	11.55		100	9.8
Quebec	239	6.34		200	6.93
Ontario	385	4.99		350	5.24
Manitoba/Saskatchewan	67	11.97		100	9.8
Alberta	104	9.61		100	9.8
BC	130	8.6		150	8
Territories	3	56.58		3[1]	-
Total	**1,000**	**3.2%**		**1,000**	**3.2%**

[1] For the purposes of analysis, interviews completed in the Yukon were placed in the BC region, and interviews completed in the NWT and Nunavut were placed in the Prairies region.

- The oversample for parents and guardians was approximately proportionate to the geographic distribution of Canadians.
- In total, 29 pre-test interviews were conducted for the telephone survey (14 in English, 15 in French). The pre-test of the English version took place October 13, 2010, and the pre-test of the French version took place October 21, 2010. Recorded interviews were reviewed by a member of the Phoenix team and Health Canada. The pre-test included probing that invited participants to provide input about their comprehension of and reaction to the questions. There was no specific targeting of the socio-demographic characteristics of pre-test participants. Rather, a mix of general public participants by age, gender, education and region was targeted. As well, efforts were made to ensure that some of the pre-test interviews were conducted with parents of children 12 years of age and under. The pre-test results were presented in a summary report provided to Health Canada at the conclusion of the pre-test. The data resulting from the pre-test was included in the final dataset because minimal changes were made to the questionnaire.
- Interviews were conducted in English and French, with respondents being able to complete the survey in either language of their choice.
- Calling was conducted during the evenings and on weekends, abiding by the hours and call-back procedures stipulated in the *Standards for the Conduct of Government of Canada Public Opinion Research – Telephone Surveys*.
- Up to eight call-backs were attempted to reach sample respondents, with the times of day and days of the week varied to maximize the chances of contacting respondents.
- The survey was registered with the National Survey Registration System. The questionnaire included this phrase in the introduction: "This survey is registered with the national survey registration system".
- An interviewer briefing note was provided to interviewers.
- An analysis plan was developed and provided to the client for review and approval that related the survey questions and analytical methods to the research objectives.
- The general public data were weighted by age, gender and region to ensure that they accurately reflected the distribution of Canadians across the country. Statistics Canada 2006 Census data were used to develop the weighting scheme.
- Using 2006 Statistics Canada census data, the parent sample was weighted to the number of census family households in each region that have at least one child living at home 12 years of age or younger. The regional breaks were Atlantic, Quebec, Ontario, Manitoba/Saskatchewan, Alberta and BC. Parents with children 12 or younger that were surveyed in the general population survey were included in this weighting.
- The two data sets – general public and parents/guardians of children 12 years of age or younger – were kept distinct (i.e. not merged).
- Data collection was carried out by Elemental Data Collection Inc., under subcontract to Phoenix.
- Sponsorship of the study (i.e. Health Canada) was revealed to respondents.

Phoenix ensured that all work performed met industry standards as determined by the Marketing Research and Intelligence Association (MRIA), as well as the *Standards for the Conduct of Government of Canada Public Opinion Research – Telephone Surveys.*

Call Disposition

The following table presents information about the call disposition for this survey, as well as the response rate calculation (using the MRIA formula):

Total Numbers Attempted	**29807**
Out-of-scope - Invalid	**5074**
Unresolved (U)	**9896**
No answer/Answering machine	9896
In-scope - Non-responding (IS)	**10152**
Language barrier	615
Incapable of completing (ill/deceased)	134
Callback (Respondent not available)	1162
Refusal	8118
Termination	123
Total Asked	**12926**
In-scope - Responding units (R)	**4685**
Completed Interview	1357
NQ - NO CHILDREN 12 OR YOUNGER	3328
Refusal Rate	**63.76**
Response Rate	**18.94**

Focus Groups

This element of the research program was designed to enable Health Canada to obtain supplementary information on key issues identified from the survey results, as well as to help interpret some of the quantitative findings. As such, the qualitative fieldwork followed the telephone survey. The specifications outlined below applied to the focus groups:

- In total, eight focus groups were conducted, with two groups in each of Halifax, Quebec City (French), Toronto, and Saskatoon.
- The focus groups were conducted January 24th-26th, 2011.
- All participants were adult Canadians (i.e.18 years of age and older) who are the primary purchasers of consumer products for their household (either having main responsibility or shared responsibility).
- Given that women are most often the main purchasers of consumer products in general, approximately two-thirds of participants in each group were women and one-third were men.
- One group per location consisted entirely of parents of children 12 and younger; the other consisted of members of the general public (with no more than one-third being parents of children 12 and younger).
- There was a mix of participants by age, education, and employment status.
- Twelve participants were recruited for 7-8 to show per group. Turnout was excellent, with eight participants taking part in every focus group.
- All participants received incentives of $70.

- The groups were held in regular focus group facilities in all locations, with webcasting technology used in Toronto.
- Sponsorship of the study was revealed (i.e. Government of Canada).

Phoenix ensured that all steps in the focus group phase of the research complied with market research industry standards and guidelines, including those of the Marketing Research and Intelligence Association (MRIA).

This phase of the research was qualitative in nature, not quantitative. As such, the results provide an indication of participants' views about the issues explored, but cannot be generalized to the full population of adult Canada or parents of children aged 12 and under.

Note to Readers

- For editorial purposes, the following terms are used in the report to denote participants in the research:
    - When reporting survey findings, the term 'members of the general public' is used to denote general population participants, and the term 'parents' is used to denote parents and guardians of children 12 years of age and younger.
    - When reporting focus group findings, the terms 'focus group participants' or 'participants' are used interchangeably to denote participants in general. When reporting differences by target audience, the term 'members of the general public' is used to denote general population participants, and the term 'parents' is used to denote parents of children 12 years of age and younger.
- In terms of the structure of the report, survey results are presented first, followed by relevant findings from the focus groups. The following additional specifications apply to the structure of the report:
    - Survey results for the general public are presented first, followed by the results for parents and guardians. Colour coding is used, where red is the colour used for the general public graphs, while blue is used for the parent graphs.
    - Demographic and other subgroup differences in the survey results are identified in the report. The text describing these differences is put in a box for easy identification, and immediately follows the question and audience to which it applies (i.e. members of the general public or parents). Only subgroup differences that are statistically significant or are part of pattern or trend are reported. The same colour scheme is used, where general public subgroup differences are introduced with a red heading, and parental variations with a blue one. There are two exceptions to this procedure for reporting subgroup differences:
        - Differences between parents and non-parents are included in the sections reporting findings for the parents and guardians audience.
        - Differences based on knowledge of product safety in Canada are reported in a separate section near the end of the report where the knowledge index created to assess such differences is clearly explained.
    - The focus group findings are sectioned off from the survey findings to which they are related throughout the report. The text describing these findings is

put in a box identified by the heading **Related Focus Group Findings** for easy identification.

- At times, the number of survey respondents (i.e. not the percentage) who answered certain questions or answered in a certain way is provided. The following method is used to denote this in the graphs: base = 100, which means the number of respondents, in this instance, is 100.
- Some of the graphs displaying survey results do not sum to 100% due to rounding.

The following research materials are appended to this report (in both official languages):

- Telephone questionnaire
- Focus group recruitment screener
- Focus group moderator's guide.

DETAILED FINDINGS

Contextual Issues

This section provides contextual information on respondents' behaviours vis-à-vis the safety of consumer products, as well as the reasons underpinning their behaviours and their sources of product safety information.

Reading Labels – Most Common Way to Determine Product Safety

Members of the general public collectively identified a wide range of actions they take as consumers to determine whether a product they are thinking of buying is safe or not. However, only a few actions were identified with much frequency. The measure identified most often was reading labels (34%), followed at a distance by researching the product on the Internet (19%), and asking family or friends for recommendations (10%) (multiple responses accepted).

No other action was identified by more than seven percent of respondents. These include relying on a brand name or the reputation of a product, researching the product in consumer reports or on consumer advocate websites, reading product instructions, asking a doctor for recommendations, looking for safety features, word of mouth, product appearance/inspecting the product, looking for unspecified approval information, newspapers and magazines, looking for safety warnings, advertisements, relying on general knowledge and common sense, television/news, researching the product on Health Canada's website, searching for advisories, warnings, or recall information, and looking for government approval. Included in the 'other' category (identified by fewer than two percent of respondents) are finding out where a product is made, looking at its ingredients, the media in general, Food and Drug Administration (FDA) information, information from Health Canada, and past experience.

Some respondents said they assume all products for sale in Canada have been tested and are safe (9%), while a few (5%) said they do not really think about product safety.

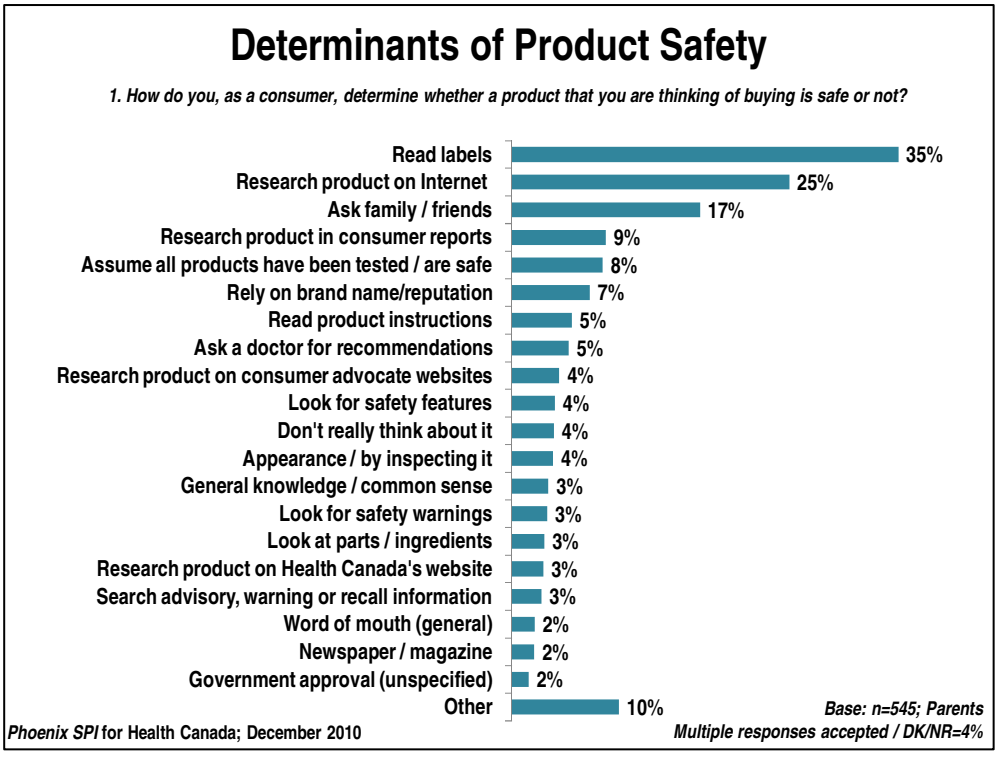
Among **members of the general public**, the following variations were evident regarding actions taken to determine whether a product is safe or not:

The likelihood of reading labels increased with age (from 27% of those under 35 to 41% of those 65 and older). This was also more likely to be identified by Francophones (45% vs. 31% of Anglophones), Quebec residents (44% vs. 23-34% elsewhere), and women (39% vs. 29% of men).

The likelihood of researching a product on the Internet increased with education (from 12% of those with high school or less to 26% of those with a university degree), and household income (from 10% of those with incomes under $40,000 to 26% of those with incomes of $100,000 or more). It was also more likely to be identified by those with a household member with a medical condition (24% vs. 15% of others), urban residents (21% vs. 14% of rural residents), and Anglophones (21% vs. 12% of Francophones).

Anglophones were more likely to say they assume all products in Canada are safe (11% vs. 4% of Francophones). Those more likely to say they do not think about this include respondents with the lowest household income (9% of those with incomes under $40,000 vs. 3-4% of others), and rural residents (8% vs. 4% of urban residents).

The behaviour of parents and guardians of children 12 or younger in determining whether a product they are thinking of buying is safe or not is very similar to that of members of the general public. The only notable difference is that they were more likely to research the product on the Internet (25% vs. 19% of members of the general public), and ask family or friends for recommendations (17% vs. 10%). As was the case with members of the general public, some parents and guardians of children 12 or younger said they assume all products for sale in Canada have been tested and are safe (8%), while a few (4%) said they do not really think about product safety. In terms of parents versus non-parents, parents were more likely than non-parents to research the product on the Internet (25% vs. 16%), and ask family or friends for recommendations (17% vs. 10%).



Among **parents**, the following variations were evident regarding actions taken to determine whether a product is safe or not:

The likelihood of reading labels increased slightly with age (from 30% of those under 35 to 38% of those 45 and older). This was also more likely to be identified by parents with the lowest household incomes compared to those with the highest (46% of those with incomes under $40,000 vs. 25% of those with incomes of $100,000 or more).

The likelihood of researching a product on the Internet increased with education (from 18% of those with high school or less to 30% of those with a university degree), and was more likely to be identified by those with the highest household incomes than those with the lowest (35% of those with incomes of $100,000 or more vs. 14% of those with incomes under $40,000). It was also more likely to be identified by urban residents (28% vs. 17% of rural residents), and Anglophones (28% vs. 18% of Francophones).

Grouping of Findings

Most of the measures identified by respondents fall into one of four general categories[2]:

- ***Looking for information beyond what accompanies the product***: In determining whether a product is safe or not, respondents are most likely to look for information beyond what accompanies the product itself. This includes researching a product on the Internet, on Health Canada's website specifically, in consumer reports or on consumer advocate websites, asking family or friends, asking a doctor for recommendations, and searching for advisories, warnings, or recall information. Approximately two-thirds of the parents and half the members of the general public identified measures that fall into this category.
- ***Looking for information accompanying the product***: The second most common type of information to determine whether a product is safe or not is information that accompanies products. This includes labels, product instructions, safety features and warnings, contents/ingredients, and where a product is made. Just over half the parents (51%) and almost half the members of the general public (46%) identified items that fall into this category.
- ***Paying attention to information***: A small number of respondents focused more on paying attention to information related to product safety, without actively looking for or seeking it. This includes information provided through word of mouth, as well as information provided through media, including newspapers and magazines, advertisements, and television/news.
- ***Not looking for information***: Some respondents said they do not take any steps to determine whether a product is safe or not. This includes assuming that all products for sale in Canada have been tested and are safe, and not really thinking about product safety. Fourteen percent of the general public and 12% of parents fall into this category.

[2] Because respondents could provide multiple responses to this question, they may have identified measures that fall into more than one of these general categories.

Related Focus Group Findings:

Most focus group participants, a majority in every group, said they take actions or steps to try to determine whether a product they are thinking of buying or one they have bought is safe. Their behaviour is very similar to that of surveyed respondents. The most frequently-identified action or step taken to determine product safety was reading product labels for information such as ingredients/content, expiration date, directions for use, and warnings. A number of parents also identified the age-appropriateness of a product as label information they routinely seek.

At least some participants in each group said they look for information beyond what accompanies a product, but parents were more likely to say this than members of the general public. This routinely included conducting online searches, consulting family and/or friends, consulting a physician or pharmacist, and consulting consumer reports in various forms (i.e. online, paper/magazines, television, radio). These types of actions were frequently, though not exclusively, conducted in relation to specific types of products, often in advance of a purchase. Not surprisingly, consulting a physician or pharmacist tended to be a form of action taken to find information about products such as medications, vitamins, health foods, and organic products. Online searches, consulting family/friends, and consulting consumer reports were often undertaken to find information about the following types of products:

- Large or expensive purchases (e.g. vehicles, electronic products, appliances)
- Children's products (e.g. cribs, car seats)
- Home work-related products for which safety is crucial (e.g. power tools, lawn mowers)
- Recreational products for which safety is crucial (e.g. sports equipment, trampolines)
- Medications, vitamins, health foods, organic products.

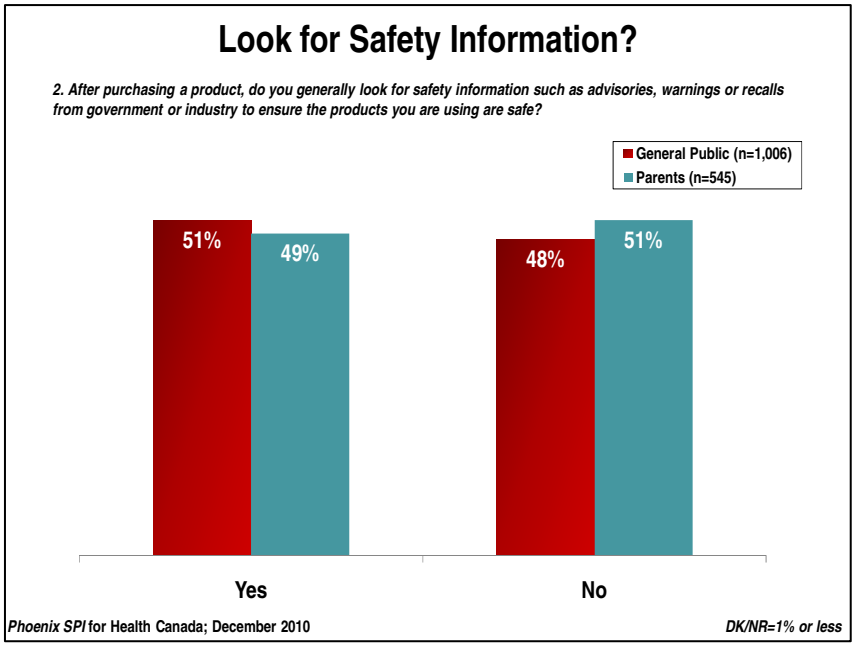
Some participants said they rely on specific brand name products they know and trust to determine whether a product they are thinking of buying is safe or not. Some said they sometimes consult a manufacturer's website to find information/descriptions of specific products. Some said they have contacted the manufacturer or distributor of a product, usually if they think that there is a problem with it.

Few participants volunteered in an unprompted way that they look for product recalls, alerts, advisories, or warnings. Having said that, some observed that they have found recall information when conducting online searches about products, or have been informed about a recall when consulting family or friends about a product.

Approximately Half Look for Safety Information from Government or Industry

Just over half the members of the general public indicated that after purchasing a product, they generally look for safety information, such as advisories, warnings or recalls from government or industry to ensure the products they are using are safe. Just under half the parents and guardians of children 12 or younger said they did this.

The above notwithstanding, the sources of information that respondents had in mind when responding to this question were very broad, as can be seen on the following page, and were not necessarily focused on recall/advisory-type information.



Among **members of the general public,** the following were more likely to look for product safety information:

- The oldest respondents (65% of those 65 and older vs. 44-55% of others);
- Unemployed respondents (58% vs. 48% of employed respondents);
- Those with a household member with a medical condition (56% vs. 47% of those with no such household member);
- Anglophones (55% vs. 36% of Francophones).

Quebec residents were the least likely to say they generally look for such information (38% vs. 50% to 68% in other regions).

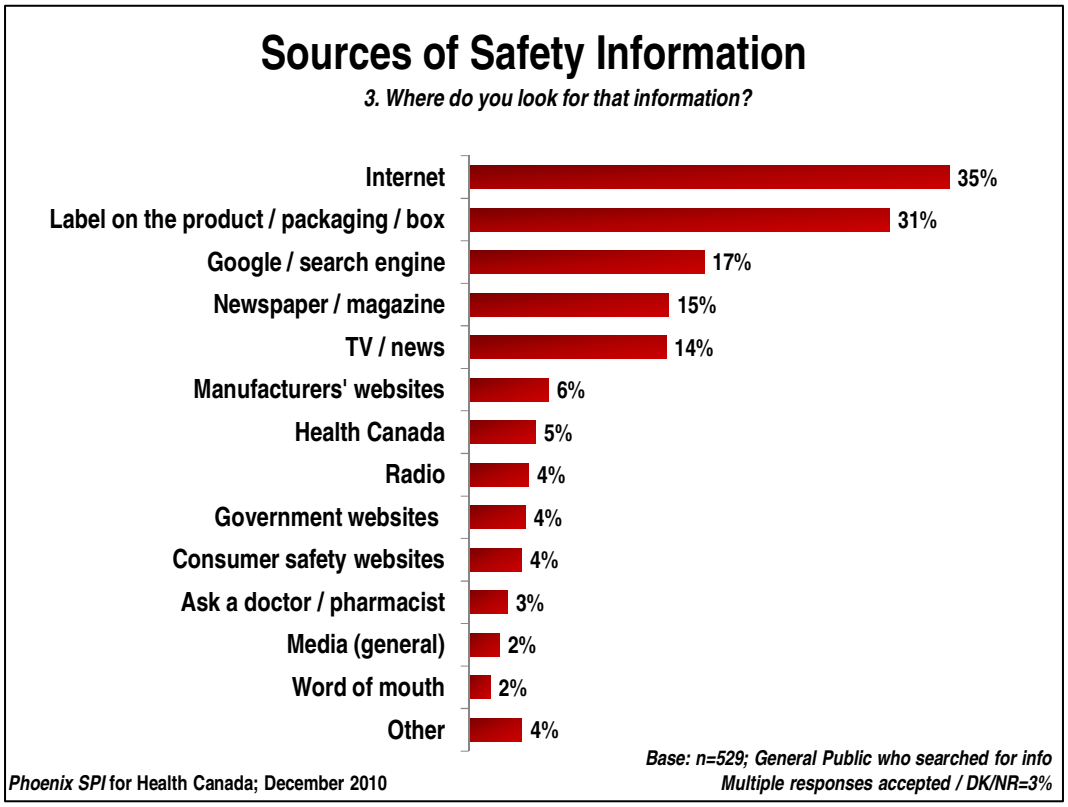
Among **parents,** the following were more likely to look for product safety information:

- Those with the lowest household income (64% of those with incomes under $40,000 vs. 44-47% of others);
- Respondents with a household member with a medical condition (55% vs. 45% of those with no such household member);
- Anglophones (54% vs. 34% of Francophones);
- Those who strongly agree that information on labels helps them safely use a product compared to those who strongly disagree with this (54% vs. 26%).

Internet – Top Source for Information About Product Safety

Perhaps not surprisingly, the Internet was identified most often, and in varying ways, as the main source of product safety information after purchasing a product. Members of the general public most often identified the Internet in general (35%) and Google and similar search engines (17%), with small numbers pointing specifically to manufacturers' websites (6%), and government and consumer safety websites (4% each) (multiple responses accepted).

The top non-Internet source of information identified by members of the general public was information accompanying a product when it is sold (e.g. product label/information). Nearly one-third (31%) identified this, followed at a distance by newspapers/magazines (15%) and TV/news (14%). Sources identified infrequently (5% or less) included Health Canada, radio, a doctor or pharmacist, the media in general, and word of mouth. Included in the 'other' category (identified by fewer than two percent of respondents) are the CBC website, news websites, calling the manufacturer, and consumer reports.



Variations among **members of the general public** regarding sources of product safety information included the following:

The likelihood of identifying the Internet in general decreased with age (from 40% of those under 35 to 24% of those 65 and older), while Google and similar search engines were more likely to be identified by the following:

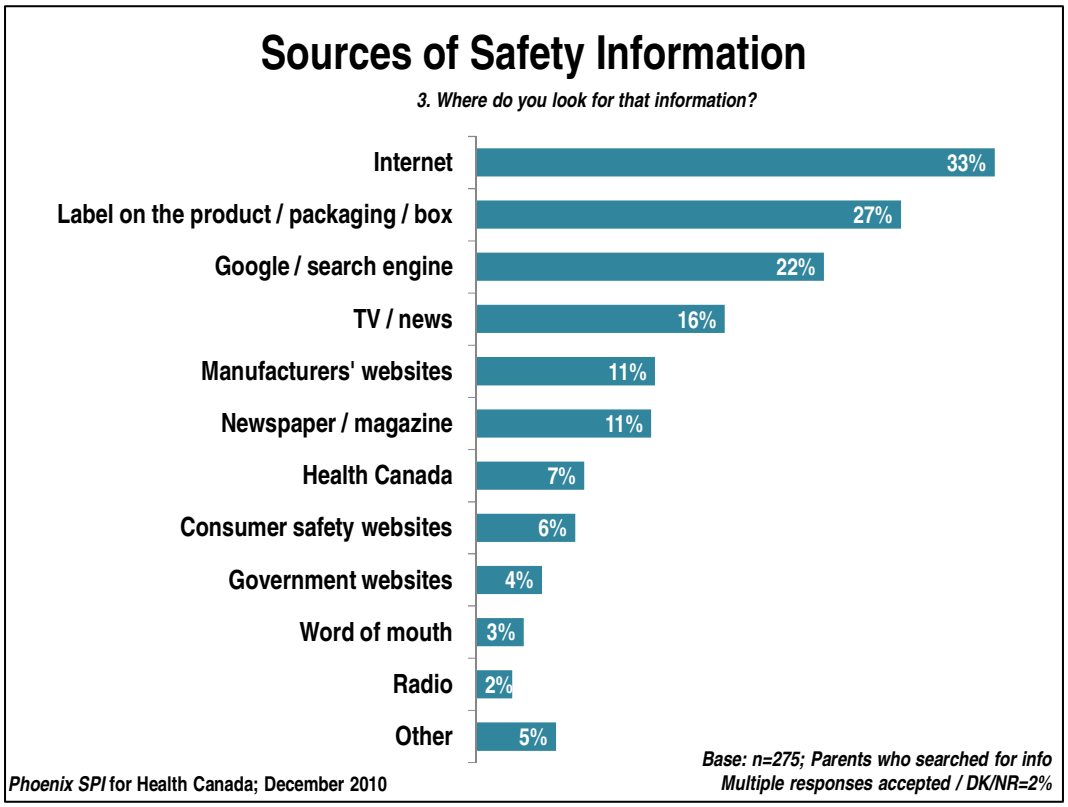
- Those under 35 (28%) compared to those 55-64 (11%) and 65 and older (8%);
- Those with the highest household income compared to those with the lowest (27% of those with incomes of $100,000 or more vs. 12% of those with incomes under $40,000);
- Those with a household member with a medical condition (22% vs. 13% of those with no such household member);
- Anglophones (19% vs. 6% of Francophones).

Information accompanying a product when it is sold was more likely to be identified by:

- Those with the lowest household income compared to those with the highest (37% of those with incomes under $40,000 vs. 20% of those with incomes of $100,000 or more);
- Those with a household member with no medical condition (36% vs. 25% of those with such a household member);
- Anglophones (33% vs. 19% of Francophones).

The behaviour of parents and guardians who said they generally look for information after purchasing a product again tends to mirror that of members of the public. The Internet was the top source identified, including the Internet in general (33%), Google/search engines (22%), manufacturers' websites (11%), consumer safety websites (6%), and government websites (4%) (multiple responses accepted).

Similarly, the top non-Internet source of information was information that accompanies a product when it is sold (27%), followed by TV/news (16%), newspapers/magazines (11%), and Health Canada (7%). Sources identified by small numbers included word of mouth and radio. Included in the 'other' category (identified by fewer than two percent of respondents) are the CBC website, news websites, social media sites, consumer reports, and the media in general.



Variations among **parents** regarding sources of product safety information were limited.

The likelihood of identifying the Internet in general decreased slightly with age (from 34% of those under 35 to 25% of those 45 and older). The Internet was also more likely to be identified by urban residents (34% vs. 19% of rural residents).

The likelihood of identifying information accompanying a product when it is sold decreased with income (from 41% of those with incomes under $40,000 to 12% of those with incomes of $100,000 or more). On the other hand, the likelihood of identifying such information increased with the age of children (from 11% of those with children under 1 to 29% of those with children 7-12 years of age). Those with a household member with no medical condition were also more likely to identify such information (34% vs. 20% of those with such a household member).

Related Focus Group Findings:

Focus group feedback mirrored that offered by survey respondents. Most participants in every group identified the Internet and product labels/instructions as where they would go to look for product safety information. Consumer reports and family and friends were also identified relatively frequently. Smaller numbers, but at least a couple in most groups, identified retail staff/personnel and manufacturers. Focusing on health products or medications, some participants identified health professionals, including physicians/family doctors, pharmacists, and nutritionists/dieticians. A few identified government in general, universities, the Canadian Standards Association (CSA), and Health Canada. Some parents identified magazines that target parents (e.g. Today's Parent).

Asked specifically how they would use (or have used) the Internet to search for such information, nearly all participants in every group said they would (or did) use a search engine, typically Google. In fact, the majority of participants said they have looked for such information using the Internet, often for many different products. The most frequently-identified way of zeroing-in on the information sought using a search engine involved being as precise as possible. This usually involved typing in a product name and a specific qualifier (e.g. 'product x + safety', 'product x + review', or 'X recall 2010'). In some instances, it involved typing in a full sentence question (e.g. 'Where can I find information about the X recall?'). Some said that their approach depends on the type of information sought. For example, if looking for information about a specific product they would take an approach similar to the ones just identified. On the other hand, if they were looking for information about many products they would use a more general approach (e.g. 'product recalls in 2010').

Relatively few identified specific websites they would go to or with which they are acquainted. Such sites included the following, none of which was identified by more than a couple of participants: Health Canada, Canadian Standards Association, Canada Mortgage and Housing Corporation, consumerreports.org, Yahoo News, CBC, Natural News, David Wolfe Superfoods, Omega 3, *Today's Parent*, Baby Center, Shopper's Drug Mart, and Wikipedia. Some participants identified types of sites without being specific, including consumer protection sites, sites for parents, and manufacturers' websites.

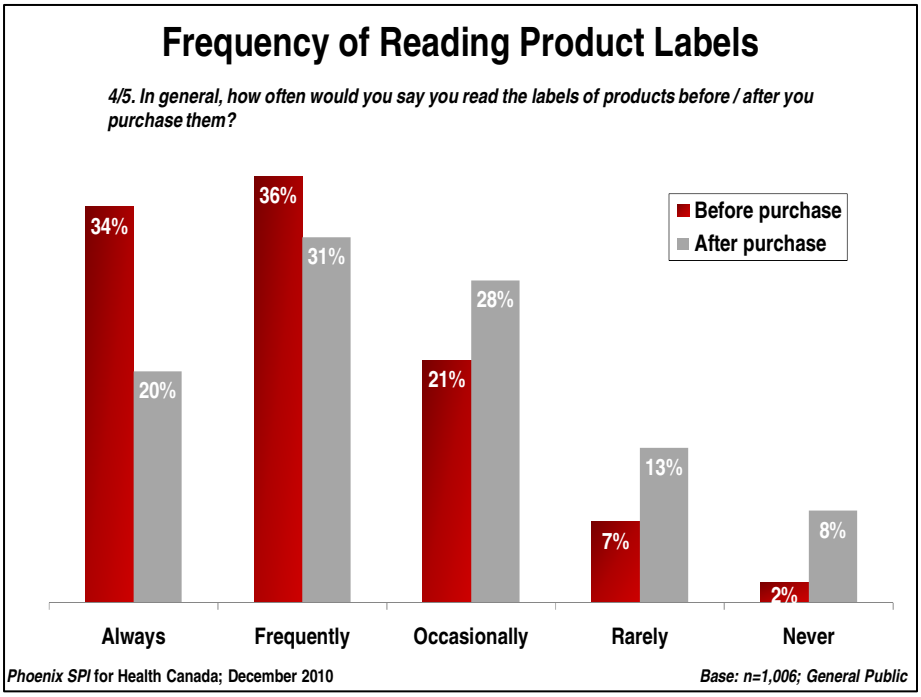
In trying to explain why respondents in the survey phase of this research were much more likely to identify Google than government websites as a source of product safety information, (just as they themselves had done), participants routinely pointed to familiarity with Google and its ease, speed, and effectiveness in finding information on the Internet (including information on government websites). By contrast, participants routinely suggested that awareness of government websites and the type of information they provide tends to be very low. This lack of awareness was most often attributed to government websites not being promoted or advertised, but some linked it to the number of government websites across different levels of government (i.e. federal, provincial, municipal). In other words, it is not clear which government website(s) at which level(s) provide such information. Some also suggested that government websites do not tend to be user-friendly. A few suggested that government is not likely to be seen as playing this kind of role (i.e. offering product safety information), while a few others suggested that government may not be the most reliable source of such information (or at least not sufficient as a stand-alone source of such information). For these reasons, there was a widespread impression that government websites are not top-of-mind as sources of product safety information.

Greater Likelihood to Read Product Labels Before Than After Purchases

Over two-thirds of the general public (70%) said they routinely read the labels of products before they purchase them. This includes one-third (34%) who said they *always* do this, and slightly more (36%) who *frequently* do this. Most of the rest (21%) said they *occasionally* do this, while 9% *rarely* or *never* do it.

By comparison, a bare majority said they routinely read the labels of products after they purchase them, such as when they use them. This includes 20% who *always* do this, and close to one-third (31%) who *frequently* do this. Over one-quarter (28%) said they *occasionally* do this, while 21% *rarely* or *never* do it.

Clearly, people are more likely to read labels before rather than after purchasing a product.



Variations among **members of the general public** when it comes to reading product labels included the following:

The likelihood of routinely reading the labels of products before purchasing them increased with education (from 62% of those with a high school diploma or less to 77% of those with a university degree), and household income (from 61% of those with incomes under $40,000 to 74% of those with incomes of $100,000 or more). The likelihood of doing this also increased regionally from east to west, from 65% of those in the Atlantic region to 78% of those in B.C. The likelihood of doing this was also higher among women (78% vs. 62% of men), and those with a household member with a medical condition (77% vs. 65% of others).

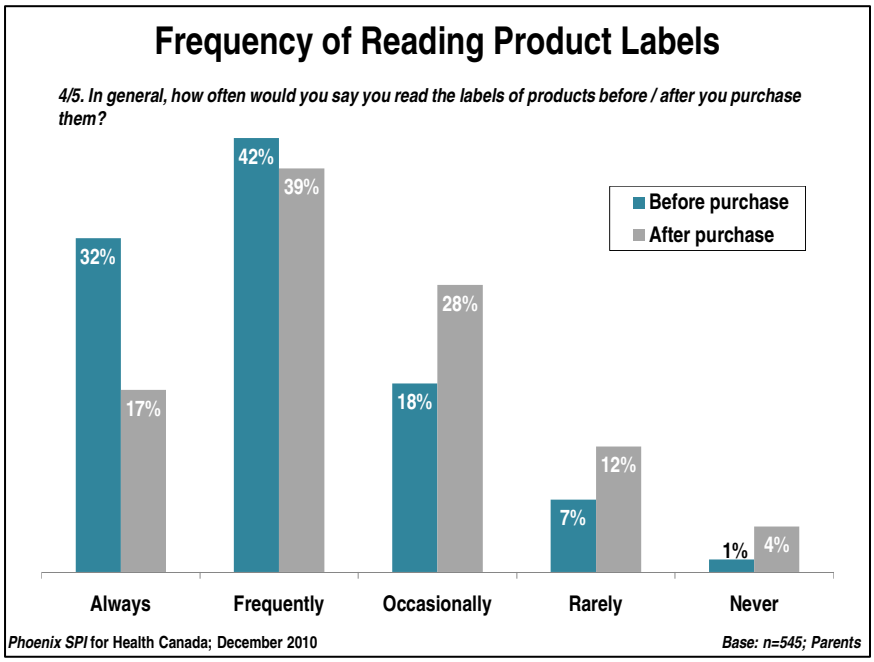
The likelihood of routinely reading the labels of products after purchasing them was higher among Anglophones (53%) than Francophones (43%), while the likelihood of *always* doing this increased with age (from 14% of those under 35 to 29% of those 65 and older).

Finally, respondents who strongly disagree that information on labels helps them safely use a product were much more likely than those who strongly agree with this to rarely or never read labels of products before they purchase them (26% vs. 8%) and after they purchase them (34% vs. 17%).

When it comes to reading product labels, the habits of parents mirror those of members of the general public. Nearly three-quarters (74%) said they routinely read the labels of products before they purchase them (nearly one-third said *always*, and 42% *frequently*). Most of the rest (18%) said they *occasionally* do this, while 8% *rarely* or *never* do it.

A smaller majority (56%) routinely read the labels of products after they purchase them (17% *always* do this, and 39% *frequently* do it). Over one-quarter (28%) said they *occasionally* do this, while 16% *rarely* or *never* do it.

As with the general public, parents are considerably more likely to read labels before rather than after purchasing a product.



Variations among **parents** when it comes to reading product labels included the following:

The likelihood of routinely reading the labels of products before purchasing them increased with education (from 68% of those with a high school diploma or less to 80% of those with a university degree). The likelihood of doing this was also higher among women (78% vs. 68% of men), and urban residents (77% vs. 62% of rural residents).

The likelihood of routinely reading the labels of products after purchasing them was higher among those with a household member with a medical condition (61% vs. 52% of those with no such household member). Regionally, the likelihood of routinely doing this ranged from 75% in the Atlantic region to 51% in Ontario).

Finally, parents who strongly disagree that information on labels helps them safely use a product were much more likely than those who strongly agree with this to rarely or never read the labels of products after they purchase them (38% vs. 13%).

Related Focus Group Findings:

Nearly all focus group participants, a majority in every group, said they tend to read product labels before purchasing products, and many said they tend to do so both before and after purchasing products (albeit for different reasons). Very few said they tend to read labels only after they have purchased products.

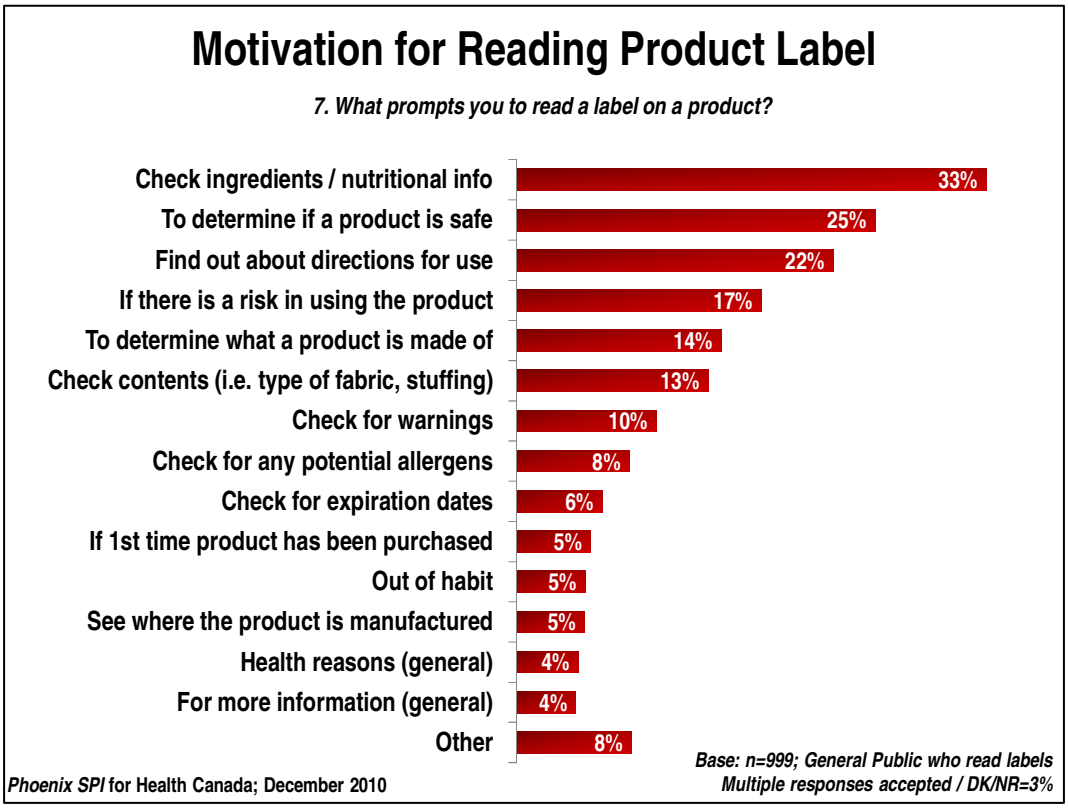
When it came to looking for product safety information in general, most participants indicated that if they were looking for such information, they would be more likely to do so before purchasing a product than after purchasing it. The main reason was a '*better safe than sorry*' or '*buyer beware*' attitude, especially in the case of large/expensive purchases and products for which safety is crucial (e.g. children's products). Focusing specifically on food, medications, and health products, many explained that they would look for such information prior to purchase because they are concerned about ingredients/content and/or want to make sure the expiry date has not passed. The most frequently-identified reason to look for safety information after a purchase was in the event of a problem with a product (e.g. a defect). Many also said that they look for such information after purchasing a product so as to better understand a product (e.g. its content/ingredients, origin) or to look at directions for use.

As noted earlier, focus group participants, like survey respondents, clearly regard the reading of product labels as a means of determining product safety. Consequently, it is not surprising that their behaviour when it comes to reading product labels and looking for product safety information in general tends to be very similar. Indeed, to many it appeared that they are indistinguishable.

Reasons for Reading Product Labels

Members of the general public who read labels on products, whether before or after purchasing them, most often identified a desire to check ingredients or nutritional information (33%) to explain why. One-quarter (25%) said they want to determine if a product is safe, while 22% said they want to find out about directions for use. Other reasons given relatively frequently include determining if there is a risk associated with the product (17%), determining what the product is made of (14%), checking its contents (13%), and checking for warnings (10%) (multiple responses accepted).

A host of other issues were identified less often, including checking for potential allergens (8%), checking expiration dates (6%), reading labels out of habit or the first time a product is purchased (5% each), finding out where a product is manufactured (5%), health reasons (4%), and in order to get additional information (4%). Included in the 'other' category (identified by three percent or fewer respondents) are curiosity, reading labels in response to media advisories, checking for side effects and age appropriateness, and to determine the environmental friendliness of a product.



Among **members of the general public**, the following variations were evident regarding motivations for reading product labels:

Reading labels to check ingredients or nutritional information was more likely to be identified by women (40% vs. 25% of men), and those with higher household incomes (36% of those with incomes of $60,000 or more vs. 30% of those with incomes between $40-60,000, and 25% of those with an income under $40,000). On the other hand, reading labels to determine if a product is safe decreased with income (from 31% of those with incomes under $40,000 to 19% of those with incomes of $100,000 or more).

Anglophones were more likely to read labels to find out about directions for use (24% vs. 17% of Francophones), while Francophones were more likely to do so to determine what a product is made of (20% vs. 12% of Anglophones). Reading labels to check for potential allergens was more likely among those with a household member with a medical condition (13% vs. 3% of those with no such household member).

Motivations for reading labels among parents are very similar to those of members of the general public. The only notable difference is a greater proportion of parents motivated by a desire to determine if a product is safe (33% vs. 25% of the general public). This was also the only notable difference between parents (33%) and non-parents (22%).

Among **parents**, the following variations were evident regarding motivations for reading product labels:

Reading labels to check ingredients or nutritional information increased with education (from 27% of those with high school or less to 41% of those with a university degree). Reading labels for this reason was also more likely to be identified by women (39% vs. 29% of men).

The likelihood of reading labels for the following reasons increased with education:

- Finding about directions for use (from 18% of those with a high school diploma or less to 29% of those with a university degree);
- Finding out if there is a risk associated with using the product (from 11% of those with high school or less to 20% of those with a university degree).
- Determining what a product is made of (from 8% of those with high school or less to 19% of those with a university degree).

The likelihood of reading labels to check for warnings increased with age (from 6% of those under 35 to 19% of those 45 and older).

Reading labels to check for potential allergens was more likely among those with a household member with a medical condition (12% vs. 5% of those with no such household member), and women (11% vs.4% of men).

Reasons for Not Reading Product Labels

Only a small number of members of the general public (n = 39) and parents and guardians (n = 20) rarely or never read labels on products they purchase both before or after they purchase them. In explaining why they rarely or never do this, members of both audiences were most likely to point to familiarity with the product (e.g. they know the product or trust it). Other reasons provided by members of both audiences included lack of interest, lack of need, lack of relevance of label information, lack of time or being too busy, an assumption that the product is safe and that there is no risk associated with it, and label information being too complicated.

The next few questions were asked only of respondents who read labels before or after making a purchase (or both).

Related Focus Group Findings:

Focus group feedback reflected that of survey respondents, though the former were asked more specifically why they read product labels before a purchase, and why they read them after a purchase. Regardless of whether they were discussing reasons for reading labels before or after a purchase, participants tended to focus on food products and medicinal products when explaining their label-reading habits. These are the types of consumer products many are most concerned about, at least among products purchased on a routine, ongoing basis.

Reasons for reading product labels before a purchase routinely included a desire to check ingredients (e.g. salt, sugar, fats, carbohydrates), expiration dates, warnings, the point of origin of the product, and whether or not it is environmentally friendly. Parents also routinely said they check labels for age-appropriate information. Many participants also explained more generally that they read labels prior to purchasing a product in order to compare different brands and/or make sure the product is safe or the appropriate product or brand.

The most frequently-given reason for reading labels after purchasing a product was to read the directions or instructions for use, as well as any other use-related information. Many also said they will read labels after using a product in the event of a problem resulting from its use (e.g. a product not working properly, an allergic reaction). While most participants said that they tend to read labels for warnings or hazards prior to purchasing a product, some said that they tend to do so after purchase, when they go to use the product. Some said that they read labels after purchasing a product in order to get additional information about it (e.g. its content/ingredients, origin), or because they do not have time to read all the information on the label when they are shopping.

Focus group participants were asked which of the following messages would be more effective in an advertising campaign designed to encourage them to read product labels:

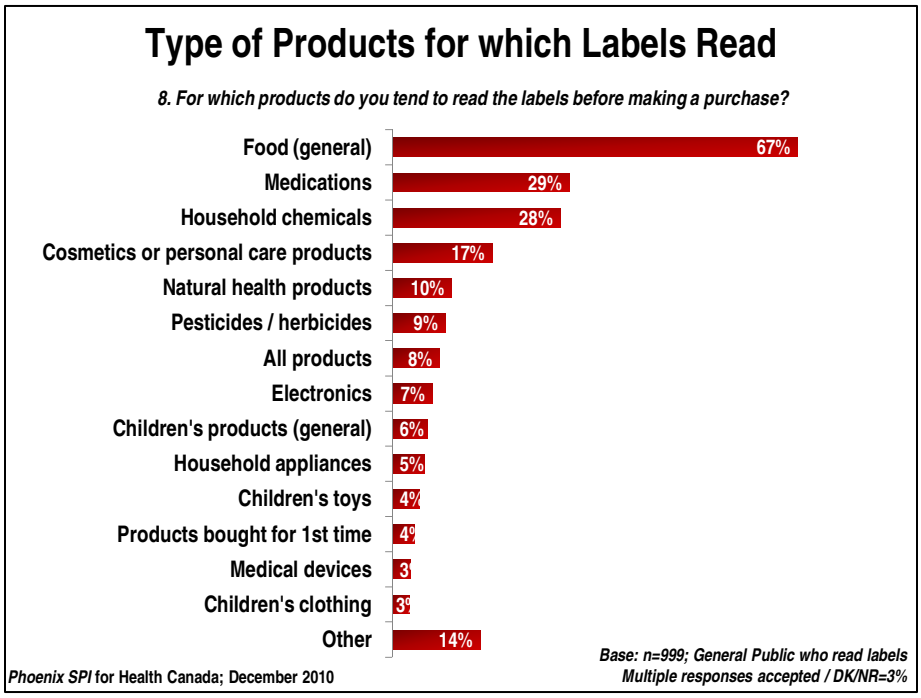
- *Safety is in your hands. Read the labels.*
- *The key to safer shopping is in your hands. Read the labels.*

In response, most participants, a majority in all but one group, chose the message *Safety is in your hands. Read the labels.* In explaining their preference, participants routinely pointed to the emphasis on safety right at the beginning of the message, as well as the succinct and direct nature of the message. Conversely, '*The key to safer shopping is in your hands. Read the labels.* was seen by many as long and/or redundant, especially if the messages were located at points of purchase (i.e. in stores). Those who preferred the longer message said they liked the use of the word 'key' as well as the specific as opposed to implicit, reference to shopping.

Food Tops List of Products for Which Labels are Read

Food is, by far, the most frequently-identified type of product for which members of the general public tend to read labels before making a purchase. Two-thirds (67%) said they tend to read the labels of food products (in general) before making a purchase. This was followed, at a distance, by medications and household chemicals, each identified by over one-quarter of respondents (28-29%), children's products (19%), and cosmetics or personal care products (17%) (multiple responses accepted). Children's products include children's products in general (6%), toys (4%), clothing (3%), and the following products, each identified by one percent of respondents: play equipment, car seats, cribs, furniture, strollers, and baby walkers.

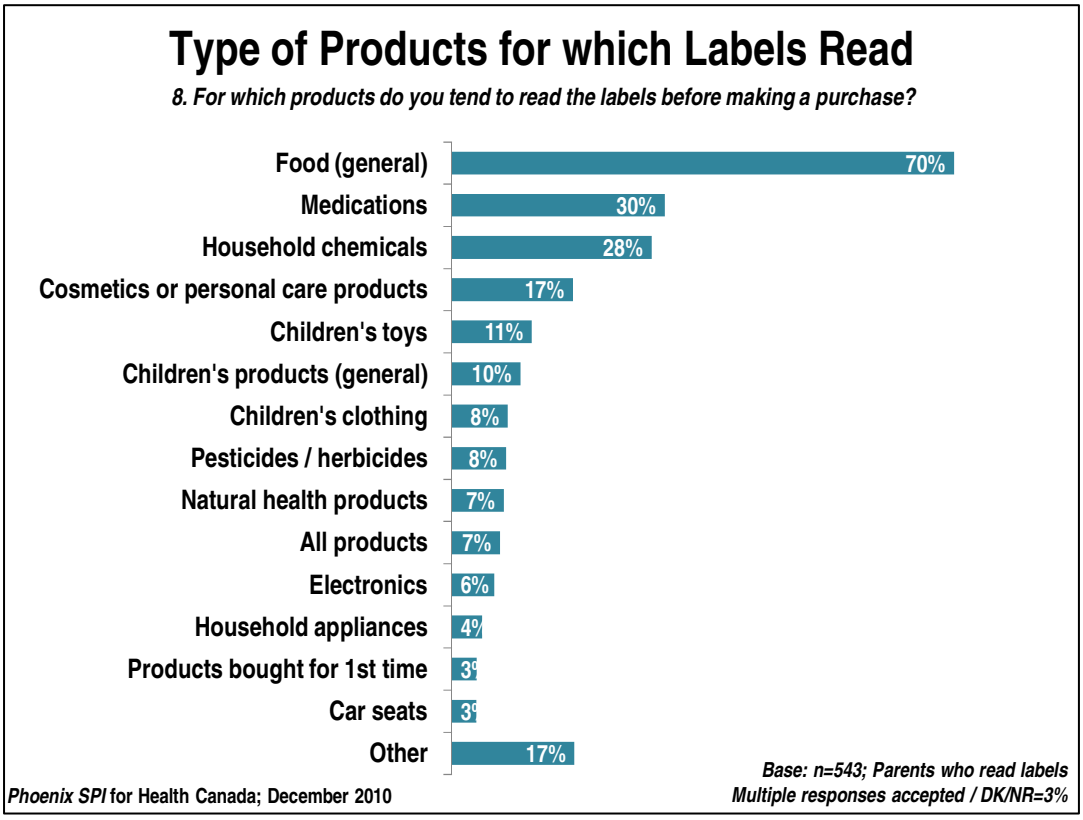
A host of other types of products were also identified, most of them relatively infrequently. These include natural health products (10%), pesticides/herbicides (9%), all products or products in general (8%), electronic products (7%), household appliances (5%), products purchased for the first time (4%), and medical devices (3%). Included in the 'other' category (identified by 2% or fewer respondents) are clothing, health products, pet products, paint, tools, and the host of child products identified above.



Variations among **members of the general public** regarding types of products for which they read labels were limited.

The likelihood of reading labels on food products before purchasing them increased with education (from 63% of those with high school or less to 72% of those with a university degree), and household income (from 61% of those with incomes under $40,000 to 74% of those with incomes of $100,000 or more). Women were more likely to do this than men (71% vs. 62%), and were also more likely to read labels on medications (33% vs. 25% of men), and cosmetics/personal care products (24% vs. 8% of men). Reading labels on household chemicals before purchasing them was more likely among Anglophones (29% vs. 22% of Francophones), while reading labels on natural health products was more likely among urban residents (11% vs. 5% of rural residents).

With one exception, parents identified the same types of products in similar proportions. Perhaps not surprisingly, the exception was children's products, which were much more likely to be identified by parents than members of the general public. In total (including child products included in the 'other' category), child products were identified by 41% of parents and guardians and 19% of members of the general public. This was also the only notable difference between parents and non-parents, with only 11% of the latter identifying children's products.



Variations among **parents** regarding types of products for which they read labels were relatively limited and included the following.

The likelihood of reading labels on food products before purchasing them increased with education (from 56% of those with high school or less to 80% of those with a university degree). It was also more likely among urban residents (73% vs. 62% of rural residents).

Women were more likely to read labels on household chemicals (33% vs. 23% of men), cosmetics/personal care products (23% vs. 11% of men), and children's toys (14% vs.8% of men).

The likelihood of reading labels on children's products in general decreased with the age of children (from 20% of those with children under 1 to 6% of those with children 7-12 years of age).

Reading labels on medications was more likely among parents with a household member with a medical condition (35% vs. 25% of others).

Related Focus Group Findings:

Like survey respondents, focus group participants are most likely to read labels on food products (compared to other products). A majority of participants in every group cited such products when describing their label-reading habits. The following were also identified by at least some participants in every group as products for which they usually read labels:

- Medicines and health products in general
- Cosmetics/personal care products
- Household cleaning products
- Clothing
- Pesticides.

Children's products in general (e.g. cribs, car seats, baby powder) were also routinely identified, but especially by parents. Not surprisingly, many participants said they read the labels on products they are purchasing for the first time. While participants focused on the types of products identified above, the following were also identified by at least a few participants in all groups: electronic products, sports equipment, household appliances, and tools.

In the course of discussion, it became evident that while participants read labels on a range of products, the type of information they seek or focus on tends to differ by product type. Generally speaking, participants tend to focus on information related to contents or ingredients (including their potential effect/impact) when it comes to the following:

- Food products
- Medicines and health-related products
- Cosmetics/personal care products
- Household cleaning products
- Clothing
- Pesticides.

By comparison, they tend to focus on instructions and directions for use when it comes to the following:

- Electronic products
- Sports equipment
- Household appliances
- Tools.

There are products for which both types of information are sought (i.e. content and directions for use), the key one being children's products. This is also the case for household cleaning products and pesticides.

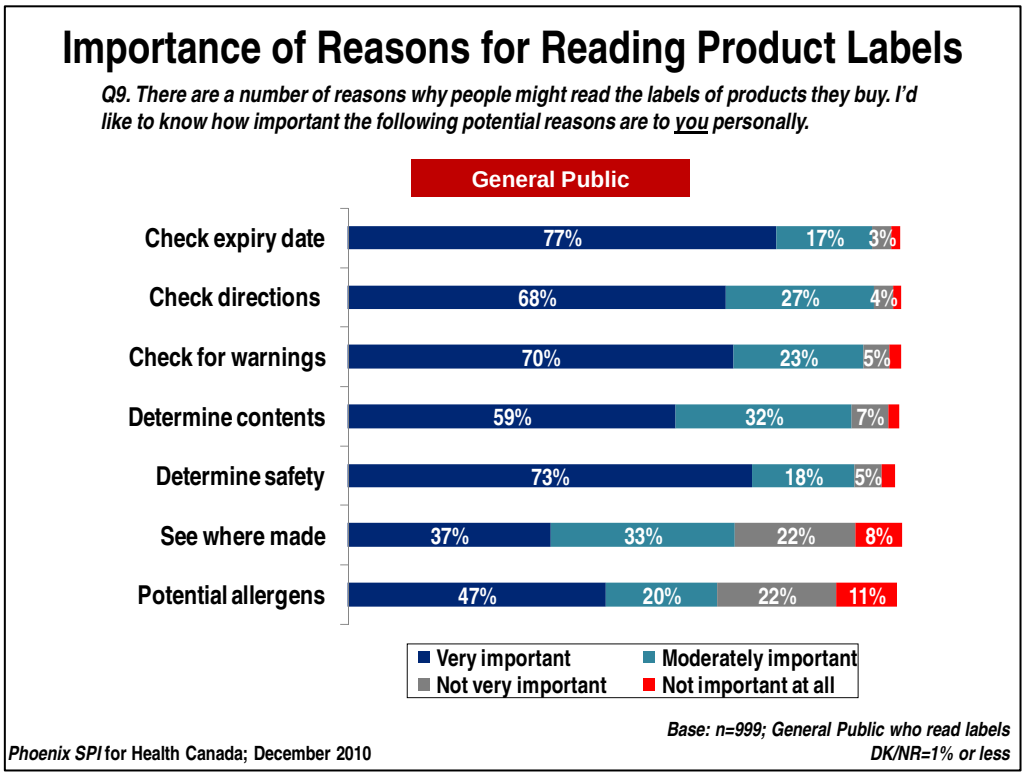
Perceived Importance of Reasons for Reading Product Labels

Respondents who read labels were asked to rate the importance to themselves personally of each of the following potential reasons for reading the labels of products they buy:

- To check the expiry date.
- To see where the product is made or manufactured.
- To determine what the product is made of.
- To determine if a product is safe.
- To see if there are any potential allergens.
- To check for warnings.
- To check directions for use.

In response, the vast majority of members of the general public (between 91-95%) attributed at least moderate importance to all but two of these reasons, with well over half rating each of these reasons as *very* important. They were most likely to assign *strong* importance to checking the expiry date (77%) and determining if a product is safe (73%), followed by checking for warnings (70%), checking for directions (68%), and determining the contents of the product (59%).

Smaller, but relatively substantial majorities assigned at least *moderate* importance to seeing where the product is made or manufactured (70%), and seeing if there are any potential allergens (67%).



Variations among **members of the general public** regarding the importance of reasons for reading the labels of products included the following:

- Checking directions for use was more likely to be considered very important by women (72% vs. 64% of men), Anglophones (71% vs. 60% of Francophones), and those not employed (77% vs. 64% of those employed). The likelihood of considering this very important also increased with age (from 57% of those under 35 to 81% of those 65 and older).

- Checking for warnings was more likely to be considered very important among women (74% vs. 65% of men), and older respondents (74% of 55-64 year olds and 76% of those 65 and older vs. 63% of those under 35).

- Assigning strong importance to determining the contents of the product was more likely among women (64% vs. 54% of men) and residents of Alberta (75% vs. 49-60% elsewhere).

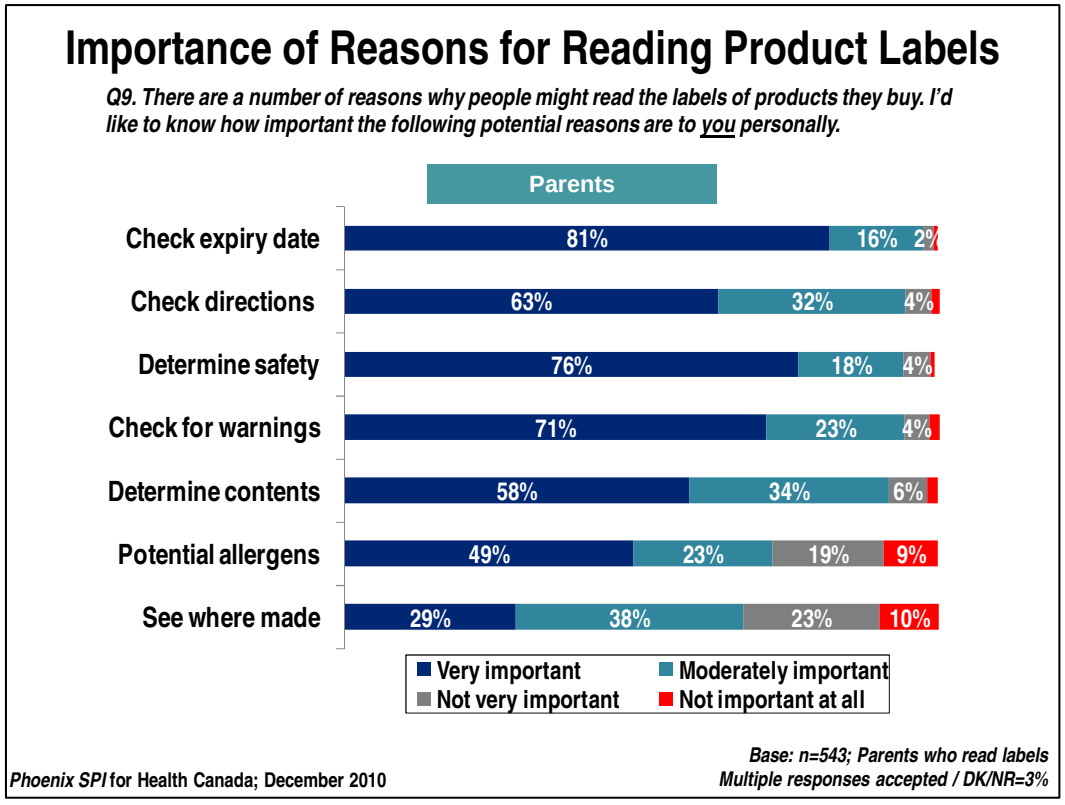
- The likelihood of assigning strong importance to determining if a product is safe decreased with education (from 80% of those with high school or less to 70% of those with a university degree). Women were more likely to consider this very important (80% vs. 66% of men), as were Anglophones (75% vs. 65% of Francophones).

- The likelihood of assigning strong importance to seeing where a product is made increased with age (from 22% of those under 35 to 57% of those 65 and older). This was also more likely to be considered very important by those not employed (45% vs. 32% of those employed).

- Assigning strong importance to seeing if there are any potential allergens was more likely among urban residents (49% vs. 37% of rural residents), and respondents with a household member with a medical condition (57% vs. 38% of those with no such household member). The youngest were least likely to view this as very important (37% of those under 35 vs. 48-52% of those over 35).

Perceptions of parents and guardians who read labels are very similar to those of members of the general public. Indeed, the only noteworthy difference is that they were less likely to assign strong importance to seeing where the product is made or manufactured (29% vs. 37% of members of the general public). They were also less likely to attribute strong importance to checking directions for use (63% vs. 68%), but more likely to attribute strong importance to checking the expiry date (81% vs. 77%).

These same differences were evident between parents and non-parents, though they were slightly more pronounced. Specifically, parents were less likely to assign strong importance to seeing where the product is made or manufactured (29% vs. 39% of non-parents), less likely to attribute strong importance to checking directions for use (63% vs. 72% of non-parents), and more likely to attribute strong importance to checking the expiry date (81% vs. 75% of non-parents).



Variations among **parents** regarding the importance of reasons for reading the labels of products included the following:

- Assigning strong importance to checking the expiry date was more likely to be considered very important to those with the lowest household incomes compared to those with the highest (86% of those with incomes under $40,000 vs. 75% of those with incomes of $100,000 or more). It was also more likely to be considered very important to Francophones (88% vs. 80% of Anglophones), and in Quebec (88%) and Ontario (85%) than in the Prairies (73%) and B.C. (69%).

- The likelihood of assigning strong importance to checking directions for use increased with the age of children (from 51% of those with children under 1 to 67% of those with children 7-12 years of age). This was also most likely to be considered very important to those the lowest household incomes (77% of those with incomes under $40,000 vs. 55-65% of others).

- The likelihood of assigning strong importance to determining if a product is safe decreased slightly with education (from 82% of those with high school or less to 74% of those with a university degree). Urban residents were more likely to consider this very important (79% vs. 67% of rural residents), as were unemployed respondents (83% vs. 75% of those employed).

- Checking for warnings was more likely to be considered very important among urban residents (73% vs. 62% of rural residents). In addition, the likelihood of considering this very important decreased with income (from 83% of those with incomes under $40,000 to 60% of those with incomes of $100,000 or more).

- Assigning strong importance to determining the contents of the product increased with age (from 52% of those under 35 to 63% of those 45 and older), and with education (from 50% of those with high school or less to 68% of those with a university degree). Urban residents were also more likely to assign strong importance to this (60% vs. 49% of rural residents).

- Assigning strong importance to seeing if there are any potential allergens was more likely among respondents with a household member with a medical condition (65% vs. 36% of those with no such household member). Regionally, only in Ontario and Quebec did majorities view this as very important (53% in Ontario and 52% in Quebec vs. 48% in the Prairies, 40% in the Atlantic region, and 34% in B.C.).

Related Focus Group Findings:

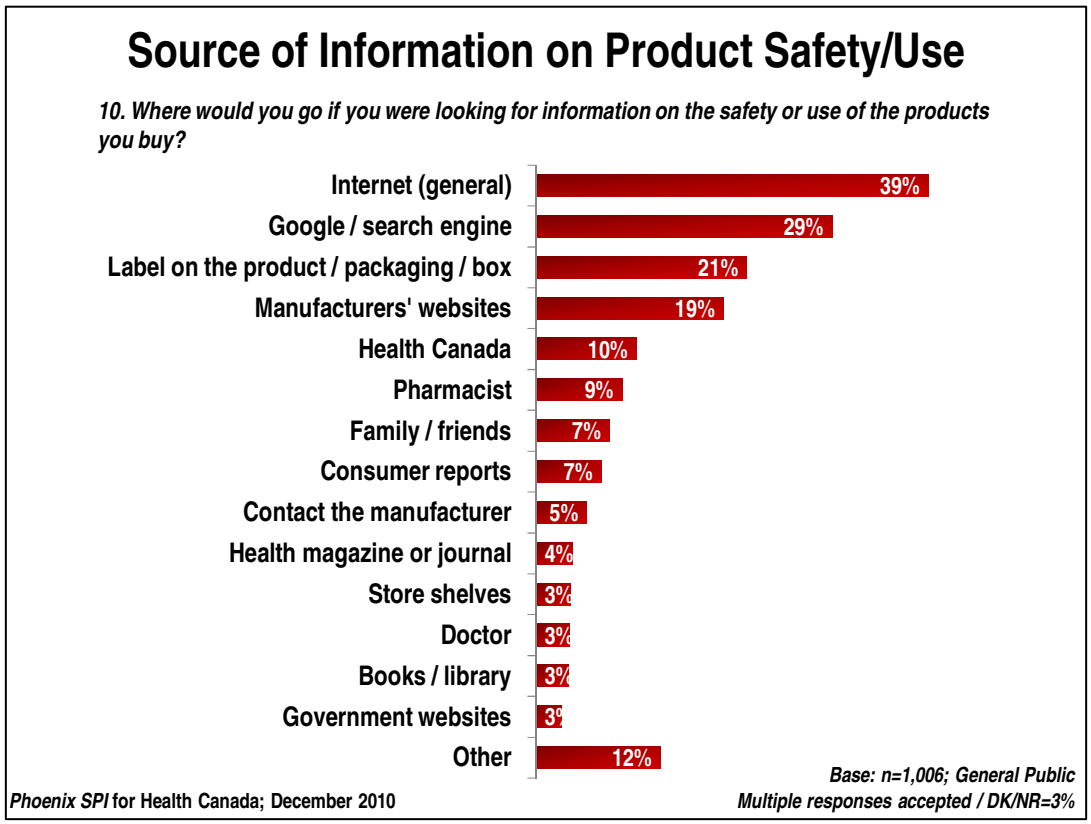
Focus group participants were not asked to rate the importance of potential reasons for reading product labels. However, with the exception of checking for potential allergens, each of the reasons assessed by survey respondents was routinely identified in the focus groups as a reason for reading product labels or as a type of information sought (see page 22). This suggests that these reasons are of personal importance to focus group participants.

Internet – Top *Potential* Source for Information on Product Safety

All respondents were asked where they would go if looking for information on the safety or use of the products they buy. Members of the general public were most likely to identify the Internet, either in general (39%), Google or other search engines (29%), and manufacturers' websites (19%). A small number (3%) identified government websites (multiple responses accepted).

The most frequently-identified non-Internet source of information was the product itself, including label information (21%), followed at a distance by Health Canada (10%), a pharmacist (9%), family and friends (7%), and consumer reports (7%).

Sources identified infrequently (5% or less) include the manufacturer, health magazines or journals, store shelves, a doctor, and books or a library. Included in the 'other' category (identified by two percent or fewer respondents) are TV/news, newspapers/magazines, health care professionals (unspecified), the FDA, radio, and word of mouth.



Variations among **members of the general public** in terms of where they would go for information on the safety or use of the products they buy included the following:

- Google or other search engines were more likely to be identified by the following:
  - The youngest respondents compared to the oldest (40% of those under 35 vs. 17% of those 65 and older);
  - Those with the highest household incomes compared to those with the lowest (38% of those with incomes of $100,000 or more vs. 22% of those with incomes under $40,000);
  - Anglophones (33% vs. 19% of Francophones).

- Manufacturers' websites were more likely to be identified by:
  - Anglophones (21% vs. 12% of Francophones);
  - Employed respondents (22% vs. 12% of those not employed);
  - Respondents with a household member with a medical condition (25% vs. 14% of those with no such household member).

  The likelihood of identifying manufacturers' websites also increased with education, from 13% of those with high school or less to 22% of those with a university degree.

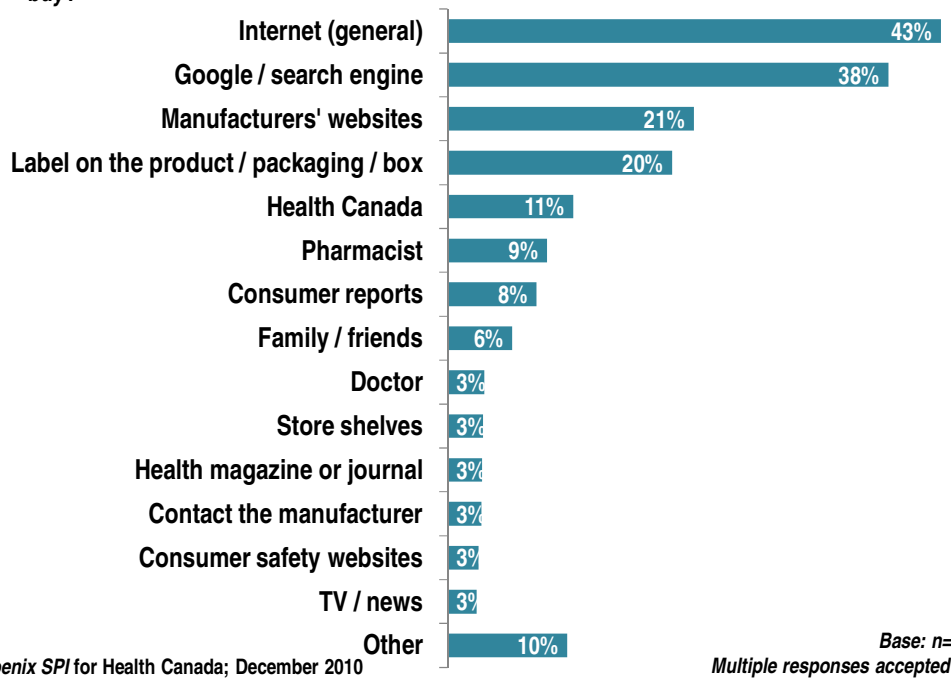
- Health Canada was more likely to be identified by those with a university degree (15% vs. 7-8% of others), and the employed (13% vs. 4% of those not employed). It was less likely to be identified by the oldest respondents (3% of those 65 or older vs. 9-14% of respondents under 65).

- The likelihood of identifying consumer reports increased with age (from 3% of those under 35 to 10% of those 65 and older), as did the likelihood of identifying pharmacists (from 4% of those under 35 to 16% of those 65 and older). Pharmacists were also more likely to be identified by respondents with a household member with a medical condition (11% vs. 6% of those with no such household member).

Parents and guardians provided similar feedback on where they would look for information on the safety or use of products. The only noteworthy difference is their greater likelihood of identifying Google or search engines (38% vs. 29% of members of the general public). This was also the only noteworthy difference between parents (38%) and non-parents (28%).

Source of Information on Product Safety/Use

10. Where would you go if you were looking for information on the safety or use of the products you buy?



Phoenix SPI for Health Canada; December 2010

Base: n=545; Parents
Multiple responses accepted / DK/NR=1%

Variations among **parents** in terms of where they would go for information on the safety or use of the products they buy included the following:

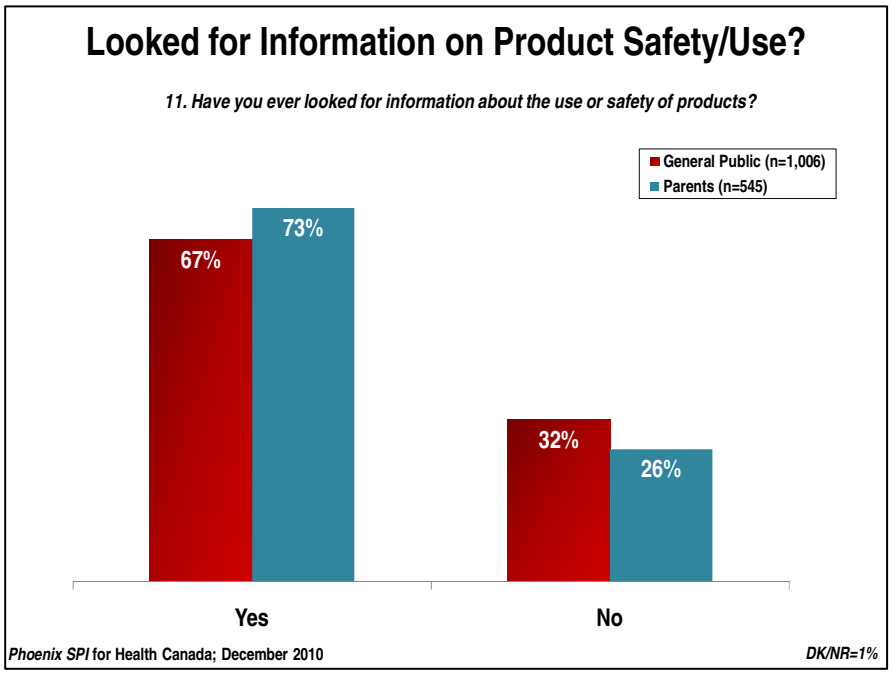
- Manufacturers' websites were more likely to be identified by Anglophones (25% vs. 11% of Francophones), and rural residents (31% vs. 19% of urban residents).
- Product labelling was more likely to be identified by Francophones (28% vs. 17% of Anglophones).
- The likelihood of identifying Health Canada increased with education (from 5% of those with high school or less to 15% of those with a university degree).
- Pharmacists were more likely to be identified by women (13% vs. 4% of men), and those with a household member with a medical condition (13% vs. 5% of those with no such household member).
- Consumer reports were more likely to be identified by men (11% vs. 5% of women) and Anglophones (9% vs. 3% of Francophones).

Related Focus Group Findings:

Focus group feedback was similar to that offered by survey respondents, especially regarding the predominance of the Internet in general and Google in particular as sources of information on the safety and use of products. However, so as to avoid repetition, we refer the reader to page 15 of the report where feedback from focus group participants on this issue is presented.

Most Have Sought Information About Use or Safety of Products

Two-thirds of the general public said they have looked for information about the use or safety of products. Among parents, nearly three-quarters (73%) said they have done this. The proportion of non-parents who said they have done this is 65%.



Among **members of the general public,** the following were more likely to have looked for information:

- Those with the highest household incomes (82% of those with incomes of $100,000 or more vs. 52-67% of those with lower incomes);
- Anglophones (73% vs. 46% of Francophones);
- Those with a household member with a medical condition (74% vs. 62% of others).
- Employed respondents (69% vs. 62% of those not employed).

The likelihood of saying this also increased with education (from 55% of those with high school or less to 76% of those with a university degree). Regionally, respondents in all regions except Quebec were similarly likely to say that they have looked for such information (72-75% vs. 48% in Quebec).

Among **parents,** the following were more likely to have looked for information:

- Those with the highest household incomes (82% of those with incomes of $100,000 or more vs. 66-70% of those with lower incomes);
- Anglophones (78% vs. 57% of Francophones);

The likelihood of saying this also increased with education (from 64% of those with high school or less to 76% of those with a university degree). Regionally, parents in Quebec were least likely to say that they have looked for such information (58% vs. 73-84% elsewhere).

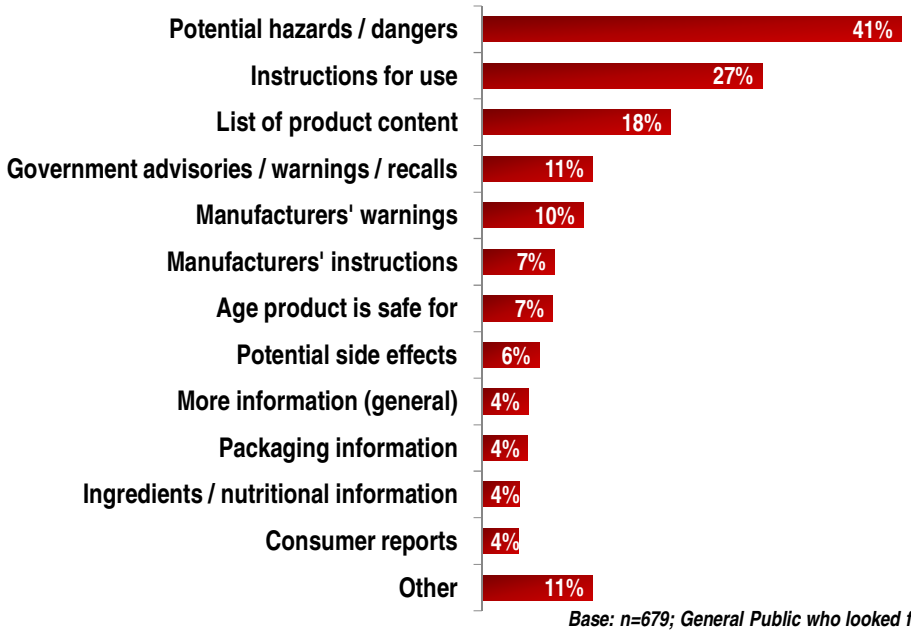
Potential Hazards/Dangers – Most Sought Type of Information

Members of the general public who have looked for information about the use or safety of products (n= 679) were most likely to have sought information about potential hazards or dangers associated with a product (41%). Just over one-quarter (27%) looked for instructions for use, one-in-five looked for advisories/warnings/recalls from government (11%) or manufacturers (10%), and 18% looked for information on product content (multiple responses accepted).

Types of information sought less often include manufacturers' instructions (7%), the age appropriateness of a product (7%), potential side effects (6%), and information in general, packaging information, nutritional information/ingredients, and consumer reports (4% each). Included in the 'other' category (identified by three percent or fewer respondents) are potential allergens, information on how to report an unsafe product, information on the environmentally friendliness of a product, expiration dates, health-related information (unspecified), and where a product is made.

Type of Product Safety/Use Information Sought

12. What type of information did you look for?



Base: n=679; General Public who looked for product info
Multiple responses accepted / DK/NR=6%

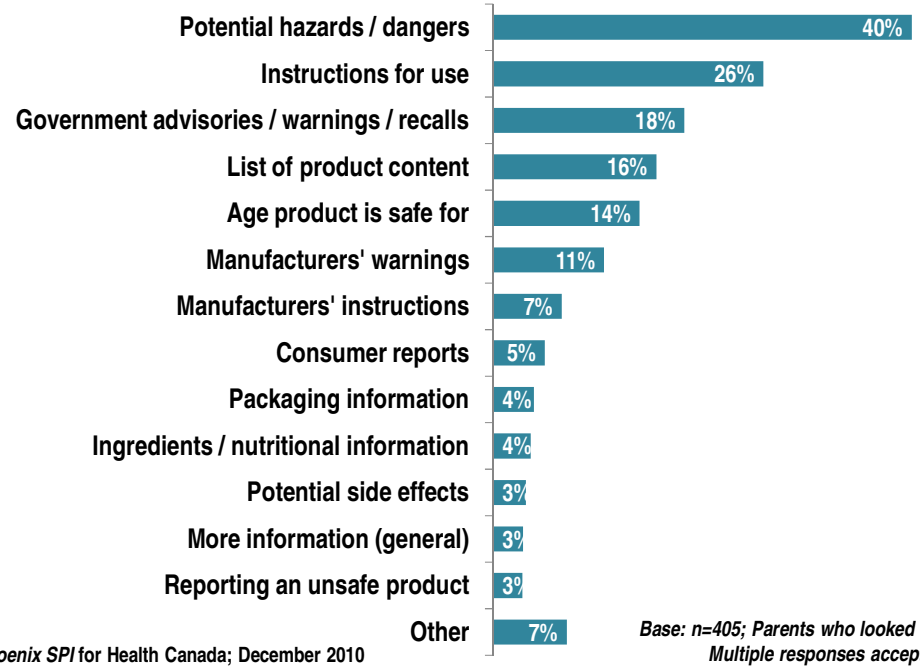
Phoenix SPI for Health Canada; December 2010

Among **members of the general public,** information about potential hazards or dangers associated with a product was most likely to be sought by 35-44 year olds (50% vs. 34-39% of others). Instructions for use were more likely to have been sought by Anglophones (29% vs. 15% of Francophones), as were government advisories/warnings/recalls (12% vs. 6% of Francophones).

Parents and guardians who have looked for information sought similar information. The main differences are their greater likelihood of looking for government advisories/warnings/recalls (18% vs. 11% of members of the general public) and information about the age appropriateness of products (14% vs. 7%). These differences were even more pronounced between parents and non-parents, with only 7% of non-parents identifying government advisories/warnings/recalls and only 4% identifying information about the age appropriateness of products.

Type of Product Safety/Use Information Sought

12. What type of information did you look for?



Phoenix SPI for Health Canada; December 2010

Base: n=405; Parents who looked for product info
Multiple responses accepted / DK/NR=4%

Among **parents**, the following differences were evident regarding information sought in relation to the use or safety of products:

Information about potential hazards or dangers associated with a product was most likely to be sought by Anglophones (43% vs. 28% of Francophones).

The likelihood of identifying instructions for use increased with age (from 20% of those under 35 to 36% of those 45 and older), and was higher among those with children aged 7-12 (28%) than those with children under 1 (15%).

The likelihood of identifying the list of contents increased with age (from 10% of those under 35 to 24% of those 45 and older),

The likelihood of identifying government advisories/warnings/recalls increased with income (from 9% of those with incomes under $40,000 to 23% of those with incomes of $100,000 or more).

Related Focus Group Findings:

Asked what would prompt or motivate them to check for product safety information such as a product recall or a safety alert, focus group participants routinely pointed to the following:

- A personal negative experience or problem with a product, or one recounted by family, friends or acquaintances.
- A health-related problem, medical issue, or accident associated with a product and reported by family, friends, acquaintances, or on the news.
- A potential large/expensive purchase (e.g. a new vehicle).
- The purchase of products where a defect could result in a serious injury (e.g. hockey equipment, trampoline, vehicle).
- The purchase of children's products.
- News/knowledge of an actual recall (e.g. Maple Leaf meat products, Mattel or Fisher Price toys).

Some participants said they would be motivated to check for safety information on a new product and/or a product produced by a new company or one they were not acquainted with. A few said they would be motivated to check for product safety information if there were a standardized safety rating system in place, whereby products were rated on a scale (e.g. 1 = no safety risk at all; 5 = serious risk). The higher the safety risk associated with a product they might consider purchasing, the more motivated they would be to check for safety information on the specific product.

As noted earlier (page 10), few participants volunteered in an unprompted way that they look for product recalls, alerts, advisories, or warnings. However, when asked specifically if they have ever looked for this type of information, approximately half the participants said they have. Here, however, the focus was almost exclusively on recall information. The types of products for which they sought recall information included child car seats, cribs, toys, motor vehicles, dog food, cat food, meat products, Mexican lettuce, alpine equipment, and soap. The type of information sought included the following:

- Is a specific product dangerous or under a recall?
- Why is a product being recalled?
- What do I do if I own a recalled product?
- What year or model of the product in question is being recalled?
- Which retailers have carried recalled products?

All those who sought such information found what they were looking for, usually on the Internet. A few contacted retailers and/or manufacturers by phone. A few of those who sought information about dog or cat food contacted their veterinarian.

Attitudinal and Communications Issues

This section reports on a range of attitudinal and communications-related issues explored with respondents, including their level of knowledge with respect to product safety issues.

Knowledge of Product Safety in Canada

Respondents were asked whether they thought each of the following statements about products sold in Canada is true or false (correct answers are identified in brackets below).

- All products sold in Canada are pre-approved by government (false).
- All manufacturers must ensure that products they sell to consumers are safe (true).
- The Government regulates all product labels (false).
- All consumer products that are sold in Canada are tested by government to ensure that they are safe before being sold (false).
- The Government of Canada has the power to issue a mandatory recall for any product being sold in Canada (false).

Two-thirds of the general public (65%) believe, correctly, that all manufacturers must ensure that products they sell to consumers are safe. Close to two-thirds also believe correctly that all consumer products sold in Canada are not tested by government to ensure that they are safe before being sold (64%), and that all products sold in Canada are not pre-approved by government (62%).

On the other hand, the large majority (83%) believe incorrectly that the Government of Canada has the power to issue a mandatory recall for any product being sold in Canada. Just over half (52%) believe incorrectly that the Government regulates all product labels.

Among **members of the general public**, the following differences were evident regarding knowledge of these issues:

- The likelihood of believing, correctly, that manufacturers must ensure that products they sell to consumers are safe decreased with age (from 77% of those under 35 to 53% of those 65 and older). Correct belief about this was also higher among Francophones (81% vs. 60% of Anglophones), and the employed (69% vs. 57% of those not employed).

- The likelihood of believing, correctly, that all products sold in Canada are not tested by government increased with education (from 57% of those with high school or less to 72% of those with a university degree), and household income (from 56% of those with an income under $40,000 to 70% of those with an income of $100,000 or more).

- The likelihood of believing, correctly, that all products sold in Canada are not pre-approved by government increased with education (from 49% of those with high school or less to 69% of those with a university degree), and household income (from 58% of those with incomes under $40,000 to 71% of those with incomes of $100,000 or more). Regionally, majorities everywhere except Quebec answered correctly (59-70% vs. 45% in Quebec). Anglophones were more likely to be correct about this (67% vs. 44% of Francophones), as were those with a household member with a medical condition (66% vs. 58% of those with no such household member).

- Only among the oldest respondents did a majority believe, correctly, that the Government does not regulate all product labels (52% of those 65 and older vs. 41-45% of younger respondents). Correct belief about this was also higher among Anglophones (50% vs. 26% of Francophones).

- The likelihood of believing, correctly, that the Government of Canada does not have the power to issue a mandatory recall for any product being sold in Canada increased with education (from 11% of those with high school or less to 19% of those with a university degree), and was highest among those with the largest household incomes (20% of those with incomes of $100,000 or more vs. 9-14% of those with lower incomes).

Perceptions of parents and guardians regarding the truth or falsity of these statements tended to mirror those of members of the general public. The most noticeable difference between the two groups is the larger proportion of the public who believe correctly that all products sold in Canada are not pre-approved by government (62% vs. 57% of parents). This was also the most noticeable difference between parents and non-parents, with 65% of the latter believing that all products sold in Canada are not pre-approved by government.

Among **parents**, the following differences were evident regarding knowledge of these issues:

- The likelihood of believing, correctly, that manufacturers must ensure that products they sell to consumers are safe decreased with age (from 76% of those under 35 to 60% of those 45 and older), and education (from 75% of those with high school or less to 61% of those with a university degree). Correct belief about this was also higher among Francophones (77% vs. 66% of Anglophones), and men (73% vs. 64% of women).

- The likelihood of believing, correctly, that all products sold in Canada are not tested by government increased with education (from 53% of those with high school or less to 70% of those with a university degree), and household income (from 53% of those with incomes under $40,000 to 71% of those with incomes of $100,000 or more).

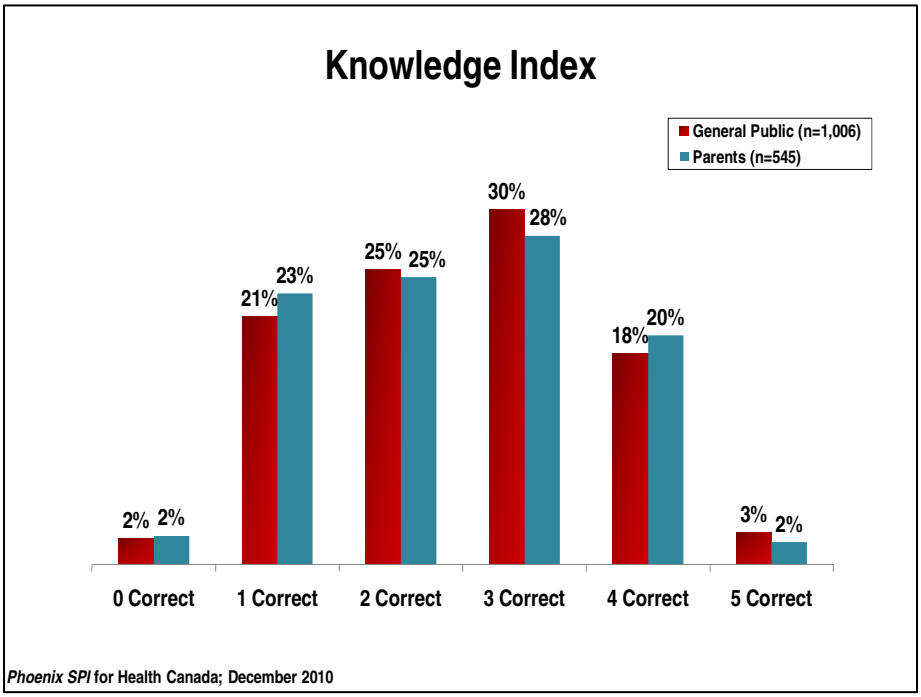
- The likelihood of believing, correctly, that all products sold in Canada are not pre-approved by government increased with age (from 48% of those under 35 to 64% of those 45 and older), education (from 47% of those with high school or less to 66% of those with a university degree), and household income (from 49% of those with incomes under $40,000 to 64% of those with incomes of $100,000 or more). Regionally, majorities everywhere except Quebec answered correctly (58-67% vs.

44% in Quebec). Anglophones were also more likely to be correct about this (61% vs. 44% of Francophones).

- Anglophones were more likely to believe, correctly, that the Government does not regulate all product labels (46% vs. 27% of Francophones).

- The likelihood of believing, correctly, that the Government of Canada does not have the power to issue a mandatory recall for any product being sold in Canada was highest among those with a university degree (18% vs. 11% of those without a university degree).

The number of questions correctly answered by members of each group (i.e. members of the general public and parents) was very similar, as the graph below reveals. Knowledge in this area, as measured through these issues, appears to be quite limited – probably best described as modest. In total, about half of each group answered a majority (three or more) of these correctly (51% of the public, 50% of parents).That said, almost half have accurate perceptions in only one or two of the five areas.



Among **members of the general public**, the likelihood of having answered 4-5 questions correctly increased with education (from 14% of those with high school or less to 28% of those with a university degree).

Among **parents**, respondents with a university degree were most likely to have answered 4-5 questions correctly (27% vs. 17-19% of others), as were Anglophones (23% vs. 15% of Francophones).

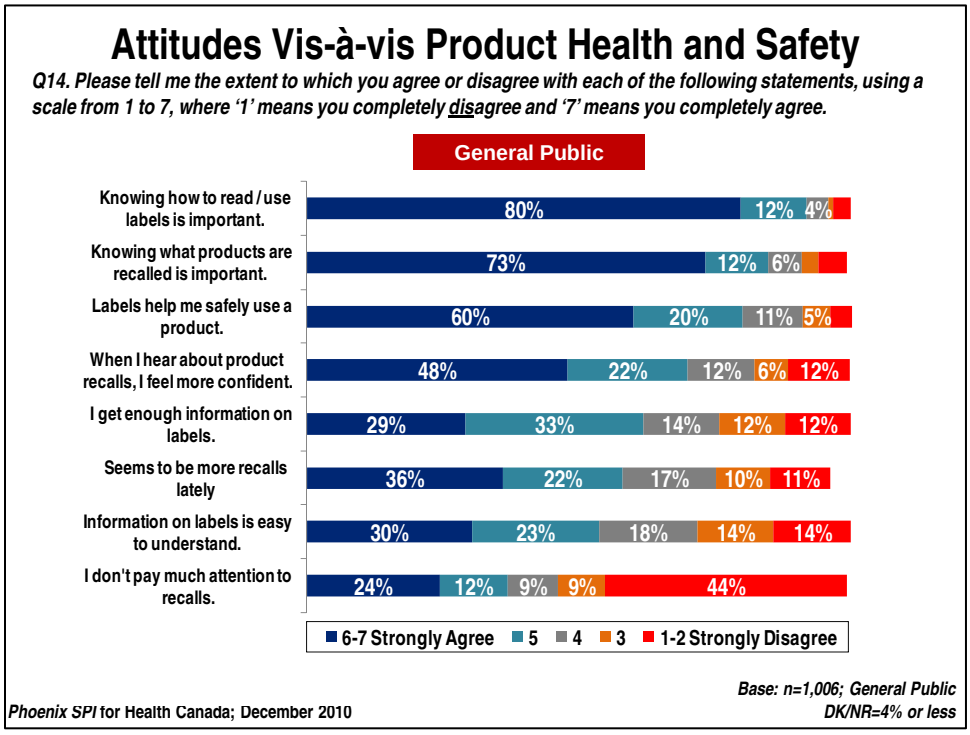
Perceptions Related to Product Labels and Product Recalls

Respondents were asked to identify the extent to which they agree or disagree with a number of statements about product labels and product recalls (using a 7-point scale: 1 = completely disagree, 7 = completely agree). The statements were:

- Knowing how to read and use product labels is important to me
- I currently get enough information from product labels to make informed purchase decisions
- The information on product labels is easy to understand
- Knowing what products are recalled in Canada is important to me
- Information on labels helps me safely use a product
- It seems there have been a lot more product recalls lately
- I do not pay much attention to product recalls
- When I hear about product recalls, I feel more confident in the product safety system

A majority of the general public agreed with all but one of these statements, but the size of the majority varied. The vast majority (92%) agreed that knowing how to read and use product labels is important to them (80% *strongly* agreeing). Strong majorities also agreed that knowing what products are recalled in Canada is important to them (85%), and that information on labels helps them safely use a product (80%). Moreover, nearly three-quarters *strongly* agreed with the former statement and well over half strongly agreed with the latter.

Over two-thirds (70%) agreed that they feel more confident in the product safety system when they hear about product recalls, and 62% agreed that they get enough information from product labels to make informed purchase decisions. Majorities agreed that there seem have been a lot more product recalls lately (58%), and that information on product labels is easy to understand (53%). Approximately one-third (36%) agreed that they do not pay much attention to product recalls, while a majority (53%) disagreed with this statement (suggesting that they do pay attention).



Given the widespread agreement that knowing how to read and use product labels is important, it is noteworthy that nearly one-quarter (24%) disagreed that they get enough information from product labels, and over one-quarter (28%) disagreed that information on product labels is easy to understand.

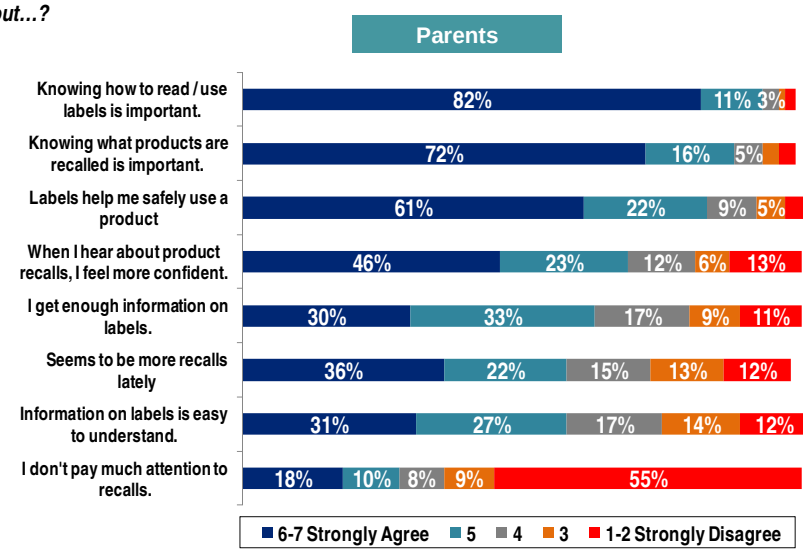
Among **members of the general public**, differences regarding these statements were relatively limited, and included the following.

- Strong agreement that knowing what products are recalled in Canada is personally important was higher among the oldest respondents than the youngest (81% of those 65 and older vs. 67% of those under 35), and higher among women (79% vs. 67% of men).
- Strong agreement that information on labels helps one safely use a product was higher among the employed (65% vs. 50% of those not employed), and Anglophones (64% vs. 47% of Francophones).
- Strong agreement that news about product recalls makes them feel more confident in the product safety system increased with age (from 41% of those under 35 to 55% of those 65 and older).
- Francophones were more likely to strongly agree that they receive enough information from product labels to make informed purchase decisions (36% vs. 27% of Anglophones).
- Strong agreement that the information on labels is easy to understand was higher among the youngest respondents (46% of those under 35 vs. 19-28% of others), and those with a high school diploma or less (42% vs. 26-27% of others).
- Strong agreement that they do not pay much attention to product recalls decreased with education (from 34% of those with high school or less to 17% of those with a university degree), and was highest among those with the lowest household income (40% of those with incomes under $40,000 vs. 16-24% of others).

With two exceptions, parents expressed similar levels and degrees of agreement with these statements. However, they were more likely to agree that information on product labels is easy to understand (58% vs. 53% of members of the general public), and less likely to agree that they do not pay much attention to product recalls (28% vs. 36%). These were also the most noticeable differences between parents and non-parents, with 51% of non-parents agreeing that information on product labels is easy to understand, and 39% agreeing that they do not pay much attention to product recalls.

Attitudes Vis-à-vis Product Health and Safety

Q14. Please tell me the extent to which you agree or disagree with each of the following statements, using a scale from 1 to 7, where '1' means you completely disagree and '7' means you completely agree. How about…?



Phoenix SPI for Health Canada; December 2010

Base: n=545; Parents
DK/NR=3% or less

Among **parents**, differences regarding these statements were limited to the following.

- Strong agreement that knowing how to read and use product labels is personally important was higher among those not employed (91% vs. 80% of the employed), and women (86% vs.78% of men).
- Strong agreement that knowing what products are recalled in Canada is personally important was higher among women (80% vs. 63% of men), and respondents with a household member with a medical condition (77% vs. 68% of those with no such household member).
- Strong agreement that information on labels helps one safely use a product decreased with education (from 70% of those with high school or less to 56% of those with a university degree). It was also higher among women (65% vs. 56% of men) and Anglophones (65% vs. 44% of Francophones).
- Strong agreement that there seem to be more product recalls was higher among the youngest respondents (44% of those under 35 vs. 32% of others), and women (41% vs. 31% of men).

- Strong agreement that the information on labels is easy to understand decreased with education (from 39% of those with high school or less to 28% of those with a university degree), and age (from 36% of those under 35 to 25% of those 45 and older). It was also highest among those with the lowest household income (46% of those with incomes under $40,000 vs. 26-32% of others).

Related Focus Group Findings:

Most participants said they sometimes have difficulty understanding the information on product labels. The problem identified most often involved the meaning of specific terms or expressions. This typically included ingredients/chemicals or expressions described as 'scientific', in particular on the labels of food products and medications, but also technical jargon accompanying products (e.g. electronic products/high tech products). The meaning of various measurement units (e.g. mcgs) was also often identified as label information that is difficult to understand. Label content identified less frequently, but by at least a few participants in most groups, included poorly worded or unclear instructions/directions for use, the format/location of manufacturing and/or expiration dates, and the meaning of the expressions 'organic', and 'product **may** contain …'. Participants also routinely pointed to the small print/font size used on labels, explaining that this makes the labels difficult to read.

In trying to explain the high proportion of respondents in the survey phase of this research who disagreed that information on product labels is easy to understand, focus group participants were most likely to point to the reason they themselves gave most often (i.e. the use of uncommon, scientific, or technical expressions on product labels). The following reasons were also routinely advanced as possibilities: lack of familiarity with various measurement units, difficulty understanding label formatting (i.e. how information is presented/categorized), the small print/font size on labels, information overload (i.e. too much information on labels), lack of education/limited literacy, and limited understanding of English among newer Canadians.

When the focus shifted to the amount of information on product labels, most participants felt that they get enough. That said, many did feel that more information could be provided, most often cited was more detail about ingredients/contents (e.g. cosmetic products, children's products, what is meant by 'organic'. The following types of information were identified less often, but by at least a few participants in most groups: manufacturing dates, where products/product parts are made (as opposed to where they are assembled) contraindications (e.g. 'do not use this product if you are also using…'), possible allergic reactions, and what exactly the product contains (as opposed to what it may contain).

The perceived lack of detail about ingredients/contents was most often identified as a possible reason to explain why nearly one-quarter of respondents in the survey phase of this research disagreed that information on product labels is sufficient. Reasons advanced less often to help explain this perception included the following: absence of information about contraindications, about possible allergic reactions, and about where products/ product parts are made.

Perceived Effectiveness of Information Sources

Respondents were asked to rate the effectiveness of various ways of receiving information to help them make an informed purchase decision (using a 7-point scale: 1 = not at all effective, 7 = very effective). Communications sources and tools assessed were:

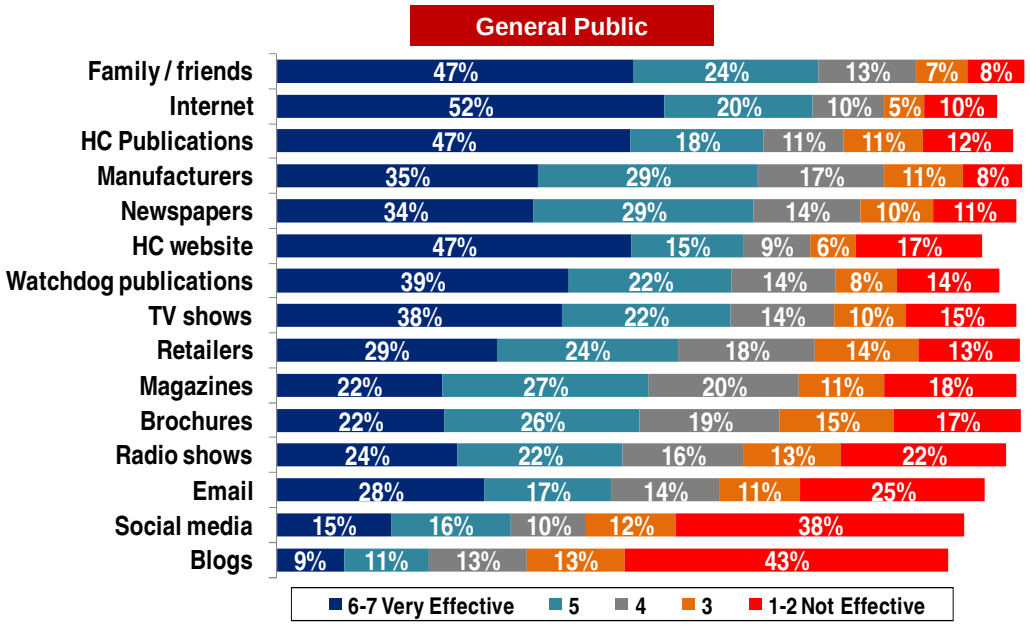
- Health Canada's website
- Social media, such as Facebook, YouTube, and Twitter
- Retailers, such as store shelves or displays
- Magazines
- Consumer watchdog publications
- Email notification
- Brochures
- The Internet
- Newspapers
- Health Canada publications
- Manufacturer product information
- Radio shows on products
- Television shows on products
- Family and friends
- Blogs

A majority of members of the general public rated 9 out of 15 ways as effective. Moreover, they were more likely to rate each of these nine ways as *very* effective (scores of 6-7) *than* moderately effective (scores of 5).The Internet (72%) and family and friends (71%) were most likely to be rated as effective. These were followed by Health Canada publications (65%), manufacturer product information (64%), newspapers (63%), Health Canada's website (62%), consumer watchdog publications (61%), TV shows (60%), and retailers (53%).

Close to half rated the following as effective: magazines (49%), brochures (48%), radio shows (46%), and email notifications (45%). Social media and blogs were least likely to be considered effective. Approximately one-third (31%) rated social media as effective compared to 50% who rated them as ineffective. One-in-five (20%) rated blogs as effective compared to 56% who rated them as ineffective.

Perceived Effectiveness of Information Sources

Q15. Thinking of different ways that you can receive information to help you make an informed purchase decision, please tell me how effective you think each of the following is.



Base: n=1,006; General Public
DK/NR=4% or less

Phoenix SPI for Health Canada; December 2010

Among **members of the general public**, differences regarding the extent to which these methods are very effective (i.e. scores of 6-7) included the following:

- The likelihood of viewing family and friends as very effective decreased with household income (from 55% of those with incomes under $40,000 to 41% of those with incomes of $100,000 or more). It was also more likely to be viewed as very effective by the youngest respondents (58% of those under 35 vs. 42% of those 45-54, 47% of those 55-64, and 37% of those 65 and older), and by those with no household member with a medical condition (51% vs. 43% of others).

- The likelihood of viewing the Internet as very effective decreased with age (from 64% of those under 35 to 35% of those 65 and older). It was also more likely to be viewed as very effective by Anglophones (54% vs. 43% of Francophones).

- The likelihood of viewing Health Canada publications as very effective decreased with education (from 59% of those with high school or less to 40% of those with a university degree), and was higher among those with the lowest household incomes (62% of those with incomes under $40,000 vs. 42-45% of others). They were also more likely to be viewed as very effective by Francophones (58% vs. 44% of Anglophones).

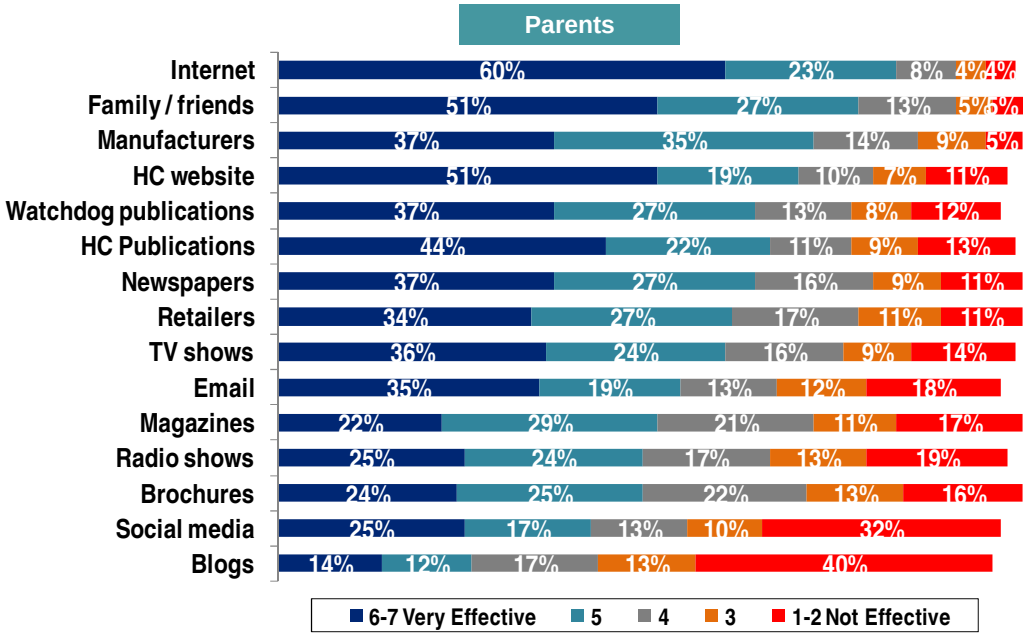
- The likelihood of viewing manufacturer product information as very effective decreased with education (from 44% of those with high school or less to 28% of those with a university degree). Women were more likely to view this as very effective (39% vs. 30% of men).

- Newspapers were more likely to be viewed as very effective by women (39% vs. 29% of men), and urban residents (36% vs. 27% of rural residents).
- Health Canada's website was more likely to be viewed as very effective by the employed (50% vs. 41% of those not employed), and less likely to be viewed as such by the oldest respondents (35% of those 65 and older vs. 44-55% of others).
- The likelihood of viewing television shows as very effective decreased with education (from 45% of those with high school or less to 31% of those with a university degree). Francophones were more likely to view this as very effective (48% vs. 35% of Anglophones).
- Retailers were more likely to be considered very effective by urban residents (31% vs. 21% of rural residents), and younger respondents (40% of those under 35 vs. 29% of those 45-54, 20% of those 55-64, and 21% of those 65 and older).
- The likelihood of viewing magazines as very effective decreased with household income (from 31% of those with incomes under $40,000 to 15% of those with incomes of $100,000 or more). Women were more likely to view magazines as very effective (25% vs. 18% of men), as well as brochures (28% vs. 16% of men).
- The likelihood of viewing radio shows as very effective decreased with household income (from 32% of those with incomes under $40,000 to 17% of those with incomes of $100,000 or more).
- The likelihood of viewing social media as very effective decreased with age (from 24% of those under 35 to 6% of those 65 and older).
- The likelihood of viewing blogs as very effective decreased with age (from 15% of those under 35 to 5% of those 65 and older), and household income (from 16% of those with incomes under $40,000 to 6% of those with incomes of $100,000 or more).

With the exception of TV shows, parents were more likely than members of the general public to consider all of these ways as effective sources of information to help make informed purchase decisions. Differences in perceived effectiveness were largest regarding the following: the Internet (83% vs. 72% of members of the public), manufacturer product information (72% vs. 64%), Health Canada's website (70% vs. 62%), retailers (61% vs. 53%), email (54% vs. 45%), social media (42% vs. 31%), family and friends (78% vs. 71%), and blogs (26% vs. 20%).

Perceived Effectiveness of Information Sources

Q15. Thinking of different ways that you can receive information to help you make an informed purchase decision, please tell me how effective you think each of the following is.



Base: n=545; Parents
DK/NR=4% or less

Phoenix SPI for Health Canada; December 2010

Among **parents**, differences regarding the extent to which these methods are very effective (i.e. scores of 6-7) included the following:

- The Internet was more likely to be viewed as very effective by the youngest respondents (72% of those under 35 vs. 54-55% of others). It was also more likely to be viewed as very effective by those not employed (72% vs. 56% of those employed), women (65% vs. 54% of men), and Anglophones (62% vs. 51% of Francophones).
- Family and friends were more likely to be viewed as very effective by the youngest respondents (60% of those under 35 vs. 46-48% of others), and Anglophones (54% vs.42% of Francophones).
- The likelihood of viewing manufacturer product information as very effective decreased with education (from 45% of those with high school or less to 31% of those with a university degree).
- Health Canada publications were more likely to be viewed as very effective by Francophones (60% vs. 40% of Anglophones), and women (49% vs. 39% of men).

- Newspapers were more likely to be viewed as very effective by women (42% vs. 32% of men).
- Retailers were more likely to be considered very effective by women (40% vs. 28% of men), and younger respondents (40% of those under 35 vs. 27% of those 45 and older).
- Television shows were more likely to be viewed as very effective by women (41% vs. 31% of men).
- Email notifications were more likely to be viewed as very effective by women (42% vs. 28% of men) and those not employed (46% vs. 33% of those employed).
- The likelihood of viewing radio shows as very effective decreased with household income (from 38% of those with incomes under $40,000 to 19% of those with incomes of $100,000 or more). It was also more likely to be viewed as very effective by Francophones (34% vs. 22% of Anglophones).
- The likelihood of viewing brochures as very effective decreased with education (from 31% of those with high school or less to 19% of those with a university degree).
- The likelihood of viewing social media as very effective decreased with education (from 33% of those with high school or less to 19% of those with a university degree). They were also more likely to be viewed as very effective by those not employed (37% vs. 22% of those employed), the youngest respondents (33% of those under 35 vs. 21% of others), women (30% vs. 19% of men), and Anglophones (28% vs. 14% of Francophones).
- Blogs were more likely to be viewed as very effective by Anglophones (15% vs. 9% of Francophones).

Related Focus Group Findings:

Many focus group participants felt that social media could be used effectively to inform purchase decisions, with a focus on information related to the safety of products. The main reason they felt this way was because of the ability to target information through these media (i.e. bringing the information to where people are instead of placing the onus on consumers to find it). Related to this were the 'reach' or popularity of social media, particularly Facebook (i.e. the number of users). Many also pointed to the speed with which information can be posted and circulated using these media.

The credibility of such information was the reason given most often by those who felt that social media could not be used effectively for this (i.e. anyone can say anything they want and there is no way to decide if it is true or not). This concern tended to be recognized by those who felt that social media could be used effectively. In other words, while they felt that these media could be effective, they also tended to recognize that people would have to exercise judgment to distinguish credible information from information lacking credibility. Related to the issue of credibility, there was a sense among a number of participants that social media are designed primarily for entertainment and diversion, not instruction. Consequently, their ability to function effectively as media for the dissemination of important information is questionable. Focusing specifically on Facebook, some participants said they would not want government as their 'friend' and/or do not want pop-ups from government appearing on their Facebook page.

In terms of the best ways to communicate information to them regarding the safety of consumer products, participants routinely identified traditional media, such as television, including TV news, newspapers, and radio. Many also identified flyers and information on product shelves in stores and in doctors' offices, as well as email and the Internet/ websites.

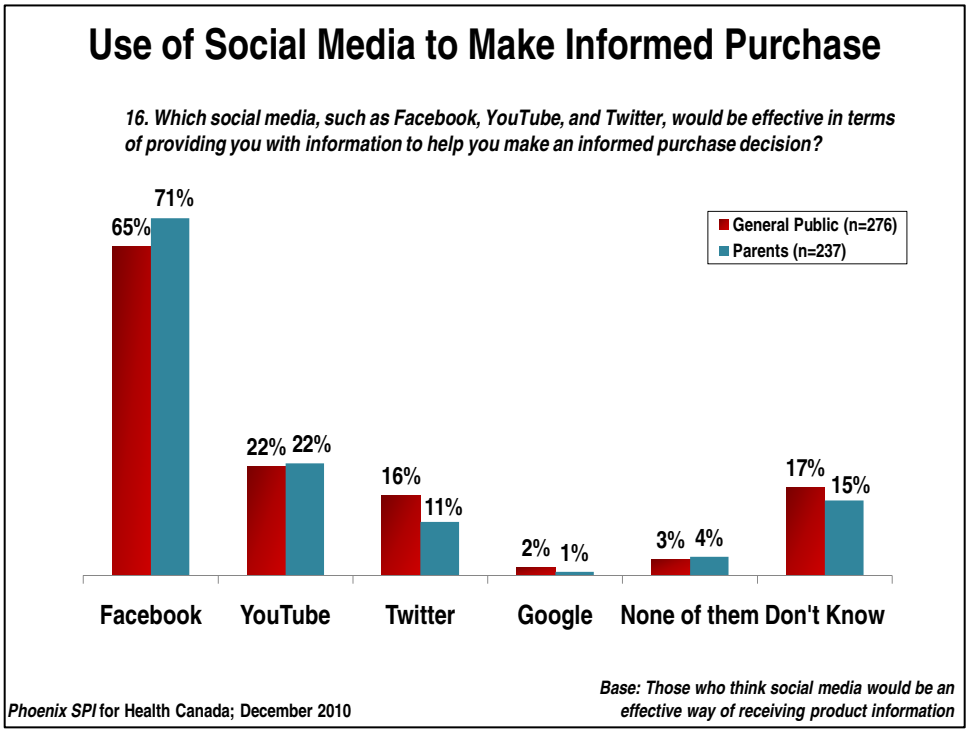
Regarding websites and email, certain caveats were routinely offered concerning their effectiveness as sources of such information. A number of participants specified that websites providing this information would have to be known to members of the general public, which meant that there would have to be a campaign to promote them or raise awareness of them. In addition, many suggested that these sites should be user-friendly so that visitors do not experience frustration trying to find information. When it came to email, some participants noted that it should be used judiciously to communicate such information. While they had difficultly identifying how much information was 'too much', there was definitely a sense that if emails were received too often, recipients would begin to ignore them and simply delete them. In short, there was a sense that email should be used sparingly to communicate important information regarding the safety of products.

When the focus shifted from ways of communicating information to inform purchase decisions to the type of information that would be most important or useful, participants routinely identified recalls and other important safety information, such as any health-related product information. Many also said they would like to have a phone number to call where they could ask questions related to the safety of products, or get information about who to contact for such information. Types of information identified less often, but routinely, included the following: changes/updates to regulations governing the safety of products, important changes to the content/ingredients of products, a product safety rating scale and how various products rate on it, information about how to read and interpret key information on product labels, and information on safe/proper usage of products (over and above those accompanying the product).

Facebook – Most Effective Social Medium to Inform Purchase Decision

Respondents who rated social media as an effective way to receive information to help them make an informed purchase decision (scores of 5 to 7 on a 7-point scale) were asked to specify which media would be effective in this regard. In response, two-thirds of members of the general public (65%) identified Facebook, followed at a distance by YouTube (22%) and Twitter (16%) (multiple responses accepted). A relatively large proportion (17%) did not identify any social media, while 3% said none of them, and 2% said Google. It should be noted that the three social media identified most often were identified in the question wording itself.

Parents and guardians answered in a similar way, although compared to members of the public they were more likely to identify Facebook (71%) and less likely to identify Twitter (11%). Non-parents were less likely than parents to identify Facebook (60% vs. 71%).



Among **members of the general public**, the likelihood of identifying Facebook as effective decreased with age (from 76% of those under 35 to 24% of those 65 and older). It was also more likely to be identified as effective by those with a household member with a medical condition (74% vs. 58% of others). YouTube was also most likely to be identified as effective by the youngest respondents (28% of those under 35) and least likely to be identified as such by the oldest (9% of those 65 and older). Men were also more likely to identify YouTube as effective (30% vs. 15% of women). Only among the oldest respondents (65 and older) did a majority say they did not know which media would be effective (59%).

Among **parents**, the likelihood of identifying Facebook as effective also decreased with age (from 81% of those under 35 to 62% of those 45 and older).

Related Focus Group Findings:

A few participants in each focus group said that they have used Facebook or YouTube to help inform their product purchase decisions. Facebook was most likely to be used as a forum where people posed a question about a product, and then received answers/advice from their Facebook friends. This was an informal method to discuss and share information about specific products or types of products. A small number of participants said they have done something similar using Facebook sites set up by companies for their consumers (e.g. Dell).

Those who use YouTube most often said that they access videos that give reviews of products, including demonstrations of how they are defective. Some also said they access videos related to the safe use of products.

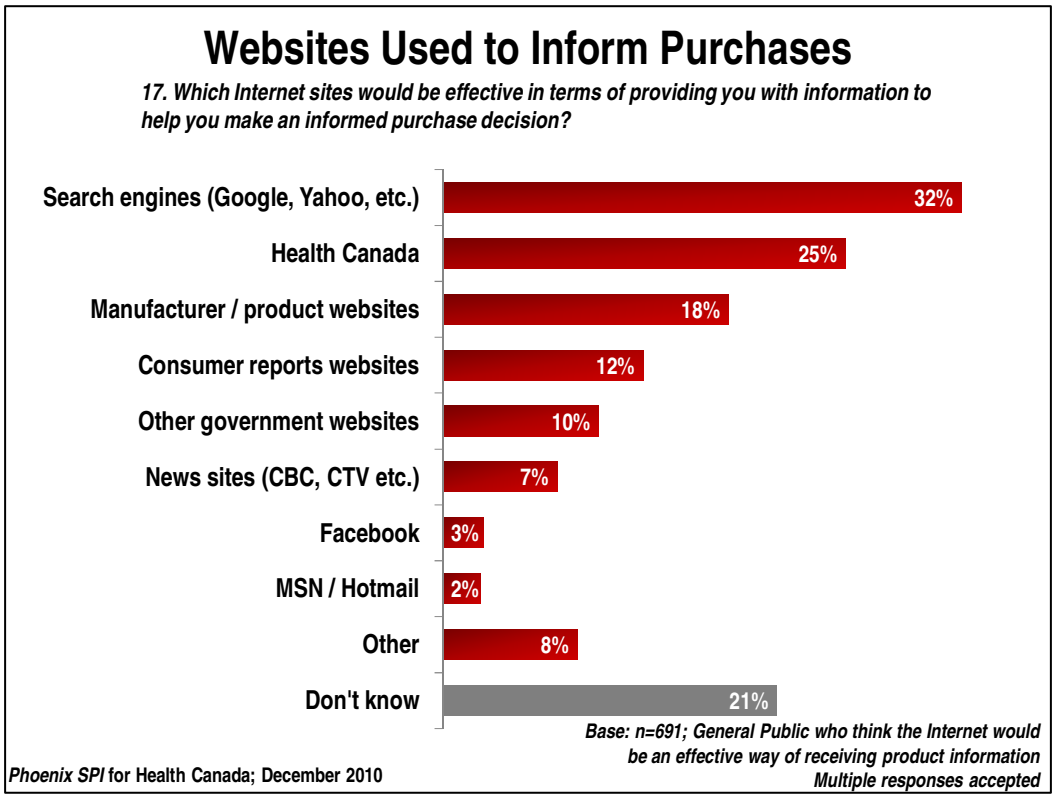
Asked why respondents in the survey phase of this research were much more likely to consider Facebook effective in providing such information compared to any other social media, participants typically pointed to the 'reach' or popularity of this medium ("everyone is on it"). Many also observed that people interact with friends or acquaintances on Facebook, so the information provided is more likely to be seen as trustworthy. Finally, some pointed out that some companies now have Facebook pages for their customers, allowing them to discuss and ask questions about specific products.

Sites Considered Effective to Inform Purchase Decision

In a similar way, respondents who rated Internet sites as effective ways to receive information to help them make an informed purchase decision were asked to specify which sites would be effective in this regard.

In response, nearly one-third of members of the general public (32%) identified search engines, such as Google or Yahoo. The most frequently-identified specific website was Health Canada, identified by one-quarter. This was followed by the manufacturer/product website (18%), consumer report websites (12%), other government websites (10%), and news sites (7%) (multiple responses accepted). Small numbers identified Facebook (3%) and MSN/Hotmail (2%). Included in the 'other' category (identified by fewer than 2% of respondents) are Web MD, YouTube, health/medical information sites (unspecified), Amazon, Wikipedia, and social networking sites (unspecified).

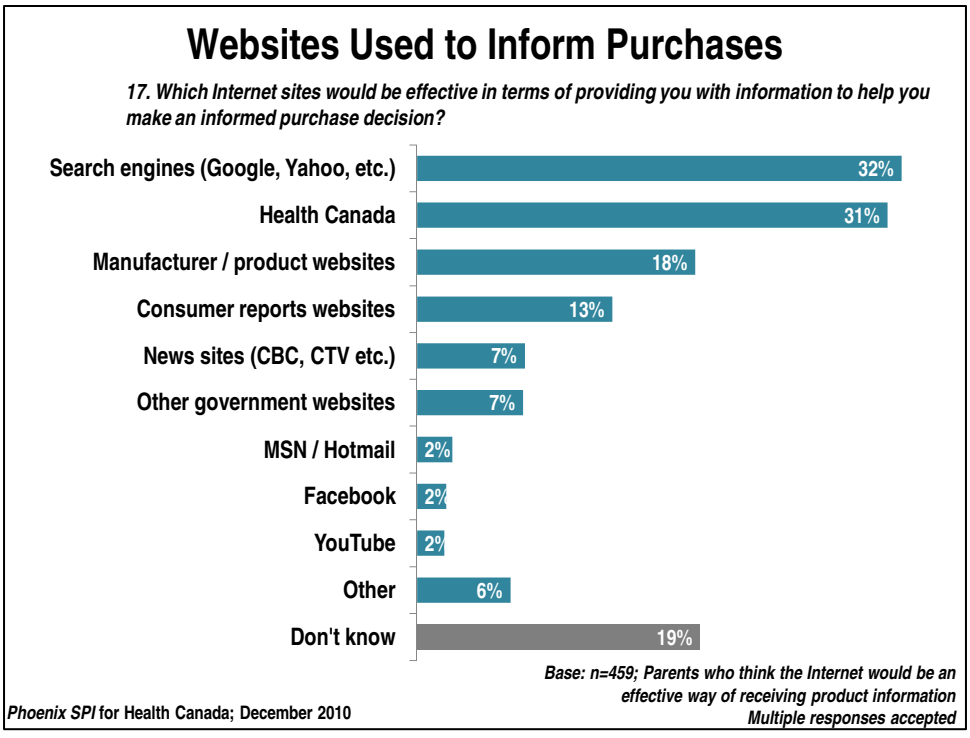
One-in-five who rated Internet sites as an effective way to receive information to help them make an informed purchase decision (21%) did not identify any sites or methods that would be effective in this regard.



Among **members of the general public**, differences regarding the types of sites identified included the following:

- Search engines were more likely to be identified by Anglophones (35% vs. 21% of Francophones).
- Health Canada's website was more likely to be identified by those with a university degree (33% vs. 19-21% of others), those with household incomes of $60,000 or more (32% vs. 12-19% of others), and employed respondents (28% vs. 16% of those not employed).
- Manufacturer/product websites were more likely to be identified by the youngest respondents (21% of those under 35 vs.10% of those 65 and older), Anglophones (21% vs. 6% of Francophones), and the employed (20% vs. 12% of those not employed). Also, the likelihood of identifying such websites increased with household income (from 8% of those with incomes under $40,000 to 24% of those with incomes of $100,000 or more).
- The likelihood of identifying consumer reports increased with education (from 8% of those with high school or less to 17% of those with a university degree), and household income (from 3% of those with incomes under $40,000 to 22% of those with incomes of $100,000 or more). Such reports were also more likely to be identified by Anglophones (14% vs. 7% of Francophones).

Parents answered in a similar way, though compared to members of the general public they were more likely to identify Health Canada's website (31% vs. 25%). This was also the most noticeable difference between parents and non-parents, with 23% of the latter identifying Health Canada's website.



Among **parents**, differences regarding the types of sites identified included the following:

- The likelihood of identifying Health Canada's website increased with education (from 22% of those with high school or less to 37% of those with a university degree). It was also more likely to be identified by those with higher household incomes (36-39% of those with incomes of $60,000 or more vs. 16-22% of those with incomes of less than $60,000).

- Manufacturer/product websites were more likely to be identified by those with higher household incomes (22% of those with incomes of $60,000 or more vs. 9-12% of those with incomes of less than $60,000), Anglophones (22% vs. 4% of Francophones), and the employed (20% vs. 12% of those not employed).

- Consumer reports were more likely to be identified by Anglophones (15% vs. 6% of Francophones), and those with higher household incomes (12-19% of those with incomes of $60,000 or more vs. 2-4% of those with incomes of less than $60,000).

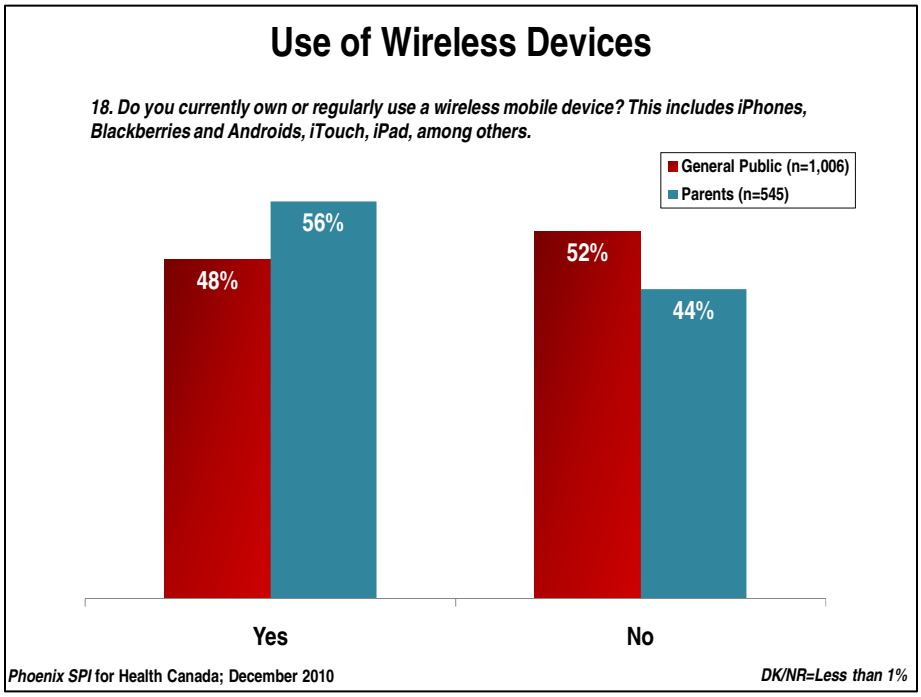
- The likelihood of identifying other government websites increased with household income (from 1% of those with incomes under $40,000 to 12% of those with incomes of $100,000 or more).

Related Focus Group Findings:

As noted earlier, a number of participants suggested that websites providing this type of information would have to be made known to members of the general public, as well as user-friendly in order to be effective.

Approximately Half Own or Regularly Use Wireless Devices

All respondents were asked if they currently own or regularly use a wireless mobile device, including iPhones, Blackberries and Androids, iTouch, iPad, among others. Nearly half the members of the general public (48%) and a majority of parents and guardians of children 12 or younger (56%) said they do. Among non-parents, 44% said they currently own or regularly use a wireless mobile device.



Among **members of the general public**, the following were more likely to say they own or regularly use a wireless mobile device:

- The youngest respondents (68% of those under 35 vs. 49% of those 35-44, 53% of those 45-54, 37% of those 55-64, and 22% of those 65 and older);
- Employed respondents (54% vs. 34% of those not employed);
- Urban residents (51% vs. 36% of rural residents);
- Anglophones (53% vs. 30% of Francophones).

In addition, the likelihood of owning or using such a device increased with education (from 38% of those with high school or less to 58% of those with a university degree), and household income (from 28% of those with incomes under $40,000 to 71% of those with incomes of $100,000 or more). Regionally, respondents in Alberta were most likely to say this (65%), while those in Quebec were least likely to (30%).

Among **parents**, the following were more likely to say they own or regularly use a wireless mobile device:

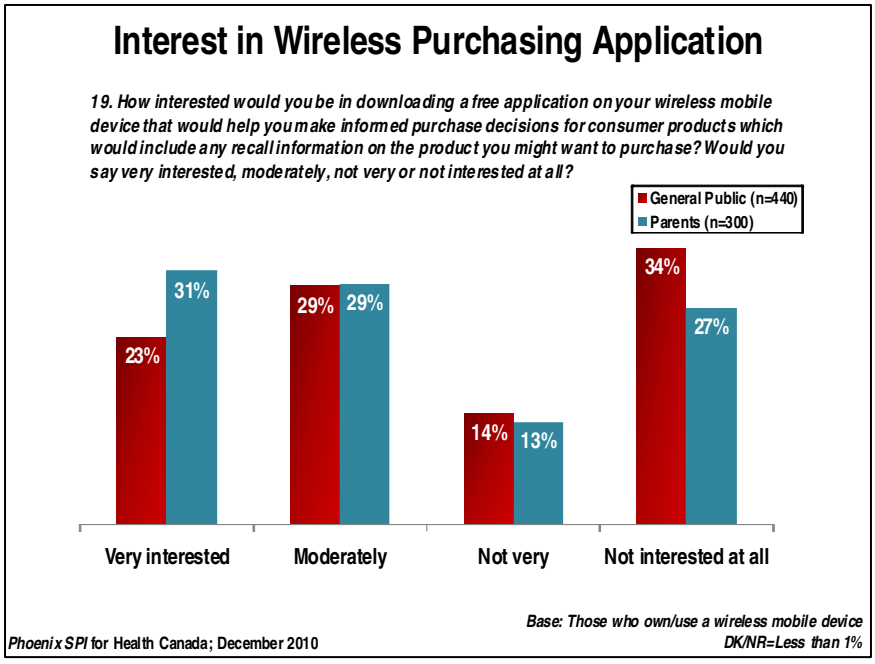
- Those with a university degree (63% vs. 52-54% of others);
- Employed respondents (58% vs. 47% of those not employed);
- Urban residents (59% vs. 46% of rural residents);
- Anglophones (61% vs. 40% of Francophones).

In addition, the likelihood of owning or using such a device increased with household income (from 37% of those with incomes under $40,000 to 77% of those with incomes of $100,000 or more). Regionally, parents in Quebec were least likely to own or use such a device (41% vs. 55-64% elsewhere).

Interest in Wireless Purchasing Application

Just over half the members of the general public who own or regularly use a wireless mobile device (52%) expressed interest in downloading a free application on their wireless mobile device that would help them make informed purchase decisions for consumer products, including recall information on a product they might want to purchase. Most of the rest (34%) expressed no interest at all in this.

Among parents who own or regularly use a wireless mobile device, 60% expressed interest in this. While members of both groups were equally likely to express moderate interest in this, parents were more likely to express *strong* interest (31% vs. 23%). Parents were somewhat more likely than non-parents to express interest in this (60% vs. 48%).

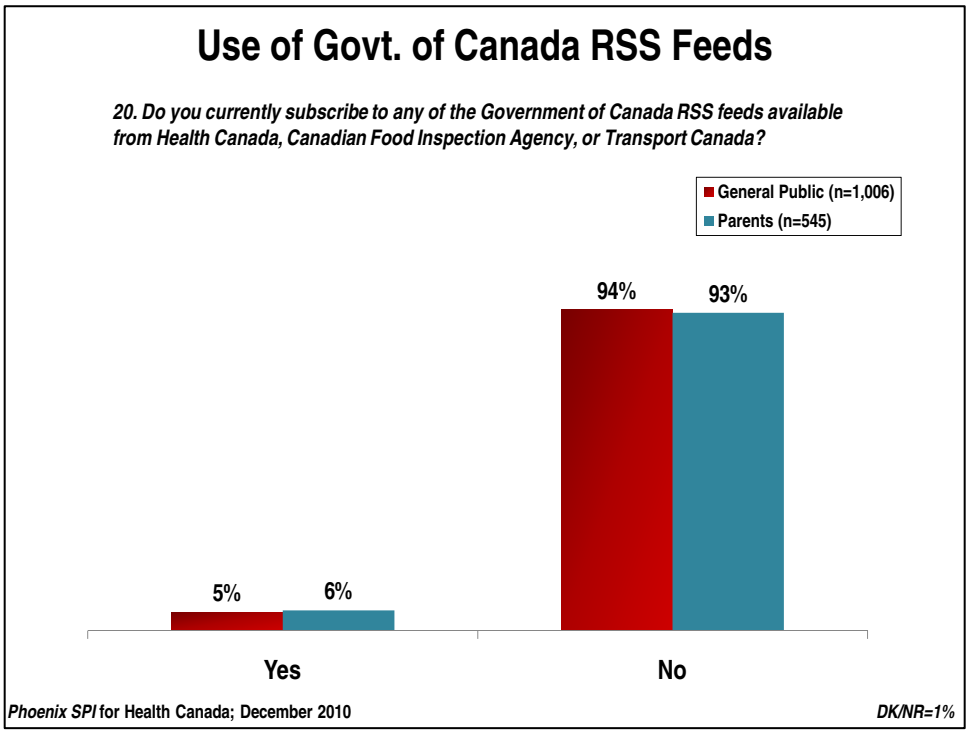


Among **members of the general public**, strong interest in downloading this free application was more likely among the youngest respondents (26% of those under 35 vs. 12% of those 65 and older). The likelihood of expressing strong interest also increased with education (from 11% of those with high school or less to 30% of those with a university degree).

Among **parents**, the likelihood of expressing strong interest increased with education (from 12% of those with high school or less to 41% of those with a university degree).

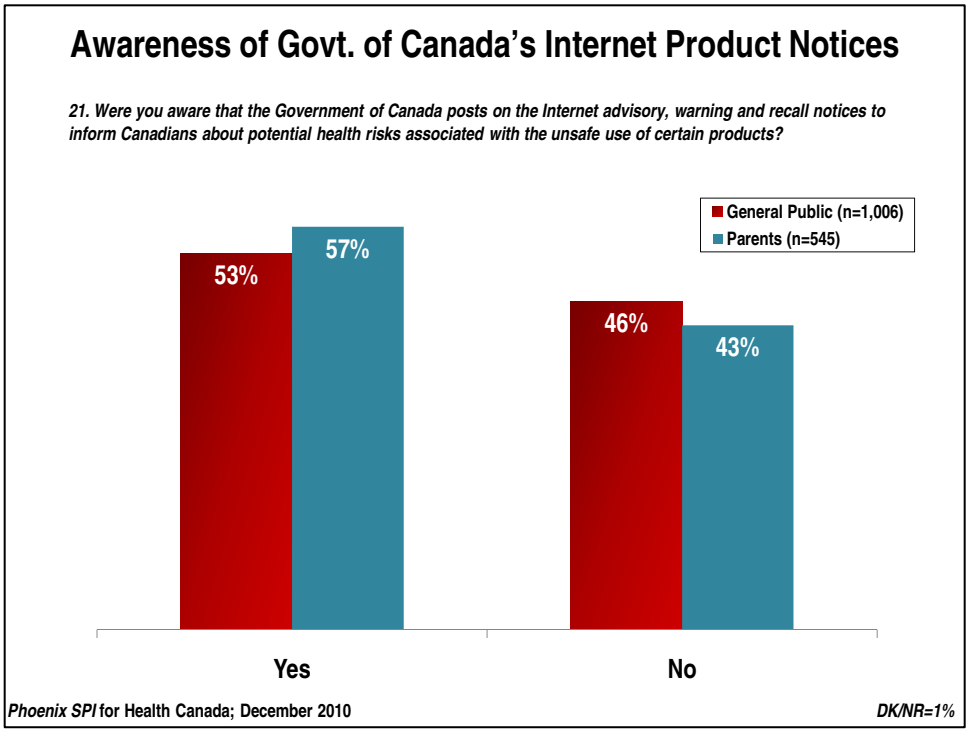
Few Use Government of Canada RSS feeds

The vast majority of members of the general public (94%) and parents (93%) do not currently subscribe to any of the Government of Canada RSS feeds available from Health Canada, Canadian Food Inspection Agency, or Transport Canada.



Majority Claim Awareness of Government of Canada Internet Notices

Just over half the members of the general public (53%) claimed to be aware that the Government of Canada posts on the Internet advisory, warning and recall notices to inform Canadians about potential health risks associated with the unsafe use of certain products. A slightly larger proportion of parents (57%) claimed to be aware of this as well.



Among **members of the general public**, awareness was higher among the following:

- The youngest respondents (62% of those under 35 vs. 50% of those 55-64, and 40% of those 65 and older);
- Employed respondents (57% vs. 44% of those not employed);
- Urban residents (55% vs. 44% of rural residents);
- Respondents with household incomes of $60,000 or more (55-58% vs. 40% of those with an income under $40,000).

Awareness also increased with education, from 44% of those with a high school diploma or less to 60% of those with a university degree.

Among **parents**, awareness was higher among employed respondents (59% vs. 48% of those not employed), and urban residents (59% vs. 47% of rural residents). Awareness also increased with household income (from 39% of those with an income under $40,000 to 65% of those with an income of $100,000 or more).

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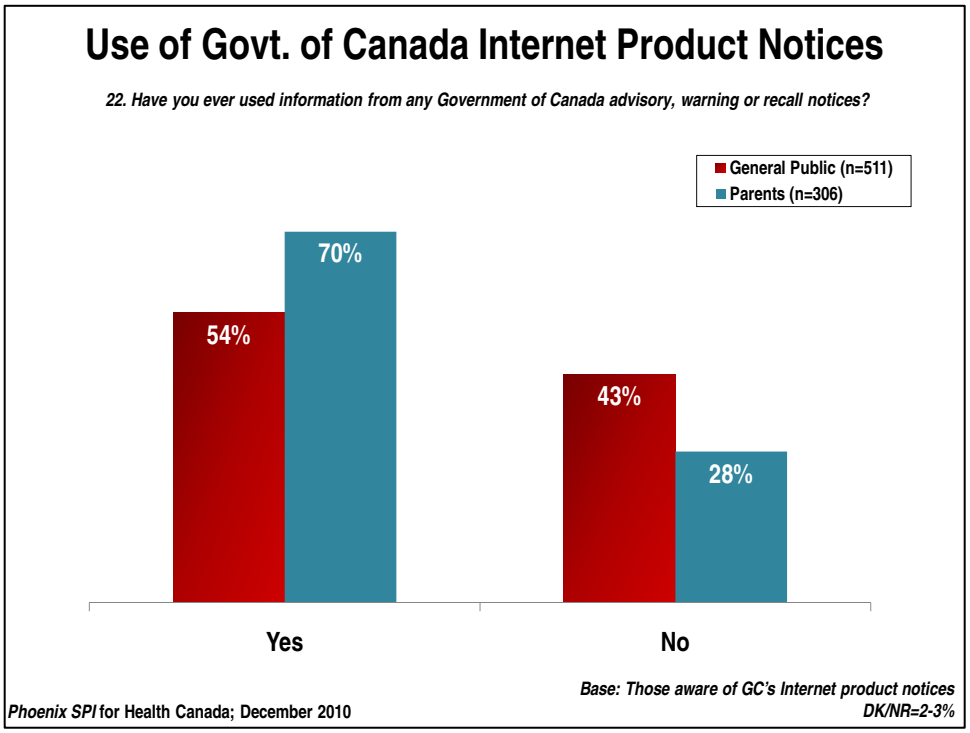
Related Focus Group Findings:

For their part, focus group participants were asked if they were aware of the Canada Consumer Product Safety Act. Only a small number, mostly parents, claimed to have heard about it, and only a few claimed to know anything about it. The latter described it generally as an act designed to protect consumers.

Many Claim to Have Used Information From GC Internet Notices

A majority of members of the general public aware that the Government of Canada posts advisory, warning and recall notices (54%) claim to have used such information. An even larger majority of parents aware of this service (70%) claim to have used such information.



Given the relatively high levels of reported use of this service among those aware of it, it is noteworthy that only a limited number of respondents identified the Government of Canada (including Health Canada) as a source of safety information, such as advisories, warnings or recalls from government or industry (see results to Q3).

Among **members of the general public**, the following were more likely to say they have used such information:

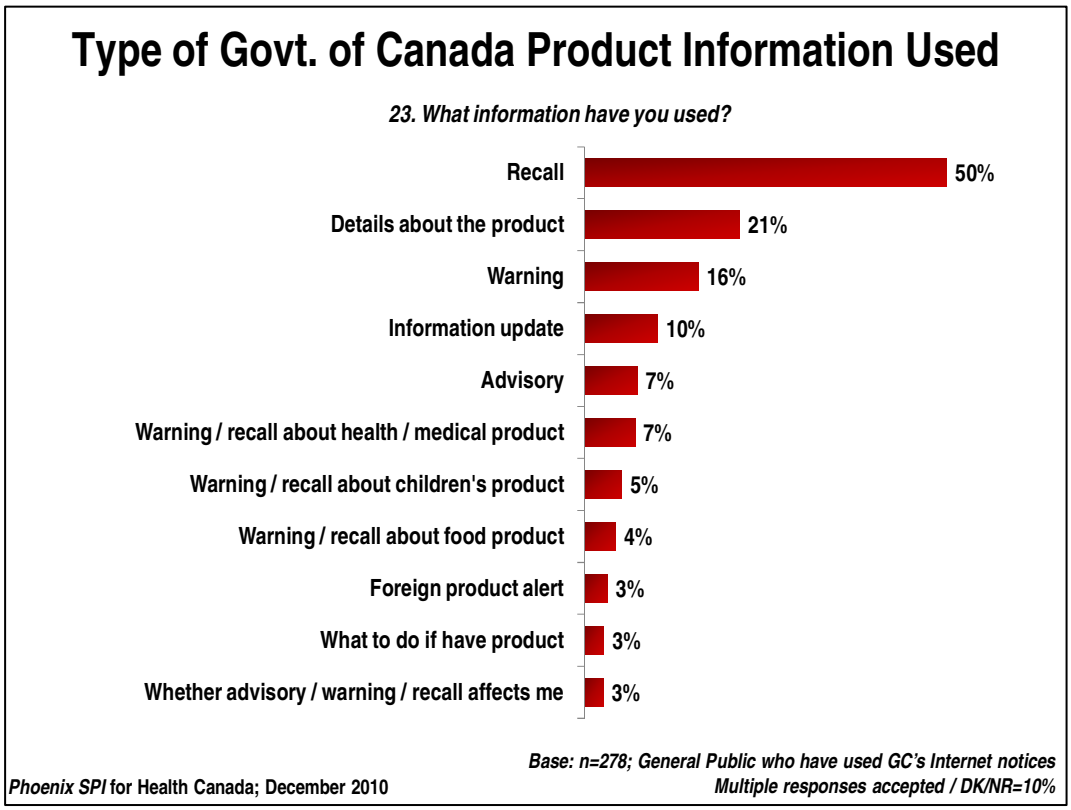
- Those with a household member with a medical condition (61% vs. 49% of those with no such household member).
- Women (60% vs. 49% of men);
- Those with a college education or higher (59% of those with post-secondary education vs. 41% of those with a high school diploma or less);
- Anglophones (57% vs. 45% of Francophones);
- Employed respondents (57% vs. 44% of those not employed);

Among **parents**, women were more likely to say they have used such information (76% vs. 63% of men), as were those with a college education or higher (73-76% of those with post-secondary education vs. 44% of those with high school or less). The likelihood of having used such information also increased with household income (from 51% of those with incomes under $40,000 to 74% of those with incomes of $100,000 or more).

Recall Information – Main Type of GC Information Used

Respondents who said they have used information from Government of Canada advisory, warning or recall notices were asked what information they used. Half the members of the general public identified recall information in general. Considerably fewer identified details about a product (21%), warnings (16%), information updates (10%), advisories (7%), and a warning/recall about a health/medical product (7%) (multiple responses accepted).

Small numbers (5% or less) identified warning/recalls about children's products and food products, alerts about foreign products, what to do if one has a product for which there has been an advisory, warning or recall notice, and whether or not one is personally affected by an advisory, warning or recall.



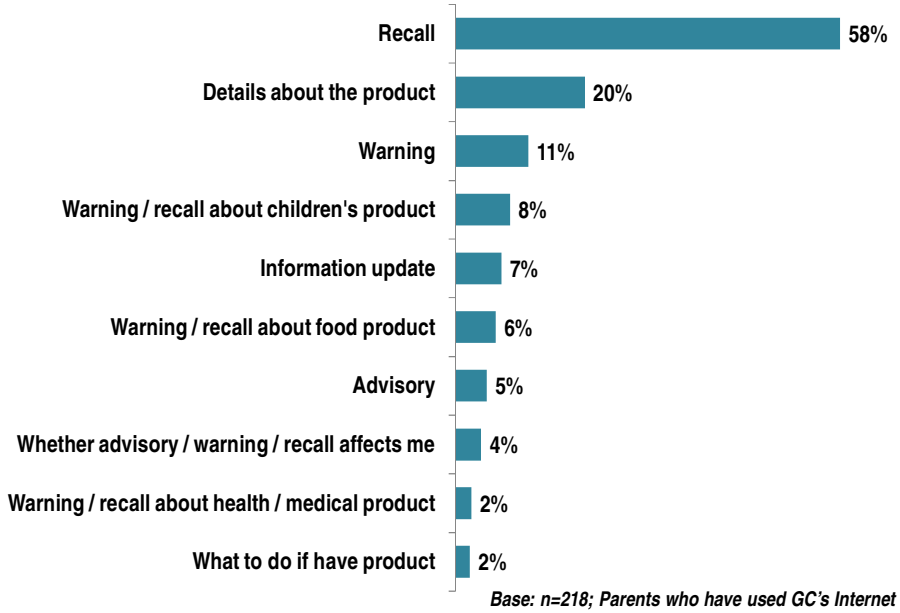
Among **members of the general public**, recall notices were more likely to be identified by the following:

- Those with a household member with a medical condition (58% vs. 41% of those with no such household member).
- The youngest respondents compared to the oldest (58% of those under 35 vs. 35% of those 65 and older);
- Women (58% vs. 39% of men);
- Anglophones (54% vs. 32% of Francophones);

For the most part, parents who said they used such information identified the same types of information as members of the general public. The only notable differences were the larger proportion that identified recalls (58% vs. 50% of members of the public), and the smaller proportion that identified warnings (11% vs. 16%), and warning/recalls about a health/medical product (7% vs. 2%). The main difference between parents and non-parents was the smaller proportion of non-parents that identified recalls (45% vs. 58% of parents).

Type of Govt. of Canada Product Information Used

23. What information have you used?



Base: n=218; Parents who have used GC's Internet notices
Multiple responses accepted / DK/NR=9%

Phoenix SPI for Health Canada; December 2010

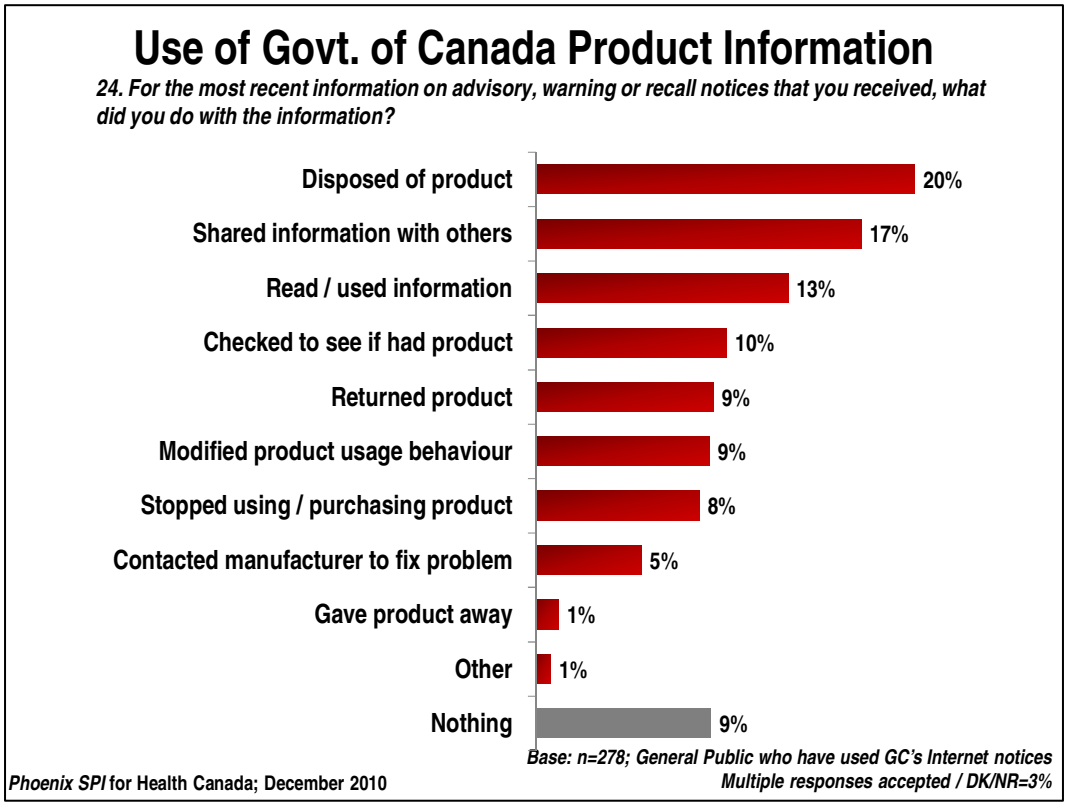
Among parents, recall notices were more likely to be identified by those with a household member with a medical condition (66% vs. 52% of those with no such household member).

Use of Government of Canada Advisory, Warning or Recall Notices

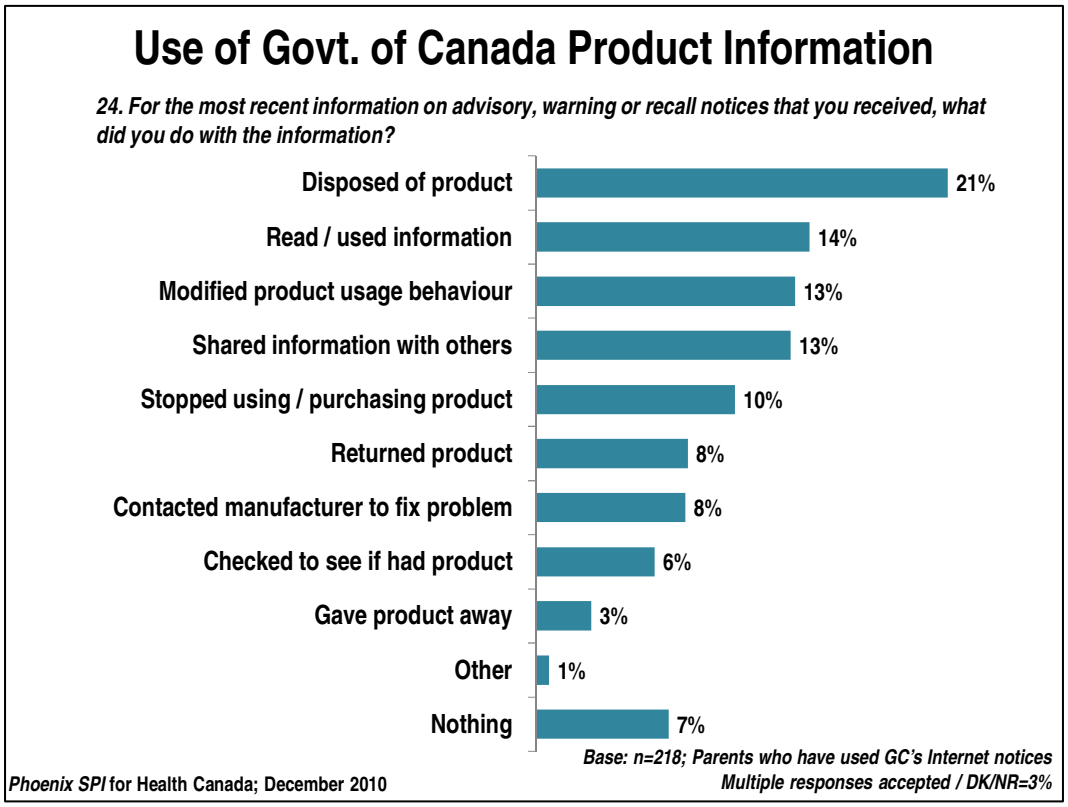
Respondents who said they have used Government of Canada information on advisory, warning or recall notices were asked what they did with the most recent information of this sort that they received.

Members of the general public who said they have used such information were most likely to say that they disposed of a product (20%) or shared the information with others (17%). Other courses of action identified relatively frequently include reading/using the information (13%), checking to see if they owned the product in question (10%), returning a product (9%), modifying their product usage behaviour (9%), and stopping their use or purchase of a product (8%).

Actions identified infrequently (5% or less) include contacting a manufacturer to get the problem fixed/addressed and giving the product away. Included in the 'other' category is discussing the issue with a health professional. Approximately one-in-ten said they did nothing with the information.



Actions taken by parents who said they have used such information essentially mirrored those taken by members of the general public.



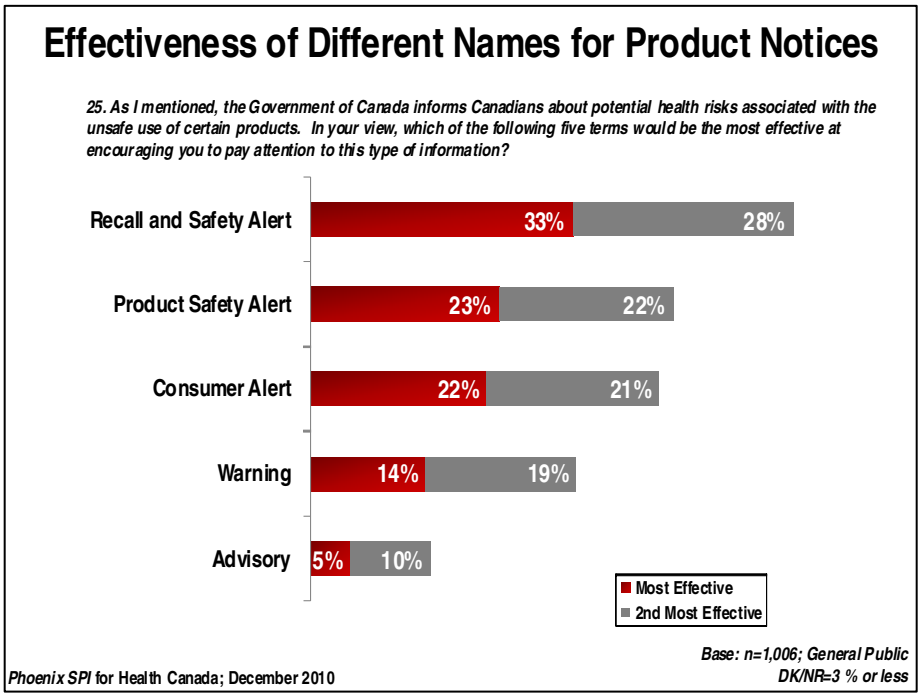
'**Recall and Safety Alert' – Preferred Term to Elicit Attention to Safety Information**

All respondents were asked which of five terms would be the most effective, and the second most effective, at encouraging them to pay attention to information from the Government of Canada designed to inform Canadians about potential health risks associated with the unsafe use of certain products. The five terms were:

- Recall and Safety Alert
- Product Safety Alert
- Consumer Alert
- Advisory
- Warning

Among members of the general public, 'Recall and Safety Alert' was most likely to be considered the most effective term and the second most effective term. Specifically, one-third (33%) chose it as the most effective expression, and over one-quarter (28%) chose it as the second most effective term. In total, more than half (61%) included this term in their top two preferences.

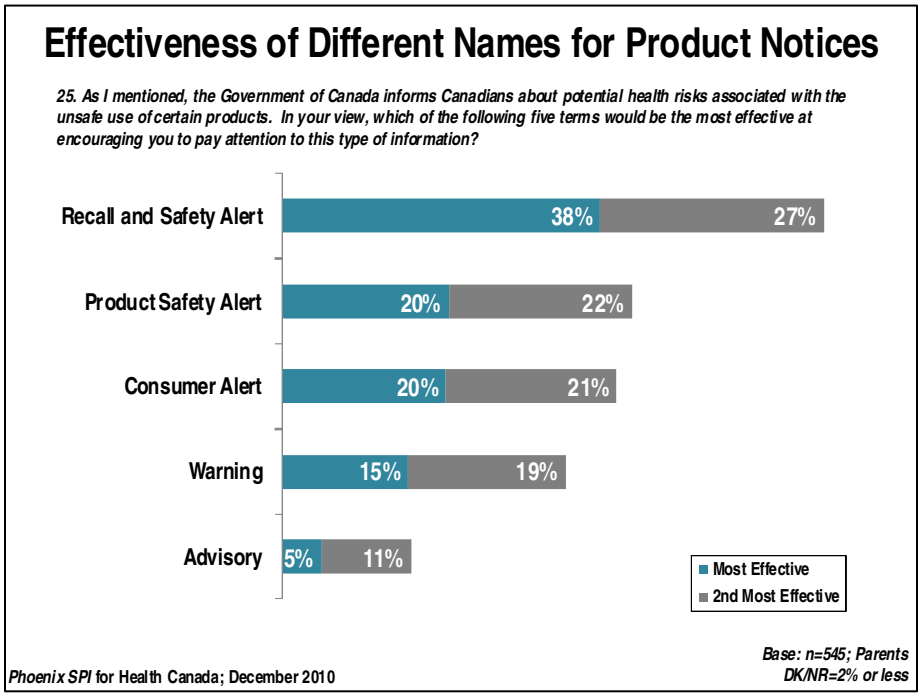
The terms 'Product safety alert' and 'Consumer alert' were almost equally likely to be chosen by members of the public as their first and second choice (45% and 43% respectively). Moreover, the proportions identifying each of these terms as their first and second choice were almost identical. 'Warning' and 'advisory' were less likely to be chosen as effective terms.



Among **members of the general public**, 'Recall and Safety Alert' was more likely to be considered the most effective term by:

- Those with a household member with a medical condition (38% vs. 42% of those with no such household member);
- Employed respondents (36% vs. 27% of those not employed);
- Those with a college education or higher (35%-36% of those with post-secondary education vs. 26% of those with high school or less).

Perceptions of parents regarding the effectiveness of these terms were almost identical to that of members of the general public. The only difference was the larger proportion choosing 'Recall and Safety Alert' as the most effective term (38% vs. 33% of members of the general public).



Among **parents**, 'Recall and Safety Alert' was more likely to be considered the most effective term by:

- Those in B.C. (51% vs. 31-44% elsewhere).
- Those with a household member with a medical condition (44% vs. 34% of those with no such household member);

The likelihood of considering it as the most effective term also decreased with age (from 46% of those under 35 to 30% of those 45 and older). Finally, those with the lowest household incomes were least likely to consider this term as the most effective (24% of those with incomes under $40,000 vs. 40-48% of others). Among those with the lowest household incomes, the term 'consumer alert' was slightly more likely to be considered the most effective one (27%).

Related Focus Group Findings:

In explaining their understanding of the expressions 'advisories', 'warnings', and 'recalls', focus group participants typically situated them on a spectrum or continuum based on the level of seriousness, going from least serious to most serious in relation to product safety. While they may have used different terms, expressions, or examples to describe these expressions, participants nonetheless tended to understand them and distinguish between them in a similar way.

An 'advisory' was typically understood to convey the message 'be aware'. A 'warning' was considered to be more serious, and was routinely understood to convey the message 'be cautious' or 'pay attention'. Finally, a 'recall' was unanimously considered to be the most serious, and was understood to convey the message 'be very concerned', or 'avoid' – so much so that the product is being taken off the market.

Most participants felt that it was the inclusion of the term 'recall' along with the term 'safety' that made respondents in the survey phase of the research most likely to consider the expression 'Recall and Safety Alert' most effective at encouraging people to pay attention to Government of Canada advisory, warning, or recall notices. Many added that this expression grabs people's attention because of the sense of seriousness that is conveyed. Some also felt that the expression is effective because it is simple, concise and direct.

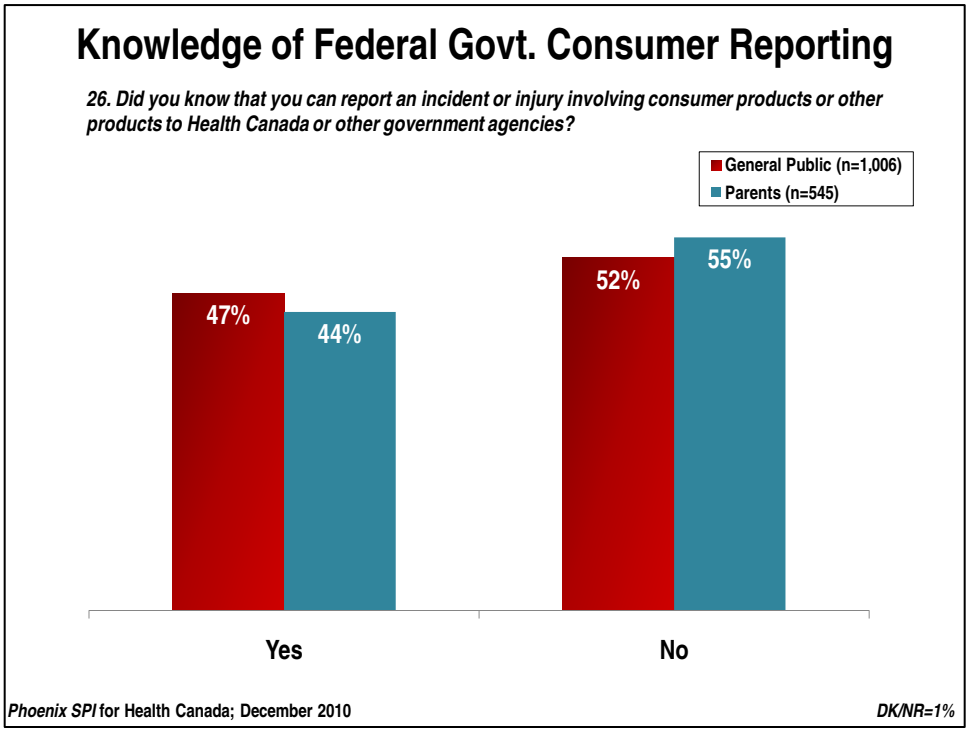
For their part, focus group participants were asked which of the following messages would be more effective for an advertising campaign designed to encourage them to pay attention to recall and safety alerts:

- *Choose and use products wisely. Get the latest recalls and safety alerts.*
- *Going shopping? Pick up the latest recalls and safety alerts.*

In response, most participants, a majority in most groups, chose the expression *Choose and use products wisely. Get the latest recalls and safety alerts*. In explaining their preference, participants routinely pointed to the following: the emphasis on responsibility (i.e. choosing and using products wisely), the link between information and action (i.e. not just getting information but acting on it), and the rhyme in the first sentence (i.e. choose and use), which makes the expression catchy and memorable. Conversely, 'going shopping' was seen by many as being overly informal and lacking a sense of seriousness that many participants felt should be in marketing messages on this topic.

Most Unaware They Can Report Product-Related Incident or Injury to GC

Just over half the members of the general public (52%) said they did not know that they can report an incident or injury involving consumer products or other products to Health Canada or other government agencies. A slightly larger proportion of parents (55%) said they did not know this.



Very Few Have Reported Product-Related Incident/Injury to GC

Among respondents aware they can report an incident or injury involving consumer products or other products to Health Canada or other government agencies, very few have done so. Specifically, identical proportions of members of the general public and parents have actually done it (5% each).

Among members of the general public who said they have reported an incident or injury (n = 25), six said they reported to Health Canada and six said they reported to another government organization. Four respondents identified a municipal health organization, while individual respondents identified Transport Canada, the Public Health Agency of Canada, and the Canadian Food Inspection Agency. A few respondents identified non-government organizations, including a manufacturer and a doctor or pharmacist (multiple responses accepted).

Parents who said they have reported an incident or injury (n = 13) identified the same governmental organizations, none of which dominated. One respondent identified a retail location where a product was purchased.

The types of products reported by members of the general public and parents were the same or similar. They include the following, none of which dominated: food and groceries, health products, hardware/repair products, pesticides, children's products, and drugs/medications.

Related Focus Group Findings:

Most focus group participants have never reported an incident or injury involving a consumer or other product. With one exception, those who have done this have reported a product defect or suspected defect, but not an actual injury. Examples include defective appliances or tools, defective or broken children's products, poor/defective packaging, missing product parts, and spoiled foods and beverages. In all cases, participants either contacted the product manufacturer or the retailer from whom they purchased the product.

Only a few participants were aware that they can report an incident or injury involving a consumer or other product to Health Canada. Among the few who were aware of this, no one has actually done it.

Asked how likely they would be to report an incident or injury involving a consumer or other product to Health Canada now that they are aware that they can do this, participants tended to say that it would depend on the circumstances. For example, many said that they would likely do this if something affected their personal health or the health of their family, or the circumstances involved a serious accident or injury to themselves or family/ friends. Short of that, if they took any action at all they would be more likely to contact the retailer or manufacturer, or perhaps a consumer protection agency.

Over and above the issue of the seriousness of the circumstances, many said that their likelihood of reporting an incident to Health Canada would depend on the reporting procedure (e.g. how does one do this? how much time and effort is required to report an incident? how long does it take to get a response? how long does it take before a decision is rendered?). In short, there was a relatively widespread sense that interaction with government can involve a lot of bureaucratic red tape, with the result that that any resolution to a problem could take a long time.

Looking beyond the process itself, a number of participants focused on the end result saying that their likelihood of reporting an incident would depend on what the end result or outcome might or could be (e.g. what type of sanction could be imposed or what kind of compensation might be provided?). Depending on the possible outcomes, some thought it might not be worth investing the time and effort required to report an incident.

Differences in Knowledge of Product Safety

In order to assess differences in knowledge regarding product safety, a knowledge index was created based on the number of correct responses to the five true or false questions asked at question 13. The knowledge index included four categories:

- Those who answered 0-1 question correctly (little or no knowledge);
- Those who answered 2 questions correctly (limited knowledge);
- Those who answered 3 questions correctly (some knowledge);
- Those who answered 4-5 questions correctly (knowledgeable).

Subgroup variations in knowledge about products sold in Canada were relatively limited.

Among **members of the general public**, the following differences were evident:

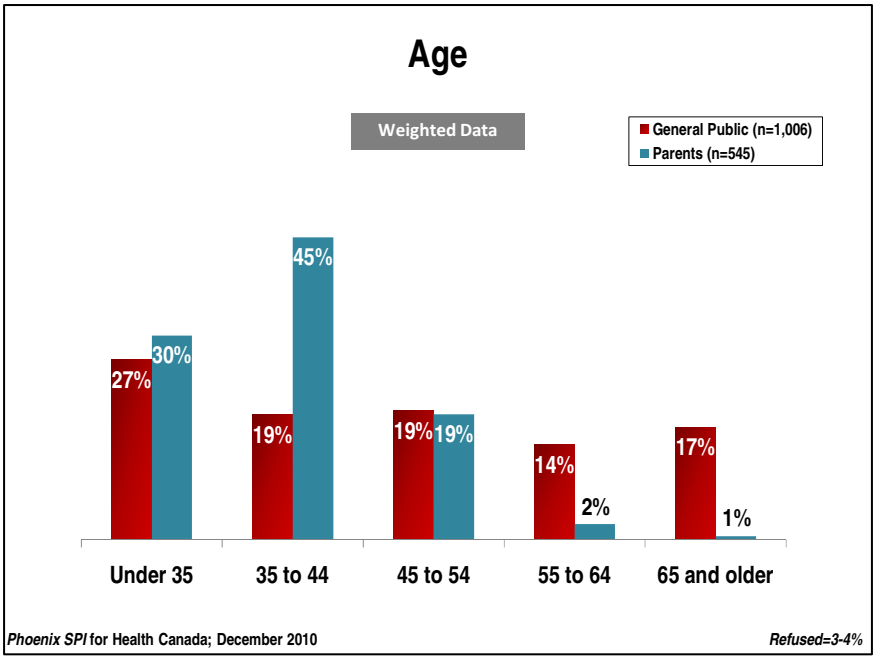
- Respondents with little or no knowledge of product safety were more likely than those who are knowledgeable to say they always read the labels of products before they purchase them (42% vs. 27%) and after they purchase them (25% vs. 14%).
- The likelihood of looking for information about the use and safety of products increased with knowledge of product safety (from 57% of those with little or no knowledge to 75% of those who are knowledgeable).
- Those with little or no knowledge were more likely than those who are knowledgeable to express strong agreement with the following:
    - Knowing how to read and use product labels is important to them (85% vs. 74%);
    - Knowing what products are recalled in Canada is important to them (78% vs. 68%);
    - Information on labels helps them safely use a product (68% vs. 53%);
    - When they hear about product recalls, they feel more confident about product safety (63% vs. 34%);
    - Information on product labels is easy to understand (41% vs. 21%);
    - They currently get enough information from product labels to make informed purchase decisions (37% vs. 24%).

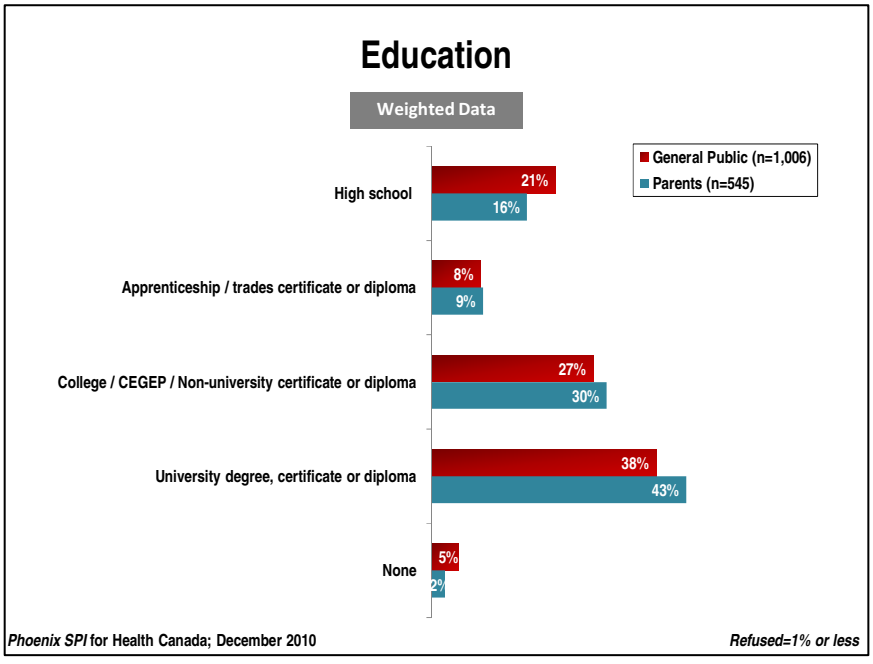
Among **parents**, the following differences were evident:

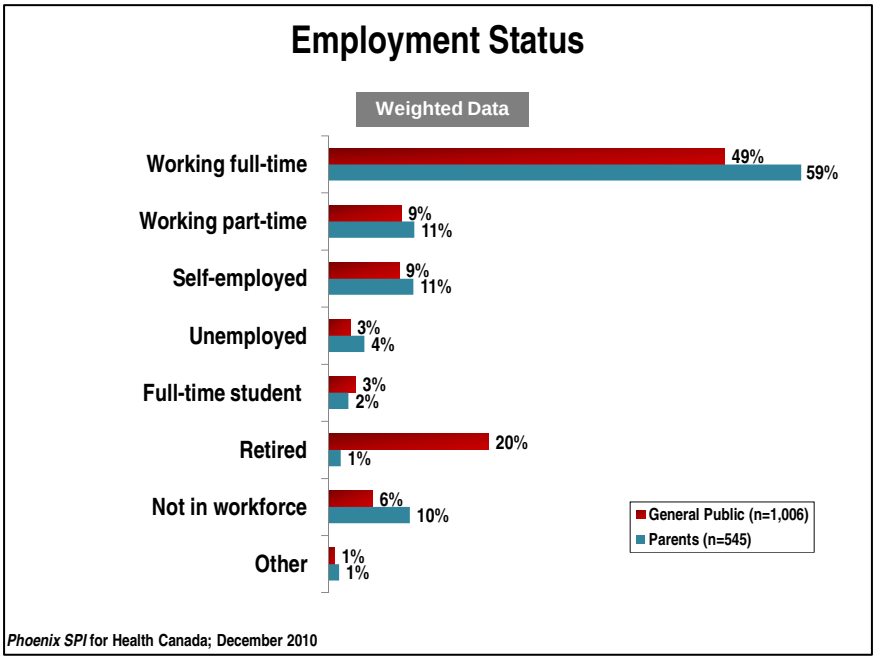
- Respondents with at least some knowledge of product safety were the most likely to look for information about the use and safety of products (81-82% of those with at least some knowledge vs. 64-65% of those with limited or no knowledge).
- Those with little or no knowledge were more likely than those who are knowledgeable to express strong agreement with the following:
    - Knowing how to read and use product labels is important to them (91% vs. 76%);
    - Information on labels helps them safely use a product (71% vs. 52%);
    - When they hear about product recalls, they feel more confident about product safety (62% vs. 32%);
    - Information on product labels is easy to understand (43% vs. 25%);
    - They currently get enough information from product labels to make informed purchase decisions (37% vs. 24%).

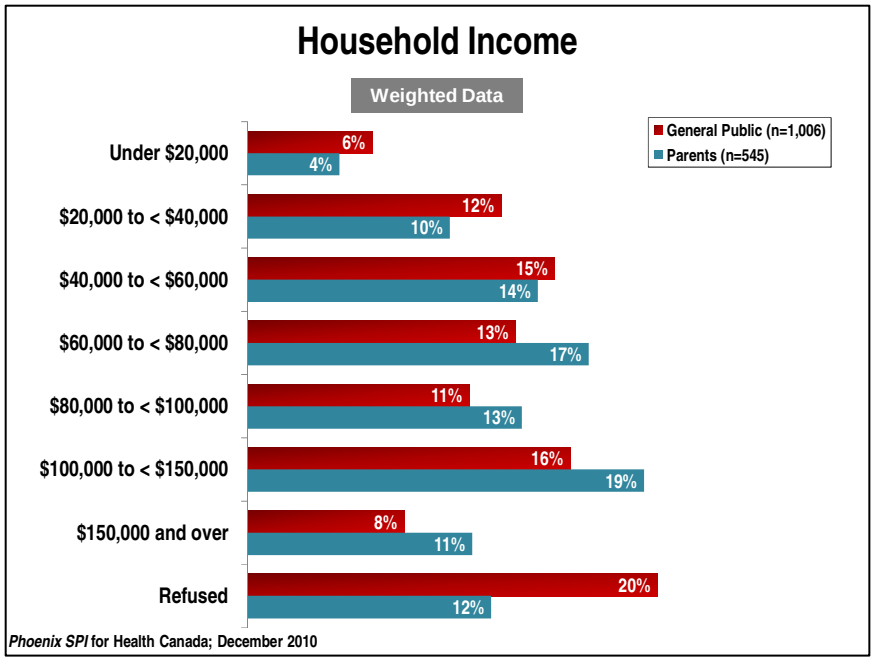
Demographics

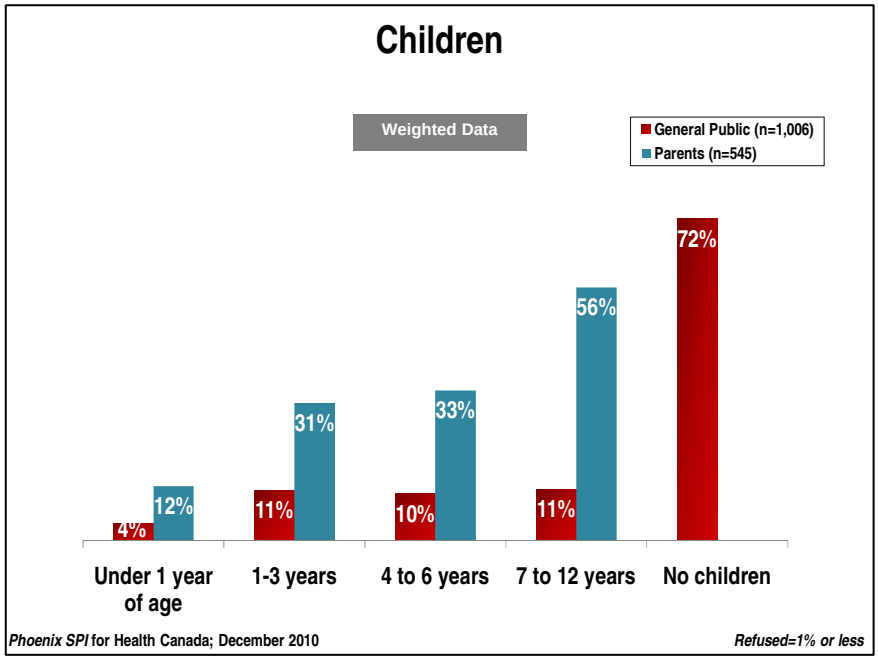
This section presents the demographic characteristics of survey respondents in terms of their age, education, employment status, household income, parental status (i.e. children or not and if so, age of children), status of household members regarding allergies and medical conditions, gender, location, language and region. Data presented in this section is weighted.

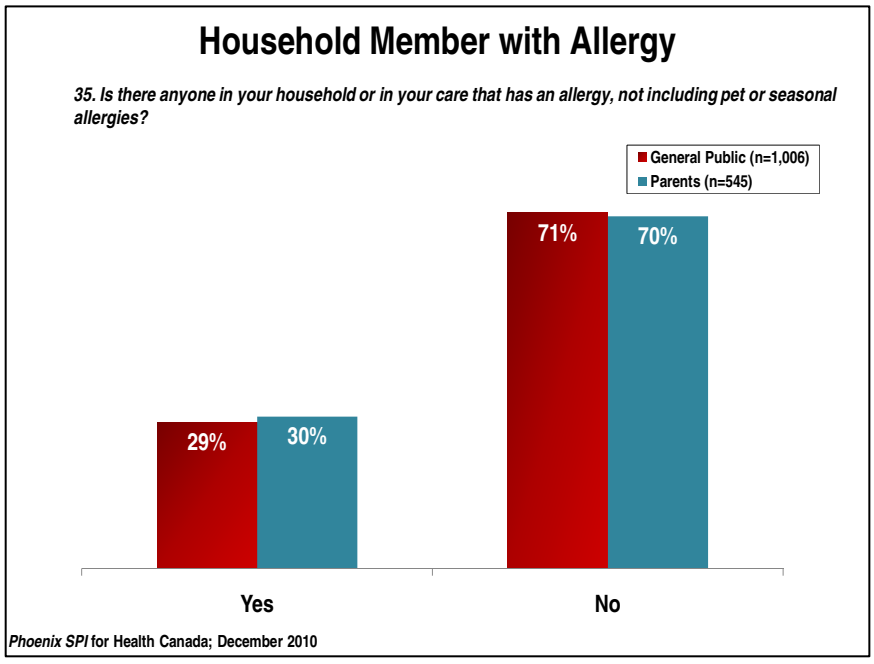


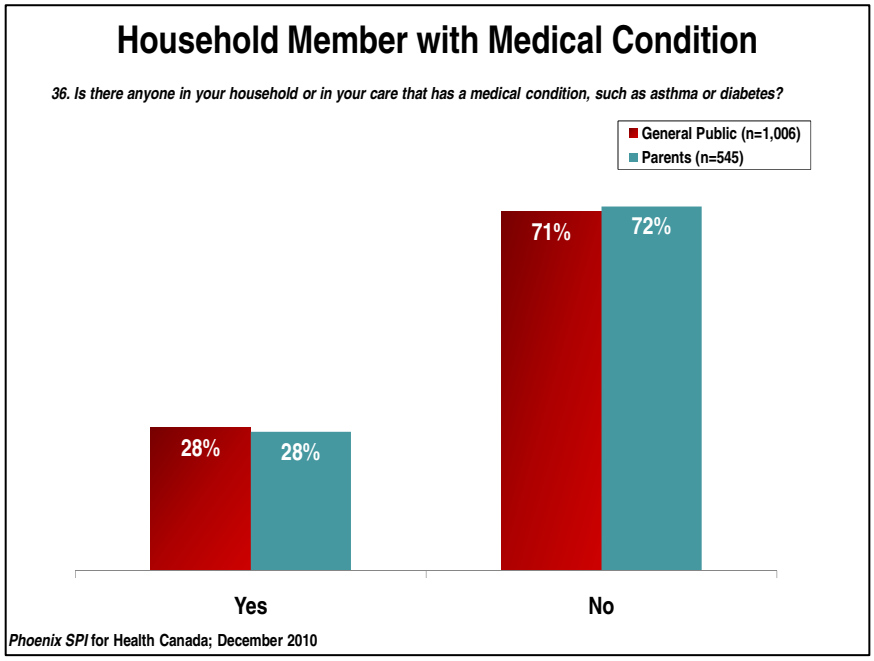


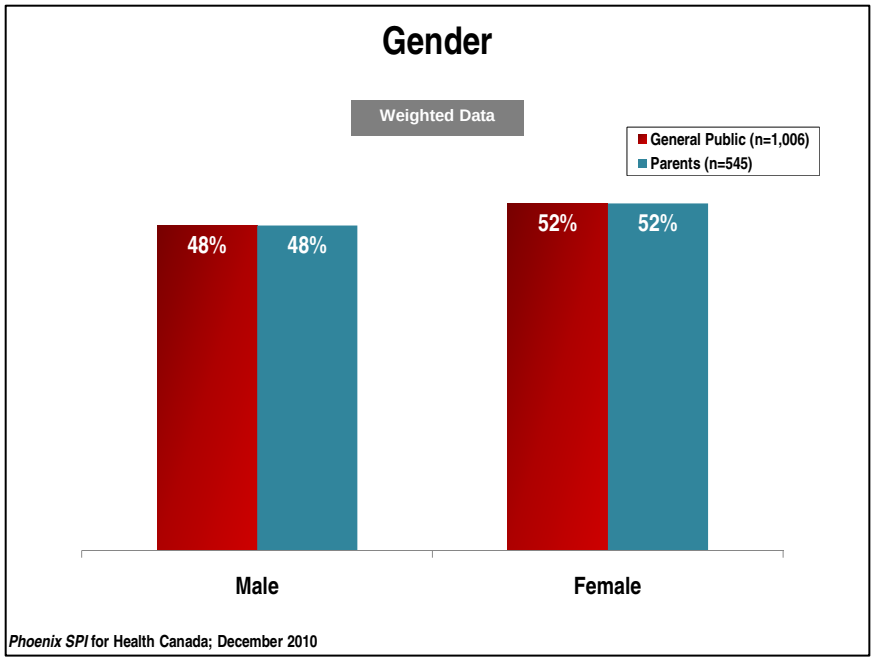

Employment Status
Weighted Data
Working full-time
49%
59%
Working part-time
9%
11%
Self-employed
9%
11%
Unemployed
3%
4%
Full-time student
3%
2%
Retired
20%
1%
Not in workforce
6%
10%
Other
1%
1%
General Public (n=1,006)
Parents (n=545)
Phoenix SPI for Health Canada; December 2010

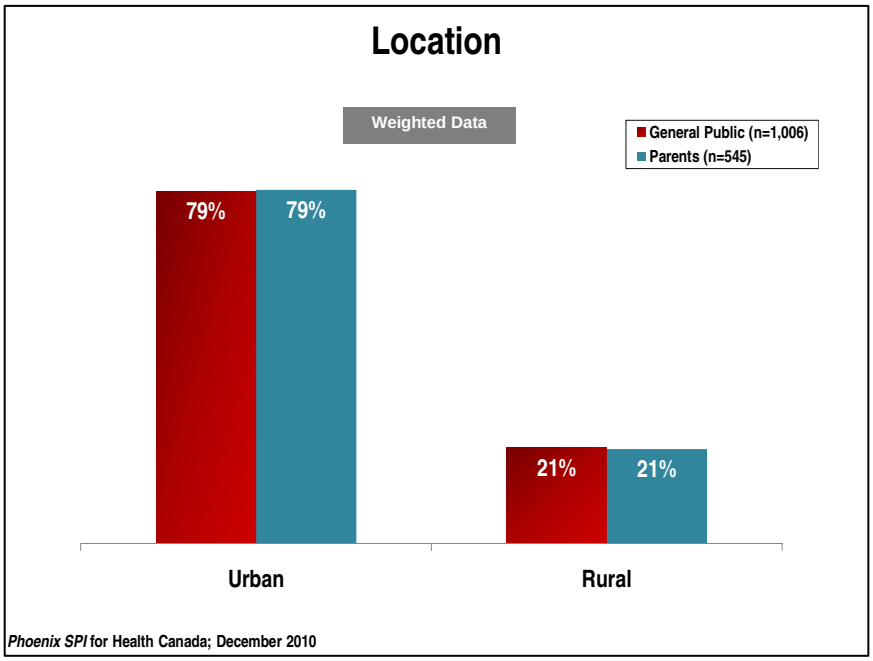

Household Income
Weighted Data
Under $20,000
6%
4%
$20,000 to < $40,000
12%
10%
$40,000 to < $60,000
15%
14%
$60,000 to < $80,000
13%
17%
$80,000 to < $100,000
11%
13%
$100,000 to < $150,000
16%
19%
$150,000 and over
8%
11%
Refused
20%
12%
General Public (n=1,006)
Parents (n=545)
Phoenix SPI for Health Canada; December 2010

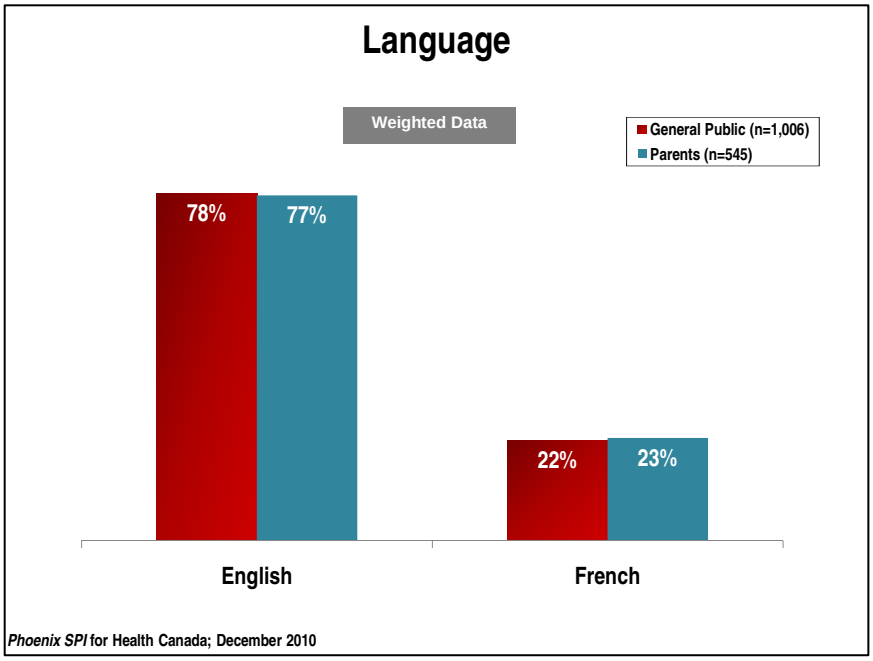

Children
Weighted Data
General Public (n=1,006)
Parents (n=545)
4%
12%
11%
31%
10%
33%
11%
56%
72%
Under 1 year of age
1-3 years
4 to 6 years
7 to 12 years
No children
Phoenix SPI for Health Canada; December 2010
Refused=1% or less

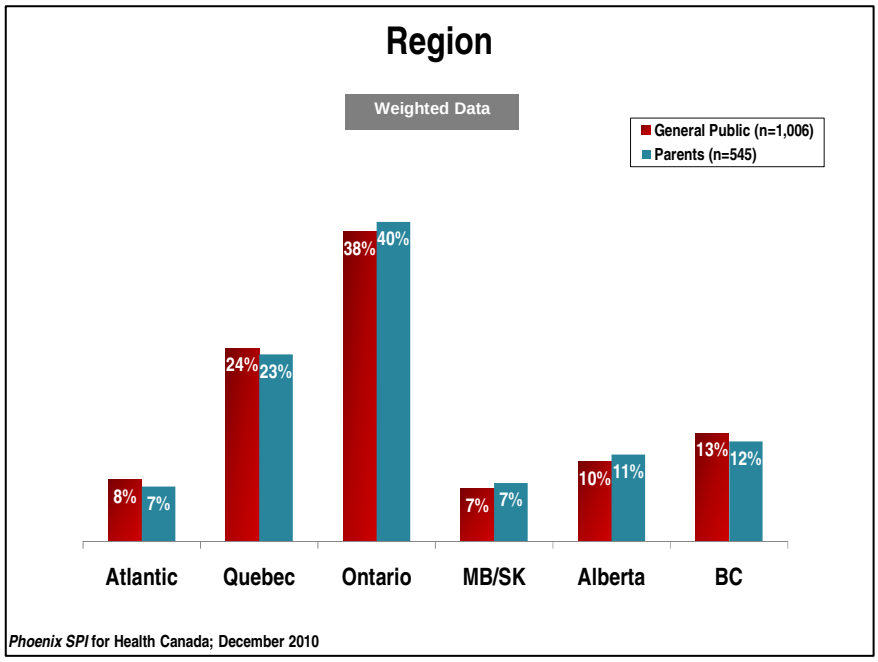

Household Member with Allergy
35. Is there anyone in your household or in your care that has an allergy, not including pet or seasonal allergies?
General Public (n=1,006)
Parents (n=545)
29%
30%
71%
70%
Yes
No
Phoenix SPI for Health Canada; December 2010


Household Member with Medical Condition
36. Is there anyone in your household or in your care that has a medical condition, such as asthma or diabetes?
General Public (n=1,006)
Parents (n=545)
28%
28%
71%
72%
Yes
No
Phoenix SPI for Health Canada; December 2010


Gender
Weighted Data
General Public (n=1,006)
Parents (n=545)
48%
48%
52%
52%
Male
Female
Phoenix SPI for Health Canada; December 2010


Location
Weighted Data
General Public (n=1,006)
Parents (n=545)
79%
79%
21%
21%
Urban
Rural
Phoenix SPI for Health Canada; December 2010


Language
Weighted Data
General Public (n=1,006)
Parents (n=545)
78%
77%
22%
23%
English
French
Phoenix SPI for Health Canada; December 2010


Region
Weighted Data
General Public (n=1,006)
Parents (n=545)
8%
7%
24%
23%
38%
40%
7%
7%
10%
11%
13%
12%
Atlantic
Quebec
Ontario
MB/SK
Alberta
BC
Phoenix SPI for Health Canada; December 2010

APPENDIX

Health Canada
Health and Safety Issues Related to Consumer, Health and Food Products
(POR-10-09)

Final Version: October 18, 2010

INTRODUCTION

Hello, my name is _____. I'm calling on behalf of Phoenix, a public opinion research company. We're conducting a survey for Health Canada, a department of the Government of Canada, on issues of interest to Canadians. This survey is registered with the national survey registration system, and should take 15 minutes to complete.

SCREENING QUESTIONS

ASK FIRST TWO SCREENING QUESTIONS FOR PARENT OVERSAMPLE ONLY:

A. This survey is being conducted with parents and guardians of children 12 years of age or younger, Are there any children in your household that are 12 or younger, living there either full-time or part-time as part of a shared-custody arrangement?

Yes	1	CONTINUE
No	2	THANK AND DISCONTINUE

B. I'd like to speak to a person in your household, 18 years of age or older, that is the parent or guardian of this child or children. Is that you or is there someone else I should be talking to?

Yes	1	CONTINUE
No	3	ASK TO BE REFERED TO ELIGIBLE PARENT. REPEAT INTRO

SURVEY INVITATION

C. Would you be willing to take part in this survey? Your participation in this survey is voluntary, but would be extremely helpful. All responses will be kept entirely confidential – no individuals will be identified in any way. We can do it now or at a time more convenient for you.

[ ] Yes, now (CONTINUE)
[ ] Yes, call later (Specify date/time: Date: Time:
[ ] Refused (THANK/DISCONTINUE)

INTERVIEWER/PROGRAMMING NOTES:

SURVEY REGISTRATION SYSTEM: IF RESPONDENT ASKS ABOUT THE NATIONAL SURVEY REGISTRATION SYSTEM, SAY:

The registration system has been created by the survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free phone number is 1-800-554-9996.

PRIVACY: PARTICIPANTS' COMMENTS WILL BE PROTECTED IN ACCORDANCE WITH THE PROVISIONS OF THE PRIVACY ACT. INDICATE THIS IF RELEVANT. ALSO SAY IF RELEVANT: "YOUR REPONSES TO THIS SURVEY WILL HAVE NO IMPACT ON YOUR DEALINGS WITH THE FEDERAL GOVERNMENT."

HEADINGS IN BLUE SHOULD NOT BE READ TO RESPONDENTS.

UNLESS OTHERWISE SPECIFIED, ALL QUESTIONS IN THE SURVEY WILL ALLOW FOR 'DON'T KNOW/NO RESPONSE' OPTION. DK/NR IS ONLY SPECIFIED WHERE IT RELATES TO SKIP LOGIC.

SCALE INSTRUCTIONS: RESPONSE CATEGORIES/INSTRUCTIONS FOR QS. 9, 14, AND 15 ARE REPETITIVE. ADJUST THE FREQUENCY OF REPEATING THEM TO ENSURE CLARITY BUT AVOID TEDIUM.

RANDOMIZATION AT Q.25: THE ROTATION OF TERMS AT Q25 APPLIES ONLY TO THE FIRST PART OF THE QUESTION (I.E. IDENTIFICATION OF THE MOST EFFECTIVE TERM). WHEN RESPONDENTS ARE ASKED TO IDENTIFY THE SECOND MOST EFFECTIVE TERM, THE ORDER OF PRESENTATION SHOULD BE THE SAME AS IN THE INITIAL PRESENTATION (EXCLUDING THE TERM IDENTIFIED AS MOST EFFECTIVE).

SECTION 1: GENERAL CONTEXTUAL ISSUES

1. How do you, as a consumer, determine whether a product that you are thinking of buying is safe or not? [DO NOT READ; ACCEPT ALL RESPONSES]

   Assume all products for sale in Canada have been tested and are safe
   Ask family or friends for recommendations
   Don't really think about it
   Look for safety features
   Look for safety warnings
   Read labels
   Read product instructions
   Rely on brand name/reputation
   Research product in consumer reports
   Research product on consumer advocate websites
   Research product on Health Canada's website
   Health Canada information
   Search advisory, warning or recall information
   Research product on Internet (unspecified)
   Other (specify): _____

2. After purchasing a product, do you generally look for safety information such as advisories, warnings or recalls from government or industry to ensure the products you are using are safe?

Yes	1	CONTINUE
No	2	SKIP NEXT QUESTION

ASK THOSE WHO SEARCH FOR INFORMATION (Q2):

3. Where do you look for that information? [DO NOT READ LIST ACCEPT MORE THAN ONE RESPONSE. NOTE TO INTERVIEWER: USE THE 'DID NOT APPLY' CATEGORY IF RESPONDENT IDENTIFIES INFORMATION THAT ACCOMPANIES PRODUCTS WHEN THEY ARE SOLD (E.G. INSTRUCTION MANUALS, DIRECTIONS FOR USE, WARNING LABELS)].

Internet (PROBE WHETHER USE SEARCH ENGINE **OR** GO TO SPECIFIC SITES. IF SPECIFIC SITES, RECORD NAMES: _____)
Google/search engine
Health Canada
Consumer Safety Web sites
Manufacturer's Web sites
Did not apply
Other (specify): _____

The next questions are about the **labels** on products that you purchase for you or others in your household. When answering these and other questions in the survey, please think of the following types of products … [RANDOMIZE ORDER OF ITEMS] health products, natural health products, food and groceries, pesticides, and consumer products, including children's products, household products and cosmetics.

4. In general, how often would you say you read the labels of products **before** you purchase them? Would you say you do this always, frequently, occasionally, rarely or never?

Always	1
Frequently	2
Occasionally	3
Rarely	4
Never	5

5. And how often would you say you read the labels of products **after** you purchase them, such as when you go to use them? Would you say you do this always, frequently, occasionally, rarely or never?

Always	1
Frequently	2
Occasionally	3
Rarely	4
Never	5

ASK THOSE WHO **RARELY** OR **NEVER** READ LABELS (RESPONSES FOR BOTH Q4 AND Q5):

6. Why do you rarely or never read the labels of products that you purchase? Any other reasons? [DO NOT READ LIST. RECORD FIRST MENTION. ACCEPT ALL RESPONSES]

   Takes time/too busy
   Know or trust the product/bought product before
   No risk associated with the product
   Lack of need
   Lack of interest
   Don't think information on labels is relevant to me
   Only read labels on products I'm concerned about
   Labels too complicated/difficult to understand
   Other (specify): _____

THOSE WHO **NEVER** READ LABELS (RESPONSES FOR BOTH Q4 AND Q5) SKIP TO Q10:

IF READ LABELS FOR CERTAIN TYPES OF PRODUCTS, ASK QUESTIONS:

7. What prompts you to read a label on a product? That is, why do you read the labels for the products that you do? Any other reasons? [DO NOT READ. RECORD FIRST MENTION. ACCEPT ALL RESPONSES] (PROMPT FOR NON-FOOD PRODUCTS IF FIRST TWO RESPONSES ARE FOOD-RELATED I.E. "What about other types of consumer products besides food?")

   Out of habit
   If there is a risk in using the product/potential hazards or dangers
   Check for expiration dates
   Check for any potential allergens
   Check ingredients/nutritional info
   Check contents (i.e. type of fabric, stuffing)
   See where the product is manufactured/country of origin
   To determine if a product is safe
   To determine what a product is made of
   Check for warnings
   Media advisories
   Find out about directions for use
   If it's the first time the product has been purchased
   Other (specify): _____

8. For which products do you tend to read the labels before making a purchase? Any others? [DO NOT READ; ACCEPT ALL RESPONSES]

   Baby cribs
   Baby walkers
   Baby/child strollers
   Bunk beds
   Candles
   Children's car seats
   Children's clothing
   Children's furniture
   Children's outside play equipment
   Children's products (general)
   Children's toys
   Cosmetics or personal care products
   Medications
   Electronics
   Food (general)
   Household appliances
   Household chemicals used at home
   Medical devices
   Natural health products (e.g. herbal remedies, homeopathic medicines, vitamins, minerals)
   Pesticides (e.g. insect repellent, herbicide)
   Sports equipment
   Products I am buying for the first time
   Other (specify): _____

9. There are a number of reasons why people *might* read the labels of products they buy. I'd like to know how important the following potential reasons are to you personally. How about…? READ/RANDOMIZE LIST] Is that a very important reason for you to read product labels, moderately important, not very important, or not important at all? ADJUST THE FREQUENCY OF REPEATING THE CATEGORIES TO ENSURE CLARITY BUT AVOID TEDIUM.

   a) To check the expiry date.
   b) To see where the product is made or manufactured.
   c) To determine what the product is made of.
   d) To determine if a product is safe.
   e) To see if there are any potential allergens.
   f) To check for warnings
   g) To check directions for use

10. Where would you go if you were looking for information on the safety or use of the products you buy? Anywhere else? [DO NOT READ LIST. ACCEPT ALL THAT APPLY]

Internet (PROBE WHETHER USE SEARCH ENGINE **OR** GO TO SPECIFIC SITES. IF SPECIFIC SITES, RECORD NAMES: _____)
Google/search engine
Health Canada
Health magazine or journal
Books/library
Doctor
Pharmacist
Other healthcare professional
School
Store shelves
Family or friends
Consumer Reports
Manufacturer's Web site
Other (specify): _____

11. Have you ever looked for information about the use or safety of products?

Yes	1	CONTINUE
No	2	SKIP NEXT QUESTION

IF YES, ASK:

12. What type of information did you look for? [DO NOT READ; ACCEPT ALL THAT APPLY]

Manufacturers' instructions
Manufacturers' warnings
Government advisories, warnings and recalls
List of contents/what the product is made of
Packaging information
Potential hazards/dangers
What age the product is safe for
Instructions for use
How to report an unsafe product
Other (specify): _____

SECTION 2: RELATED ATTITUDINAL AND COMMUNICATIONS ISSUES

13. I'm now going to read you a series of statements about products sold in Canada. Please tell me whether you think each one is true or false. How about…? [READ AND RANDOMIZE]

    a) All products sold in Canada are pre-approved by government.
    b) All manufacturers must ensure that products they sell to consumers are safe.
    c) The Government regulates all product labels.
    d) All consumer products that are sold in Canada are tested by government to ensure that they are safe before being sold.
    e) The Government of Canada has the power to issue a mandatory recall for any product being sold in Canada.

14. Please tell me the extent to which you agree or disagree with each of the following statements, using a scale from 1 to 7, where '1' means you completely disagree and '7' means you completely agree. How about…? [READ AND RANDOMIZE]

    a) Knowing how to read and use product labels is important to me.
    b) I currently get enough information from product labels to make informed purchase decisions.
    c) The information on product labels is easy to understand.
    d) Knowing what products are recalled in Canada is important to me.
    e) Information on labels helps me safely use a product.
    f) It seems there have been a lot more product recalls lately.
    g) I do not pay much attention to product recalls.
    h) When I hear about product recalls, I feel more confident in the product safety system.

15. Thinking of different ways that you can receive information to help you make an informed purchase decision, please tell me how effective you think each of the following is, using a scale of 1 to 7, where "1" means not at all effective and "7" means very effective. How about…? [READ/RANDOMIZE LIST]

    a) Health Canada's website
    b) Social media, such as Facebook, YouTube, and Twitter
    c) Retailers, such as store shelves or displays.
    d) Magazines
    e) Consumer watchdog publications
    f) Email notification
    g) Brochures
    h) The Internet
    i) Newspapers
    j) Health Canada publications
    k) Manufacturer product information
    l) Radio shows on products
    m) Television shows on products
    n) Family and friends
    o) Blogs

IF RESPONDENT OFFERED SCORES OF 5-7 FOR Q15B, ASK:

16. Which social media, such as Facebook, YouTube, and Twitter, would be effective in terms of providing you with information to help you make an informed purchase decision? Any others? [DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES]

    Facebook
    YouTube
    Twitter
    Other (specify): _____

IF RESPONDENT OFFERED SCORES OF 5-7 FOR Q15H, ASK:

17. Which Internet sites would be effective in terms of providing you with information to help you make an informed purchase decision? Any others? [DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES]

    Health Canada
    Search engines (Google, Yahoo etc.)
    News sites (CBC, CTV etc.)
    Consumer Reports websites
    Web MD
    Other government websites
    Other (specify): _____

ASK EVERYONE:

18. Do you currently own or regularly use a wireless mobile device? This includes iPhones, Blackberries and Androids, iTouch, iPad, among others.

Yes	1	
No	2	SKIP NEXT QUESTION

IF YES, ASK:

19. How interested would you be in downloading a free application on your wireless mobile device that would help you make informed purchase decisions for consumer products, which would include any recall information on the product you might want to purchase? Would you say very interested, moderately, not very or not interested at all?

20. Do you currently subscribe to any of the Government of Canada **RSS feeds** available from Health Canada, Canadian Food Inspection Agency, or Transport Canada?

Yes	1
No	2

    NOTE: IF ASKED, INFORM RESPONDENT THAT "RSS" STANDS FOR REAL SIMPLE SYNDICATION. RSS IS A FORMAT FOR DELIVERING REGULARLY-CHANGING WEB CONTENT, SUCH AS NEWS STORIES. RSS FEEDS INFORM PEOPLE OF NEW CONTENT ON SPECIFIC SITES SO THEY DON'T HAVE TO VISIT SITES INDIVIDUALLY TO CHECK THIS FOR THEMSELVES.

21. Were you aware that the Government of Canada posts on the Internet advisory, warning and recall notices to inform Canadians about potential health risks associated with the unsafe use of certain products?

Yes	1	
No	2	SKIP NEXT THREE QUESTIONS

22. Have you ever used information from any Government of Canada advisory, warning or recall notices?

Yes	1	
No	2	SKIP NEXT TWO QUESTIONS

IF YES, ASK:

23. What information have you used? [DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES. REFER TO EXPLANATORY DESCRIPTIONS BELOW, AS NEEDED*]

Advisory
Warning
Recall
Information update
Foreign product alert
Details about the product
What I should do if I have the product
Whether or not the advisory, warning or recall affects me
Other (specify): _____

***Explanatory Descriptions:**
Recall: Recalls are initiated by an importer or a manufacturer after becoming aware that the product is or may have a safety concern. Health Canada works cooperatively with industry to ensure the effective and efficient removal of hazardous products from the marketplace.
Advisories and warnings help educate the Canadian public about potential health risks associated with the unsafe use of certain consumer products.
Warning: When there is a high probability that the use of, or exposure to, a product will cause death or other serious adverse health effects, such that the public should stop using the product immediately.
Advisory: To inform the public of possible serious health hazards and enable Canadians to make informed decisions concerning the continued use of consumer and marketed health products.
Information Update: Conveys information about a product that carries a lower risk or that affects a very small group of people or to indicate the progress of Health Canada's review of a risk situation or to reinforce safety recommendations previously issued.
Foreign Product Alert: Advises consumers of health risks related to foreign products not authorised for sale in Canada and not found on the Canadian marketplace but which may have entered the country through personal importation or by purchase over the Internet.

IF YES, ASK:

24. For the most recent information on advisory, warning or recall notices that you received, what did you do with the information? [DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES]

    Disposed of the product
    Sold the product
    Gave the product away
    Modified product usage behaviour
    Nothing
    Other (specify): _____

25. As I mentioned, the Government of Canada informs Canadians about potential health risks associated with the unsafe use of certain products. In your view, which of the following five terms would be the most effective at encouraging you to pay attention to this type of information? And which would be the second most effective term? (READ/ROTATE LIST. RECORD FIRST MENTION [I.E. MOST EFFECTIVE] AND SECOND MENTION [I.E. SECOND MOST EFFECTIVE])

    Recall and Safety Alert
    Product Safety Alert
    Consumer Alert
    Advisory
    Warning

26. Did you know that you can report an incident or injury involving consumer products or other products to Health Canada or other government agencies?

Yes	1
No	2

IF YES, ASK:

27. Have you ever reported an incident or injury involving a consumer or other product to Health Canada or another government agency?

Yes	1	
No	2	SKIP NEXT TWO QUESTIONS

IF YES, ASK:

28. Who did you report this to? [DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES]

    Health Canada
    Canada Food Inspection Agency (CFIA)
    Transport Canada
    Public Health Agency of Canada (PHAC)
    Doctor or pharmacists
    Manufacturer
    Retail location where it was purchased
    Other (specify): _____

29. What type of product or products did you report an incident or injury for? [DO NOT READ LIST. ACCEPT MULTIPLE RESPONSES]

Consumer Product
Children's Product
Cars
Car Seat
Food and groceries
Pesticides
Natural Health Product
Health Products
Other (specify): _____

SECTION 3: DEMOGRAPHICS

I'd now like to ask a few questions for background and statistical purposes only. Please remember that your responses to these and other questions will be kept confidential.

30. In what year were you born?

Record year: _____

31. Which of the following diplomas or degrees have you completed? [READ LIST; ACCEPT ALL THAT APPLY]

High school diploma or equivalent	1
Registered apprenticeship or other trades certificate or diploma	2
College, CEGEP or other non-university certificate or diploma	3
University degree, certificate or diploma	4
None	5
[DO NOT READ] Refused	

32. Which of the following categories best describes your current employment status? Are you …? [READ LIST; ACCEPT ONE RESPONSE]

Working full-time; that is, 35 or more hours per week	1
Working part-time; that is, less than 35 hours per week	2
Self-employed	3
Unemployed, but looking for work	4
A student attending school full-time	5
Retired	6
Not in the workforce [e.g. full-time homemaker, unemployed, but not looking for work)	7
[DO NOT READ] Other [DO NOT SPECIFY]	8
[DO NOT READ] Refused	

33. What is your total household income? That is, the total income of all persons in your household combined, before taxes and deductions. Is it…? (READ LIST)

Under $20,000
$20,000 to just under $40,000
$40,000 to just under $60,000

$60,000 to just under $80,000
$80,000 to just under $100,000
$100,000 to just under $150,000
Over $150,000
Refused

34. Do you have any children 12 years of age or younger? If yes, do you have any children… (READ LIST. ACCEPT ALL THAT APPLY)

No
Yes (SPECIFY AGE CATEGORY):
Under 1 year of age
1-3 years
4 to 6 years
7 to 12 years

35. Is there anyone in your household or in your care that has an allergy, not including pet or seasonal allergies?

Yes
No

36. Is there anyone in your household or in your care that has a medical condition, such as asthma or diabetes?

Yes
No

37. Could you please tell me the first three digits of your postal code?

Record first three digits of postal code: _____

This concludes the survey.
Thank you for your time and feedback. It is appreciated.

RECORD BY OBSERVATION/DATABASE:

- Gender
- Language
- Province/region

Santé Canada
L'innocuité des produits de consommation, de santé et alimentaires
(POR-10-09)

Version finale : 22 octobre 2010

INTRODUCTION

Bonjour, je suis _____, de Phoenix, une maison de recherche sur l'opinion publique. Nous réalisons un sondage pour Santé Canada, un ministère du gouvernement du Canada, sur des sujets qui concernent les Canadiens. Ce sondage est enregistré auprès du système national d'enregistrement des sondages et devrait durer environ 15 minutes.

QUESTIONS FILTRES

LES DEUX PREMIÈRES QUESTIONS FILTRES S'ADRESSENT UNIQUEMENT AU SURÉCHANTILLON DE PARENTS :

A. Ce sondage s'adresse aux parents ou tuteurs d'enfants de 12 ans ou moins. Est-ce que des enfants de 12 ans ou moins habitent avec vous, soit en permanence soit en alternance, dans le cas d'une garde partagée ?

Oui	1	CONTINUER
Non	2	REMERCIER ET METTRE FIN À L'ENTRETIEN

B. J'aimerais parler à un membre de votre foyer âgé de 18 ans ou plus, qui est le parent ou le tuteur de cet enfant ou de ces enfants. Est-ce que je m'adresse à la bonne personne ?

Oui	1	CONTINUER
Non	3	DEMANDER À PARLER AU PARENT ADMISSIBLE. RÉPÉTER L'INTRO.

INVITATION À PARTICIPER AU SONDAGE

C. Acceptez-vous de participer à ce sondage ? Vous êtes libre d'y participer ou non, mais votre participation nous serait extrêmement utile. Toutes les réponses seront traitées en toute confidentialité et nous ne révélerons l'identité d'aucun participant. Nous pouvons faire l'entrevue maintenant ou à un moment qui vous conviendrait mieux.

[ ] Oui, maintenant (CONTINUER)
[ ] Oui, plus tard (Préciser la date et l'heure : Date : Heure :
[ ] Refus (REMERCIER ET METTRE FIN À L'ENTRETIEN)

NOTES À L'INTENTION DE L'INTERVIEWEUR ET DU PROGRAMMEUR :

SYSTÈME NATIONAL D'ENREGISTREMENT DES SONDAGES : SI LE RÉPONDANT DEMANDE CE QU'EST LE SYSTÈME NATIONAL D'ENREGISTREMENT DES SONDAGES, DITES :

Le système d'enregistrement des sondages a été créé par l'industrie de la recherche par sondage pour permettre au public de vérifier la légitimité d'un sondage, de se renseigner sur l'industrie du sondage ou de déposer une plainte. Le numéro sans frais du système d'enregistrement est le 1-800-554-9996.

PROTECTION DES RENSEIGNEMENTS PERSONNELS : LES PROPOS TENUS PAR LES PARTICIPANTS SERONT PROTÉGÉS CONFORMÉMENT AUX DISPOSITIONS DE LA *LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS*. APPORTER CETTE PRÉCISION, SI ELLE EST PERTINENTE. DIRE ÉGALEMENT, SI LA CHOSE EST PERTINENTE : « VOS RÉPONSES À CE SONDAGE N'AURONT AUCUN EFFET SUR VOS RELATIONS AVEC LE GOUVERNEMENT FÉDÉRAL ».

LES TITRES DE SECTION EN BLEU NE DOIVENT PAS ÊTRE LUS AUX RÉPONDANTS.

SAUF INDICATION CONTRAIRE, TOUTES LES QUESTIONS PERMETTENT LE CHOIX DE RÉPONSE « NE SAIT PAS / N'A PAS RÉPONDU ». LE CHOIX « NSP/NPR » EST PRÉCISÉ SEULEMENT LORSQU'IL A UNE INCIDENCE SUR L'ENCHAÎNEMENT DES QUESTIONS.

DIRECTIVES SUR LES ÉCHELLES : LES CATÉGORIES DE RÉPONSES ET LES DIRECTIVES CONCERNANT LES QUESTIONS 9, 14 ET 15 SONT RÉPÉTITIVES. PAR SOUCI DE CLARTÉ, RÉPÉTEZ LES DIRECTIVES CONCERNANT LES ÉCHELLES, AU BESOIN, MAIS ÉVITEZ LES RÉPÉTITIONS INUTILES.

ROTATION À LA Q.25 : LA ROTATION DES EXPRESSIONS À LA Q25 S'APPLIQUE UNIQUEMENT À LA PREMIÈRE PARTIE DE LA QUESTION (EXPRESSION LA PLUS EFFICACE). LORSQUE VOUS DEMANDEZ AU RÉPONDANT D'INDIQUER L'EXPRESSION ARRIVANT EN DEUXIÈME PLACE POUR SON EFFICACITÉ, ÉNUMÉREZ LES EXPRESSIONS DANS LE MÊME ORDRE QUE CELUI AYANT SERVI À LA PREMIÈRE PARTIE DE LA QUESTION (EN EXCLUANT L'EXPRESSION JUGÉE LA PLUS EFFICACE).

SECTION 1 : QUESTIONS CONTEXTUELLES GÉNÉRALES

1. Comment faites-vous, en tant que consommateur/consommatrice, pour déterminer si un produit que vous envisagez d'acheter est sécuritaire ou non ? [NE PAS LIRE. RETENIR TOUTES LES RÉPONSES DONNÉES]

   Je tiens pour acquis que tous les produits en vente au Canada ont été testés et sont sécuritaires
   Je demande les recommandations de mes proches ou de mes amis
   Je n'y pense pas vraiment
   Je regarde s'il y a des dispositifs de sécurité
   Je regarde s'il y a des avertissements de sécurité
   Je lis les étiquettes
   Je lis le mode d'emploi du produit
   Je me fie à la marque ou à sa réputation
   Je cherche des renseignements sur le produit dans les revues de consommation

Je cherche des renseignements sur des sites Web de groupes défendant les intérêts des consommateurs
Je cherche des renseignements sur le produit dans le site Web de Santé Canada
Renseignements de Santé Canada
Je vérifie l'existence d'avis, de mises en garde ou d'avis de retrait du marché
Je cherche des renseignements sur le produit dans Internet (sans préciser)
Autre (préciser) : _____

2. Après avoir acheté un produit, cherchez-vous généralement des renseignements sur sa sécurité, comme des avis, des mises en garde ou des avis de retrait émis par le gouvernement ou l'industrie, pour vous assurer que ce produit est sécuritaire ?

Oui	1	CONTINUER
Non	2	SAUTER LA PROCHAINE QUESTION

À CEUX QUI CHERCHENT DES RENSEIGNEMENTS (Q2) :

3. Où cherchez-vous ces renseignements ? [NE PAS LIRE LA LISTE. ACCEPTER LES RÉPONSES MULTIPLES] NOTE À L'INTERVIEWEUR : CONSIGNER DANS LA CATÉGORIE « SANS OBJET » LES RENSEIGNEMENTS QUI ACCOMPAGNENT GÉNÉRALEMENT UN PRODUIT AU MOMENT DE SA VENTE (COMME LES MANUELS D'UTILISATION, LE MODE D'EMPLOI ET LES ÉTIQUETTES DE MISE EN GARDE)

Internet (VÉRIFIER SI LE RÉPONDANT UTILISE UN MOTEUR DE RECHERCHE **OU** S'IL CONSULTE DES SITES WEB EN PARTICULIER. S'IL CONSULTE DES SITES PARTICULIERS, EN INDIQUER LE NOM : _____)
Santé Canada
Sites Web pour la protection des consommateurs
Site Web du fabricant
Google / moteur de recherche
Sans objet
Autre (préciser) : _____

Les prochaines questions portent sur les **étiquettes** des produits que vous achetez pour vous-même ou d'autres membres de votre foyer. Au moment de répondre à ces questions et aux autres questions du sondage, veuillez penser aux types de produits suivants… [FAIRE LA ROTATION DES ITEMS] les produits de santé, les produits de santé naturels, les aliments et les produits d'épicerie, les pesticides et les produits de consommation comme les produits destinés aux enfants, les produits domestiques et les produits de beauté.

4. En général, à quelle fréquence lisez-vous l'étiquette des produits **avant** de les acheter ? Le faites-vous toujours, souvent, à l'occasion, rarement ou jamais ?

Toujours	1
Souvent	2
À l'occasion	3
Rarement	4
Jamais	5

5. Et à quelle fréquence lisez-vous l'étiquette des produits **après** les avoir achetés, comme au moment de les utiliser ? Le faites-vous toujours, souvent, à l'occasion, rarement ou jamais ?

Toujours	1
Souvent	2
À l'occasion	3
Rarement	4
Jamais	5

À CEUX QUI LISENT **RAREMENT** OU NE LISENT **JAMAIS** LES ÉTIQUETTES (RÉPONSES DE Q4 ET Q5) :

6. Pourquoi lisez-vous rarement ou ne lisez-vous jamais l'étiquette des produits que vous achetez ? Y a-t-il d'autres raisons ? [NE PAS LIRE LA LISTE. PRENDRE NOTE DE LA PREMIÈRE RÉPONSE DONNÉE. RETENIR TOUTES LES RÉPONSES DONNÉES.]

   Il faut trop de temps / trop occupé(e)
   Je connais le produit / j'ai confiance en ce produit / j'ai déjà acheté ce produit
   Le produit ne présente aucun risque
   Je n'ai pas besoin de le faire
   Cela ne m'intéresse pas
   Je ne crois pas que les renseignements sur l'étiquette me concernent
   Je ne lis l'étiquette que lorsque le produit peut présenter un risque
   Les renseignements sur l'étiquette sont trop compliqués / difficiles à comprendre
   Autre (préciser) : _____

DIRIGER À LA Q10 CEUX QUI NE LISENT **JAMAIS** LES ÉTIQUETTES (RÉPONSES DE Q4 ET Q5) :

SI LE RÉPONDANT LIS L'ÉTIQUETTE DE CERTAINS TYPES DE PRODUITS, POSER LES QUESTIONS SUIVANTES :

7. Qu'est-ce qui vous incite à lire l'étiquette d'un produit ? Autrement dit, lorsqu'il vous arrive de lire l'étiquette d'un produit, pourquoi le faites-vous ? Y a-t-il d'autres raisons ? [NE PAS LIRE. PRENDRE NOTE DE LA PREMIÈRE RÉPONSE DONNÉE. RETENIR TOUTES LES RÉPONSES DONNÉES] (SI LES DEUX PREMIÈRES RÉPONSES CONCERNENT DES PRODUITS ALIMENTAIRES, SONDER AU SUJET DES PRODUITS NON ALIMENTAIRES – P. EX. « Qu'en est-il des produits de consommation autres que les produits alimentaires ? »)

   Je le fais par habitude
   Si le produit présente des risques ou un danger possible
   Pour vérifier la date de péremption
   Pour vérifier la présence d'allergènes
   Pour vérifier les ingrédients / l'information nutritionnelle
   Pour vérifier le contenu (comme le type de tissu, le rembourrage)
   Pour savoir où le produit a été fabriqué / le pays d'origine
   Pour savoir si le produit est sécuritaire
   Pour savoir de quoi est fait le produit
   Pour vérifier la présence de mises en garde
   Avis communiqué par les médias
   Pour consulter le mode d'emploi
   Si c'est la première fois que j'achète le produit
   Autre (préciser) : _____

8. Lorsque vous lisez l'étiquette d'un produit avant de l'acheter, de quel genre de produit s'agit-il généralement ? Y en a-t-il d'autres ? [NE PAS LIRE. RETENIR TOUTES LES RÉPONSES DONNÉES]

   Lit de bébé
   Marchette pour bébé
   Poussette
   Lit superposé
   Chandelles
   Siège d'auto pour enfant
   Vêtements pour enfants
   Ameublement pour enfants
   Équipement de jeu extérieur pour enfants
   Produits destinés aux enfants (général)
   Jouets pour enfants
   Produits de beauté ou de soins personnels
   Médicaments
   Électronique
   Aliments (général)
   Appareils électroménagers
   Produits chimiques ménagers
   Matériel médical
   Produits de santé naturels (p. ex., remèdes à base de plantes, remèdes homéopathiques, vitamines, minéraux)
   Pesticides (p. ex., insectifuge, herbicide)
   Équipement de sport
   Produits que je n'ai jamais achetés auparavant
   Autre (préciser) : _____

9. Il y a plusieurs raisons pour lesquelles on *pourrait* vouloir lire l'étiquette d'un produit qu'on achète. J'aimerais savoir l'importance que vous accordez personnellement aux raisons suivantes. D'abord… LIRE LA LISTE ET FAIRE UNE ROTATION] Pour vous, s'agit-il d'une raison très importante de lire l'étiquette d'un produit, d'une raison moyennement importante, peu importante ou pas du tout importante ? PAR SOUCI DE CLARTÉ, RÉPÉTER LES DIRECTIVES CONCERNANT L'ÉCHELLE, AU BESOIN, MAIS ÉVITER LES RÉPÉTITIONS INUTILES.

   a) Pour vérifier la date de péremption
   b) Pour savoir où le produit a été fabriqué
   c) Pour savoir de quoi est fait le produit
   d) Pour savoir si le produit est sécuritaire
   e) Pour vérifier la présence d'allergènes
   f) Pour vérifier la présence de mises en garde
   g) Pour consulter le mode d'emploi

10. Si vous vouliez des renseignements sur la sécurité ou l'utilisation des produits que vous achetez, où chercheriez-vous ces renseignements ? Chercheriez-vous ailleurs ? [NE PAS LIRE LA LISTE. RETENIR TOUTES LES RÉPONSES DONNÉES]

    Internet (VÉRIFIER SI LE RÉPONDANT UTILISERAIT UN MOTEUR DE RECHERCHE **OU** S'IL CONSULTERAIT DES SITES WEB EN PARTICULIER. S'IL CONSULTERAIT DES SITES PARTICULIERS, EN INDIQUER LE NOM : _____)

Google / moteur de recherche
Santé Canada
Revue ou magazine sur la santé
Livres / bibliothèque
Médecin
Pharmacien
Autre professionnel de la santé
École
Rayons des magasins
Famille ou amis
Publications à l'intention des consommateurs
Site Web du fabricant
Autre (préciser) : _____

11. Est-ce que vous avez déjà cherché à obtenir des renseignements au sujet de l'usage ou de la sécurité d'un produit ?

Oui	1	CONTINUER
Non	2	SAUTER LA PROCHAINE QUESTION

SI A RÉPONDU « OUI » :

12. Quels genres de renseignements avez-vous tenté d'obtenir ? [NE PAS LIRE. RETENIR TOUTES LES RÉPONSES DONNÉES]

Directives des fabricants
Mises en garde des fabricants
Avis, mises en garde ou avis de retrait émis par le gouvernement
Liste des matières contenues / de quoi est fait le produit
Information au sujet de l'emballage
Risques ou dangers possibles
À quel âge le produit est-il sécuritaire
Mode d'emploi
Comment signaler un produit dangereux
Autre (préciser) : _____

SECTION 2 : ATTITUDES ET COMMUNICATIONS

13. Je vais maintenant vous lire une série d'énoncés au sujet de produits vendus au Canada. J'aimerais que vous me disiez, dans chaque cas, si l'énoncé est vrai ou faux, selon vous. Qu'en est-il de l'énoncé suivant… [LIRE ET FAIRE LA ROTATION]

    a) Tous les produits vendus au Canada sont autorisés au préalable par le gouvernement.
    b) Tous les fabricants doivent s'assurer que les produits qu'ils vendent aux consommateurs sont sécuritaires.
    c) Le gouvernement réglemente l'étiquetage de tous les produits.
    d) Le gouvernement teste tous les produits de consommation en vente au Canada avant leur mise en vente pour s'assurer qu'ils sont sécuritaires.
    e) Le gouvernement du Canada a le pouvoir de forcer le retrait du marché de tout produit vendu au Canada.

14. Veuillez me dire à quel point vous êtes d'accord ou en désaccord avec chacune des affirmations suivantes à l'aide d'une échelle de 1 à 7, où « 1 » signifie que vous êtes entièrement en désaccord et « 7 », entièrement d'accord. D'abord… Et maintenant… [LIRE ET FAIRE LA ROTATION] PAR SOUCI DE CLARTÉ, RÉPÉTER LES DIRECTIVES CONCERNANT L'ÉCHELLE, AU BESOIN, MAIS ÉVITER LES RÉPÉTITIONS INUTILES.

    a) Il est important pour moi de savoir lire les étiquettes des produits et utiliser ces renseignements.
    b) Les étiquettes des produits contiennent suffisamment de renseignements pour me permettre de faire des choix éclairés lors de mes achats.
    c) Les renseignements sur les étiquettes des produits sont faciles à comprendre.
    d) Il est important pour moi de connaître les produits faisant l'objet d'un retrait au Canada.
    e) Les renseignements sur les étiquettes des produits me permettent d'utiliser ceux-ci en toute sécurité.
    f) Les produits faisant l'objet d'un retrait sont beaucoup plus nombreux qu'il y a quelques années.
    g) Je ne prête pas tellement attention aux avis de retrait.
    h) Quand j'entends parler d'un avis de retrait, je me sens rassuré(e) par rapport au système d'évaluation de la sécurité des produits.

15. Parlons des diverses façons dont vous pouvez recevoir des renseignements vous permettant de faire un choix éclairé dans vos achats. Veuillez me dire ce que vous pensez de l'efficacité des moyens suivants à l'aide d'une échelle de 1 à 7, où « 1 » signifie que le moyen en question n'est pas du tout efficace et « 7 », qu'il est très efficace. D'abord… Et maintenant… [LIRE ET FAIRE LA ROTATION] PAR SOUCI DE CLARTÉ, RÉPÉTER LES DIRECTIVES CONCERNANT L'ÉCHELLE, AU BESOIN, MAIS ÉVITER LES RÉPÉTITIONS INUTILES.

a) Le site Web de Santé Canada
b) Les médias sociaux comme Facebook, YouTube et Twitter
c) Les détaillants, comme les rayons des magasins ou les présentoirs
d) Les magazines
e) Les publications à l'intention des consommateurs
f) Les avis par courriel
g) Les dépliants
h) Internet
i) Les journaux
j) Les publications de Santé Canada
k) Les renseignements sur le produit offerts par le fabricant
l) Les émissions radio sur divers produits
m) Les émissions de télévision sur divers produits
n) La famille et les amis
o) Les blogues

SI LE RÉPONDANT A DONNÉ UN SCORE DE 5, 6 OU 7 À LA Q15B :

16. Quels médias sociaux, comme Facebook, YouTube et Twitter, seraient efficaces pour vous transmettre des renseignements afin de vous aider à faire un choix éclairé dans vos achats ? Y en a-t-il d'autres ? [NE PAS LIRE LA LISTE. ACCEPTER LES RÉPONSES MULTIPLES]

Facebook
YouTube
Twitter
Autre (préciser) : _____

SI LE RÉPONDANT A DONNÉ UN SCORE DE 5, 6 OU 7 À LA Q15H :

17. Quels sites Internet seraient efficaces pour vous transmettre des renseignements afin de vous aider à faire un choix éclairé dans vos achats ? Y en a-t-il d'autres ? [NE PAS LIRE LA LISTE. ACCEPTER LES RÉPONSES MULTIPLES]

Santé Canada
Moteurs de recherche (Google, Yahoo, etc.)
Sites de nouvelles (CBC, CTV, etc.)
Sites pour la protection des consommateurs
WebMD
Autre sites Web gouvernementaux
Autre (préciser) : _____

À TOUS :

18. Êtes-vous propriétaire d'un dispositif mobile sans fil ou en utilisez-vous un régulièrement ? Il est question ici des iPhones, Blackberries et des Androids, iTouch, iPads ou autres.

Oui	1	
Non	2	SAUTER LA PROCHAINE QUESTION

SI A RÉPONDU « OUI » :

19. Dans quelle mesure seriez-vous intéressé(e) à télécharger une application gratuite sur votre dispositif mobile sans fil pouvant vous aider à faire des choix éclairés dans vos achats en vous informant, entre autres, des retraits s'appliquant aux produits que vous envisagez d'acheter ? Seriez-vous très intéressé(e), plutôt intéressé(e), peu intéressé(e) ou pas du tout intéressé(e) ?

20. Êtes-vous présentement abonné(e) à un **fils RSS** du gouvernement du Canada, offert par Santé Canada, l'Agence canadienne d'inspection des aliments ou Transports Canada ?

Oui	1
Non	2

NOTA : SI ON VOUS POSE LA QUESTION, « RSS » SIGNIFIE « REAL SIMPLE SYNDICATION ». LE FORMAT RSS PERMET DE LIVRER UN CONTENU QUI ÉVOLUE CONSTAMMENT, COMME LES BULLETINS DE NOUVELLES. LES FILS RSS INFORMENT LES ABONNÉS DES NOUVEAUTÉS DANS DES SITES PARTICULIERS, CE QUI LEUR ÉVITE D'AVOIR À CONSULTER EUX-MÊMES CHAQUE SITE POUR SE TENIR À JOUR.

21. Saviez-vous que le gouvernement du Canada publie sur Internet des avis, des mises en garde et des avis de retrait pour informer les Canadiens des risques pour la santé que présente l'utilisation non sécuritaire de certains produits ?

Oui	1	
Non	2	SAUTER LES TROIS PROCHAINES QUESTIONS

22. Avez-vous déjà utilisé les renseignements contenus dans un avis, une mise en garde ou un avis de retrait émis par le gouvernement du Canada ?

Oui	1	
Non	2	SAUTER LES DEUX PROCHAINES QUESTIONS

SI A RÉPONDU « OUI » :

23. Quels renseignements avez-vous utilisés ? [NE PAS LIRE LA LISTE. ACCEPTER LES RÉPONSES MULTIPLES. LIRE LES DESCRIPTIONS EXPLICATIVES CI-DESSOUS, AU BESOIN*]

    Avis
    Mise en garde
    Avis de retrait
    Mise à jour
    Alerte concernant les produits de l'étranger
    Renseignements au sujet du produit
    Ce que je dois faire si j'ai ce produit
    Si l'avis, la mise en garde ou l'avis de retrait me concerne
    Autre (préciser) : _____

***Descriptions explicatives**
Retrait : Un fabricant ou un importateur peut initier le retrait d'un produit du marché s'il apprend que le produit présente ou peut présenter un problème de sécurité. Santé Canada travaille en collaboration avec les compagnies pour s'assurer du retrait du marché de tout produit pouvant représenter un danger.
Les avis et les mises en garde servent à informer les Canadiens des risques pour leur santé associés à un mauvais usage de certains produits de consommation.
Mise en garde : Une mise en garde est émise lorsqu'il est fort probable que l'usage du produit ou l'exposition à celui-ci entraîne la mort ou des effets très néfastes sur la santé, de sorte que le public devrait cesser immédiatement de l'utiliser.
Avis : Sert à informer le public au sujet de graves dangers potentiels pour la santé et permet aux Canadiens de faire des choix éclairés quant à l'utilisation d'un produit de consommation ou d'un produit de santé commercialisé.
Mise à jour : Sert à transmettre de l'information sur un produit comportant un faible risque ou un risque qui ne touche qu'un groupe très restreint ou à informer le public de l'évolution du processus d'examen d'une situation à risque par Santé Canada ou à rappeler des recommandations antérieures en matière de sécurité.
Alerte concernant les produits de l'étranger : Vise à informer le consommateur au sujet de risques sanitaires associés à des produits étrangers dont la vente n'est pas autorisée au Canada, mais qu'on peut importer ou acheter par Internet.

SI A RÉPONDU « OUI » :

24. La dernière fois que vous avez eu connaissance d'un avis, d'une mise en garde ou d'un avis de retrait, qu'avez-vous fait de ces renseignements ? [NE PAS LIRE LA LISTE. ACCEPTER LES RÉPONSES MULTIPLES]

    J'ai jeté le produit
    J'ai vendu le produit
    J'ai donné le produit
    J'ai changé la façon dont je l'utilise
    Rien
    Autre (préciser) : _____

25. Comme j'ai dit, le gouvernement du Canada informe les Canadiens des risques pour leur santé associés à un mauvais usage de certains produits de consommation. Selon vous, laquelle des cinq expressions suivantes vous inciterait le plus à prêter attention à ce genre de renseignements ? Et laquelle occuperait la deuxième place pour son efficacité à ce chapitre ? (LIRE LA LISTE ET FAIRE UNE ROTATION. PRENDRE NOTE DE LA PREMIÈRE RÉPONSE DONNÉE [C.-À-D. LA PLUS EFFICACE] ET DE LA DEUXIÈME RÉPONSE [C.-À-D. L'EXPRESSION ARRIVANT EN DEUXIÈME PLACE])

    Alerte concernant le retrait et la sécurité
    Alerte concernant la sécurité d'un produit
    Alerte aux consommateurs
    Avis
    Mise en garde

26. Savez-vous que vous pouvez rapporter une blessure ou un incident causés par un produit de consommation ou un autre type de produit à Santé Canada ou à d'autres organismes gouvernementaux ?

Oui	1
Non	2

SI A RÉPONDU « OUI » :

27. Avez-vous déjà rapporté une blessure ou un incident causés par un produit de consommation ou un autre type de produit à Santé Canada ou à un autre organisme gouvernemental ?

Oui	1	
Non	2	SAUTER LES DEUX PROCHAINES QUESTIONS

SI A RÉPONDU « OUI » :

28. À qui avez-vous rapporté cette blessure ou cet incident ? [NE PAS LIRE LA LISTE. ACCEPTER LES RÉPONSES MULTIPLES]

    Santé Canada
    Agence canadienne d'inspection des aliments (ACIA)
    Transports Canada
    Agence de la santé publique du Canada (ASPC)
    Médecin ou pharmacien
    Fabricant
    Détaillant qui avait vendu le produit
    Autre (préciser) : _____

29. Quel type de produit avait causé la blessure ou l'incident que vous avez rapporté ? [NE PAS LIRE LA LISTE. ACCEPTER LES RÉPONSES MULTIPLES]

    Produit de consommation
    Produit destiné aux enfants
    Automobile
    Siège d'auto

Aliment ou produit d'épicerie
Pesticide
Produit de santé naturel
Produit de santé
Autre (préciser) : _____

SECTION 3 : DONNÉES DÉMOGRAPHIQUES

J'aimerais maintenant vous poser quelques questions à des fins statistiques seulement. Je vous rappelle que vos réponses, y compris celles aux prochaines questions, seront traitées en toute confidentialité.

30. Quelle est votre année de naissance ?

    Inscrire l'année : _____

31. Parmi les diplômes ou certificats suivants, lesquels avez-vous obtenus ? [LIRE LA LISTE; RETENIR TOUTES LES RÉPONSES DONNÉES]

Diplôme d'études secondaires ou l'équivalent	1
Certificat ou diplôme d'apprenti inscrit ou d'une école de métiers	2
Certificat ou diplôme d'études collégiales, d'un cégep ou d'un autre établissement non universitaire	3
Diplôme ou certificat universitaire	4
Aucun	5
[NE PAS LIRE] Refus	

32. Laquelle des catégories suivantes décrit <u>le mieux</u> votre situation professionnelle actuelle ? [LIRE LA LISTE; RETENIR UNE SEULE RÉPONSE]

Employé(e) à plein temps, c.-à-d. 35 heures ou plus par semaine	1
Employé(e) à temps partiel, c.-à-d. moins de 35 heures par semaine	2
Travailleur ou travailleuse autonome	3
Sans emploi, mais à la recherche d'un emploi	4
Étudiant(e) à plein temps	5
Retraité(e)	6
Pas sur le marché du travail (personne au foyer / sans emploi, mais pas à la recherche d'un emploi)	7
[NE PAS LIRE] Autre [NE PAS PRÉCISER]	8
[NE PAS LIRE] Refus	

33. Quel est le revenu total de votre <u>ménage</u>, c'est-à-dire le revenu total de toutes les personnes de votre maisonnée, avant impôts et autres retenues ? Est-ce que le revenu total de votre ménage est de… (LIRE LA LISTE)

    Moins de 20 000 $
    20 000 $ à un peu moins de 40 000 $
    40 000 $ à un peu moins de 60 000 $
    60 000 $ à un peu moins de 80 000 $
    80 000 $ à un peu moins de 100 000 $
    100 000 $ à un peu moins de 150 000 $
    Plus de 150 000 $

Refus

34. Avez-vous des enfants de 12 ans ou moins ? Si oui, avez-vous des enfants … (LIRE LA LISTE. RETENIR TOUTES LES RÉPONSES DONNÉES)

    Non
    Oui (PRÉCISER LA CATÉGORIE D'ÂGE) :
        De moins d'un an
        De 1 an à 3 ans
        De 4 à 6 ans
        De 7 à 12 ans

35. Est-ce qu'un membre de votre foyer ou une personne dont vous avez la charge souffre d'allergies autres que des allergies saisonnières ou des allergies aux animaux familiers ?

    Oui
    Non

36. Est-ce qu'un membre de votre foyer ou une personne dont vous avez la charge souffre d'un problème de santé, comme l'asthme ou le diabète ?

    Oui
    Non

37. Pourriez-vous me dire quels sont les trois premiers caractères de votre code postal ?

    Inscrire les trois premiers caractères du code postal : _____

Voilà qui met fin au sondage.
Nous vous sommes très reconnaissants pour vos commentaires et le temps que vous nous avez consacré. Merci beaucoup.

CONSIGNER SELON VOS OBSERVATIONS OU LA BASE DE DONNÉES :

- Sexe
- Langue
- Province/région

Non-Response Analysis

A non-response analysis was conducted to assess the potential for non-response bias.[3] Non-response can bias survey results when there are systematic differences between survey respondents and non-respondents. To undertake the analysis, characteristics of survey respondents—region, gender and age—were compared with those of the target population, the general public. Below, these comparisons are discussed and any differences between the survey sample and the population are evaluated in terms of the potential for non-response bias.

Gender

The following table compares the survey sample on a regional basis to the population parameters by gender. All survey data are unweighted.

	Male		Female	
Regions	**% of Pop.**	**% of Sample**	**% of Pop.**	**% of Sample**
Atlantic Provinces	48%	38%	52%	62%
Quebec	48%	41%	52%	60%
Ontario	48%	43%	52%	57%
Manitoba/Saskatchewan	48%	34%	52%	66%
Alberta	50%	34%	50%	66%
British Columbia	48%	39%	52%	61%
Canada	**48%**	**40%**	**52%**	**60%**

Overall, the survey sample generally approximated the target population on a national level. On the regional level, the sample over-represented women and under-represented men. The discrepancy between the survey sample and population in terms of gender was highest in the Atlantic provinces with a margin of 10% (three times greater than the margin of error for the survey).

Weights were applied to adjust for the discrepancy between the survey sample and the population in terms of gender. Weighting serves to reduce bias should it be present, but not to eliminate it completely. To estimate the amount of bias introduced into the survey results, the unweighted and weighted results by gender were compared for key survey variables. In this case, we selected behavioural questions (Questions 2, 4, and 5), and the knowledge index (based on Question 13). Our analysis indicates that the gender bias has likely had little to no impact on the results (all differences were within the survey's margin of error).

[3] The Government of Canada's standards and guidelines for the conduct of telephone surveys defines non-response bias as the systematic difference between true population values and the average result from all possible samples owing to non-response.

Age

The following table compares the survey sample on a regional basis to the population parameters by age. All survey data are unweighted.

Regions	Under 35		35-54		55+	
	% of Pop.	% of Sample	% of Pop.	% of Sample	% of Pop.	% of Sample
Atlantic Provinces	26%	9%	39%	36%	35%	55%
Quebec	27%	21%	39%	40%	34%	39%
Ontario	28%	13%	40%	35%	32%	52%
Manitoba/Saskatchewan	29%	16%	38%	37%	33%	47%
Alberta	33%	11%	41%	36%	27%	53%
British Columbia	27%	15%	40%	49%	34%	37%
Canada	**28%**	**15%**	**40%**	**38%**	**32%**	**47%**

The survey sample differs from the population more significantly in terms of age (as is often the case with landline telephone surveys of the general population). Canadians under 35 are under-represented in the final survey sample. Naturally, older Canadians (those age 55+) are over-represented in the sample.

In order for the results to be representative of the population of Canada, weights were applied to correct for this discrepancy between the sample proportions and the population. As a result, the views of Canadians under 35 who responded to the survey have been 'weighted up', so that they represent the same proportion in the sample as they do in the general population. This serves to reduce bias should it be present, but not to eliminate it completely.

To estimate the amount of bias introduced into the survey results, the unweighted and weighted results by age were compared for key survey variables. In this case, we selected behavioural questions (Questions 2, 4, and 5), and the knowledge index (based on Question 13). Our analysis indicates that the age bias has likely had little to no impact on the results (all differences were within the survey's margin of error).

Health Canada
Health and Safety Issues Related to Consumer, Health and Food Products (POR-10-09)

Recruitment Screener

Profile characteristics:

- 8 focus groups in the following locations (2 per city): Halifax, Quebec City (French), Toronto, and Saskatoon.
- All participants to be adult Canadians (i.e.18 years of age and older) who are the primary purchasers of consumer products for their household (either having main responsibility or shared responsibility).
- Given that women are most often the main purchasers of consumer products in general, approximately two-thirds of participants should be women and one-third men.
- Mix of participants by age, education, and employment status.
- One group per location to consist entirely of parents of children 12 and younger, the other to consist of members of the general public (with no more than one-third being parents of children 12 and younger).
- 12 participants to be recruited for 7-8 to show per group.
- Participants to be paid $70.
- All respondents to be comfortable expressing their views in public.
- At least one-third of the participants in each group to have never participated in a focus group or paid interview.
- Sponsorship of study to be revealed (i.e. Health Canada/Government of Canada).
- Groups to last two hours.
- Groups to be conducted in regular focus group facilities in all locations, with webcasting technology to be used in Toronto, Halifax, and Saskatoon (not possible in Quebec City).

Distribution of groups:

	Toronto	Saskatoon	Halifax	Quebec City
Date:	**January 24**	**January 25**	**January 25**	**January 26**
	English	English	English	French
6:00 pm	Parents	General public	Parents	General public
8:00 pm	General public	Parents	General public	Parents

Recruitment Screener

Hello, my name is _____. I'm calling on behalf of Phoenix, a public opinion research firm. We've been commissioned by the Government of Canada to conduct a series of discussion groups with Canadians to explore issues related to the safety of consumer products.

Each discussion group will last approximately two hours. People who take part will receive a cash honorarium to thank them for their time, and light refreshments will be served. Participation in the research is completely voluntary. All information collected in the discussion group will be used for research purposes only, in accordance with laws designed to protect your privacy, and all responses will be kept entirely confidential – no individuals will be identified in any way.

Before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. May I ask you a few questions?

Yes
No (THANK AND DISCONTINUE)

1. Do you, or does any member of your household or immediate family, work in any of the following fields? READ LIST

   Marketing research, public relations firm, or advertising agency
   The media (radio, television, newspapers, magazines, etc.)
   The health sector (doctors, nurses, dentists, hospitals, clinics)
   Federal, provincial or municipal government health department/agency

Yes	1	THANK AND DISCONTINUE
No	2	CONTINUE

2. Are you the primary purchaser of consumer products for your household? This includes food, and also things like health products, children's products, household products, and cosmetics. READ LIST IF USEFUL. PERSON QUALIFIES IF THEY HAVE SHARED RESPONSIBILITY

Yes, main responsibility	1
Yes, shared responsibility	2
No, not responsible for this	3*

*ASK TO BE REFERED TO PERSON IN HOUSEHOLD WITH THIS RESPONSIBLITY

3. How comfortable are you with expressing your views in a group setting, including reading and commenting on written materials? READ OPTIONS

Very comfortable	1	
Somewhat comfortable	2	
Not very comfortable	3	THANK AND DISCONTINUE
Not at all comfortable	4	THANK AND DISCONTINUE

4. Do you have any children 12 years old or younger living in the home with you for whom you are the legal guardian? This includes children living there full-time or part-time as part of a shared custody arrangement. NOTE: ALL RECRUITS IN 'PARENTS' GROUPS MUST HAVE CHILDREN 12 OR YOUNGER. IN THE 'GENERAL PUBLIC' GROUPS, NO MORE THAN 1/3 OF RECRUITS TO BE PARENTS OF CHILDREN 12 OR YOUNGER.

Yes	1*	CONTINUE
No	2	SKIP TO Q7

*THANK AND DISCONTINUE IF PARENT QUOTA IS FILLED IN GENERAL PUBLIC GROUP

5. How many children do you have living with you who are 12 years old or younger?

   Number of children: _____

6. How old [is your child/are each of these children]? USE APPROPRIATE LANGUAGE BASED ON NUMBER OF CHILDREN. IN EACH PARENT FOCUS GROUP TRY FOR MIX OF PARENTS OF CHILDREN 3 OR YOUNGER AND 4-12.

	Age
Child 1:	_____
Child 2:	_____
Child 3:	_____
Child 4:	_____
Child 5:	_____

7. Is there anyone in your household or in your care that has an allergy, not including pet or seasonal allergies, or who has a medical condition, such as asthma or diabetes?

   Yes
   No

8. Could you please tell me which of the following age groups you fall into…? READ LIST; GET GOOD MIX. LIMIT NUMBER OF THOSE AGED 65+ TO ONE PER GROUP

Under 18	1	THANK AND DISCONTINUE
18 to 24	2	
25 to 34	3	
35 to 44	4	
45 to 54	5	
55 to 64	6	
65 and older	7	

9. What is the highest level of education you have completed? READ LIST IF NECESSARY; GET GOOD MIX

Less than high school	1
High school	2
Some college/technical school/CEGEP	3
Graduated college/technical school/CEGEP	4
Some university	5
Graduated university	6

10. What is your current employment status? READ LIST IF NECESSARY. GET MIX, BUT AT LEAST HALF IN EACH GROUP TO BE EMPLOYED (I.E. FULL-TIME, PART-TIME, OR SELF-EMPLOYED)

Employed full-time (30 hrs. or more/week)	1
Employed part-time (Under 30 hrs./week)	2
Self-employed	3
Unemployed	4
Student	5
Homemaker	6
Retired	7
Other (specify) _____	8

11. Have you ever attended a discussion group or interview which was arranged in advance and for which you received a small sum of money? AT LEAST 1/3 IN EACH GROUP TO HAVE NEVER ATTENDED GROUP DISCUSSION/INTERVIEW

Yes	1	
No	2	GO TO END SECTION

12. When did you last attend one of these discussion groups or interviews?

Within the past 6 months	1	THANK AND DISCONTINUE
Over 6 months ago	2	

13. Within the past two years, have you attended a discussion group or interview on the topic of consumer product safety?

Yes	1	THANK AND DISCONTINUE
No	2	

14. Have you attended more than five discussion groups or paid interviews in the past five years?

Yes	1	THANK AND DISCONTINUE
No	2	

RECORD GENDER BY OBSERVATION (ENSURE 2/3s WOMEN, 1/3 MEN)

Female	1
Male	2

The group discussion will take place on (DAY OF WEEK), (JANUARY/DATE), at (TIME). It will last two hours. People who attend will receive $70 for their time, and light refreshments will be served. Would you be willing to attend?

Yes	1	
No	2	THANK AND DISCONTINUE

Do you have a pen handy so that I can give you the address where the discussion group will be held? It will be held at _____. Please tell people you are there for a focus group. I would like to remind you that the group is at (TIME) on (DATE). We need you to arrive 15 minutes early. If you use glasses to read, please remember to bring them with you because you will be asked to read something.

The group will be video-taped for research purposes and members of the research team will be observing the discussion from an adjoining room. You will be asked to sign a waiver to acknowledge that you will be video-taped during the session. All information collected will be used for research purposes only and administered in accordance with laws designed to protect your privacy.

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

Could I please confirm your name and phone number?

****

RESPONDENT'S NAME: _____
PHONE #: HOME _____
FOCUS GROUP TIME/LOCATION: _____

Thank you.

Santé Canada
L'innocuité des produits de consommation, de santé et alimentaires

(ROP-10-09)

Questionnaire de recrutement

Caractéristiques des participants :

- Huit groupes de discussion dans les villes suivantes (deux dans chaque ville) : Halifax, Québec (français), Toronto et Saskatoon.
- Tous les participants doivent être des adultes canadiens (âgés d'au moins 18 ans) à qui revient la tâche d'acheter les produits de consommation pour leur famille (ayant la responsabilité principale ou partageant cette responsabilité).
- Étant donné que cette tâche est généralement faite par les femmes, environ les deux tiers des participants devraient être de sexe féminin et le tiers, de sexe masculin.
- Tous les groupes présenteront une composition équilibrée en fonction de l'âge, de la scolarité et de la situation professionnelle.
- Un groupe, dans chaque ville, sera composé de parents d'enfants de douze ans ou moins, et l'autre sera composé de membres du grand public (avec pas plus d'un tiers étant parents d'enfants de douze ans ou moins).
- On recrutera douze personnes de manière à ce que chaque groupe soit composé de sept à huit participants.
- Les participants recevront 70 $.
- Tous les participants devront être à l'aise de partager leur opinion en groupe.
- Au moins un tiers des participants de chaque groupe n'auront jamais participé à une rencontre de discussion ou à une entrevue rémunérée.
- On dévoilera le commanditaire de l'étude (Santé Canada / gouvernement du Canada).
- Les groupes seront d'une durée de deux heures.
- Les groupes auront lieu dans des établissements de recherche normalement utilisés pour des groupes de discussion dans chaque endroit. La technologie 'webcasting' sera utilisée dans les villes de Toronto, Halifax, et Saskatoon (pas possible pour Québec).

Les rencontres auront lieu comme suit :

	Toronto	Saskatoon	Halifax	Québec
Date :	**24 janvier**	**25 janvier**	**25 janvier**	**26 janvier**
	Anglais	Anglais	Anglais	Français
18 h	Parents	Grand public	Parents	Grand public
20 h	Grand public	Parents	Grand public	Parents

Questionnaire de recrutement

Bonjour, je suis _____, de Phoenix, une maison de recherche sur l'opinion publique. Le gouvernement du Canada a retenu nos services pour réaliser une série de groupes de discussion, réunissant des Canadiens et Canadiennes, au sujet de questions rattachées à la sécurité des produits de consommation.

Chaque groupe de discussion durera environ deux heures. Les participants et participantes recevront un montant d'argent pour les remercier de leur temps et des rafraîchissements seront servis. Il s'agit de rencontres à participation volontaire. Tous les renseignements obtenus dans le cadre de la rencontre de discussion ne seront utilisés qu'à des fins de recherche et seront traités conformément aux lois visant à protéger les renseignements personnels. Toutes les réponses seront traitées en confidentialité et nous ne révélerons l'identité d'aucun participant.

Avant de vous inviter à participer, j'aimerais vous poser quelques questions pour m'assurer que chaque groupe soit composé de différents types de personnes. Puis-je vous poser ces questions ?

Oui
Non (REMERCIER ET METTRE FIN À L'ENTRETIEN)

1. Est-ce qu'un membre de votre foyer, y compris vous-même, ou un membre de votre famille immédiate, travaille dans l'un des domaines suivants ? LIRE LA LISTE

   Une maison d'études de marché, une agence de relations publiques ou une agence de publicité
   Les médias (radio, télévision, journaux, revues, etc.)
   Le secteur de la santé (médecins, infirmières, dentistes, hôpitaux, cliniques)
   Une administration municipale ou un ministère ou une agence du gouvernement fédéral ou provincial, voué(e) à la santé

Oui	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
Non	2	CONTINUER

2. Êtes-vous la personne, chez-vous, qui fait le plus souvent l'achat de produits de consommation ? Ceci comprend l'épicerie et aussi autres produits tels les produits de santé, produits pour enfants, produits ménagers, et produits de beauté LIRE LA LISTE AU BESOIN. LA PERSONNE EST ADMISSIBLE SI ELLE EN PARTAGE LA RESPONSABILITÉ

Oui, principale responsable	1
Oui, responsabilité partagée	2
Non, n'a pas cette responsabilité	3*

*DEMANDER À PARLER À LA PERSONNE DU FOYER QUI A CETTE RESPONSABILITÉ.

3. Dans quelle mesure êtes-vous à l'aise d'exprimer vos opinions dans un groupe et de lire et commenter des documents ? LIRE LES OPTIONS

Très à l'aise	1	
Assez à l'aise	2	
Pas vraiment à l'aise	3	REMERCIER ET METTRE FIN À L'ENTRETIEN
Pas du tout à l'aise	4	REMERCIER ET METTRE FIN À L'ENTRETIEN

4. Êtes-vous parent ou tuteur légal d'un enfant de douze ans ou moins, vivant sous votre toit ? Ceci inclut des enfants vivant sous votre toit en permanence ou en alternance, dans le cas d'une garde partagée ? NOTA : TOUS LES RECRUTÉS DANS LES GROUPES POUR 'PARENTS' DOIVENT AVOIR DES ENFANTS DE DOUZE ANS OU MOINS. DANS LES GROUPES POUR 'MEMBRES DU GRAND PUBLIC', PAS PLUS D'UN TIERS DES RECRUTÉS DOIVENT ÊTRE PARENTS D'ENFANTS DE DOUZE ANS OU MOINS.

Oui	1*	CONTINUER
Non	2	ALLER À LA Q7

*REMERCIER ET METTRE FIN À L'ENTRETIEN SI LE QUOTA POUR PARENTS A ÉTÉ ATTEINT DANS LE GROUPE POUR MEMBRES DU GRAND PUBLIC.

5. combien d'enfants de douze ans ou moins vivent avec vous ?

Nombre d'enfants : _____

6. Quel âge [a votre enfant / a chacun de ces enfants] ? ADAPTER LA QUESTION EN FONCTION DU NOMBRE D'ENFANTS. DANS CHAQUE GROUPE POUR PARENTS, VISER UNE COMPOSITION ÉQUILIBRÉE EN CE QUI CONCERNE L'ÂGE DES ENFANTS (ENFANTS DE TROIS ANS OU MOINS ET ENFANTS DE QUATRE À DOUZE ANS).

	Âge
Enfant 1 :	_____
Enfant 2 :	_____
Enfant 3 :	_____
Enfant 4 :	_____
Enfant 5 :	_____

7. Est-ce qu'un membre de votre foyer ou une personne dont vous avez la charge souffre d'allergies autres que des allergies saisonnières ou des allergies aux animaux familiers, ou souffre d'un problème de santé, comme l'asthme ou le diabète?

Oui
Non

8. Auquel des groupes d'âge suivants appartenez-vous ? LIRE LA LISTE. VISER UNE COMPOSITION ÉQUILIBRÉE, MAIS LIMITER À UN PARTICIPANT PAR GROUPE LE NOMBRE DE PERSONNES DE 65 ANS OU PLUS.

Moins de 18 ans	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
18 à 24 ans	2	
25 à 34 ans	3	

35 à 44 ans	4
45 à 54 ans	5
55 à 64 ans	6
65 ans et plus	7

9. Quel est le niveau de scolarité le plus élevé que vous avez réussi ? LIRE LA LISTE AU BESOIN. VISER UNE COMPOSITION ÉQUILIBRÉE.

École primaire	1
École secondaire	2
Collège, école technique ou cégep : études partielles	3
Collège, école technique ou cégep : études terminées	4
Études universitaires partielles	5
Études universitaires terminées	6

10. Quel est votre situation professionnelle actuelle ? LIRE LA LISTE AU BESOIN; VISER UNE COMPOSITION ÉQUILIBRÉE MAIS AU MOINS LA MOITIÉ DANS CHAQUE GROUPE DOIVENT ETRE EMPLOYÉS (C.A.D. A PLEIN TEMPS, A TEMPS PARTIEL, OU TRAVAILLEUR/TRAVAILLEUSE AUTONOME)

Employé(e) à plein temps, c.-à-d. 30 heures ou plus par semaine	1
Employé(e) à temps partiel, c.-à-d. moins de 30 heures par semaine	2
Travailleur ou travailleuse autonome	3
Sans emploi	4
Étudiant(e)	5
Personne au foyer	6
Retraité(e)	7
Autre (PRÉCISER) _____	8

11. Avez-vous déjà participé à une rencontre de discussion ou à une entrevue organisée à l'avance et reçu une somme d'argent en échange de votre participation ? AU MOINS UN TIERS DES PARTICIPANTS DE CHAQUE GROUPE N'AURONT JAMAIS PARTICIPÉ À UNE RENCONTRE DE DISCUSSION OU À UNE ENTREVUE RÉMUNÉRÉE

Oui	1	
Non	2	ALLER À LA FIN DE LA SECTION

12. À quand remonte votre dernière participation à une telle rencontre de discussion ou entrevue ?

Au cours des derniers 6 mois	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
Il y a plus de 6 mois	2	

13. Avez-vous participé à plus une rencontre de discussion ou entrevue concernant la sécurité des produits de consommation au cours des deux dernières années ?

Oui	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
Non	2	

14. Avez-vous participé à plus de cinq rencontres de discussion ou entrevues de ce genre au cours des cinq dernières années ?

Oui	1	REMERCIER ET METTRE FIN À L'ENTRETIEN
Non	2	

NOTER LE SEXE PAR OBSERVATION (VEILLER À CE QUE LES 2/3 DES PARTICIPANTS SOIENT DES FEMMES)

Femme	1
Homme	2

La rencontre de discussion au lieu le (JOUR DE LA SEMAINE) (DATE/JANVIER), à (HEURE). Elle pourrait durer jusqu'à deux heures. Les participants et participantes recevront 70 $ pour leur participation et on leur servira des rafraîchissements. Acceptez-vous d'y participer ?

Oui	1	
Non	2	REMERCIER ET METTRE FIN À L'ENTRETIEN

Je vais vous donner l'adresse où aura lieu la rencontre. Avez-vous un crayon à portée de la main ? Elle aura lieu au _____. Veuillez dire à la personne qui vous accueillera que vous venez pour participer à un groupe de discussion. Je vous rappelle que la rencontre aura lieu à (HEURE), le (DATE). Veuillez arriver une quinzaine de minutes à l'avance. Si vous avez besoin de lunettes pour lire, veuillez les apporter parce qu'on vous demandera de lire des documents.

La rencontre sera enregistrée sur bande vidéo à des fins de recherche et des membres de l'équipe de recherche observeront celle-ci à partir d'une pièce voisine. Nous vous demanderons de signer un formulaire de renonciation indiquant que vous êtes au courant de l'enregistrement vidéo de la rencontre. Tous les renseignements recueillis ne seront utilisés qu'à des fins de recherche et seront traités conformément aux lois visant à protéger les renseignements personnels.

Étant donné que nous n'invitons qu'un petit nombre de personnes, votre participation est très importante pour nous. S'il vous est impossible de vous présenter, pour une raison ou pour une autre, veuillez communiquer avec nous afin que nous puissions trouver un remplaçant. Vous pouvez nous joindre à nos bureaux au ____. Veuillez demander ____. Quelqu'un vous téléphonera la veille pour vous rappeler la rencontre.

Puis-je confirmer votre nom et votre numéro de téléphone ?

****

NOM DU RÉPONDANT : _____

N^{O} DE TÉLÉPHONE À LA MAISON : _____

HEURE/LIEU DE LA RENCONTRE : _____

Merci.

Health Canada
Health and Safety Issues Related to Consumer, Health and Food Products (POR-10-09)

Moderator's Guide

Final: January 21, 2011

Introduction (5 minutes)

- Introduce interviewer and Phoenix
- Thank participants for attending
- Explain general purpose of session:

  - Gauge *opinions* about issues/ideas/advertising

  - Not a knowledge test; no right or wrong answers (interested in opinions)

  - Okay to disagree; want people to speak up if hold different view

  - looking for minority, as well as majority opinion, so don't hold back if you have a comment that may be different from others

- Tonight, we are conducting research on behalf of Health Canada, a department of the Government of Canada, to explore issues related to the safety of consumer products.
- Looking for candour and honesty; comments treated in confidence; reporting in aggregate form only; taping and note-taking for report writing purposes only; observers behind one-way glass.
- If you have a cell phone or other electronic device, please turn it off.
- Any questions? ACCEPT BRIEF QUESTIONS BUT DO NOT LINGER.
- Roundtable introduction:
  - General public groups: Please tell us your first name and the types of consumer products you typically purchase for your household.
  - Parent groups: Please tell us your first name and the age of your child/children.

Contextual Issues (15 minutes)

1. In general, how concerned are you about the safety of the consumer products you purchase for your household? Is this something that you think about? Why/why not?

IF CONCERNED:

2. What are the types of things that concern you or that you think about? Anything else? NOTE REFERENCES TO RECALLS, ADVISORIES, WARNINGS

   Probe: - types of concerns
   - types of products

3. Do you take any action or steps to try to determine whether a product that you are thinking of buying or one that you have bought is safe or not? If so, what do you do, what actions do you take? Anything else? PAY ATTENTION TO REFERENCES TO INFORMATION ACCOMPANYING PRODUCTS VS. INFORMATION BEYOND WHAT ACCOMPANIES THEM

   Probe:
   - read product labels/instructions
   - look for information on product safety
   - ask family/friends
   - search advisory, warning, recall information

4. Where would you go if you were looking for information on the safety of products you buy? Why would you go to these sources? NOTE REFERENCES TO SPECIFIC WEB SITES

   Probe:
   - Internet/search engine
   - product labels/instructions
   - family/friends
   - consumer reports
   - manufacturer

5. If you were looking for such information, would you do so before or after buying a product? Why?

6. How would you use the Internet to search for product safety information? Are there specific or preferred websites that you visit? If so, which ones? If you use a search engine, what search terms do you use to zero-in on the information sought?

Issues Related to Consumer Products (55 minutes)

I'd now like to explore related issues with you, including results from a recent survey conducted on the types of issues we've been discussing.

I'd like to begin by asking you about your habits and perceptions regarding product labels.

7. Do you tend to read product labels before you purchase products, after you purchase them such as when you go to use them, or both before and after purchase? GET HAND COUNT FOR EACH

8. Why do you read labels before you purchase a product? That is, what type of information are you looking for? And why do you read labels after you purchase a product? Again, what is the type of information that you're looking for?

   Probe: - reasons for reading labels before/after purchase
   - products for which they read labels/difference by type of product

9. Generally speaking, how easy is it for you to understand the information on product labels? Is there any type of information you find difficult to understand? If so, what?

   Probe: - how much information do they read (all, some)?

10. Do you find you get enough information from product labels? If not, what type of information is missing or insufficient?

11. In a recent survey, just over one-quarter of respondents disagreed that information on product labels is easy to understand, and almost as many disagreed that information on labels is sufficient. Do you have any sense of what they might be referring to regarding the lack of clarity and/or insufficient information on labels? DEAL WITH EACH ISUE SEPARATELY.

12. Are you aware of the Canada Consumer Product Safety Act? GET HAND COUNT. What, if anything, do you know about it? NOTE AWARENESS THAT GOVERNMENT CAN NOW RECALL PRODUCTS

13. Which of the following messages would be more effective in an advertising campaign designed to encourage you to read product labels? GET HAND COUNT FOR EACH Why?

    - *Safety is in your hands. Read the labels*.
    - *The key to safer shopping is in your hands. Read the labels.*

Let's now talk about product safety information.

14. When you hear the terms 'advisories', 'warnings' and 'recall' in relation to consumer products, what type of information do you think is meant by each of these terms? Let's discuss them one at a time. Let's start with ROTATE ORDER IN GROUPS

    Probe: - discuss each term and type of information associated with it

Asked which expression would be most effective at encouraging them to pay attention to Government of Canada advisory, warning, or recall notices, survey respondents were most likely to choose the expression 'Recall and safety alert'.

15. What do you think it is about this expression that makes it effective, attention grabbing? OTHER OPTIONS INCLUDED PRODUCT SAFETY ALERT, CONSUMER ALERT, WARNING, AND ADVISORY

    Probe: - impact of term 'recall'
    - review other top options if time permits

16. Which of the following messages do you think would be more effective for an advertising campaign designed to encourage you to pay attention to recall and safety alerts? GET HAND COUNT FOR EACH. Why?

    - *Choose and use products wisely. Get the latest recalls and safety alerts*
    - *Going shopping? Pick up the latest recalls and safety alerts.*

17. What would prompt or motivate you to check for product safety information such as a product recall and/or a product safety alert? Would you be more likely to do this before or after buying a product? Why?

    Probe: - more likely for certain types of products (e.g. children's products)?

18. Have you ever looked specifically for product recalls and/or product safety alerts? GET HAND COUNT. IF YES: What were the circumstances? Did you find what you were looking for? If so, what action, if any, did you take?

    Probe: - where did they look?
    -did they look before or after buying a product?
    - frequency of looking for recalls/product safety alerts

19. Asked where they looked for product safety information after purchasing a product, few survey respondents identified government websites. They were much more likely to identify the Internet in general or Google/search engines. Why do you think this is the case?

    Probe: - lack of awareness of government sites?
    - prefer other sites/general searches?

20. What would prompt or motivate you to report a health and safety issue related to a product that you had purchased? To whom or where would you report such an issue?

21. Have you ever reported an incident or injury involving a consumer or other product? GET HAND COUNT If so, what were the circumstances? To whom did you report this?

Probe: - govt/govt agency, manufacturer, retailer

22. Were you aware that you can report an incident or injury involving consumer products or other products to Health Canada? GET HAND COUNT IF ANYONE IS AWARE ADD: Has anyone ever done this? GET HAND COUNT If so, what were the circumstances and how did you report this?

23. Now that you are aware of this, how likely would you be to report an incident or injury involving consumer products or other products to Health Canada? IF NOT LIKELY/NOT VERY LIKELY ADD Why do you say this?

24. Do you currently use any social media, such as Facebook, YouTube, or Twitter, to help inform your product purchase decisions? If so, which media do you use and how (i.e. what type of information do you seek)?

25. Could social media be used effectively to inform purchase decisions, with a focus on information related to the safety of products? If so, how? If not, why not?

26. Asked which social media would be effective in providing them with information to make informed purchase decisions, survey respondents were much more likely to identify Facebook than any other one. Why do you think Facebook was considered most effective in this regard?

27. What would be the best way to communicate information to you regarding the safety of consumer products?

Probe: - preferred channels/vehicles/approaches

28. When you think of information to help inform your purchase decisions regarding the safety of consumer products, what type(s) of information would be most useful or important to you?

Conclusion

29. Do you have any final comments or suggestions about anything we have discussed tonight?

Santé Canada
L'innocuité des produits de consommation, de santé et alimentaires (POR-10-09)

Guide de l'animateur

Version définitive : le 24 janvier 2011

Introduction (5 minutes)

- Présenter l'animateur et Phœnix.
- Remercier les participants de leur présence.
- Expliquer le but de ce genre de rencontre :

  - recueillir vos *opinions* sur les sujets, les idées ou la publicité présentée;

  - il ne s'agit pas d'évaluer vos connaissances; il n'y a pas de bonnes ou de mauvaises réponses (nous voulons connaître votre opinion);

  - vous avez le droit de ne pas être d'accord; n'hésitez pas à exprimer un point de vue différent;

  - nous voulons non seulement connaître l'opinion de la majorité des gens mais aussi, les opinions moins répandues. Donc, n'hésitez pas à formuler un commentaire différent.
- Ce soir, nous réalisons une étude pour Santé Canada, un ministère du gouvernement du Canada, pour discuter de sujets concernant la sécurité des produits de consommation.
- Nous vous demandons d'être francs et honnêtes. Les commentaires seront traités de manière confidentielle. Nous ne rapporterons que l'ensemble des commentaires. L'enregistrement et la prise de notes serviront uniquement à la préparation du rapport. Il y a des observateurs derrière le miroir sans tain.
- Veuillez désactiver la sonnerie de votre téléphone cellulaire ou de tout autre appareil électronique.
- Avez-vous des questions ? RÉPONDRE BRIÈVEMENT; NE PAS S'ATTARDER SUR CES QUESTIONS.
- Présentations par tour de table :
  - Groupes réunissant des membres du public : Veuillez vous présenter par votre prénom et nous parler des types de produits de consommation que vous achetez généralement pour votre foyer.
  - Groupes réunissant des parents : Veuillez vous présenter par votre prénom et nous dire l'âge de votre ou vos enfant(s).

Entrée en matière (15 minutes)

1. En général, dans quelle mesure êtes-vous préoccupé(e) par la sécurité des produits de consommation que vous achetez pour votre foyer ? Est-ce une chose à laquelle vous pensez ? Pourquoi ?

À CEUX SE DISANT PRÉOCCUPÉS :

2. Qu'est-ce qui vous préoccupe ou à quel genre de choses pensez-vous ? Y a-t-il autre chose ? NOTER TOUTE RÉFÉRENCE AUX AVIS, MISES EN GARDE ET RETRAITS

   Sonder : - Types de préoccupations
   - Types de produits

3. Faites-vous quelque chose pour essayer de déterminer si un produit que vous envisagez d'acheter ou que vous avez acheté est sécuritaire ou non ? Si oui, que faites-vous ? Autre chose? PRÊTER ATTENTION À TOUTE RÉFÉRENCE AUX RENSEIGNEMENTS QUI ACCOMPAGNENT UN PRODUIT VS LES RENSEIGNEMENTS ADDITIONNELS OBTENUS AILLEURS.

   Sonder :
   - Lire l'étiquette du produit ou le mode d'emploi
   - Chercher des renseignements sur la sécurité du produit
   - Consulter la famille ou les amis
   - Chercher les avis, les mises en garde et les avis de retrait

4. Si vous vouliez des renseignements sur la sécurité d'un produit que vous achetez, où vous tourneriez-vous pour obtenir ces renseignements ? Pourquoi vous tourneriez-vous vers ces ressources? NOTER TOUTE RÉFÉRENCE À DES SITES WEB EN PARTICULIER.

   Sonder :
   - Internet / moteur de recherche
   - Étiquette du produit / mode d'emploi
   - Famille / amis
   - Publications à l'intention des consommateurs
   - Fabricant

5. Si vous étiez à la recherche de ces informations, le feriez-vous avant ou après l'achat d'un produit? Pourquoi?

6. Comment utiliseriez-vous Internet pour chercher des renseignements sur la sécurité des produits ? Consulteriez-vous des sites en particulier, avez-vous des préférences ? Si oui, quels sites consulteriez-vous ? Si vous auriez recours à un moteur de recherche, quels mots clés utiliseriez-vous pour trouver rapidement les renseignements que vous cherchez ?

Questions connexes (55 minutes)

J'aimerais maintenant parler d'autres sujets en lien avec ce dont nous venons de discuter, entre autres les résultats d'un sondage réalisé récemment sur le genre de sujet dont nous avons parlé ce soir.

J'aimerais commencer par vous poser quelques questions sur vos habitudes et vos opinions en ce qui concerne les étiquettes des produits.

7. Avez-vous tendance à lire l'étiquette d'un produit avant de l'acheter, après l'avoir acheté, par exemple au moment de l'utiliser, ou à la fois avant et après l'avoir acheté ? COMPTER (CHACUN)

8. Pourquoi lisez-vous l'étiquette d'un produit avant de l'acheter ? Autrement dit, quels genres de renseignements cherchez-vous ? Et pourquoi lisez-vous l'étiquette d'un produit après l'avoir acheté ? Encore une fois, quels genres de renseignements cherchez-vous ?

   Sonder : - Raisons pour lesquelles on lit l'étiquette avant/après l'achat
   - Produits en question / différences selon le type de produit

9. En général, trouvez-vous facile de comprendre les renseignements sur les étiquettes des produits ? Avez-vous de la difficulté à comprendre certains renseignements ? Si oui, lesquels ?

   Sonder : - Quelle proportion des étiquettes lisent-ils (toute, une partie) ?

10. Selon vous, les étiquettes offrent-elles suffisamment de renseignements ? Si non, quels genres de renseignements manque-t-il ?

11. Dans un sondage récent, un peu plus du quart des participants n'étaient pas d'accord avec l'affirmation selon laquelle les renseignements sur les étiquettes sont faciles à comprendre et un nombre presque aussi élevé n'étaient pas d'accord avec l'affirmation selon laquelle les étiquettes offrent suffisamment de renseignements. Avez-vous une idée à quoi faisaient référence ces participants en parlant du manque de clarté ou du manque de renseignements sur les étiquettes ? TRAITER DE CHAQUE THÈME SÉPARÉMENT.

12. Êtes-vous au courant de la *Loi canadienne sur la sécurité des produits de consommation* ? COMPTER. Que savez-vous de cette loi ? NOTER COMBIEN DE PARTICIPANTS SONT AU COURANT QUE LE GOUVERNEMENT PEUT MAINTENANT RETIRER DES PRODUITS DU MARCHÉ.

13. Lequel des messages suivants serait plus efficace dans une campagne publicitaire visant à vous encourager à lire l'étiquette des produits de consommation ? COMPTER (CHACUN) Pourquoi ?

    - *La sécurité est entre vos mains. Lisez les étiquettes.*
    - *Vous avez entre vos mains un moyen d'assurer votre sécurité. Lisez l'étiquette.*

Parlons maintenant des renseignements sur la sécurité des produits.

14. Quand vous entendez les expressions « avis », « mise en garde » et « avis de retrait » en lien avec des produits de consommation, à quels genres de renseignements chacune de ces expressions fait-elle référence, selon vous ? Parlons de chacune de ces expressions. Commençons par… VARIER L'ORDRE D'UN GROUPE À L'AUTRE.

    Sonder : - Parler de chacune des expressions et des genres de renseignements que les participants associent à ces expressions.

    Quand on a demandé aux participants du sondage laquelle des expressions les encouragerait le plus à prêter attention aux avis, mises en garde ou avis de retrait du gouvernement du Canada, ils ont choisi, le plus souvent, l'expression « alerte concernant le retrait et la sécurité ».

15. Selon vous, qu'est-ce qui rend cette expression efficace ou qui capte l'attention ? LES AUTRES OPTIONS ÉTAIENT : « ALERTE CONCERNANT LA SÉCURITÉ D'UN PRODUIT », « ALERTE AUX CONSOMMATEURS », « MISE EN GARDE » ET « AVIS ».

    Sonder : - Effet de l'expression « avis de retrait »
    - Si on a le temps, parler des autres options retenues

16. Selon vous, lequel des messages suivants serait plus efficace dans une campagne publicitaire visant à vous encourager à prêter attention aux alertes concernant le retrait et la sécurité ? COMPTER (CHACUN). Pourquoi ?

    - *Choisissez et utilisez les produits avec prudence. Lisez les dernières alertes concernant le retrait et la sécurité.*
    - *Vous allez faire des courses ? Lisez les dernières alertes concernant le retrait et la sécurité.*

17. Qu'est-ce qui vous motiverait à vérifier les informations de sécurité des produits comme un rappel de produits et / ou une alerte de sécurité des produits? Seriez-vous plus susceptibles de le faire avant ou après l'achat d'un produit? Pourquoi?

    Sonder: - plus de chances pour certains types de produits (par exemple les produits pour enfants)?

18. Avez-vous déjà cherché des avis de retrait ou des alertes concernant la sécurité d'un produit ? COMPTER. SI OUI : Dans quelles circonstances ? Avez-vous trouvé ce que vous cherchiez ? Si oui, qu'avez-vous fait ?

    Sonder : - Où ont-ils cherché ?
    - Ont-ils cherché avant ou après l'achat d'un produit?
    - À quelle fréquence cherchent-ils des avis de retrait ou des alertes concernant la sécurité d'un produit ?

19. Lorsque demandé où ils ont cherché des renseignements de sécurité des produits après l'achat d'un produit, peu de répondants ont identifié des sites Web du gouvernement. Ils étaient beaucoup plus susceptibles d'identifier l'Internet en général ou moteurs de recherche/Google. Pourquoi pensez-vous que c'est le cas?

Sonder: - le manque de sensibilisation au sujet de sites du gouvernement?
- préfèrent d'autres sites / recherches générales?

20. Qu'est-ce qui vous motiverait à signaler un problème de santé et de sécurité liés à un produit que vous aviez acheté? A qui ou où signaleriez-vous une telle question?

21. Avez-vous déjà rapporté une blessure ou un incident causés par un produit de consommation ou un autre type de produit ? COMPTER Si oui, dans quelles circonstances ? À qui avez-vous rapporté ceci ?

Sonder : - Gouvernement ou organisme gouvernemental, fabricant, magasin

22. Saviez-vous que vous pouvez signaler un incident ou d'accident impliquant des produits de consommation ou d'autres produits à Santé Canada? OBTENIR LE NOMBRE DE MAIN SI QUELQU'UN EST CONSCIENT AJOUTER: Avez-vous déjà fait cela? OBTENIR LE NOMBRE DE MAIN Si oui, quelles étaient les circonstances et comment l'avez-vous signalé?

23. Maintenant que vous êtes conscients de cela, quelle est la probabilité que vous signaleriez un incident ou accident impliquant des produits de consommation ou d'autres produits à Santé Canada? SI PAS PROBABLE/PAS TRÈS PROBABLE AJOUTER : Pourquoi dites-vous cela?

24. Utilisez-vous les médias sociaux comme Facebook, YouTube ou Twitter pour vous aider à faire un choix éclairé dans vos achats ? Si oui, à quel média avez-vous recours et comment l'utilisez-vous (c'est-à-dire quels genres de renseignements cherchez-vous) ?

25. Les médias sociaux seraient-ils un moyen efficace pour communiquer des renseignements sur la sécurité des produits de consommation et aider les gens à faire des choix éclairés dans leurs achats ? Si oui, comment ? Si non, pourquoi ?

26. Nous avons demandé aux participants du sondage quels médias sociaux seraient efficaces pour transmettre des renseignements aux gens afin de les aider à faire un choix éclairé dans leurs achats. Les participants ont parlé de Facebook beaucoup plus souvent que de tout autre média. Selon vous, pourquoi trouvaient-ils Facebook beaucoup plus efficace à cet égard ?

27. Quelle serait la meilleure façon de vous communiquer des informations concernant la sécurité des produits de consommation?

Sonder: - canaux préférés/ véhicules / approches

28. Quand vous pensez à de l'information pour aider à informer vos décisions d'achat concernant la sécurité des produits de consommation, quel(s) type (s) d'information serait plus utile ou important pour vous?

Conclusion

29. Avez-vous d’autres commentaires ou suggestions à formuler au sujet de ce dont nous avons parlé ce soir ?