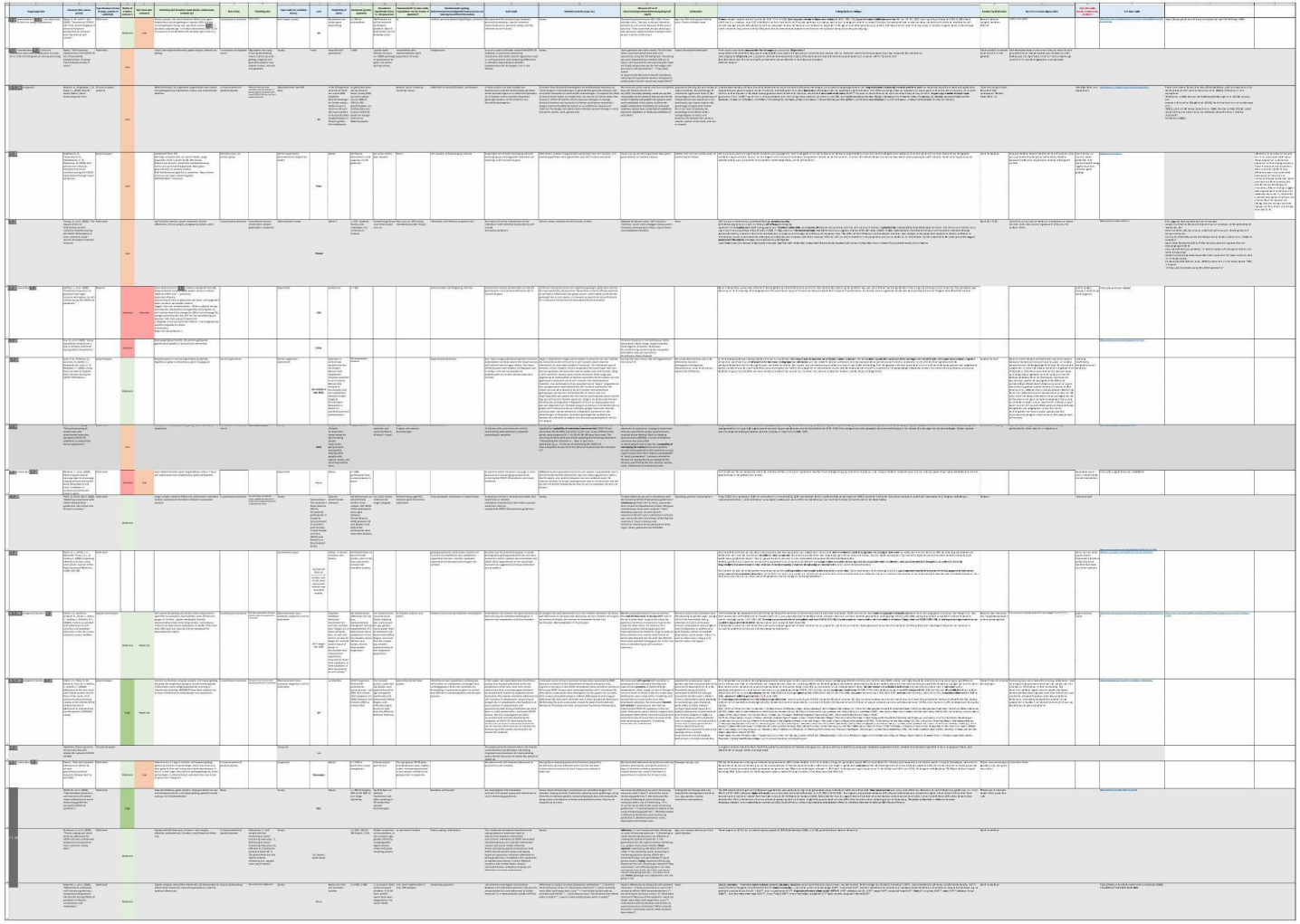
Studies leeg

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**Toegevoegd door**	**Literatuur (titel, auteur, jaartal)**	**Type literatuur (review of paper, preprint of published)**	**Quality of evidence**	**QoE check**	**Toelichting QoE (RoB, indirectness, inconsistency, indirectness, imprecision, effect size, right confounders, dose response)**	**Risk of bias (study limitations: design, inclusion and sample info, measurement, confounding, folluw-up)**	**Toelichting bias**	**Een zo kort mogelijke samenvatting voor in het document**	**Type studie (zie werkblad hierna)**	**Land**	**Verplichting of advies**	**Steekproef (grootte, populatie)**	**Recruitment (opvallende in/excl cr., hoe geworven)**
2	5.1.2a	Nudging public employees through descriptive social norms in healthcare organizations, Belle 2021	published	Moderate		Indirect (intentie tot gedrag), grote groep; gerandomizeerd en groepen verschillen niet. Percentages niet heel groot	Zorgpersoneel, dus niet daarbuiten generaliseerbaar				Italie		18,046 healthcare profs, 51% nurses	Via email en via 2jaarlijkse medewerekersvragenlijst. Data verzameld maart 2019 - november 2019
3	5.1.2e	Weijers, R. J., & de Koning, B. B. (2020). Nudging to increase hand hygiene during the COVID-19 pandemic: A field experiment. Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement. Advance online publication. http://dx.doi.org/10.1037/cbs0000245	published	Moderate to high		Observavationeel, echt gedrag, medium sample, in NL, duidelijke groepen en opzet, onduidelijk of confounders zijn meegenomen, maar hebben waarschijnlijk geen invloed gehad	mogelijk in sample, alleen bezoekers van deze kleding winkel, onduidelijk of groepen hetzelfde waren op de dagen. Hoewel gebruik dispenser weinig verschilt tussen m/v etc, wel vooral vrouwen in sample		⁍In dit experiment (n= 419) werden nudges types onderzocht in 3 winkels: 1) desinfectant dispenser + salience nudge (aandacht trekken met pijlen), 2) desinfectant dispenser + gain frame nudge (voordelen benadrukken), 3) desinfectant dispenser zonder nudge ⁍Vergeleken met de controle conditie (geen nudge) werd er ~geen significant effect gevonden van de nudges op het gebruik van de dispenser ⁍De baseline voor hand hygiëne was al vrij hoog (in vergelijking met pre-covid studies), waarschijnlijk omdat hier door COVID-19 meer aandacht voor is	experiment	NL		Mensen die kleding zaak binnen gingen, *n* = 451	in mei 2020
4	5.1.2e	Nudging Preventive Behaviors in COVID-19 Crisis: A Large Scale RCT using Smartphone Advertising	published maar niet in journal?			GPS data als outcome, onduidelijk of mensen de add hebben gezien. Vanwege bieden op ads is ontvangen van bericht niet random, maar assignment wel. Dus impricision. Wel grote sample. Figuren en data lastig te interpreteren, hoe groot zijn de effecten?	Sample: alleen met mobiele telefoon, verder geen gegevens beschikbaar				Japan		48,000 gebruikers	

Studies leeg

	A	O	P	Q	R	S	T	U	V	W	X
1	**Toegevoegd door**	**Representatief? (is deze studie vergelijkbaar met NL situatie of populatie?)**	**Sleutelwoorden (gedrag: determinanten/omstandigheden/redenen/mate van naleving/verschillen/interventies)**	**Doel studie**	**Methode (controle groep, etc)**	**Measures DV en IV (item/schaal/gevalideerd/intentie/gedrag/self-report)**	**Confounders**	**Belangrijkste bevindingen**	**Beoordeling effect sizes**	**Verschillen tussen subpopulaties**	**Link naar studie**
2	D-1.2d	Groepen verschillen niet op demografische char.		Manipuleren van sociale norm, en dan kans op engaging in dat gedrag	2 RCTs in soort medewerker survey, die in sommige regios van italie om het jaar worden gestuurd naar alle HCWs. Framed field experiment. Studie 1 indirect sociale norm beinvloed (% collegas engaging in target behav hoog/laag). subjects were asked to imagine themselves working at a local health authority (LHA) and presented with a chart showing the previous year flu vaccination coverage for the assigned LHA alongside the vaccination rates in all the other LHAs within the same regional healthcare system. The assigned LHA was the one with the highest vaccination coverage (i.e. 69%) within the region for a random half of subjects (Figure A of Appendix 1) and the one with the lowest vaccination rate (i.e. 13%) for the other half of participants (Figure B of Appendix 1).	After being exposed to one of the two experimental treatments, all participants stated on a 0-100 scale their probability of (i) getting a flu shot in the upcoming influenza season and (ii) encouraging coworkers to get vaccinated in the upcoming influenza season	demografische factoren zijn gelijk in groepen	employees are more likely to get a flu shot and advocate vaccination when knowing that the majority of their colleagues get vaccinated against the seasonal influenza compared to when most colleagues do not. Similarly, the probability of making help requests on the job is noticeably higher when asking colleagues for advice is the norm rather than not			
3	D-1.2d	NL			Een stand met handgel stond voor de ingang, 3 groepen werden vergeleken. 3 plaatsen deden mee, elke plaats kreeg een andere nudge op een andere dag (3x3).						
4	D-1.2d	Nee		This study investigated the effectiveness of various nudge-based messages on people's behavior, using location data from smartphones.	Nudge based berichten werden gestuurd dmv advertenties. Juli 2020. we send various nudge-based messages in heterogeneous settings to randomly chosen mobile device users through the open online display advertising network. Maar niet alle gebruikers zien de adds?	GPS data. Outcome variables used in the experiment are three; go-out at night, go-out, visits to restaurants and bars, and visits to indoor leisure facilities: time spend 1 km van hub	Aantal keer dat locatie is gemeten, software van telefoon				



Project legal title	Universal Class version posted	Type Workshop Duration (if given, except if in-person)	Number of workshops	Book class text reviewed	Publishing Sub-Discipline (main, based + subdiscipline, modules etc)	Price of class	Publishing class	Type credits (or certificate) Money	Level	Teaching Format (if online)	Estimated Calendar Assembled	Recommend Calendar Order (Sequence)	Prerequisite? (or does class stand alone, not fit inside a sequence)	Course Calendar (Learning Objectives/Assignments/Evaluations)	Book costs	Website Comments (prep, etc.)	Materials Will Cost (Book/Supplies/Shipping/Lab)	Certification	Friday Work to Upload	Posted Day off Work Date	Word Count (Lesson Days) in class	Due Date (CME, Legal, CLE, Other)	# of class credits		
[redacted]	[redacted]	Online, at your own pace	Multiple	Multiple class	Students must attend and participate in all live sessions and complete all assignments, quizzes, and exams to receive a certificate of completion. Students are expected to log in at least three times per week, usually 3 to 4 per CME credit hr. Total hours vary by workshop; expect 6 per credit hr.	$0.00	Continuing Education	Money	None	Self-Paced	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Studie	QoE	Risk of bias	Sample	Land	Bevindingen	Toelichting
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	Durfoen minder intentie tot self-isolatie (b= -0.15 [-0.26, -0.09]). Meer negatieve attitude to illness meer isolatie (b=0.16, [.001, .23]). Hogere behavioural inhibitions meer iso (BIS. b=.2 [-.01, -.08]), 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 gevoeld 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).	Kleine sample. UK, small/medium effect sizes, geen onderscheid tussen gedrag en intentie (59% already isolating/highly likely), wel specifiek isolati-[redacted] (bou door study design -1 en door indirectness ook -1). Ook snap hun CI om de Beta niet, de beta ligt er niet in..?
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=503	Israel	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 31 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.	Israel, descriptief onderzoek, grote sample, intentie tot gedrag
Brodeur, A., Grigoryeva, I., & Kattan, L. (2020). Stay-At-Home Orders, Social Distancing and Trust.	Low	In measurement of predictor/outcome	De gebruikten data van de General Social Survey (GSS) op land niveau tussen 2000 en 2014 uit 436 graafschappen, en telefoondata van Unacast COVID19 toolkit en Google Community Mobility reports.	VS	Onderzoekers vonden dat deze thuisblijf mandaten de mobiliteit met 8-10%punten verlaagde, en dat graafschappen/gebieden met hoog vertrouwen (in anderen) en wetenschap 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, gezondheidszorg of overheid. Counties met relatief meer covid death rates (-0.129*** op non ess. visits) stayed at home more likely to stay at home. Hogere angst 's nachts alleen te lopen (perceptie crime, -0.155** op non ess visits) geassocieerd aan meer compliance (zwakker na controle voor SES). In dit artikel worden ook verdere 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.	Mobiliteitsdata, VS, algemene vragenlijsten over steden, niet gekoppeld op individueel niveau, wat onduidelijk is/waaier
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, ingezet via FB geworven	Polen	Self 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 self isoleren. Deelnemers die grotere voordelen zagen van self isolatie, en een hogere angst voor covid-19, hadden een grotere intentie om te zelf isoleren. Mensen die iemand kende die besmet was waren verder geneigd te zelf isoleren, net zoals mensen met een hogere [illegible], ervaarden een stevigere morele verplichting om te self isoleren.	Steekproef klein 375. Werving: selection bias via social media. Jonge populatie, hoofdzakelijk onder de 40, 63% vrouw. Gebruik van theorie. Duidelijke onderzoeksvraag. Scales zijn op reliability gecheckt. Maar geen [illegible] uit eerdere studies. [redacted] Randomly assigned to a condition. Maar alleen direct en self, geen controlegroep. INDIRECTNESS: intention
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	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 (-0.14 coping appraisal). Perceived vulnerability and response efficacy did not correlate with the self-isolation intention. Cyberchondria (confused/frightened/frustrated) had a significant indirect positive effect (b=0.07, t=2.320, P=.003), whereas information overload (overwhelmed) had a negative indirect effect (b=-0.10, t=3.006, P=.001). 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=120) as an information source compared to the other group (n=105). 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 severity of the situation.	Self-isolatie intentie, sociaal studenten, kleine effectsizes, kleine sample, aangepaste valide scales
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	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 ongelukkig 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 ernst van de negatieve reactie was niet gerelateerd aan een hogere bereidheid tot isolatie.	Geen determinanten. [redacted] Citatie zoekproef 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 eerdere studies. Daarom niks over randomisation. 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
Lou, Q., et al. (2020). "Home quarantine compliance is low in children with fever during COVID-19 epidemic."	Very Low	0	0	China	0	Niet vergelijkbaar met NL, 10 stonden gedrag die geadviseerd worden in quarantaine met koorts
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 April 2020	In dit drietal onderzoek werd gevonden dat beslissingsbomen bedieningsvoor de noodzaak tot zelfisolatie kunnen verbeteren, dat online planning daarbij het vertrouwen in het vermogen om met zelfisolatie te gaan zouden kunnen vergroten (marginaal significant) en of infographics het herinneren en begrijpen van informatie over hoe zieks of isoleren verbeteren (niet het waargenomen gemak van self isolatie uitvoeren). In alle drie de geëvalueerde gedragsinterventies statistisch significante, positieve resultaten. Een aspect was een verrassingsresultaat specifieke vermelding. Toen de gegevens werden verzameld, was er gewenst van afgebeelde media-aandacht voor de verschillendheid aan presentaties van COVID-19-symptomen en wijdverbreid zowel over de noodzaak om zichzelf te isoleren als het gerapporteerde symptomen ervoor. 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.	Randomization in online experiment, duidelijke hypothesis getest. Indirectness, geen CIs gegeven
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=835 Italianen	Italië	De gemiddelde compliance neemt af over tijd (delay discounting). Deze afname is groter bij een lage kans op besmetting. Vrouwen ervaren hoger percentieel risk (r= 0.15), angst (r= 0.15) en onzekerheid (r= 0.18). Het waargenomen risico was geassocieerd aan een hogere compliance over tijd (correlaties was 0.24–0.30). Het vertragen van risico perceptie kan daarom belangrijk zijn, hoewel dit ook angst zou kunnen verhogen. Buiten sporten was als enige behoefte geassocieerd aan een afname in compliance (-0.06, -0.07).	Acceptatie van hypothetisch gedrag, alleen (zwakke) correlaties
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= 5980 participants from survey company in Japan	Japan	Het bericht van de arts vergrootte vooral de intentie om thuis te blijven (schaal 1-4). In Japan hebben aanbevelingen van een arts een grote impact door overblijfselen van het paternalisme in de patiënt-arts relatie.	Geen determinanten, geen vergelijkbare context (maar wel experiment met randomizatie, grote steekproef)
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. 46.0% of the participants were aged between 29 and 49 years, 44.6% between 18 and 28 years and 8.0% of the participants were older than 50 years.	null. The majority in North America (98.1%), followed by participants from Europe or transcontinental countries with territory in both Europe and Asia (38.5%) and Australia	Hoog COVID risico perceptie (0.26) 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.	Large sample, medium effect size. Deelnemers meerdere landen, compliance meerdere richtlijnen waaronder isolatie
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.	Wat betreft thuisblijven bij klachten, is hun analyse over het rapporteren van symptomen interessant: teveel hebben moeite om covid-19 symptomen als zodanig te herkennen (UK onderzoek liet zien dat maar 18% die 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 wacht niet tot symptomen erger worden, maar [illegible]". [illegible] 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, niet op juiste manier gebruik maken van diensten, over gezien worden als 'opvergelijker', en praktische zaken als toegankelijkheid en andere eisen voor tijd. Druk vanuit sociale omgeving en contact als oplossing om voorkeur kunnen juist motiverend werken. Wat betreft isolatie: de onderzoekers benadrukken dat het veel [illegible] maatregelen [illegible]. Mensen moeten volgens hen overtuigd zijn dat ze gecompenseerd worden in kosten en [illegible], opgenomen [illegible] geen sociale verwachten [illegible] gedrag is om te doen. Zij raden aan: [illegible] uit isolatie bij negatief	0
Smith, L. E., Amlôt, R., Lambert, H., Oliver, I., Robin, C., Yardley, L., & Rubin, G. J. (2020). Factors associated with adherence to self-isolation and lockdown measures in the UK; a cross-sectional survey. Modified.	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	3.7% (n=217) van de steekproef had zelf of een huishoud lid met hoest of koorts/hoge temp 1 week voor deelname. 75.1% van mensen met covid-19 symptomen in huishouden waren buiten uitgegaan in de 24 uur voor vragenlijst. Het niet naleven van isolatie (niet 24u voor deelname) was geassocieerd met denken dat de lockdown voor een slechtere mentale gezondheid heeft gezorgd OR 1.61 (1.13-2.30), [illegible]. Naleving was geassocieerd met betrouwbaar [illegible] OR 0.61 (0.17-0.96), [illegible] van iemand buiten het huishouden in de laatste 7 dagen door covid 0.30 (0.09-0.98), en een hogere waargenomen kans om covid-19 te krijgen 0.40 (0.16-0.99). [illegible] 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.	Self-report van gedrag, UK, brede CI door adjustments, specifiek huishouden met klachten, maar 54 mensen gingen in isolatie (grote steekproef, [illegible]). Indirectness, imprecision door kleine steekproef. Ik twijfel of dit niet toch LOW moet zijn, door de kleine steekproef en ook nationale opzet)
Smith, L. E., Potts, H. W., Amlôt, R., Fear, N. T., Michie, S., & Rubin, J. (2020). 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 isolatie (352)	UK	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, [illegible], denken dat ze covid-19 gehad hebben, en denken dat 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 rond waar je moet doen als je symptomen krijgt OR 1.29 (1.07 to 1.60), niet de symptomen identificeren [illegible], denken dat je al covid-19 hebt gehad [illegible], een afhankelijk kind thuis hebben 1.42 [illegible], werkte 0.48 (0.32-0.56), hoge opleiding 0.63 (0.48 to 0.83), SES 0.51 (0.39 to 1.68), vrouwen meer naleving 1.75 (1.18 to 2.20), ouderen meer naleving 1.02 (1.01 to 1.03), financiële problemen 0.91 (0.86 to 0.96), perceived credibility government 1.89 (0.85 to 0.93). De meest gegeven redenen om zich niet te houden aan zelfisolatie: naar de winkel gaan (18.7%), omdat de klachten afnamen (15.6%), en omdat iemand naar buiten moest voor niet-covid-19 gerelateerde medische [illegible]	Isolatie na klachten uit grote sample, self-report gedrag, UK, grote OR, vergelijken groepen verschillende groepen (indirectness want zelfgerapporteerde naleving of intentie tot naleving. MODERATE door deze imprecision en door limitaties to study design: crosssectioneel).
Stapleton. Choosing not to follow rules that will reduce the spread of COVID-19 2020	0	0	0	md	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 invites counterpliance.	0
Steens, "Poor self-reported adherence to COVID-19-related quarantine/isolation requests, Norway, April to July 2020."	Moderate	In measurement of predictor/outcome	n = 1704 in tenminste 1 wave meegedaan	Noorwegen	25% van de deelnemers ontving een verzoek tot quarantaine; 42% hiervan hebben zich hier minstens 1 dag aan gehouden, terwijl 89% 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 versoepeling [illegible]. Adherence was hoger in group met symptomen (71%, 63-79) compared with those without symptoms (38%, 25-54). 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 18-20 jaar (72%). De hoogste leeftijdsgroep (70-89 jaar) had de laagste naleving (36%). Deze studie kan naleving overschatten, omdat ze 1 dag in isolatie al voldeed aan deze definitie.	Adherent bij al 1 dag in isolatie, self rapport gedrag, (grote) verschillen in percentages (maar met smalle CI, door grote N. Hier ook bedrag, want door observationeel is het al 1 level lager. Dan komt er self-rapportage bij, enkel percentages in uitkomstmaat, selection bias zou ik dan al gauw naar low gaan)
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, 50% uit NY. [illegible]	USA	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 be). 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	Data beschikbaar, grote sample, staying at home los van isolatie/quarantaine, self-report gedrag, gedetailleerde analyse incl mod/moderatie
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 predictor/outcome	n = 618 = 162 US, 185 Kuwait, 71 SK	US, Kuwait, South Korea	Threat appraisal (0.215, no in kuwait), coping appraisal (0.531), knowledge (0.061, no in SK) geassocieerd aan betere adherence.	Comply with SD measures (3 items: I will comply, effective, enforcement). 3 landen, small/medium effect size
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 moderations."	Moderate	Due to confounding	1: n=507, 2: 840	Polen	Study1: correlaties: I'll try not to leave my house unless it's absolutely necessary: corona gerelateerde angst (besmet worden, familie krijgt het, slechtere financiën: 0.38**), conspiracy beliefs (14 items, verschillende beliefs, -0.2**), GPTS-R paranoid thoughts scale (-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"): 0.42**, trust in government 0.2**. Regressie adherence scheat: 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) 0.37**, consp*trust 0.026**, internal motivation to isolation 1.3** (ander model), conspiracy*internal 0.025*	2 grote samples met zelfde uitkomsten, SD (waaronder try not to leave home) dus niet echt quarantaine, small to medium effect sizes
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 = 141883	Spanje	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 71.3% 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, 86.7% of respondents living alone (n=33,828) reported being able to self-isolate versus 58.0% of those living with other people (n=127,490), 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 43.1% of adults with children in the home (n=38,139) responded not being able to properly isolate versus 26.3% of adults without children in the home (n=102,635, P<.001). Among those living with older adults (n=15,126), 30.3% reported not having appropriate quarantine infrastructure at home.	Alleen naar percentages gekeken, ability to isolate when diagnosed, zeer grote sample, Spanje (selection bias via social media, smalle CI van 0.343 rond %. Twijfel tussen low en moderate, want wel erg grote N)
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0	0	0	0	0	0	0
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QoE

	A	B	C	D	E	F
1		**Oordeel opties (waarin zowel quality of evidence als tabblad hiernaast, Bias, zijn meegenomen)**		**QoE beoordelen. Bij zowel observationeel als RCT -->**	**Table 5.2: Factors that can reduce the quality of the evidence**	
2	**Table 5.1: Quality of Evidence Grades**			Quality of evidence hangt af van volgende factoren, waaronder design (wat je bij Bias bekijkt)	Factor	Consequence
3	Grade	Definition			Limitations in study design or execution (risk of bias)	↓ 1 or 2 levels
4	High	We are very confident that the true effect lies close to that of the estimate of the effect.			Inconsistency of results	↓ 1 or 2 levels
5	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			Indirectness of evidence	↓ 1 or 2 levels
6	Low	Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.			Imprecision	↓ 1 or 2 levels
7	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			Publication bias	↓ 1 or 2 levels
8					**Table 5.3: Factors that can increase the quality of the evidence**	
9		**VOOR REVIEWS, gebruik dit formulier voor een oordeel en sla deze op**			Factor	Consequence
10					Large magnitude of effect	↑ 1 or 2 levels
11		5.1.2h			All plausible confounding would reduce the demonstrated effect or increase the effect if no effect was observed	↑ 1 level
12					Dose-response gradient	↑ 1 level

QoE

	G	H	I	J	K	L	M	N	O
1		**Quality of evidence is a continuum; any discrete categorisation involves some degree of arbitrariness.**							
2	**toelichting**	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.**							
3	zie linksonder Study Design en volgend tabblad voor Risk of Bias. Observationeel kan hierdoor eigenlijk niet als HIGH beoordeeld worden.								
4	Niet toegelichte heterogeniteit van resultaten (vooral bij syst reviews, als er veel verschillende bevindingen zijn, gemengd bewijs).								
5	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).	**Study Design**							
6	Kleine steekproef of kleine hoeveelheid events, dus wijd confidence interval	**Study design is critical to judgments about the quality of evidence.** **F**or recommendations regarding management strategies – as opposed to establishing prognosis or the accuracy of diagnostic tests –							
7	Lastig te achterhalen, gaat erom in hoevrre er studies met negatieve of andere resultaten niet zijn gepubliceerd en dus niet zijn opgenomen. Vooral voor syst reviews relevante factor. Bij losse studies gaat het om reporting bias (zijn er resultaten weggelaten die wel relevant zijn, nulbevindingen bijv)	Randomized trials provide, in general, far stronger evidence than observational studies, and rigorous observational studies provide stronger evidence than uncontrolled case series. **In the GRADE approach to quality of evidence:** **R**andomized trials without important limitations provide high quality evidence							
8		Observational studies without special strengths or important limitations provide low quality evidence							
9		Limitations or special strengths can, however, modify the quality of the evidence of both randomized trials and observational studies. Non-randomised experimental trials (quasi-RCT) without important limitations also provide high quality evidence, but will automatically be downgraded for limitations in design (risk of bias) – such as lack of concealment of allocation and tie with a provider (e.g. chart number).							
10	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: β< 0.1 - Small effect size β∈[0.1; 0.5[- Medium effect size β≥ 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).	Case series and case reports are observational studies that investigate only patients exposed to the intervention. Source of control group results is implicit or unclear, thus, they will usually warrant downgrading from low to very low quality evidence. Expert opinion is not a category of quality of evidence. Expert opinion represents an interpretation of evidence in the context of experts' experiences and knowledge. Experts may have opinion about evidence that may be based on interpretation of studies ranging from uncontrolled case series							
11	Is er gecontroleerd voor plausibele confounders?	(e.g. observations in expert's own practice) to randomized trials and systematic reviews known to the expert. It is important to describe what type of evidence (whether published or unpublished) is being used as the basis for interpretation.							
12									

Bias

RCT's gebruik deze --> tabel 5.4

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	Uitleg
Due to confounding	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.
In participant selection	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
Due to missing data	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 cue to exclusion of individuals with missing information about intervention status or other variables such as confounders.
In measurement of predic/outcome	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
In selection of reported result	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)
In misclassification of intervention (randomization)	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
Due to deviation from intended intervention	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)

Tussen studies

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

	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 populations
Flawed measurement of both exposure and outcome	• Differences in measurem • Differential surveillance for outcome in exposed
Failure to adequately control confounding	• Failure of accurate measurement of all known prognostic factors • Failure to match for prognostic factors and/or
Incomplete or inadequately short follow-up	Especially within prospective cohort studies, both

Bias

	N	O	P	Q	R	S	T	U	V
1		**Observationele studies: gebruik deze link. Hieronder ook wat uitleg over factoren, staat ook in link**							
2		5.1.2h							
3		**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.						
4		**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.						
5		**3.Was the exposure measured in a valid and reliable way?**	The study should clearly describe the method of 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 reliability.						
6		**4.Were objective, standard criteria used for measurement of the condition?**	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.						
7		**5.Were confounding factors identified?**	Typical confounders include baseline 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 may impact on the results.						
8		**6.Were strategies to deal with confounding factors stated?**	Strategies to deal with effects of confounding 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 confounding factors measured						
9		**7.Were the outcomes measured in a valid and reliable way?**	Importantly, determine if the measurement tools used were validated instruments as this has a significant impact on outcome assessment 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 they similar in terms of level of education, clinical or research experience, or level of responsibility in the piece of research being appraised?						
10		**8.Was appropriate statistical analysis used?**	As with any consideration of statistical analysis, consideration should be given to whether there was a more appropriate alternate statistical method that could have been used. The methods section should be detailed enough for reviewers to identify which analytical techniques were 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 important to assess the appropriateness of the analytical strategy in terms of the assumptions associated with the approach as differing methods of analysis are basedon differing assumptions about the data and how it will respond						
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Sheet1

	A	B	C	D	E	F	G	H	I	J
1	**Land/ culturele context (vergelijkbaar met NL?)**				VS	3				
2	**UK**				UK	4				
3	**VS**				Finland	1				
4	**Polen**				China	1				
5	**Finland**				Italië	1				
6	**USA**				Japan	1				
7	**China**				Internationaal	2				
8	**UK, Ireland. In Apri 2020.**				Noorwegen	1				
9	**Italië**				Polen	1				
10	Japan				Israel	1				
11	International: 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 Zealand (5.5%).					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 hebben van een afhankelijk kind in het huishouden. Zelf gegeven redenen om de quarantaine niet na te leven waren: denken dat het niet nodig is om weg te blijven van mensen buiten je eigen huishouden als je niet kan wegblijven van mensen in je eigen huishouden (14.3%), geen symptomen ontwikkelen (11.9%), om boodschappen te doen (10.9%), omdat je net klaar was met een andere quarantaine periode (10.9%). In het algemeen, voor alle uitkomsten, hing niet-naleving samen met man zijn, jongere leeftijd, een afhankelijk kind in het huishouden hebben, lagere socio economische status, het lastiger hebben tijdens de pandemie en in een belangrijke sector werken. Praktische hulp en financiële vergoedingen zullen, verwachten zij, de naleving verhogen.	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.
12	**Het betreft data uit verschillende landen, veel uit UK, maar ook aantal reviews met meerdere studies.**									
13	**UK in begin mei 2020**									
14	**UK**									
15	nvt									
16	**Noorwegen**									
17	**USA.**									
18	Israel									