Toegevoegd door	Literatuur (titel, auteur, jaartal)	Type literatuur (review of paper, preprint of published)	Quality of evidence
5.1.2e	Yeung, M. P., et al. (2016). "Factors associated with the uptake of seasonal influenza vaccination in adults: a systematic review." Journal of Public Health 38(4): 746-753.	Systematic review	Low
5.1.2e	Schmid, P., et al. (2017). "Barriers of influenza vaccination intention and behavior–a systematic review of influenza vaccine hesitancy, 2005–2016." PloS one 12(1): e0170550.	Systematic review	Moderate

5.1.2e	Claire Borthwick, Rory 5.1.2e & 5.1.2e Kennedy (2020): Psychological predictors of seasonal influenza vaccination uptake among adults with a high-risk physical health condition: a systematic review, Psychology & Health, DOI: 10.1080/08870446.2020.1772971	Systematic review, maar beschreven als narrative review	Moderate

5.1.2e	DUBE 2015 Strategies intended to address vaccine hesitancy:Review of published reviewsEve	review van reviews	moderate
5.1.2e	JARRET 2015 Strategies for addressing vaccine hesitancy – A systematic review	systematic review	moderate

QoE check	Toelichting QoE (RoB, indirectness, inconsistency, indirectness, imprecision, effect size, right confounders, dose response)
	DENK LOW TOT MODERATE. 5.1.2e zei MODERATE!) ze hebben geen info over hoe studies beoordeeld (niet 2 reviewers oid) While the selected studies all examine thefactors associated with the uptake of the seasonal influenzavaccination, there are substantial **heterogeneities** among them. There is diversity in the demography of the study respon-dents, because data were collected from.15 countries.**Methodological variatio**n exists, because studies had differentaims, sampling subject recruitment criteria, scope of questionasked and outcomes measurement. Besides, because many ofthe associated factors (variables) were examined in one tothree studies, pooling of data would not represent the overallresult. **After review of the23 selected articles, 21 were found to be of high or moderate methodological quality.** The results comprised mostlysubjective opinions given by study participants, rather than ob-jective accounts obtained using validated tools
	grootste kanttekening bij deze studie is gebrek aan beschrijven van study design, en gebrek aan QoE analyses. Dus we weten niet goed wat voor type studies er uiteindelijk zijn en hoe goed ze zijn. Ook de beoordeling hiervan is niet duideijk, of het door 1 of 2 reviewers is gedaan.

Transparant, rob analyse goed, dublicate review of studies, hoge AMSTAR score. LASTIG HIER: het is een hele degelijke review, maar de studies die zin meegeneomen zijn vaan lage tot medium kwaliteit! How bout that?!

HOOG tot moderate. kantteekning is dat we niet weten met hoeveel zij hebben gereviewed, hoe dat is gedaan. De rest lijkt in orde.

Risk of bias (study limitations: design, inclusion and sample info, measurement, confounding, folluw-up)	Toelichting bias
moderate	Since most included articles are cross-sectional surveys, recallbias and/or report bias exists.

Most papers included in this review scored were identified as being low or medium quality as assessed by the MMAT. No studies were excluded on the basis of methodological quality; however, it is necessary to interpret findings with an appropriate level of caution based on the lack of methodological rigour. The use of non-validated instruments to assess psychological constructs was a further limitation of several papers included in this review.

ze hebben gemeld of de reviews een rob of bias quality check hebben gedaan. 14 van de 15 hebben dit. Zaten wel wat laag kwaliteit studies tussen in die 14.

Type studie (zie werkblad hierna)	Land	Verplichting of advies

Steekproef (grootte, populatie)	Recruitment (opvallende in/excl cr., hoe geworven)
This study is on general population and not on influenzavaccine recommended group. Studies were excluded if.50%of study participants were not adults from the general popula-tion aged 18–64, or the study aim/objective was only relatedto the 2009 H1N1 pandemic vaccination. Studies focused oninfluenza recommended groups such as pregnant women,persons with chronic diseases and healthcare workers werealso excluded. There was no limitation placed on the studydesign, but it had to have quantified the strength of associ-ation between the factors and the outcome HealthCarePersonnel117/470; Elderly62/470; ChronicCondition45/470 ;PregnantWomen35/470 ;unspecified22/470 ;Children18/470)	

Adults (aged ┘16 years) with a physical health condition for which flu vaccination is recommended by Health Protection Scotland (2016). └ Studies conducted in samples of older adults with a high-risk condition are eligible for inclusion. The average age of participants across the studies was 61 years, and 49.81% of the participants were male.	duidleijk inclusie en exclusie criteria

Representatief? (is deze studie vergelijkbaar met NL situatie of populatie?)

Thestudies were carried out in the following countries: Australia,China, Japan, 11 European countries, France, Netherland,Spain and the USA. The data collection period of the 23selected articles was from 1997 to 2012.

The majority of studies addressing influenza vaccine hesitancy were conducted in the American and European regions.

Sleutelwoorden (gedrag: determinanten/omstandigheden/redenen/mate van naleving/verschillen/interventies)	Doel studie
	Deze systematische review heeft 23 kwantitatieve observationele studies (door hen beoordeeld als moderate-high quality) bekeken om inzicht te krijgen in de factoren geassocieerd met griep vaccinatiegraad onder volwassenen.
	This systematic review describes the landscape of influenza vaccine hesitancy and its determinants rather than their weighted relative importance.

Seasonal influenza vaccination uptake behaviours or intentions.	The purpose of this review was therefore to synthesise evidence examining the association between psychological constructs and seasonal influenza vaccination behaviour among adults with a high-risk physical health condition as this remained as a gap in the literature. It specifically included studies that drew upon a psychosocial or psychological theoretical model or framework in explaining seasonal influenza vaccination behaviour with a view to offering recommendations for psychological constructs that could be targeted in vaccination promotion interventions

In this paper, a review of published reviews on strategies toaddress vaccine hesitancy and, more broadly, to enhance vaccineacceptance, is presented, and promising approaches on how toaddress vaccine hesitancy and its determinants are discussed.

Methode (controle groep, etc)
Since most of the selected studies were observational studiesand surveys, a critical appraisal framework was designed to assessthe methodological quality of non-randomised trials. Referencehas been made to the US CDC Transparent Reporting Evalua-tions with Nonrandomize Designs19and the National HealthService's (NHS) Critical Appraisal Skills Programme (CASP)20inreviewing the quality of the articles. There were 18cross-sectional surveys, 1 case–control study, 1 randomizedcontrol trial, 2 longitudinal studies and 1 meta-analysis.

Observational studies were most common, with ten
out of 12 studies (83.3%) adopting a cross-sectional observational design. One qualitative study (8.3%) and one controlled trial (8.3%) were also identified

To identify relevant literature reviews or meta-analysis review-ing interventions to address vaccine hesitancy and/or to enhancevaccine uptake, a search was conducted in the electronic databasesPubMed, EMBASE, Global Health, CINAHL, PsycINFO, SocINDEXwith Full Text, ERIC for the period January 2008 to November 2014. The majority ofthese were published in the last 3 years (9/15). The number ofstudies included in each review ranged from 2 to 240 (median = 16studies).

Measures DV en IV (item/schaal/gevalideerd/intentie/gedrag/self-report)	Confounders	Belangrijkste bevindingen
The results comprised mostlysubjective opinions given by study participants, rather than objective accounts obtained using validated tools. Most selected articles did not state what behavioural theory ormodel had been used.		**Kennis:** Zwakke associatie tussen toegenomen kennis en vaccins, en de sterkte van de asociatie was vrij zwak vergeleken met andere groepen. Hogere kennis van griep en vaccinatie ervan, en kennis van effectieve maatregelen om griep te voorkomen: more likely to get vaccinated.

Vaccination uptake was assessed in different ways, with some studies exploring multiple outcomes of vaccination behaviour (e.g. uptake during the last season and future intentions). All studies relied on self-reported measurements

The HBM was the most commonly applied theory, with ten out of 12 studies (83.3%) drawing on this model. TWAALF studies uiteindelijk geincludeerd.Studies were conducted across a range of high-risk condition populations and most (83.3%) were cross-sectional

Only two of the reviews identified directly targeted strate-gies to address vaccine hesitancy (defined as voluntary refusal ordelay in acceptance of recommended childhood vaccines whilevaccination services are available

Globally, most of the interventions analysed in the reviews thatwere examined for the present study were primarily to inform or to educate about vaccination. Brief writ-ten educational interventions (e.g. pamphlets) were one of themost tested interventions included in the reviews. Although somestudies reported a statistically significant improvement in vaccineuptake, the data were very inconsistent and, in most cases, the evi-dence was of low or moderate quality.

Beoordeling effect sizes	Verschillen tussen subpopulaties	Link naar studie
	Increasing age was an important factor associated with uptakeof vaccination in studies in European and Asian populations(OR 1.06–23.7).4,23,31,33Education level and being healthprofessionals were inconsistently associated with getting vac-cinated in different studies.4,29,31,32,40Sex, ethnic origin,income, employment and household size were not consistentpredictors of influenza vaccination in different Europeancountries.4,28	https://academic.oup.com/jpubhealth/article/38/4/746/2966960

Toegevoegd door	Literatuur (titel, auteur, jaartal)
5.1.2e (gereviewd door 5.1.2e, ik zou deze eruit laten. Zo klein en vroeg in pandemie)	Bacon, A. M. and P. J. Corr (2020). "Coronavirus (COVID-19) in the United Kingdom: A personality-based perspective on concerns and intention to self-isolate."
5.1.2e (reviewed door 5.1.2e. Denk niet meenemen want over compensatie in Israel en is in NL niet het geval en niet op planning)	Bodas, "Self-Isolation Compliance In The COVID-19 Era Influenced By Compensation: Findings From A Recent Survey In Israel."

5.1.2e, 5.1.2e aangevuld	Brodeur, A., Grigoryeva, I., & Kattan, L. (2020). Stay-At-Home Orders, Social Distancing and Trust.
5.1.2e	Drążkowski, D., Trepanowski, R., Chwiłkowska, P., & Majewska, M. (2020). Self-persuasion increases motivation to social isolation during the COVID-19

5.1.2e	Farooq, A., et al. (2020). "The Impact of Online Information on Self-isolation Intention during the COVID-19 Pandemic: A cross-sectional study." Journal of medical Internet research.
5.1.2e (review door 5.1.2e)	Heffner, J., et al. (2020). “Emotional responses to prosocial messages increase willingness to self-isolate during the COVID-19 pandemic.”

5.1.2e

Lou, Q., et al. (2020). "Home quarantine compliance is low in children with fever during COVID-19 epidemic."

5.1.2e

Lunn, P. D., Timmons, S., Julienne, H., Belton, C., Barjaková, M., Lavin, C., & McGowan, F. (2020). Using Decision Aids to Support Self-Isolation During the COVID-19 Pandemic.

5.1.2e	Nese, M., et al. (2020). "Delay discounting of compliance with containment measures during the COVID-19 outbreak: a survey of the Italian population."
5.1.2e (review door 5.1.2e)	Okuhara, T., et al. (2020). Examining persuasive message type to encourage staying at home during the covid-19 pandemic and social lockdown: A randomized controlled study in japan.

5.1.2e

Plohl, N. and B. Musil (2020). "Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science."

5.1.2e

Rubin, G. J., Smith, L. E., Melendez-Torres, G. J., & Yardley, L. (2020). Improving adherence to 'test, trace and isolate'. Journal of the Royal Society of Medicine, 113(9), 335-338.

5.1.2e, 5.1.2e aangevuld (review 2 5.1.2e)	Smith, L. E., Amlôt, R., Lambert, H., Oliver, I., Robin, C., Yardley, L., & Rubin, G. J. (2020A). Factors associated with adherence to self-isolation and lockdown measures in the UK; a cross-sectional survey. medRxiv.

5.1.2e, 5.1.2e aangevuld (review 2 5.1.2e)	Smith, L. E., Potts, H. W., Amlot, R., Fear, N. T., Michie, S., & Rubin, J. (2020B). Adherence to the test, trace and isolate system: results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study).
5.1.2e	Stapleton, Choosing not to follow rules that will reduce the spread of COVID-19 2020

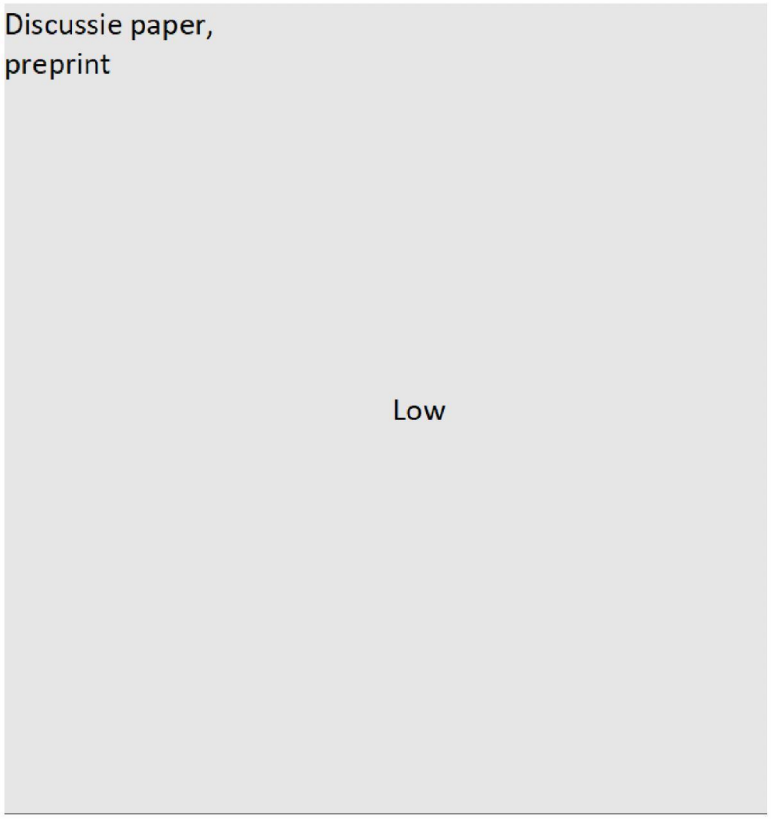
5.1.2e (review door 5.1.2e)	Steens, "Poor self-reported adherence to COVID-19-related quarantine/isolation requests, Norway, April to July 2020."
5.1.2e	Wolff, W., et al. (2020). "High boredom proneness and low trait self-control impair adherence to social distancing guidelines during the COVID-19 pandemic."

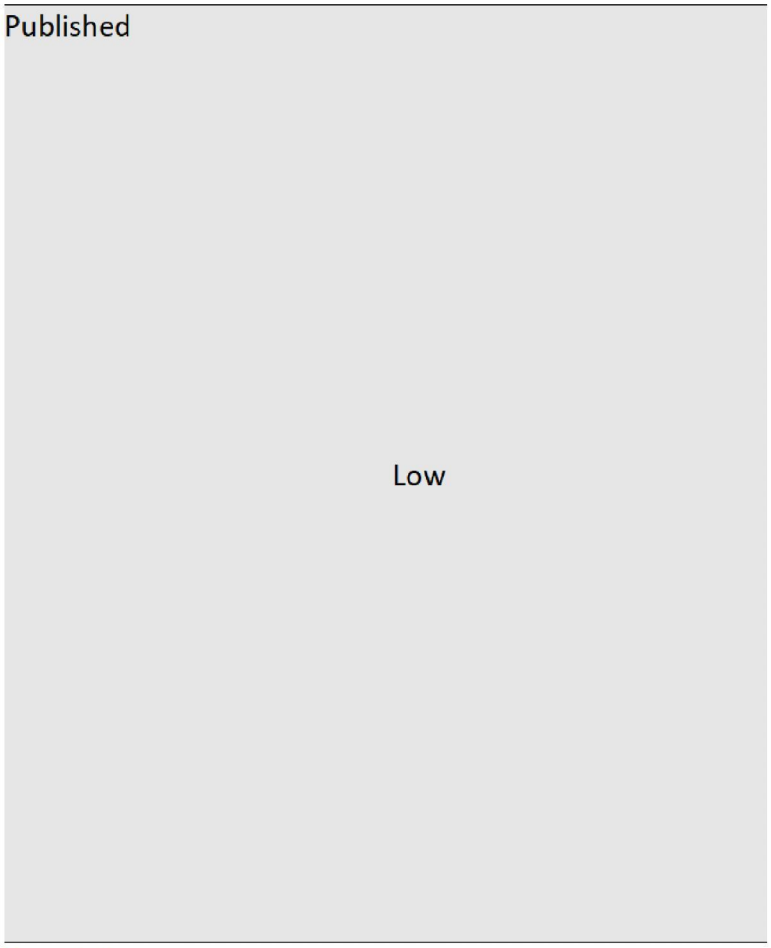
5.1.2e	Al-Hasan, A., et al. (2020). "Threat, coping and social distance adherence for COVID-19: Cross-continental comparison using online cross-sectional survey data."
5.1.2e	Kowalski, J., et al. (2020). "Adherence to safety and self-isolation guidelines, conspiracy and paranoia-like beliefs during COVID-19 pandemic in Poland - associations and moderators."

5.1.2e (review door 5.1.2e)

Oliver, N., et al. (2020). "Assessing the impact of the COVID-19 pandemic in Spain: Large-scale, online, self-reported population survey." Journal of medical Internet research 22(9).

Type literatuur (review of paper, preprint of published)	Quality of evidence reviewer 1	QoE check door reviewer2
Published		
	Moderate	Low
Published	Low	


Discussie paper,
preprint
Low
preprint paper
Low

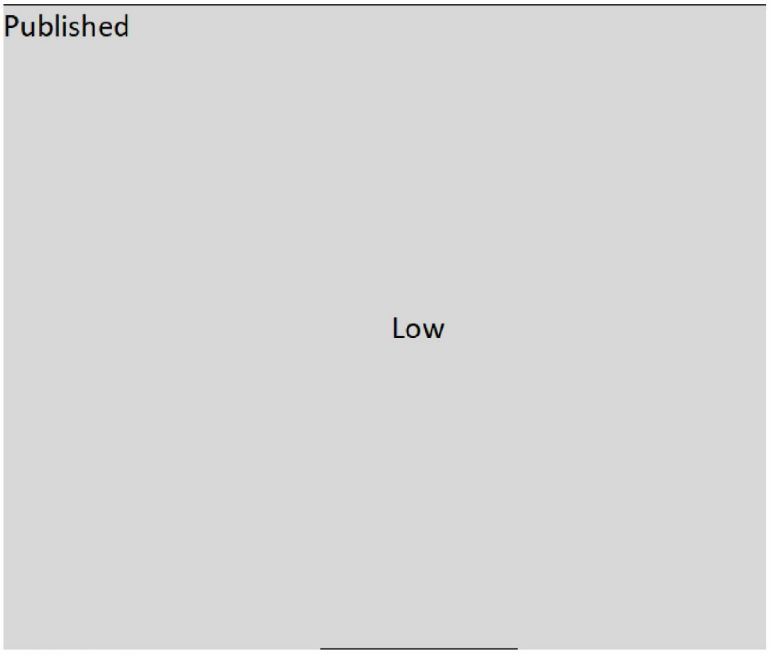

Published
Low
Preprint
Very Low
Very Low

Very Low

preprint paper

Moderate

Published



Published

Very Low Low

Published

Published

Gepubliceerd paper

	Moderate	Moderate

preprint paper

High Moderate

Discussion paper

Published

Moderate Low

Published

Published Moderate
Published Moderate

Published

Moderate Moderate

Toelichting QoE (Kwaliteit studie (detail, randomisatie, methode etc)	Risk of bias
Kleine sample, UK, small/medium effect sizes, geen onderscheid tussen gedrag en intentie (55% already isolating/highly likely), wel specifiek isolatie [5.1.2e: ik zou door study design -1 en door indirectness ook -1). En ik snap hun CI om de Beta niet, de beta ligt er niet in..]	In participant selection
Israel, descriptief onderzoek, grote sample, intentie tot gedrag	In selection of reported result

Mobiliteitsdata, VS, algemene vragenlijsten over staten, niet gekoppeld op individueel niveau, wat onduidelijke tabellen	In measurement of predic/outcome
steekproef klein 375. Werving: selection bias via social media. Jonge populatie, helft is onder de 40. 63% vrouw. Gebruik van theorie. Duidelijke onderzoeksvraag Scales zijn op reliability gecheckt. Maar geen gevalideerde uit eerdere studies	Selection bias, no control group,

zelf-isolatie intentie, vooral studenten, kleine effectsizes, In participant selection kleine sample, aangepaste valide scales

Geen determinanten (5.1.2e: Grotere steekproef met 955.
Representatief sample. Grote power. Exclusie criteria.
Medium effect size. = precision.
Gebruiken theorie.
Questionnaires die ze gebruiken zijn deels zelf opgesteld deels op basis van eerdre studies.
Zeggen niks over randomization. Within subjects design.
and how the intervention changed their willingness to self-isolate from 0 (no change) to 100 (a lot of change) Ze vroegen participanten dus zelf om hun verandering aan teg even. Wel heel erg zelf rapport dit.
1 volgorde, risico van spill over effects – niet omgekeerde

Niet vergelijkbaar met NL, 10 soorten gedrag die geadviseerd worden in quarantaine met koorts	
Randomization in online experiment, duidelijke hypothesis getest. Indirectness, geen Cis gegeven	online experiment

Acceptatie van hypothetisch gedrag, alleen (zwakke) correlaties	In selection of reported result
Geen determinanten, geen vergelijkbare cultuur [maar wel experiment met randomizatie, grote steekproef)	

Jonge sample, medium effect size, deelnemers meerdere landen, compliance meerdere richtlijnen waaronder isolatie	In participant selection

Self-report van gedrag, UK, brede CI door adjustments, specifiek huishoudens met klachten, maar 54 mensen gingen in isolatie [grote steekproef, broadly representative maar onze vraag minder, indirectness, imprecision door kleine steekproef. Ik twijfel of dit niet toch LOW moet zijn, door de kleine steekproef en observationele opzet)	In participant selection

Isolatie na klachten uit grote sample, self-report gedrag, UK, grote OR, vergeleken groepen verschillende grootte [indirectness want zelfgerapporteerde naleving of intentie tot naleving. MODERATE door deze imprecision en door limitations to study design: crosssectional).	In participant selection

Adherent bij al 1 dag in isolatie, zelf rapport gedrag, (grote) verschillen in percentages [maar met smalle CI, door grote N. Hier ook lastig, want door obsvationeel is het al 1 level lager. Dan komt er zelfrapportage bij, enkel percentages in uitkomstmaat, selection bias zou ik dan al gauw naar low gaan)	In measurement of predic/outcome
Data beschikbaar, grote sample, staying at home los van isolatie/quarantaine, self-report gedrag, gedetailleerde analyse incl med/moderatie	None

Comply with SD measures (3 items: I will comply, effective, enforcement), 3 landen, small/medium effect size	In measurement of predic/outcome
2 grote samples met zelfde uitkomsten, SD (waaronder try not to leave home) dus niet echt quarantaine, small to medium effect sizes	Due to confounding

Alleen naar percentages gekeken, ability to isolate when diagnosed, zeer grote sample, Spanje [selectie bias via social media, smalle CI van 0.843 rond %. Twijfel tussen low en moderate, want wel erg grote N]	In selection of reported result

Toelichting bias	Type studie (zie werkblad hierna)	Land
Kleine sample	Brief report, survey	
		UK
Nog tijdens een laag risico op besmetting. Future actions ipv echt gedrag, mogelijk niet generaliseerbaar naar andere landen. Verschil niet getoetst.	Survey	Israel

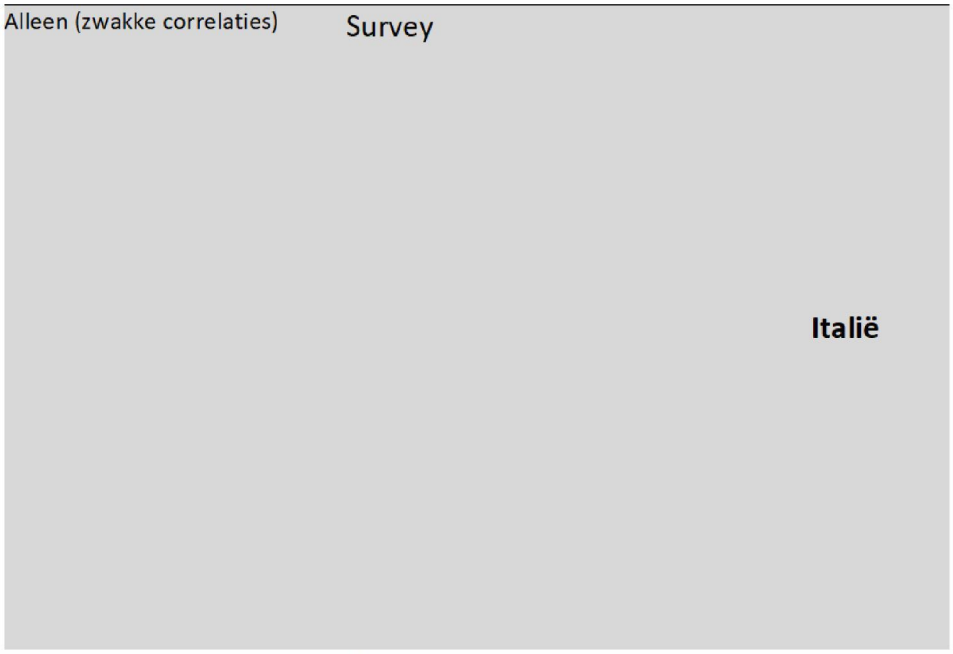
Measures kunnen per staat verschillen, data over attitudes en gedrag is gebruik van general social survey (2000-2014), dus niet 1 op 1 predictor/outcome.	Observationeel met GPS data	**VS**
	Online experiment, observationele vragenlijst studie	**Polen**

recruitement op een universiteit, sample grotendeels studenten	Observational survey	**Finland**
	Experiment	**USA**

China

Online vragenlijst experiment

UK, Ireland. In Apri 2020.


Alleen (zwakke correlaties)
Survey
Italië
Experiment
Japan

Via social media, verschillende landen, mogelijk veel vertouwen in wetenschap vanwege werving online en deelname aan studie	Survey	International: The majority in North America (48.1%), followed by participants in Europe or transcontinental countries with territory in both Europe and Asia (38.5%) and Australia or New Zealand (5.5%).
	Commentaar paper	Het betreft data uit verschillende landen, veel uit UK, maar ook aantal reviews met meerdere studies.

Niet zeker represenatief, self-report, kleinere sample met symptomen in huishouden	Observationeel cross sectional vragenlijst online onderzoek	UK in begin mei 2020

Self-report, cross-sectional. Veel grotere groep die niet in isolatie gaat.	Observationeel cross sectional vragenlijst online onderzoek	**UK**
	Discussie	nvt

Vragenlijst

Noorwegen

Survey

USA.

Adherence: 1. I will comply with the sheltering or social distancing measures. 2. Sheltering or social distancing measures are effective at slowing the spread of Covid-19. 3. The government has the right to enforce sheltering (i.e., people must stay at home).	Survey	US, Kuwait, South Korea
geen confounders meegenomen	Survey	Polen

Geen toetsing, geen confounders

Survey

Spanje

Verplichting of advies	Steekproef (grootte, populatie)	Recruitment (opvallende in/excl cr., hoe geworven)
Op moment van studie geen verplichting	n = 202 uk respondents	18/19 maart, via online research participant platform. Maar 9 deelnemers zelf of bekende covid
required self-quarantine'	n=563	Laatste week februari (5 cases en >5000n gevraagd in quarantaine te gaan. Via online polling service.

In de VS begonnen vanaf de 2e helft van maart 2020 lockdown beleidsmaatregelen. Eerder advies. Studie tussen 3 maart en 24 april (15 maart werden er thuisblijf orders aangekondigd, en 15 april golden alle lockdowns)	Ze gebruiken data van de General Social Survey (GSS) op land nivdeau tussen 2000 en 2014 uit 436 graafschappen, en telefoondata van Unacast COVID19 toolkit en Google Community Mobility reports.	
Advies	375 Poolse deelnemers, eind augustus via FB geworven	via social media, veel vrouwen

Advies?	n =225. students, faculty, and employees at a university in Finland	Surveylink gestuurd naar emaillijsten aan uni.
Guidelines	n = 955	

Iedereen in ierland was verzocht om thui ste blijven. Mensen met symptomen moesten compleet in zelf-isolatie. Mensen die iemand in huishouden had met symptomen moesten zoveel mogelijk thuisblijvenn (verspreid in media en overheidscommun icatiekanalen).	**500, representatieve steekproef**

people are not allowed to leave their home except for the following proven necessities: going to work, buying food, helping other people with special needs, and receiving medical cares.	n=931 italianen	advertentie op websites and social platforms, 29 maart - 4 april
Advies	n= 1980 participants from survey company in Japan	

Gaat om verschillende adviezen	617 deelnemers uit verschillende landen. Final sample: 525. 48.0% of the participants were aged between 29 and 49 years, 44.0% between 18 and 28 years and 8.0% of the participants were older than 50 years.	via social media, iedereen die engels begrijpt
advies, in UK wel controles met boetes	Het betreft data uit verschillende landen, veel uit UK, maar ook aantal reviews met meerdere studies.	

Er golden lockdown measures waaronder het niet huis verlaten voor 7 dagen als er hoest of koorts was, en ook niet het his uit voor 14 dagen als iemand anders hoest of koorts in huishouden had. "Government regulations required all those with symptoms, or with symptoms in their household, to self-isolate. "	UK, volwassenen, 2240 ouder dan 18 jaar, representatieve steekproef. Hiervan rapporteerden 217 deelnemers dat er symptomen in hun huishouden waren. 163 wel naar buiten, 54 niet, deze worden vergeleken	via YouGov online research panel. Quota sampling was used, based on age, gender, social grade, level of education and Government Office Region, to ensure that the sample was broadly representative of the UK general population.

na klachten	42,127 responses from 31,787 participants, tussen januari - juli 2020. Self-isolate after symptoms (n= 1939). Groepen: not isolatie (1587) vs isolate (352)	Via research panels, ouder dan 16j. Quotas were applied based on age and gender (combined) and Government Office Region, and reflected targets based on data from the Office for National Statistics

Advies	n = 1704 in tenminste 1 wave meegedaan	Internet panel, april tot juli
Advies	n = 895 US burgers, 38% uit NY. 86% 13 jaar lange opleiding	Op 9/10 April via website mechanical turk. Extra sampling in NY omdat daar meeste besmettingen

	n = 418 = 162 US, 185 Kuwait, 71 SK.	Global survey firm, online platform, in mei.using an age, gender, ethnicity, and geographic region–based strata and quota matching process
Boetes als niet aan restrictie houden	1: n=507, 2: 840	1: 11-14 april. Pools online research platform. 2: 21-28 april; parken waren toen weer toegankelijk. Via social media

Verplichting, volgens mij	n = 141865	28/3-2/4, tijdens eerste piek, via social media en snowball, via prof organisaties, town halls

Representatief? (is deze studie vergelijkbaar met NL situatie of populatie?)	Sleutelwoorden (gedrag: determinanten/omstandigheden/redenen/mate van naleving/verschillen/interventies)
Ja	Leeftijd, persoonlijkheid (fight/flight, inhibitie)
respondents who represented the adult population of Israel	compensatie

general social survey op landelijk niveau	mobiliteit na thuisblijf orders, vertrouwen
Polen..	zelf isolatie, zelfovertuiging, intentie

Nee, aan uni. 65% vrouw, meerderheid onder 34 jaar.	Informatie, self-efficacy, response cost
	communicatie, berichtgeving, intentie

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experiment,interventie,

60% vrouw, sample vooral uit 2 regios met meeste besmettingen	Perceived risk

Relatief hoog opgeleid, meesten geen financiele problemen	risico perceptie, vertrouwen in wetenschap
	gedragsproblemen rond testen, traceren en isoleren bij ontwikkelen van symptomen, rapporteren hiervan, isolatie, contacten rapporteren en het quarantaine gaan van contcten.

Ja (hoewel auteurs niet zeker)	factoren rond naleving lockdown maatregelen

waarschijnlijk wel door quotas.	identificeren van symptomen, naleving van zelfisolatie als symptomen, aanvragen test, contactgegevens delen van contacten bij besmetting, in quarantaine gaan na contact door NHS dat in contact geweest met besmet persoon.

The age groups 18–29 years and 50–69 years were slightly under- and overrepresented in our sample, minder risico groepen dan in populatie

Ja voor deze 3 landen	threat, coping, information
1:Ja, maar slightly older 2: nee, conspiracy, paranoia 70% vrouwen	

Nee, maar daarom is data gewogen	ability to self-isolate when diagnosed

Doel studie

We examined the relationships between personality variables, specific concerns about coronavirus, personal safety, and the intention to self-isolate.

to assess public attitudes toward theCOVID-19 outbreak, in particular concerning compliance with public health regulations such as self-quarantine and comparing differences in attitudes depending on whether compensation for lost wages is or is not offered

In deze studie is er door middel van Amerikaanse mobiele telefoondata gemeten welke veranderingen er in mobiliteit optraden en in hoeveel niet-essentiële bezoeken gepleegd werden, na het instellen van thuisblijf maatregelen.

Vergelijken van directe overtuiging met zelf overtuiging op onderliggende motivaties om vrijwillig in zelf isolatie te gaan.

the impact of online information on the individual-level intention to voluntarily self-isolate
during the pandemic

emotionele reacties op berichten en hoe dit gerelateerd is aan de bereidheid om zelf in isolatie te gaan

Drie beslissingsondersteuningende manieren onderzoeken op mate waarin het helpt mensen zelf-isolatie beslissingen maken, hier meer zelfvertrouwen over hebben, en begrijpen wat er nodig is om een huishouden te onderhouden als er een individi moet zelf-isoleren

to explore the self-reported future compliance of citizens with such measures and its relationship with potentially impactful psychological variables

to examine which narrator's message is most persuasive in encouraging people to do so during the COVID-19 pandemic and social lockdown.

to develop and test a multivariate model that could help us identify
individual characteristics that make a person more/less likely to
comply with COVID-19 prevention guidelines.

Het doel van dit commentaarpaper is om de belangrijkste gedragsproblemen die een test, traceer en isoleer systeem voor het beheer van COVID-19 zal tegenkomen en om specifieke manieren te suggereren om deze problemen aan te pakken.

onderzoeken van factoren die geassocieerd zijn met naleving van lockdown maatregelen in mensen met symptomen in het huishouden

In this paper, we report data from 21 of these surveys that tracked adherence to the key components of the test, trace and isolate system over time, and investigate variables associated with capability, opportunity and motivation that may be related to adherence to self-isolation if symptomatic; requesting an antigen test if symptomatic; sharing details of close contacts if symptomatic; and quarantining after being alerted that you have been in close contact with a confirmed COVID-19 case. We also investigated variables associated with correctly identifying the symptoms of COVID-19. Identifying the key factors that increase or decrease adherence can be used to inform policies to improve the functioning of the system and help the UK control the outbreak

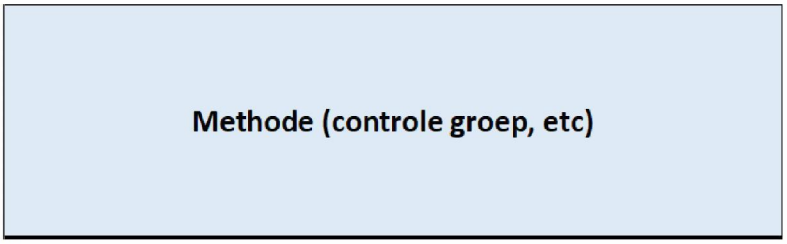
this paper presents reasons why a rule may be understood but not followed, identifying important considerations for implementing public health measures to reduce the spread of COVID-19.

We determined self-reported adherence to quarantine and isolation

we investigated if trait boredom and trait self-control covary with adherence to social distancing guidelines

This study aims to explore how threat and coping appraisal processes work as mechanisms between information and citizens' adherence to COVID-19–related recommendations (ie, how the information sources and social media influence threat and coping appraisal processes with COVID-19 and how the threat and coping appraisal processes influence adherence to policy guidelines). In addition, this study aims to explore how citizens in three different countries (the United States, Kuwait, and South Korea), randomly sampled, are effectively using the mechanisms.
we aimed to investigate relationships between self-referential paranoia-like beliefs, conspiracy beliefs and adherence to safety measures in a representative sample of Poles

We aim to assess the situation and perception of the Spanish population in four key areas related to the COVID-19 pandemic: social contact behavior during confinement, personal economic impact, labor situation, and health status.



Survey

Survey

Zij maten deze thuisblijf maatregelen via telefoondata waarmee zij inzicht kregen in veranderingen in gemiddelde gereisde afstand, niet-essentiële bezoeken en menselijke ontmoetingen. To capture the effect of stay-at-home orders on compliance, we rely on cell phone data from Unacast's COVID-19 Toolkit, which measures changes in average distance traveled, non-essential visitation and human encounters. Google Community Mobility reports as an additional measure of mobility. The Google cell phone data indicates percent change in visits to 6 places (parks, work, grocery etc).

Deelnemers moeten 3 argumenten opschrijven voor zelf isolatie, of 3 overheidsgrafieken met argumenten voor zelf isolatie evalueren

Online survey, intention to self-isolate, 4 items

(1) threat interventie (ernst van negatieve gevolgen, grote kans dat het de lezer overkomt), (2) prosocial intervention (interne efficacy (wat kan je zelf doen), effectiviteit van groep samen. Lezers werd na elk bericht gevraagd hoe ze zich voelen, in hoeverre ze bereid zijn tot zelfisolatie en in hoeverre het bericht hun bereidheid heeft veranderd.

Stage 1. Deelnemers kregen eerst random 5 scenarios van een individu die moest besluiten of hij of zij in zelf isolatie moest, toen de interventie, en toen weer random 5 scenarios. De interventie was of controle, of een simpele, of een complexere fast-and-frugal tree, een beslissingsboom, om besluiten mee te maken over zelf-isolatie. Stage 2. Drie condities: control, plan, of plan & routine. Deze stage was opgezet op te onderzoeken of mensen aanzetten tot het maken van een gepersonaliseerd plan om te zelf isoleren met implementatie intenties, hun vertrouwen in hun capaciteit om te 'copen' vergrootte en hun waargenomen moeilijkheid van zelf isolatiie verkleinde. Het maken van een plan &routine bij zelf isolatie met preventieve gedragingen om mensen zelfverzekerder te maken over hun 'cope'capaciteit was getest met een online planning tool waarin zij een dag van zelfisolatie moeten opstellen. Stage 3. Zij testen ook met een thematische puntsgewijze infographic of recall en begrip groter was dan een 10punten lijst. Hiervoor vroegen zij mensen in te denken dat zij gingen zelf-isoleren en dat ze richtlijnen gingen lezen over hoe dat correct te doen. Na de interventie (infographic op thema en met afbeeldingen of 10 punten lijst) werd gevraagd hoe makkelijk ze dachten de richtlijnen te volgen, hun herinnering werd getest, net

Survey, hypothetische situatie: A range of three different levels of hypothetical **probability of contracting (=perceived risk)** COVID-19 was presented (10, 50, 90%), and within each level, seven different time points were proposed (0, 7, 14, 30, 60, 90, 180 days from now). The resulting 21 items were presented adapting the following statement: "Interrupting the isolation in ... days in your area
would give you a ...% chance of contracting the COVID-19. How acceptable do you think the decision to terminate the isolation is?"

1980 deelnemers gerandomiseerd via een Japans survey bedrijf, over 5 verschillende bericht-interventies (van een lokale gouverneur, public health expert, arts, patiënt, bewoner van een outbreak zone). De intentie om thuis te blijven werd gemeten voor en na het lezen van het bericht. Elk bericht probeerde de lezer te aan te moedigen om thuis te blijven.

Survey.

Ze vroegen hoe vaak deelnemers hun huis hadden verlatenin de 24 uur voor deelname en de week voor deelname om naar winkels etc te gaan, om andere te helpen, om mensen te ontmoeten buiten hun huishouden. Met symptomen in huishouden

A national series of cross-sectional surveys were conducted by BMG Research on behalf of the Department of Health and Social Care, England since early in the COVID-19 outbreak (data collection started on 28 January 2020). Surveys were conducted weekly until 1 July (wave 23), after which survey waves were fortnightly. For this paper, we use data from surveys conducted between 2 March 2020 (wave 6) and 5 August 2020 (wave 26). Data were collected over a three-day period (Monday to Wednesday) for each survey wave, except for wave 6 (collected over Monday to Thursday) and wave 12 (collected Tuesday to Wednesday).

Among those reporting quarantine/isolation request(s), we defined a person adherent when he/she had been in quarantine/isolation at least 1 day or non-adherent when not.

Survey. Social distancing is omschreven als meerdere dingen: For example, staying at home if possible, avoiding social gatherings, using drive-thru or delivery options instead of going to bars and restaurants, doing sports and exercise at home and preferably alone. Daarna de vraag hou je je eraan.

Survey.
Adherence in study 2: to avoid coronavirus contraction: "...I try not to leave my house unless it's absolutely necessary" "...I wash my hands more often and longer than usual""...I limit direct contact with my relatives and friends""... I try to keep at least 1.5m distance from others when in public""...I wear a mask and/or gloves when in public"

Survey

Measures DV en IV (item/schaal/gevalideerd/intentie/gedrag/self-report)	Confounders
Personality questionnaire, BDI, GAD, Illness attitude scale, "Are you, or do you intend to, voluntarily self-isolate because of the virus? (yes/no)." How concerned are you about your own personal safety and that of people close to you in terms of the virus?	Age, sex, SES, testing positive for virus, illness attitude score
Items gemaakt voor deze studie. The first two items assessed compliance with self-quarantine using the following text: “Assuming you were requested by a medical official to stay in self-quarantine and assuming the state will [not] compensate you for lost wages, will you stay in self-quarantine?” . “If you were asked to report to the Ministry of Health individuals violating self-quarantine decrees designed to protect public health, would you report them?”	Vooral descriptief onderzoek

We measure social capital and trust using data from the General Social Survey (GSS). *Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?I am going to name some institutions in this country. As far as the people running these institutions are concerned, would you say you have a great deal of confidence, only some confidence, or hardly any confidence at all in them?*	population density, the percentage of urban residents, the percentage of individuals aged more than 65, the percentage of men, the percentage of independents (not republicans nor democrats), per capita income, the percentage of population below the official level of poverty, the percentage of residents with a college degree or more, and dummies for whether the county is coastal, capital of the state, and has an airport.
Scales zijn op reliability gecheckt. Maar geen gevalideerde uit eerdere studies.	Hebben het niet over confounders of controlling for factors

Adapted validated scales. Self-siolation intention: social event afzeggen reduce public transport, avoid going to shops, stay at home and study/work remotely	Geen

10 items: Duration (7 d of continuous home quarantine), Mask usage, Cough etiquette, Hand hygiene, Distance, Ventilation Air conditioning, Socialising (Do not gather with others who are not family) Disinfection, Mask disposal	
weinig info over scales, lijkt zelf opgesteld en niet vanuit lit.	We conducted multiple checks for differences by socio-demographic background characteristics, none of which can explain the difference.

The compliance with containment measures (in particular, staying at home) over time was quantified using a questionnaire inspired by the Medical Decision Making Questionnaire (MDMQ). A series of different scenarios was presented in which people had to rate the **acceptability of interrupting the isolation** (and consequently resume interrupted daily life activities) using a 5-point Likert scale from "totally unacceptable" to "totally acceptable". Isolation referred to the ban on leaving the house except for the reasons specified by the law. General anxiety scale, intolerance of uncertainty scale.	nvt, correlaties

To what extent do you act in accordance with the following COVID-19 prevention guidelines? **Compliance** gemeten met 11 items, waaronder thuis blijven bij (hypothetical) ziekte. Religious orthodoxy was measured using the 7-item Orthodoxy subscale. 15-item Generic Cospiracist Beliefs scale. Intellectual curiosity was measured with only 4 items of the Big Five Inventory 2. Trust in Science and Scientists Inventory. Risico perceptie 6 items eigen schaal, gebaseerd op HIV/SARS.	Opleiding, political conservatism

DV: We asked participants how many times they **had left their home 'in the past 24 h'** and 'in the past seven days': to go to the shops for groceries, toiletries or medicine; to go to the shops for other items; for exercise; for a medical purpose excluding going to the shops/pharmacy for medicine; to go to work; to help someone else; and to meet friends or family who they did not live with. We defined those who reported having gone out in the last 24 h as not adhering to self-isolation measures.	Personal and clinical characteristics. OR adjusting for gender, age, having a child in the household, being extremely clinically vulnerable oneself, employment status, highest level of education or professional qualification, indices of multiple deprivation, social grade, living in a rural or urban area, living alone, marital status and region..

We measured **self-reported** self-isolation in participants who indicated that they had experienced **symptoms** of COVID-19 (high temperature / fever, cough, or loss or change of sense of smell or taste) in the last seven days. Participants were asked what, if anything, had caused them to leave home since they developed symptoms. We measured **intended self-isolation** in participants who had not experienced COVID-19 symptoms in the last week. Participants were asked to imagine they developed COVID-19 the next morning and were asked what would cause them to leave home after developing symptoms, if anything. Aanklikken van symptomen,	adjusted for survey wave, region, gender, age (raw and quadratic term), presence of dependent child in the household, being clinically vulnerable to COVID-19, having a household member with a chronic illness, employment status (working vs not working), socio-economic grade (ABC1 vs C2DE), index of multiple deprivation (quartiles), highest educational or professional qualification (degree or higher vs less than degree), ethnicity (coded into six categories), and living alone. Alleen voor 3 meest gerelateerde factoren gecontroleerd bij antigentest en quarantine after alert vanwege kleine sample. Gecontroleerd voor evt dubbele deelnemers, minimale verschillen.

We evaluated adherence by jointly considering whether participants, during the previous 7 days (i) had been asked to quarantine or isolate themselves, and (ii) had been in quarantine or isolation for at least 1 day.	Gewogen op age, sex
we assessed adherence to social distancing measures with 1 item ("I stick to the social distancing guidelines"). We measured the difficulty of adhering to social distancing measures with a set of 5 items (e.g., "It is difficult for me to stick to the social distancing guidelines", "I need willpower to adhere to the social distancing guidelines", "Boredom makes it difficult to follow the social distancing guidelines"). Boredom proneness scale, capacity for self-control scale	finding did not change when we adjusted for demographic variables (i.e., age, gender, income, education, employment),

Adherence: 1. I will comply with the sheltering or social distancing measures. 2. Sheltering or social distancing measures are effective at slowing the spread of Covid-19. 3. The government has the right to enforce sheltering (i.e., people must stay at home). **Threat appraisal:** severity (e.g. My whole family will suffer if I do not follow social distancing or sheltering practices during COVID-19) + vulnerability (eg I will get infected if I go to grocery stores.) **Coping**: response efficacy (eg People will be less likely to get infected if they stay home) + self-efficacy (eg Even if all who around me stay inside, that does not mean I should stop going outside, i can keep mask on). **Kennis:** gevraagd naar symptomen, wie risk group is etc	Age, sex, income, daarna per land apart bekeken
Study 1: Adherence to safety and self-isolation measures: - 4 items assessed on a scale 1 to 7 related to official WHO recommendations ("I try not to leave my house unless it's absolutely necessary""Because of the epidemic I wash my hands more often and longer than usual""I limit contact with my relatives and friends to avoid coronavirus contraction""When outside the home I try to keep several meter distance from others")	Geen

Finally, the last 5 questions (Q20-Q24) address Geen
their health state to assess how many people
might be infected by the virus, determine the
ability of participants to self-isolate, and collect
feedback regarding testing availability and
testing results. Vragen in pilot study
gevalideerd.

Belangrijkste bevindingen
Ouderen minder intentie tot zelf-isolate (b=-0.15 [-0.01,-0.001]), **Meer negative attitude to illne meer isolaite** (b=0.23, [.001, .01], **lagere behavioural inhibitions meer iso** (BIS, b=-.2 [-.01,-.001 meer fight flight freeze (b=0.25 [.01,.03]). Goal-conflicted (i.e., anxious, hoge BIS) individuals are less inclined to self-isolate, perhaps as a coping mechanism, aiming to maintain a normal lifestyl An increased level of concern does not necessarily lead to intention to self-isolate. Younger peo who choose to self-isolate geven minder om behoud van normaal en mogelijk minder geisoleerc door gebruik social media. Sommige mensen uiten hun angst door in isolatie te gaan, terwijl anderen goal conflict ervaren (stay safe vs normal life); ze zullen de onzekerheid proberen op te lossen met approach behaviours (bv. panic buying).
When state-sponsored **compensation for lost wages** was assumed, **94 percent** of respondents indicated that they would comply with a two-week self-quarantine instructed by a medical official. However, when monetary compensation was removed, the compliance rate dropped to **57 percent**, and 11 percent said that they would not comply. Fifty-eight percent replied that they would report such a person, while 7 percent said that they would not. The remaining 35 percent were unsure whether or not they would comply with the request.

Onderzoekers vonden dat deze thuisblijf mandaten de mobiliteit met 8-10%punten verlaagde, e dat graafschappen/gebieden met **hoog vertrouwen (in anderen) en vertrouwen in de pers** hun mobiliteit significant meer verlaagden dan laag vertrouwen graafschappen (na de lockdown). Graafschappen met meer **democraten** verlaagden ook hun mobiliteit significant meer. Het effec van compliance na lockdowns is vooral groot rond vertrouwen in de pers, en relatief kleiner ron vertrouwen in de wetenschap, geneeskunde of overheid. Counties met relatief **meer covid deat rates** (-0.129*** op non ess visits) binnen de staat are more likely to stay at home. **Hogere angs nachts alleen te lopen** (perceptie crime, -0.155** op non ess visits) gerelateerd aan meer compliance (zwakker na controle voor SES). *In dit artikel worden ook eerdere literatuur bevindingen rond determinanten die naleving van thuisblijf maatregelen beïnvloeden besproken de duur van zelfisolatie, verschillen in risicopercepties, armoede, geloof en vertrouwen in de wetenschap, politieke affiliatie, sociale verantwoordelijkheid en sociaal vertrouwen, en houding tegenover de ernst van het virus.*

Zelf overtuiging had een significante invloed op de aangegeven morele obligatie om te zelf isoleren die mensen rapporteerden, en via die morele obligatie een invloed op intentie om te ze isoleren. Deelnemers die grotere voordelen zagen van zelf isolatie, en een hogere ernst van covi 19, hadden een grotere intentie om te zelf isoleren. mensen die iemand kende die besmet was waren eerder geneigd te zelf isoleren, namen een hogere ernst en kwetsbaarheid waar, en voelden een sterkere morele verplichting om te zelf isoleren

Self-isolation intention was predicted through **perceived severity** (0.20 threat appraisal), as well as through **self-efficacy** (0.20 coping appraisal) and **response cost** (-0.34 coping appraisal). **Perceived vulnerability** and **response efficacy** did not correlate with the self-isolation intention**. Cyberchondria** (confused/frightened/frustrated na lezen info online over COVID) had a significant indirect positive effect (b=0.07, t=2.929, P=.003), whereas **information overload** (overwhelmed) had a negative indirect effect (b=–0.10, t=3.006, P=.003). Cyberchondria significantly impacts self-isolation intention through perceived severity, whereas information overload has an impact on i through self-efficacy and response cost. The effect of self-efficacy on self-isolation intention wa stronger in the group that used social media (n=119) as an information source compared to the other group (n=106). Second, response cost had a stronger effect on self-isolation intention in th group that used social media as an information source compared to the other group.W*e sugges* ***personalized intervention*** *strategies, where individuals suffering from cyberchondria are given reassuring and hopeful messages, and those with no intention to adopt health measures are targeted with communication that aims to increase their perceived severity the situation.*

Beide interventies waren even effectief in het vergroten van bereidheid tot quarantaine. De emotionele reactie op de berichten was wel verschillend: het dreigende bericht was erg onplezierig en sterk 'arousing'. De prosociale was plezierig en mild arousing. Het dreigende beri werd sterker negatief ervaren dan het prosociale bericht positief werd ervaren. De sterkte van c negatieve reactie was niet gerelateerd aan een hogere bereidheid tot isolatie.

In dit drietrapsonderzoek werd gevonden dat beslissingsbomen **beslissingen over de noodzaak tot zelfisolatie kunnen verbeteren**, dat **online planningstools het vertrouwen in het vermogen om met zelfisolatie om te gaan zouden kunnen vergrote**n (marginaal significant) en of **infographics het herinneren en begrijpen van informatie** over hoe zichzelf isoleren verbeteren (niet het waargenomen gemak van zelf isolatie uitvoeren). In alle drie de fasen genereerden de gedragsinterventies statistisch significante, positieve resultaten. Een aspect was een verrassingsresultaat en vereist specifieke vermelding. Toen de gegevens werden verzameld, was Ierland het onderwerp geweest van uitgebreide media-aandacht voor de verscheidenheid aan presentaties van COVID-19-symptomen en wijdverbreid advies over de noodzaak om zichzelf te isoleren als het griepachtige symptomen ervoer. Toch waren de deelnemers verrassend dubbelzinnig over de behoefte van een individu om zichzelf te isoleren als ze alleen secundaire symptomen hadden, zonder koorts of droge hoest.

De gemiddelde compliance neemt af over tijd (delay discounting). Deze afname is groter bij een lage kans op besmetting. Vrouwen ervaren hoger perceived risk (r=-0.15), angst (r = -0.29) en intolerantie van onzekerheid (r= -0.13). Het waargenomen risico over tijd is gerelateerd aan een hogere compliance over tijd (correlaties van 0.24 - 0.10). Het verhogen van risico perceptie kan daarom belangrijk zijn, hoewel dit ook angst zou kunnen verhogen. Buiten sporten was als enige behoefte gerelateerd aan een afname in compliance (-0.08, -0.07).

Het bericht van de arts vergrootte vooral de intentie om thuis te blijven in gebieden met veel besmettingen (stijging intentie 0.34 (schaal 1-6)). In Japan hebben aanbevelingen van een arts e grote impact door overblijfselen van het paternalisme in de patiënt-arts relatie.

Hoog COVID risico perceptie (0.35) en vertrouwen in de wetenschap (0.26) voorspelden beide, onafhankelijk, compliance aan COVID preventie richtlijnen. De andere variabelen (political conservatism (-), religious orthodoxy(-), conspiracy ideation (-) and intellectual curiosity(+)) hadden geen direct effect op compliance, maar wel indirect door het vertrouwen in de wetenschap.

Wat betreft thuisblijven bij klachten, is hun analyse over het rapporteren van symptomen interessant: **kennis hebben om covid-19 symptomen als zodanig te herkennen** (UK onderzoek l zien dat maar 59% de rode vlag symptomen kon herkennen als covid-19). Daarnaast: **uitstellen** l **milde symptomen** (bij eerdere pandemieën was rapportage gelinkt aan ernst van ziekte). Advie media campagnes: "ga niet zelf diagnosticeren en wachten tot het eventueel erger wordt, maar gelijk laten testen". We zijn gewend om dit juist wel te doen (afwachten), bij andere klachten/ziektebeelden.

Andere barrières die zij noemen om op tijd te rapporteren dat iemand covid-19 heeft: **zich zorge maken over covid-19, over op juiste manier gebruikmaken van diensten, over gezien worden a tijdverspillaar, en praktische zaken als toegankelijkheid en andere eisen van tijd. Druk vanuit**

9.7% (n=217) van de steekproef had zelf of een huishoud lid met hoest of koorts/hoge temp l week voor deelname. 75.1% van mensen met **covid-19 symptomen in huishouden** waren hun huis uitgegaan in de 24uur voor vragenlijst. Het niet naleven van zelfisolatie (ni de 24u voor deelname) was geassocieerd met denken dat de lockdown voor een slechtere mentale gezondheid heeft gezorgd OR1.61 (1.03-2.500), een groter gevoel van gemeenschap met debuu voelen vanwege corona 1.52 (1.03-2.24). **Naleving was geassocieerd met bezorgdheid rond covid 0.61 (0.37-0.98), hulp ontvangen van iemand buiten het huishouden in de laatste 7 dage door covid 0.30 (0.09-0.96), en een hogere waargenomen kans om covid19 te krijgen (0.40 (0.1 0.99))**. Mannen vaker niet nalevend (0.32 (0.14-0.76).

Onderzoekers raden aan: communicatie over welke stappen genomen moeten worden als er symptomen zijn of als je in contact bent geweest met een besmet persoon. Ook het gebruik van vrijwilligersnetwerken om mensen in isolatie te ondersteunen kan de naleving mogelijk bevorderen.

De onderzoekers concluderen dat zelfgerapporteerde naleving van testen, traceren en isoleren laag is (zelfgerapporteerde naleving van isoleren was 18.2%, stabiel over tijd), terwijl de intentie om dit te doen hoger ligt (70%) met kleine afname over tijd. De identificatie van symptomen var covid-19 is ook laag (48.9% kon de belangrijkste symptomen identificeren). Dit bleek stabiel ove tijd en was het sterkst geassocieerd met man zijn, jonger zijn niet als blank Brits identificeren, denken dat je covid-19 gehad hebt, en niet weten dat je covid-19 kunt verspreiden als je asymptomatisch bent. **Het niet naleven van zelfisolatie na klachten:** hing het sterkst samen me 1) **niet weten** welke overheidsinformatie er is rond wat je moet doen als je symptomen krijgt OR3.39 (2.47 to 4.64), niet de **symptomen identificeren** OR2.50 (1.73 to 3.60), denken dat je al **covid-19 hebt gehad** 0.46 (0.35 to 0.61), een **afhankelijk kind** thuis hebben 0.42 (0.32 to 0.57) e in een **sleutelsector** werken 0.46 (0.32 to 0.66), hoge **opleiding** 0.63 (0.48 to 0.83), SES 0.51 (0.3 to 0.68), **vrouwen** meer naleving 1.75 (1.34 to 2.29), **ouderen** meer naleving 1.02 (1.01 to 1.03), **financiele problemen** 0.91 (0.86 to 0.96), **perceived credibility government** 0.89 (0.85 to 0.93). De **meest gegeven redenen om zich niet te houden aan zelfisolatie:** naar de winkel gaan (18.2% omdat de klachten afnamen (15.6%), en omdat iemand naar buiten moest voor niet-covid-19 gerelateerde medische behoefte (14.9%). Andere redenen: om te wandelen of bewegen (13.5% denken dat het niet noodzakelijk is om thuis te bijven (13.2%), om iemand te helpen of zorg te verlenen aan een kwetsbaar persoon (12.6%), om te werken (11.3%), te depressief of angstig (11.3%).

Maar 11.9% van de mensen met symptomen in de laatste week hadden een antigen test aangevraagd, met veelgenoemde redenen als: niet denken dat symptomen covid-19 gerelateerd waren (20%), omdat symptomen afnamen (16.1%), of alleen mild waren (16.0%). Andere redene niet denken in aanmerking te komen voor een test (14.6%), niet in contact te zijn geweest met iemand die recent covid had (14.6%), niet een test doen terwijl ieand anders het meer nodig hac

rule-givers should attend to their credibility, authority and ability to mediate consequences, rule plausibility, establishing adequate motivative augmental control, whether the behavior specifiec in the rule opposes habits, and whether the message incites counterpliance.

25% van de deelnemers ontving een verzoek tot quarantaine; 42% hiervan hebben zich hier minstens 1 dag aan gehouden, terwijl 65% dit nooit deed. De naleving aan quarantaine en isolat regels is laag in Noorwegen, met name in de periode na de eerste infectie piek en de versoepelingen in fysieke afstand houden. Adherence veel hoger in groep met **symptomen** (71% 63-79) compared with those without symptoms (28%, 23–34). De afname in naleving over tijd w vooral onder personen zonder symptomen en personen van 50 jaar en ouder (geen afname in 1 29 jaar). Naleving was hoger bij personen in de leeftijd van 18-29 jaar (72%). De hoogste leeftijdsgroep (70-89 jaar) had de laagste naleving (36%). Deze studie kan naleving overschatten omdat één dag in isolatie al voldeed aan deze definitie.

The difficulty of adhering to social distancing guidelines was particularly high among boredom prone individuals with low self-control. **More boredom trait** was associated with less adherence to social distancing guidelines, b = −0.12, 95% CI [−0.18, −0.05], whereas **higher self-control** was associated with more adherence, b = 0.17, 95% CI [0.08, 0.26]. the negative association betwee difficulty and adherence was reduced for higher values of trait self-control. More boredom pron personen vonden het moeilijker om aan de richtlijnen te houden, b=0.58, [0.51,0.66]. Our result suggest that self-control not only improves adherence but also helps in dealing with these difficulties (moeite door boredom bv). Thus, interventions that are aimed at increasing trait self-control might help people deal with the difficulties they face when adhering to social distancing.
The effects of boredom on adherence to social distancing measures were mediated by the experienced difficulty of adherence, whereas self-control directly affected adherence and also moderated the effect of difficulty on adherence

Threat appraisal (0.215, ns in kuwait), coping appraisal (0.511), knowledge (0.061, ns in SK) gerelateerd aan betere adherence.
Study1: correlaties: **"I try not to leave my house unless it's absolutely necessary**: corona gerelateerde angst (3items: besmet worden, familie krijgt het, slechtere financien: 0.36**), conspiracy beliefs (14 items, verschillende beliefs, -0.2**), Green Paranoid Thoughts Scale-Revis (-0.15*). **Study 2 correlaties**: .. i try not to leave my house (angst 0.19**, conspiracy -0.14*, internal motivation for adherence ("I perceive recommendations to isolate as internally motivated, e.g. to protect my and/or others health") 0.43**, trust in government 0.2**. ***Regressie adherence schaal: study1: GPTS-R*** *-0.05*, conspiracy beliefs -0.05**, angst 0.43**, conspiracy*angst 0.01*.* ***Study 2:*** *conspiracy -0.08**, angst 0.19**, conspiracy*angst 0.006** , trust in media (ander model) 0.57**, conspir*trust 0.026**. Internal motivation to isolation 1.5* (ander model), conspiracy*internal 0.015**

Q21 (n=141,313) aimed to evaluate the **ability of respondents to isolate themselves** were they be **diagnosed** with COVID-19. This is an important question given the relevance of implementing effective quarantine measures. Whereas 72.3% of respondents reported having the ability to properly isolate themselves, a nonnegligible 27.7% of respondents acknowledged not having the necessary resources to implement a proper quarantine.

In terms of age, **34.9% of respondents younger than 50 years** reported not having the appropriate quarantine resources versus **21.0% of those older than 50 years.** This might be due the presence of other adults or children in the home. Indeed, 96.7% of respondents living alone (n=13,820) reported being able to self-isolate versus 68.6% of those living with other people (n=127,493), and only 5.7% of respondents younger than 50 years reported living alone when compared to 18.3% of adults 50 years and older. Moreover, when we looked at the impact of having children in the home, we observed that **41.1% of adults with children** in the home (n=28,139) responded not being able to properly isolate versus **28.0% of adults** without children in the home (n=67,659, P<.001). Among those living with older adults (n=15,124), 10.8% reported not having appropriate quarantine infrastructure at home.

Beoordeling effect sizes	Verschillen tussen subpopulaties	Kwaliteit studie (detail, randomisatie, methode)
Brede CI (kleine sample), medium effecten	Leeftijd, persoonlijkheid	
Groot verschil in intentie maar verschil is niet getoetst	Self-employed people were more likely to refuse to self-quarantine when compensation was removed, but this finding was not significant, either (p = 0.052). Geen sign verschillen in sociodemographics in compliance.	

Tabellen lastig te lezen. Resultaat over vertrouwen? Effecten lijken klein <.2		redelijke detail van rapporteren
small to medium	Vrouwen hebben hogere intentie om te zelf isoleren, een een positievere houding naar zelf isolatie. Oudere mensen hadden een negatievere houding richting	deelnemers via sociale media geworven, niet representatief (hoog opgeleid), alleen intenties geen

Small (0.2- 0.34)	verschillen tussen social media als hoofdbron en andere kanalen. Geen verschillen in groep die alleen vs met anderen leeft.	
		within-subject design, 2 prompts op vaste volgorde

medium to low?	Mannen waren minder geneigd om de scenarios waarin mensen moesten zelf-isoleren aan te wijzen, en oudere mensen waren minder geneigd dit te doen bij secondaire symptomen. In fase 1 en 3 waren de beslissingsbomen en infographics effectiever voor deelnemers met een lager opleidingsniveau (gemeten aan de hand van of ze een diploma hadden). Dit is een belangrijk aspect van de bevindingen, gezien de bezorgdheid dat COVID-19 onevenredige effecten kan hebben op mensen in lagere economische groepen, zowel binnen als tussen landen (Ahmed et al., 2020; van Dorn, Cooney, & Sabin, 2020). In de fasen 2 en 3	uitvoerig beschreven, randomisatie van condities.

Correlaties, vrij laag.	Vrouwen meer angst, intolerantie of uncertainty, perceived risk. Geen verschil in compliance	Gerandomiseerd over 5 verschillende bericht interventies.

Medium	Internationaal
	Het is een vrij korte paper waarin bestaande literatuur wordt besproken rond het test trace en isoleer systeem

Brede CI, wel relevante Ors. Vergeleken groepen andere groepsgrootte	Mannen houden zich minder aan de zelf isolatie maatregel (0.32 (0.14-0.76))	gepeerreviewd paper

Grote OR voor de meeste bevindingen.	Factoren geasscoeerd met alle nalevings uitkomsten: lage naleving was geassocieerd met man zijn, jonger zijn, een afhankelijk kind hebben in het huishouden, het moeilijker hebben, lagere socio economische status, minder geinformeerd zijn over covid 19 en informatie over voorkomen verspreiding virus (zoals key symptomen herkennen, niet overheidsbegeleiding weten als je symptomen ontwikkelt, en het niet eens zijn met kans op besmetting als geen symptomen.	

Alleen naar percentages gekeken, daar wel grote verschillen	Jongeren betere naleving,
Effectsizes in mediatie model allen groter dan >.20	

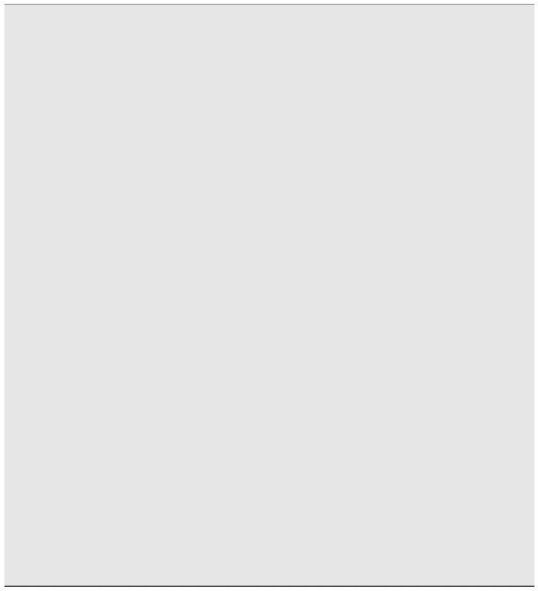
Small to medium
Small to medium

Alleen naar percentages gekeken, daar wel medium verschillen

Leeftijd

Link naar studie

https://www.embase.com/a/#/search/results?subaction=viewrecord&from=export&id=L631657564 https://bpspsychub.onlinelibrary.wiley.com/doi/pdf/10.1111/b



https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3602410	There exist several factors that may affect obedience, such as expectations for the duration of self-isolation (Briscese et al. (2020))
https://psyarxiv.com/4q2y9/	Adherence to lockdown measures was

https://www.jmir.org/2020/5/e19128/	This suggests that practitioners can encourage people to reflect on the moral aspect of social isolation, on the protection of loved ones, the elderly
https://psyarxiv.com/qkxvb/	

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7457107/

https://doi.org/10.1007/s10389-020-01317-9

https://doi.org/10.1016/j.pec.2020.08.016

https://www.tandfonline.com/doi/full/10.1080/13548506.2020.1772988
https://journals.sagepub.com/doi/pdf/10.1177/0141076820956824

https://www.sciencedirect.com/science/article/pii/S0033506203031 9X?via%3Dihub	https://yougov.co.uk/topics/health/articles-reports/2020/06/25/what-are-symptoms-covid-19-only-59-britons-know-al

https://www.medrxiv.org/content/10.1101/2020.09.15.20191957v1

https://www.mdpi.com/1660-4601/17/15/5420

https://www.sciencedirect.com/science/article/pii/S0165178120332017?via%3Dihub#tbl0004

Studie	QoE	Risk of bias	Sample	Land
Bacon, A. M. and P. J. Corr (2020). "Coronavirus (COVID-19) in the United Kingdom: A personality-based perspective on concerns and intention to self-isolate."	Moderate	In participant selection	n = 202 uk respondents	UK
Bodas, "Self-Isolation Compliance In The COVID-19 Era Influenced By Compensation: Findings From A Recent Survey In Israel."	Low	In selection of reported result	n=563	Israel

Brodeur, A., Grigoryeva, I., & Kattan, L. (2020). Stay-At-Home Orders, Social Distancing and Trust.	Low	In measurement of predic/outcome	Ze gebruiken data van de General Social Survey (GSS) op land nivdeau tussen 2000 en 2014 uit 436 graafschappen, en telefoondata van Unacast COVID19 toolkit en Google Community Mobility reports.	VS

Drążkowski, D., Trepanowski, R., Chwiłkowska, P., & Majewska, M. (2020). Self-persuasion increases motivation to social isolation during the COVID-19 pandemic through moral obligation.	Low	Selection bias, no control group,	375 Poolse deelnemers, eind augustus via FB geworven	Polen

Farooq, A., et al. (2020). "The Impact of Online Information on Self-isolation Intention during the COVID-19 Pandemic: A cross-sectional study." Journal of medical Internet research.	Low	In participant selection	n =225. students, faculty, and employees at a university in Finland	Finland

Heffner, J., et al. (2020). "Emotional responses to prosocial messages increase willingness to self-isolate during the COVID-19 pandemic."	Very Low	0	n = 955	USA
Lou, Q., et al. (2020). "Home quarantine compliance is low in children with fever during COVID-19 epidemic."	Very Low	0	0	China

Lunn, P. D., Timmons, S., Julienne, H., Belton, C., Barjaková, M., Lavin, C., & McGowan, F. (2020). Using Decision Aids to Support Self-Isolation During the COVID-19 Pandemic.	Moderate	online experiment	500, representatieve steekproef	UK, Ireland. In Apri 2020.
Nese, M., et al. (2020). "Delay discounting of compliance with containment measures during the COVID-19 outbreak: a survey of the Italian population."	Low	In selection of reported result	n=931 italianen	Italië

Okuhara, T., et al. (2020). Examining persuasive message type to encourage staying at home during the covid-19 pandemic and social lockdown: A randomized controlled study in japan.	Very Low	0	n= 1980 participants from survey company in Japan	Japan
Plohl, N. and B. Musil (2020). "Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science."	Moderate	In participant selection	617 deelnemers uit verschillende landen. Final sample: 525. 48.0% of the participants were aged between 29 and 49 years, 44.0% between 18 and 28 years and 8.0% of the participants were older than 50 years.	onal: The majority in North America (48.1%), followed by participants in Europe or transcontinental countries with territory in both Europe and Asia (38.5%) and Australia or New Zealand

Rubin, G. J., Smith, L. E., Melendez-Torres, G. J., & Yardley, L. (2020). Improving adherence to 'test, trace and isolate'. Journal of the Royal Society of Medicine, 113(9), 335-338.	0	0	Het betreft data uit verschillende landen, veel uit UK, maar ook aantal reviews met meerdere studies.	Het betreft data uit verschillende landen, veel uit UK, maar ook aantal reviews met meerdere studies.

Smith, L. E., Amlôt, R., Lambert, H., Oliver, I., Robin, C., Yardley, L., & Rubin, G. J. (2020A). Factors associated with adherence to self-isolation and lockdown measures in the UK; a cross-sectional survey. medRxiv.	Moderate	In participant selection	UK, volwassenen, 2240 ouder dan 18 jaar, representatieve steekproef. Hiervan rapporteerden 217 deelnemers dat er symptomen in hun huishouden waren. 163 wel naar buiten, 54 niet, deze worden vergeleken	UK in begin mei 2020

Smith, L. E., Potts, H. W., Amlot, R., Fear, N. T., Michie, S., & Rubin, J. (2020B). Adherence to the test, trace and isolate system: results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study).	High	In participant selection	42,127 responses from 31,787 participants, tussen januari - juli 2020. Self-isolate after symptoms (n= 1939). Groepen: not isolatie (1587) vs isolate (352)	UK
Stapleton, Choosing not to follow rules that will reduce the spread of COVID-19 2020	0	0	0	nvt

Steens, "Poor self-reported adherence to COVID-19-related quarantine/isolation requests, Norway, April to July 2020."	Moderate	In measurement of predic/outcome	n = 1704 in tenminste 1 wave meegedaan	Noorwegen
Wolff, W., et al. (2020). "High boredom proneness and low trait self-control impair adherence to social distancing guidelines during the COVID-19 pandemic."	High	None	n = 895 US burgers, 38% uit NY. 86% 13 jaar lange opleiding	USA.

Al-Hasan, A., et al. (2020). "Threat, coping and social distance adherence for COVID-19: Cross-continental comparison using online cross-sectional survey data."	Moderate	In measurement of predic/outcome	n = 418 = 162 US, 185 Kuwait, 71 SK.	US, Kuwait, South Korea
Kowalski, J., et al. (2020). "Adherence to safety and self-isolation guidelines, conspiracy and paranoia-like beliefs during COVID-19 pandemic in Poland - associations and moderators."	Moderate	Due to confounding	1: n=507, 2: 840	Polen

Oliver, N., et al. (2020). "Assessing the impact of the COVID-19 pandemic in Spain: Large-scale, online, self-reported population survey." Journal of medical Internet research 22(9).	Moderate	In selection of reported result	n = 141865	Spanje
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

Bevindingen
Ouderen minder intentie tot zelf-isolate (b=-0.15 [-0.01,-0.001]), Meer negative attitude to illness meer isolaite (b=0.23, [.001, .01], lagere behavioural inhibitions meer iso (BIS, b=-.2 [-.01,-.001], meer fight flight freeze (b=0.25 [.01,.03]). Goal-conflicted (i.e., anxious, hoge BIS) individuals are less inclined to self-isolate, perhaps as a coping mechanism, aiming to maintain a normal lifestyle. An increased level of concern does not necessarily lead to intention to self-isolate. Younger people who choose to self-isolate geven minder om behoud van normaal en mogelijk minder geisoleerd door gebruik social media. Sommige mensen uiten hun angst door in isolatie te gaan, terwijl anderen goal conflict ervaren (stay safe vs normal life); ze zullen de onzekerheid proberen op te lossen met approach behaviours (bv. panic buying).
When state-sponsored compensation for lost wages was assumed, 94 percent of respondents indicated that they would comply with a two-week self-quarantine instructed by a medical official. However, when monetary compensation was removed, the compliance rate dropped to 57 percent, and 11 percent said that they would not comply. Fifty-eight percent replied that they would report such a person, while 7 percent said that they would not. The remaining 35 percent were unsure whether or not they would comply with the request.

Onderzoekers vonden dat deze thuisblijf mandaten de mobiliteit met 8-10%punten verlaagde, en dat graafschappen/gebieden met hoog vertrouwen (in anderen) en vertrouwen in de pers hun mobiliteit significant meer verlaagden dan laag vertrouwen graafschappen (na de lockdown). Graafschappen met meer democraten verlaagden ook hun mobiliteit significant meer. Het effect van compliance na lockdowns is vooral groot rond vertrouwen in de pers, en relatief kleiner rond vertrouwen in de wetenschap, geneeskunde of overheid. Counties met relatief meer covid death rates (-0.129*** op non ess visits) binnen de staat are more likely to stay at home. Hogere angst s nachts alleen te lopen (perceptie crime, -0.155** op non ess visits) gerelateerd aan meer compliance (zwakker na controle voor SES). In dit artikel worden ook eerdere literatuur bevindingen rond determinanten die naleving van thuisblijf maatregelen beïnvloeden besproken: de duur van zelfisolatie, verschillen in risicopercepties, armoede, geloof en vertrouwen in de wetenschap, politieke affiliatie, sociale verantwoordelijkheid en sociaal vertrouwen, en houdingen tegenover de ernst van het virus.

Zelf overtuiging had een significante invloed op de aangegeven morele obligatie om te zelf isoleren die mensen rapporteerden, en via die morele obligatie een invloed op intentie om te zelf isoleren. Deelnemers die grotere voordelen zagen van zelf isolatie, en een hogere ernst van covid-19, hadden een grotere intentie om te zelf isoleren. mensen die iemand kende die besmet was waren eerder geneigd te zelf isoleren, namen een hogere ernst en kwetsbaarheid waar, en voelden een sterkere morele verplichting. om te zelf isoleren.

Self-isolation intention was predicted through perceived severity
(0.20 threat appraisal), as well as through self-efficacy (0.20 coping
appraisal) and response cost (-0.34 coping appraisal). Perceived vulnerability and response efficacy did not correlate with the self-isolation intention. Cyberchondria
(confused/frightened/frustrated na lezen info online over COVID) had a significant indirect positive effect (b=0.07, t=2.929, P=.003), whereas information overload (overwhelmed) had a negative indirect effect (b=–0.10, t=3.006, P=.003). Cyberchondria significantly impacts self-isolation intention through perceived severity, whereas information overload has an impact on it through self-efficacy and response cost. The effect of self-efficacy on self-isolation intention was stronger in the group that used social media (n=119) as an information source compared to the other group (n=106). Second, response cost had a stronger effect on self-isolation intention in the group that used social media as an information source compared to the other group.We suggest personalized intervention strategies, where individuals suffering from cyberchondria are given reassuring and hopeful messages, and those with no intention to adopt health measures are targeted with communication that aims to increase their perceived

Beide interventies waren even effectief in het vergroten van bereidheid tot quarantaine. De emotionele reactie op de berichten was wel verschillend: het dreigende bericht was erg onplezierig en sterk 'arousing'. De prosociale was plezierig en mild arousing. Het dreigende bericht werd sterker negatief ervaren dan het prosociale bericht positief werd ervaren. De sterkte van de negatieve reactie was niet gerelateerd aan een hogere bereidheid tot isolatie.
0

In dit drietrapsonderzoek werd gevonden dat beslissingsbomen beslissingen over de noodzaak tot zelfisolatie kunnen verbeteren, dat online planningstools het vertrouwen in het vermogen om met zelfisolatie om te gaan zouden kunnen vergroten (marginaal significant) en of infographics het herinneren en begrijpen van informatie over hoe zichzelf isoleren verbeteren (niet het waargenomen gemak van zelf isolatie uitvoeren). In alle drie de fasen genereerden de gedragsinterventies statistisch significante, positieve resultaten. Een aspect was een verrassingsresultaat en vereist specifieke vermelding. Toen de gegevens werden verzameld, was Ierland het onderwerp geweest van uitgebreide media-aandacht voor de verscheidenheid aan presentaties van COVID-19-symptomen en wijdverbreid advies over de noodzaak om zichzelf te isoleren als het griepachtige symptomen ervoer. Toch waren de deelnemers verrassend dubbelzinnig over de behoefte van een individu om zichzelf te isoleren als ze alleen secundaire symptomen hadden, zonder koorts of droge hoest.
De gemiddelde compliance neemt af over tijd (delay discounting). Deze afname is groter bij een lage kans op besmetting. Vrouwen ervaren hoger perceived risk (r=-0.15), angst (r = -0.29) en intolerantie van onzekerheid (r= -0.13). Het waargenomen risico over tijd is gerelateerd aan een hogere compliance over tijd (correlaties van 0.24 - 0.10). Het verhogen van risico perceptie kan daarom belangrijk zijn, hoewel dit ook angst zou kunnen verhogen. Buiten sporten was als enige behoefte gerelateerd aan een afname in compliance (-0.08, -0.07).

Het bericht van de arts vergrootte vooral de intentie om thuis te blijven in gebieden met veel besmettingen (stijging intentie 0.34 (schaal 1-6)). In Japan hebben aanbevelingen van een arts een grote impact door overblijfselen van het paternalisme in de patiënt-arts relatie.
Hoog COVID risico perceptie (0.35) en vertrouwen in de wetenschap (0.26) voorspelden beide, onafhankelijk, compliance aan COVID preventie richtlijnen. De andere variabelen (political conservatism (-), religious orthodoxy(-), conspiracy ideation (-) and intellectual curiosity(+)) hadden geen direct effect op compliance, maar wel indirect door het vertrouwen in de wetenschap.

Wat betreft thuisblijven bij klachten, is hun analyse over het rapporteren van symptomen interessant: kennis hebben om covid-19 symptomen als zodanig te herkennen (UK onderzoek liet zien dat maar 59% de rode vlag symptomen kon herkennen als covid-19). Daarnaast: uitstellen bij milde symptomen (bij eerdere pandemieën was rapportage gelinkt aan ernst van ziekte). Advies: media campagnes: "ga niet zelf diagnosticeren en wachten tot het eventueel erger wordt, maar gelijk laten testen". We zijn gewend om dit juist wel te doen (afwachten), bij andere klachten/ziektebeelden.
Andere barrières die zij noemen om op tijd te rapporteren dat iemand covid-19 heeft: zich zorgen maken over covid-19, over op juiste manier gebruikmaken van diensten, over gezien worden als tijdverspillaar, en praktische zaken als toegankelijkheid en andere eisen van tijd. Druk vanuit sociale omgeving en een test als oplossing van onzekerheid kunnen juist motiverend werken.

Wat betreft isolatie: de onderzoekers benadrukken dat het veel ongemakken veroorzaakt en iets altruïstisch is om te doen. Men moet volgens hen overtuigd zijn dat zij gecompenseerd worden in kosten en dat testen, opsporen en isoleren een sociaal verwacht en gerespecteerd gedrag is om te doen. Zij raden aan: eerder uit isolatie bij negatief testresultaat, prioritiseren van

9.7% (n=217) van de steekproef had zelf of een huishoud lid met hoest of koorts/hoge temp I week voor deelname. 75.1% van mensen met covid-19 symptomen in huishouden waren hun huis uitgegaan in de 24uur voor vragenlijst. Het niet naleven van zelfisolatie (ni de 24u voor deelname) was geassocieerd met denken dat de lockdown voor een slechtere mentale gezondheid heeft gezorgd OR1.61 (1.03-2.500), een groter gevoel van gemeenschap met debuurt voelen vanwege corona 1.52 (1.03-2.24). Naleving was geassocieerd met bezorgdheid rond covid 0.61 (0.37-0.98), hulp ontvangen van iemand buiten het huishouden in de laatste 7 dagen door covid 0.30 (0.09-0.96), en een hogere waargenomen kans om covid19 te krijgen (0.40 (0.16-0.99)). Mannen vaker niet nalevend (0.32 (0.14-0.76).
Onderzoekers raden aan: communicatie over welke stappen genomen moeten worden als er symptomen zijn of als je in contact bent geweest met een besmet persoon. Ook het gebruik van vrijwilligersnetwerken om mensen in isolatie te ondersteunen kan de naleving mogelijk bevorderen.

De onderzoekers concluderen dat zelfgerapporteerde naleving van testen, traceren en isoleren laag is (zelfgerapporteerde naleving van isoleren was 18.2%, stabiel over tijd), terwijl de intentie om dit te doen hoger ligt (70%) met kleine afname over tijd. De identificatie van symptomen van covid-19 is ook laag (48.9% kon de belangrijkste symptomen identificeren). Dit bleek stabiel over tijd en was het sterkst geassocieerd met man zijn, jonger zijn niet als blank Brits identificeren, denken dat je covid-19 gehad hebt, en niet weten dat je covid-19 kunt verspreiden als je asymptomatisch bent. Het niet naleven van zelfisolatie na klachten: hing het sterkst samen met: 1) niet weten welke overheidsinformatie er is rond wat je moet doen als je symptomen krijgt OR3.39 (2.47 to 4.64), niet de symptomen identificeren OR2.50 (1.73 to 3.60), denken dat je al covid-19 hebt gehad 0.46 (0.35 to 0.61), een afhankelijk kind thuis hebben 0.42 (0.32 to 0.57) en in een sleutelsector werken 0.46 (0.32 to 0.66), hoge opleiding 0.63 (0.48 to 0.83), SES 0.51 (0.39 to 0.68), vrouwen meer naleving 1.75 (1.34 to 2.29), ouderen meer naleving 1.02 (1.01 to 1.03), financiele problemen 0.91 (0.86 to 0.96), perceived credibility government 0.89 (0.85 to 0.93). De meest gegeven redenen om zich niet te houden aan zelfisolatie: naar de winkel gaan (18.2%), omdat de klachten afnamen (15.6%), en omdat iemand naar buiten moest voor
rule-givers should attend to their credibility, authority and ability to mediate consequences, rule plausibility, establishing adequate motivative augmental control, whether the behavior specified in the rule opposes habits, and whether the message incites counterpliance.

25% van de deelnemers ontving een verzoek tot quarantaine; 42% hiervan hebben zich hier minstens 1 dag aan gehouden, terwijl 65% dit nooit deed. De naleving aan quarantaine en isolatie regels is laag in Noorwegen, met name in de periode na de eerste infectie piek en de versoepelingen in fysieke afstand houden. Adherence veel hoger in groep met symptomen (71%, 63-79) compared with those without symptoms (28%, 23–34). De afname in naleving over tijd was vooral onder personen zonder symptomen en personen van 50 jaar en ouder (geen afname in 18-29 jaar). Naleving was hoger bij personen in de leeftijd van 18-29 jaar (72%). De hoogste leeftijdsgroep (70-89 jaar) had de laagste naleving (36%). Deze studie kan naleving overschatten, omdat één dag in isolatie al voldeed aan deze definitie.
The difficulty of adhering to social distancing guidelines was particularly high among boredom prone individuals with low self-control. More boredom trait was associated with less adherence to social distancing guidelines, b = −0.12, 95% CI [−0.18, −0.05], whereas higher self-control was associated with more adherence, b = 0.17, 95% CI [0.08, 0.26]. the negative association between difficulty and adherence was reduced for higher values of trait self-control. More boredom prone personen vonden het moeilijker om aan de richtlijnen te houden, b=0.58, [0.51,0.66]. Our results suggest that self-control not only improves adherence but also helps in dealing with these difficulties (moeite door boredom bv). Thus, interventions that are aimed at increasing trait self-control might help people deal with the difficulties they face when adhering to social distancing. The effects of boredom on adherence to social distancing measures were mediated by the experienced difficulty of adherence, whereas self-control directly affected adherence and also moderated the effect of difficulty on adherence

Threat appraisal (0.215, ns in kuwait), coping appraisal (0.511), knowledge (0.061, ns in SK) gerelateerd aan betere adherence.
Study1: correlaties: "I try not to leave my house unless it's absolutely necessary: corona gerelateerde angst (3items: besmet worden, familie krijgt het, slechtere financien: 0.36**), conspiracy beliefs (14 items, verschillende beliefs, -0.2**), Green Paranoid Thoughts Scale-Revised (-0.15*). Study 2 correlaties: .. i try not to leave my house (angst 0.19**, conspiracy -0.14*, internal motivation for adherence ("I perceive recommendations to isolate as internally motivated, e.g. to protect my and/or others health") 0.43**, trust in government 0.2**. Regressie adherence schaal: study1: GPTS-R -0.05*, conspiracy beliefs -0.05**, angst 0.43**, conspiracy*angst 0.01*. Study 2: conspiracy -0.08**, angst 0.19**, conspiracy*angst 0.006** , trust in media (ander model) 0.57**, conspir*trust 0.026**. Internal motivation to isolation 1.5** (ander model), conspiracy*internal 0.015*

Q21 (n=141,313) aimed to evaluate the ability of respondents to isolate themselves were they to be diagnosed with COVID-19. This is an important question given the relevance of implementing effective quarantine measures. Whereas 72.3% of respondents reported having the ability to properly isolate themselves, a nonnegligible 27.7% of respondents acknowledged not having the necessary resources to implement a proper quarantine. In terms of age, 34.9% of respondents younger than 50 years reported not having the appropriate quarantine resources versus 21.0% of those older than 50 years. This might be due to the presence of other adults or children in the home. Indeed, 96.7% of respondents living alone (n=13,820) reported being able to self-isolate versus 68.6% of those living with other people (n=127,493), and only 5.7% of respondents younger than 50 years reported living alone when compared to 18.3% of adults 50 years and older. Moreover, when we looked at the impact of having children in the home, we observed that 41.1% of adults with children in the home (n=28,139) responded not being able to properly isolate versus 28.0% of adults without children in the home (n=67,659, P<.001). Among those living with older adults (n=15,124), 10.8% reported not having appropriate quarantine infrastructure at home.
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Toelichting
Kleine sample, UK, small/medium effect sizes, geen onderscheid tussen gedrag en intentie (55% already isolating/highly likely), wel specifiek isolatie [5.1.2e: ik zou door study design -1 en door indirectness ook -1). En ik snap hun CI om de Beta niet, de beta ligt er niet in..]
Israel, descriptief onderzoek, grote sample, intentie tot gedrag

Mobiliteitsdata, VS, algemene vragenlijsten over staten, niet gekoppeld op individueel niveau, wat onduidelijke tabellen

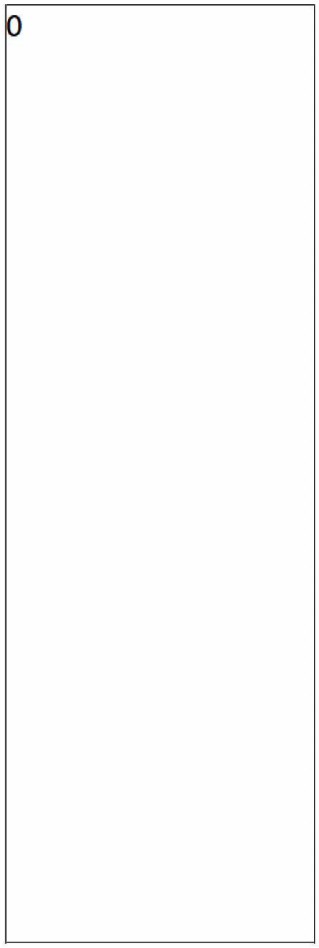
steekproef klein 375.
Werving: selection bias via social media. Jonge populatie, helft is onder de 40. 63% vrouw.
Gebruik van theorie.
Duidelijke onderzoeksvraag
Scales zijn op reliability gecheckt. Maar geen gevalideerde uit eerdere studies.
RoB: Randomly assigned to a condition. Maar alleen direct en self, geen controllegroep
INDIRECTNESS = intention

zelf-isolatie intentie,
vooral studenten,
kleine effectsizes,
kleine sample,
aangepaste valide
scales

Geen determinanten (5.1.2e: Grotere steekproef met 955. Representatief sample. Grote power. Exclusie criteria. Medium effect size. = precision. Gebruiken theorie. Questionnaires die ze gebruiken zijn deels zelf opgesteld deels op basis van eerdre studies. Zeggen niks over randomization. Within subjects design. and how the intervention changed their willingness to self-isolate from 0 (no change) to 100 (a lot of change) Ze vroegen participanten dus zelf
Niet vergelijkbaar met NL, 10 soorten gedrag die geadviseerd worden in quarantaine met koorts

Randomization in online experiment, duidelijke hypothesis getest. Indirectness, geen Cis gegeven
Acceptatie van hypothetisch gedrag, alleen (zwakke) correlaties

Geen determinanten, geen vergelijkbare cultuur [maar wel experiment met randomizatie, grote steekproef)
Jonge sample, medium effect size, deelnemers meerdere landen, compliance meerdere richtlijnen waaronder isolatie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Self-report van gedrag, UK, brede CI door adjustments, specifiek huishoudens met klachten, maar 54 mensen gingen in isolatie [grote steekproef, broadly representative maar onze vraag minder, indirectness, imprecision door kleine steekproef. Ik twijfel of dit niet toch LOW moet zijn, door de kleine steekproef en observationele opzet)

Isolatie na klachten uit grote sample, self-report gedrag, UK, grote OR, vergeleken groepen verschillende grootte [indirectness want zelfgerapporteerde naleving of intentie tot naleving. MODERATE door deze imprecision en door limitations to study design: crosssectional).	
0	

Adherent bij al 1 dag in isolatie, zelf rapport gedrag, (grote) verschillen in percentages [maar met smalle CI, door grote N. Hier ook lastig, want door obsvationeel is het al 1 level lager. Dan komt er zelfrapportage bij, enkel percentages in uitkomstmaat, selection bias zou ik dan al gauw naar low gaan)
Data beschikbaar, grote sample, staying at home los van isolatie/quarantaine, self-report gedrag, gedetailleerde analyse incl med/moderatie

Comply with SD measures (3 items: I will comply, effective, enforcement), 3 landen, small/medium effect size
2 grote samples met zelfde uitkomsten, SD (waaronder try not to leave home) dus niet echt quarantaine, small to medium effect sizes

Alleen naar percentages gekeken, ability to isolate when diagnosed, zeer grote sample, Spanje [selectie bias via social media, smalle CI van 0.843 rond %. Twijfel tussen low en moderate, want wel erg grote N]
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Quality of evidence is a continuum; any discrete categorisation involves some degree of arbitrariness.

While factors influencing the quality of evidence are additive – such that the reduction or increase in each individual factor is added together with the other factors to reduce or increase the quality of evidence for an outcome – grading the quality of evidence involves judgements which are not exclusive. Therefore, GRADE is not a quantitative system for grading the quality of evidence. Each factor for downgrading or upgrading reflects not discrete categories but a continuum within each category and among the categories. When the body of evidence is intermediate with respect to a particular factor, the decision about whether a study falls above or below the threshold for up- or downgrading the quality (by one or more factors) **depends on judgment.**

Table 5.1: Quality of Evidence Grades	
Grade	Definition
High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low	Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.
Very Low	We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

Study Design

Study design is critical to judgments about the quality of evidence.

For recommendations regarding management strategies – as opposed to establishing prognosis or the accuracy o randomized trials provide, in general, far stronger evidence than observational studies, and rigorous observationa

In the GRADE approach to quality of evidence:

randomized trials without important limitations provide high quality evidence

observational studies without special strengths or important limitations provide low quality evidence

Limitations or special strengths can, however, modify the quality of the evidence of both randomized trials and o

Note:

Non-randomised experimental trials (quasi-RCT) without important limitations also provide high quality evidenc

Case series and case reports are observational studies that investigate only patients exposed to the intervention. S

Expert opinion is not a category of quality of evidence. Expert opinion represents an interpretation of evidence in

some degree of

: reduction or increase in
ıcrease the quality of
ents which are not
ıality of evidence. Each
ntinuum within each
ate with respect to a
: threshold for up- or

Table 5.2: Factors that can reduce the quality of the evidence	
Factor	Consequence
Limitations in study design or execution (risk of bias)	↓ 1 or 2 levels
Inconsistency of results	↓ 1 or 2 levels
Indirectness of evidence	↓ 1 or 2 levels
Imprecision	↓ 1 or 2 levels
Publication bias	↓ 1 or 2 levels

Table 5.3: Factors that can increase the quality of the evidence	
Factor	Consequence
Large magnitude of effect	↑ 1 or 2 levels
All plausible confounding would reduce the demonstrated effect or increase the effect if no effect was observed	↑ 1 level
Dose-response gradient	↑ 1 level

f diagnostic tests –
l studies provide stronger evidence than uncontrolled case series.

bservational studies.

e, but will automatically be downgraded for limitations in design (risk of bias) – such as la
ource of control group results is implicit or unclear, thus, they will usually warrant downgr
the context of experts' experiences and knowledge. Experts may have opinion about evide

toelichting

zie linksonder Study Design en volgend tabblad voor Risk of Bias.
Niet toegelichte heterogeniteit van resultaten (vooral bij syst reviews, als er veel verschillende bevindingen zijn, gemengd bewijs).
Bijvoorbeeld gemeten met een surrogaat maat (niet gedrag, maar intentie of zelfgerapporteerd gedrag) Of nt andere interventie (niet thuisblijven bij klachten maar thuisbiljven in het algemeen).
Kleine steekproef of kleine hoeveelheid events, dus wijd confidence interval
voor syst reviews relevante factor. Bij losse studies gaat het om reporting bias (zijn er resultaten weggelaten die wel relevant zijn, nulbevindingen bijv)

Als er een groot effect wordt gevonden. For simple regression β is like R. Thus I would use R rules of thumb... I use the follwoing with my Psychology students: $\beta < 0.1$ - Small effect size $\beta \in [0.1; 0.5[$ - Medium effect size $\beta \geq 0.5$ - Large effect size. For multiple regression these rules are not that straightfoward, but for Social Sciences they seem to hold (also following Cohen's d suggestions).
Is er gecontroleerd voor plausibele confounders?

ck of concealment of allocation and tie with a provider (e.g. chart number).
ading from low to very low quality evidence.
nce that may be based on interpretation of studies ranging from uncontrolled case series (e.

VOOR REVIEWS

https://amstar.ca/Amstar_Checklist.php

https://amstar.ca/docs/AMSTAR%202-Guidance-document.pdf

g. observations in expert's own practice) to randomized trials and systematic reviews know

n to the expert. It is important to describe what type of evidence (whether published or unpublished) is being use

d as the basis for interpretation.

RISK OF BIAS = Limitations in the study design and execution may bias the estimates of the treatment effect. Ourconfidence in the estimate of the effect and in the followin grecommendation decreases if studies suffer from major limitations. The more serious the limitations are, the more likely it is that the quality of evidence will be downgraded.Numerous tools exist to evaluate the risk of bias in randomizedtrials and observational studies
Risk of bias
None
Due to confounding
In participant selection
Due to missing data

In measurement of predic/outcome
In selection of reported result
In misclassification of intervention (randomization)
Due to deviation from intended intervention

Tussen studies

- Comparison: bij interventie studies, goed bekijken wat de comparison conditie is en of studies verg
- Outcomes: zijn gebruikte uitkomstmaten vergelijkbaar? (gaat het om intentie van gedrag, zelfgrapp

Table 5.4: Study limitat

Lack of allocation concea

Lack of blinding

Incomplete accounting of events

Selective outcome reporti

Other limitations

esign and execution may bias the estimates of the treatment effect. Ourconfidence in owin grecommendation decreases if studies suffer from major limitations. The more it is that the quality of evidence will be downgraded.Numerous tools exist to evaluate of bias in randomizedtrials and observational studies

Uitleg
Baseline confounding occurs when one or more prognostic variables (factors that predict the outcome of interest) also predicts the intervention received at baseline. ROBINS-I can also address time-varying confounding, which occurs when individuals switch between the interventions being compared and when post-baseline prognostic factors affect the intervention received after baseline.
When exclusion of some eligible participants, or the initial follow-up time of some participants, or some outcome events is related to both intervention and outcome, there will be an association between interventions and outcome even if the effects of the interventions are identical. This form of selection bias is distinct from confounding—A specific example is bias due to the inclusion of prevalent users, rather than new users, of an intervention
Bias that arises when later follow-up is missing for individuals initially included and followed (such as differential loss to follow-up that is affected by prognostic factors); bias due to exclusion of individuals with missing information about intervention status or other variables such as confounders.

Bias introduced by either differential or non-differential errors in measurement of outcome data. Such bias can arise when outcome assessors are aware of intervention status, if different methods are used to assess outcomes in different intervention groups, or if measurement errors are related to intervention status or effects
Selective reporting of results in a way that depends on the findings and prevents the estimate from being included in a meta-analysis (or other synthesis)
Bias introduced by either differential or non-differential misclassification of intervention status Non-differential misclassification is unrelated to the outcome and will usually bias the estimated effect of intervention towards the null Differential misclassification occurs when misclassification of intervention status is related to the outcome or the risk of the outcome, and is likely to lead to bias
Bias that arises when there are systematic differences between experimental intervention and comparator groups in the care provided, which represent a deviation from the intended intervention(s)

elijkbaar zijn met elkaar.

orteerde naleving, daadwerkelijke naleving, etc)

Table 5.4: Study limitations in randomized controlled trials	
	Explanation
Lack of allocation concealment	Those enrolling patients are aware of the group (or period in a crossover trial) to which the next enrolled patient will be allocated (a major problem in "pseudo" or "quasi" randomized trials with allocation by day of week, birth date, chart number, etc.).
Lack of blinding	Patient, caregivers, those recording outcomes, those adjudicating outcomes, or data analysts are aware of the arm to which patients are allocated (or the medication currently being received in a crossover trial).
Incomplete accounting of patients and outcome events	Loss to follow-up and failure to adhere to the intention-to-treat principle in superiority trials; or in noninferiority trials, loss to follow-up, and failure to conduct both analyses considering only those who adhered to treatment, and all patients for whom outcome data are available. The significance of particular rates of loss to follow-up, however, varies widely and is dependent on the relation between loss to follow-up and number of events. The higher the proportion lost to follow-up in relation to intervention and control group event rates, and differences between intervention and control groups, the greater the threat of bias.
Selective outcome reporting	Incomplete or absent reporting of some outcomes and not others on the basis of the results.
Other limitations	Stopping trial early for benefit. Substantial overestimates are likely in trials with fewer than 500 events and that large overestimates are likely in trials with fewer than 200 events. Empirical evidence suggests that formal stopping rules do not reduce this bias. Use of unvalidated outcome measures (e.g. patient-reported outcomes) Carryover effects in crossover trial Recruitment bias in cluster-randomized trials

Table 5.5: Study limitations in observational studies

	Explanation
Failure to develop and apply appropriate eligibility criteria (inclusion of control population)	• Under- or over-matching in case-control studies

	Selection of exposed and unexposed in cohort studies from different
eligibility	
Flawed measurement of both exposure and outcome	ent of exposure (e.g. recall Differential surveillance for outcome in exposed and unexposed
Failure to adequately control confounding	measurement of all • Failure to match for prognostic factors and/or adjustment in statistical analysis
Incomplete or inadequately short follow-up	Especially within prospective cohort studies, both groups should be followed for the same amount of time.

- Indien observationeel: https://joannabriggs.org/sites/default/files/2019-05/JBI_Critical_Appraisa

1.Were the criteria for inclusion in the sample clearly defined?	The authors should provide clear inclusion and exclusion criteria that they developed prior to recruitment of the study participants.
2.Were the study subjects and the setting described in detail?	The study sample should be described in sufficient detail so that other researchers can determine if it is comparable to the population of interest to them. The authors should provide a clear description of the population from which the study participants were selected or recruited, including demographics, location, and time period.
3.Was the exposure measured in a valid and reliable way?	measurement of exposure. Assessing validity requires that a 'gold standard' is available to which the measure can be compared. The validity of exposure measurement usually relates to whether a current measure is appropriate or whether a measure of past exposure is needed. Reliability refers to the processes included in an epidemiological study to check repeatability of measurements of the exposures. These usually include intra-observer reliability and inter-observer
objective, standard criteria used for measurement of the	It is useful to determine if patients were included in the study based on either a specified diagnosis or definition. This is more likely to decrease the risk of bias. Characteristics are another useful approach to matching groups, and studies that did not use specified diagnostic methods or definitions should provide evidence on matching by key characteristics.
5.Were confounding factors identified?	characteristics, prognostic factors, or concomitant exposures (e.g. smoking). A confounder is a difference between the comparison groups and it influences the direction of the study results. A high quality study at the level of cohort design will identify thepotential confounders and measure them (where possible). This is difficult for studies where behavioral, attitudinal or lifestyle factors
6.Were strategies to deal with confounding factors stated?	factors may be dealt within the study design or in data analysis. By matching or stratifying sampling of participants, effects of confounding factors can be adjusted for. When dealing with adjustment in data analysis, assess the statistics used in the study. Most will be some form of multivariate regression analysis to account for the
7.Were the outcomes measured in a valid and reliable way?	validity.Having established the objectivity of the outcome measurement (e.g. lung cancer)instrument, it's important to establish how the measurement was conducted. Were those involved in collecting data trained or educated in the use of the instrument/s? (e.g. radiographers). If there was more than one data collector, were

8.Was appropriate statistical analysis used?	(in particular, regression or stratification) and how specific confounders were measured.For studies utilizing regression analysis, it is useful to identify if the study identified which variables were included and how they related to the outcome. If stratification was the analytical approach used,were the strata of analysis defined by the specified variables? Additionally, it is also

I-Checklist_for_Analytical_Cross_Sectional_Studies2017_0.pdf

Land/ culturele context (vergelijkbaar met NL?)
UK
VS
Polen
Finland
USA
China
UK, Ireland. In Apri 2020.
Italië
Japan
The majority currently lives in North America (48.1%), followed by participants in Europe or transcontinental countries with territory in both Europe and Asia (38.5%) and Australia or New
UK, maar ook UK in begin mei 2020
UK
nvt
Noorwegen
USA.
Israel

VS	3
UK	4
Finland	1
China	1
Italië	1
Japan	1
Internatior	2
Noorwege	1
Polen	1
Israel	1
	16

Als zij waren getraceerd door de nationale gezondheidsdienst omdat zij in contact waren geweest met iemand die COVID-19 bleek te hebben, gaf 10.9% aan dat zij gedurende twee weken hun huis niet uit waren geweest. De enige factor die sterk samenhing met niet-naleving was het	Factoren geasscoeerd met alle nalevings uitkomsten: lage naleving was geassocieerd met man zijn, jonger zijn, een afhankelijk kind hebben in het huishouden, het moeilijker hebben, lagere socio economische status, minder geinformeerd zijn over covid 19 en