Studies tag

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
	Toegevoegd door	Literatuur (titel, auteur, jaartal)	Type literatuur (review of paper, preprint of published)	Quality of evidence	Quit check	Toelichting Quit Check (relevantie, kwaliteitsbeeld, indicaties, expressies, effect size, sight confounders, dose response)	Risk of bias (study limitations: design, inclusion and sample info, measurement, confounding, follow-up)	Toelichting bias	Een so kort mogelijke samenvatting voor in het document	Type studie (zie werkblad Harvey)	Land	Verzichting of advies	Steekproef (grootte, populatie)	Recruitment (opzoekwerk in/naar e., hoe gevonden)	Representatief? Zo deze studie vergelijkbaar met NL situatie of populatie?	Sleutelwoorden (gedrag: determinanten/omstandigheden/factoren van ontwikkeling/verandering/interventie)	Doel studie	Methode (controle groep, etc)	Measure EV en W	(item/school/gezondheid/interventie/gedrag/zelf-report)
1	5.1	Promoting social distancing in a pandemic Beyond the good intentions Plaza B. Zassiger 2020	RCT published	moderate		Hele kleine effect size, robustness checks geoten, RCT.	school is toegelicht en gebiasteerd, it is een controlegroep. Randomisatie small dose van externe party gebeurt.	The different reminders were randomised within a representative sample of 19,750 Dutch residents between the age of 18 and 69, who represents close to 5% of the Dutch population. Subsequently, the external statistical office carried out the randomisation and distributed the treatment via e-Boks - the official system of communication used by governmental institutions, which is akin to a personal email account.								COVID-19, social distancing reminders, messaging, Nudging, experiment	Do reminders to promote social distancing achieve the desired effects? this is the first paper to test the impacts of reminders to promote social distancing on both intended behaviour and subsequent actions.			Statistically, we tested independent two-way tests employing ordinary least squares (OLS) regressions and ordered probit models (OPM) and found positive answers as intention of OLS staying home (no the radio-controls or some) (i.e., whether a campaign impact found is not reported by the respondent not following a survey, we use the Ordered Probit Model (OPM) to estimate the impact of the treatment on the ordinal variable measuring the number of days the respondent stayed at home (ranging from 0 to 7 days). We find that the treatment is categorical, we calculate percentage changes in models compared to the first day. Needed serious information in our dataset.
2	5.1.2e	5.1.2e Combating COVID-19 through physical distancing: the impact of real-time crowding information. European Journal of Marketing Academic, 2021, 109-407, DOI: 10.1080/09604854.2020.1814985.	Online experiment, published	moderate		onduidelijk hoe geneutraliseerd. Online. Geoordeelt voor manipulatie check en controls. Confounders check. Controle condition. Redelijke effect size.								recruited 240 participants from the crowdsourcing platform Prolific, as which is considered a suitable environment for experiments in behavioural research because it is providing reliable, high-quality data. We limited participation to participants with German nationality or residency as well as a high approval rating of 95% or more to ensure high data quality	We collected our data in the first week of June 2020, when physical distancing policies were in place to cope with the COVID-19 pandemic. We created a fictitious online shop using Shopify. For the purpose of the experiment, the website claimed to support its users with a step showing different medical practices with no further details on crowding levels in the control condition (i.e., C). Participants randomly assigned to one of two conditions (I with four crowding levels using rewrite-tions symbolizing "low" (I) examined to "many" (4 mentions) patterns in each respective medical practice, we operationalized mindfulness of I with an adaptation of Langer's (1989) scale, "number of patients (and, 2 months)" in the case of Internal consequ-ences and "line amount of patients (qualitat just now)" in the case of real-time C).		NL2. Whether and how does the presence (vs. absence) of IC influence users' attitudes and behaviours in crowded locations? NL3: If IC is present, how does the level of immediacy of IC influence users' selections and behaviours in locations on different levels of health anxiety?	Between-subject online experiment with three conditions investigating the effect of C and indirect immediacy cues on participants' attitudes and behaviours. Next, participants were randomly assigned to one of the three treatment groups and were introduced to the general layout of the website including – if applicable – C and immediacy cues. Two one-way analyses of variance for the control groups provide evidence of comparability and balance across our three conditions, as we did not find significant differences (p > 0.1) in terms of participants' age, product involvement, and health anxiety.	Partially (coding was significant). Hypothesis 1 (Indirect immediacy effects): the C-absent condition (p = 0.006) certain crowd immediacy was significantly higher for mu (3 mentions condition, p = 0.006) and many (4 mentions condition, (p = 0.01). As such, our experimental manipulation worked as intended. Additionally, participants confirmed that the C in the experiment was (mean = 5.45; SD = 1.64).
3	5.1.2	Leary et al (2020): Social Distancing During the COVID-19 Pandemic: Normative Interventions and Correlates of Social Distancing	preprint	low to moderate		het is een online experiment, met voldoendse, controlegroep, confounders, the social media gewonnen en niet vrijwaar, niet representatief.	niet duidelijk hoe geprofiteerd. Controle condition vs 3 interventie condities										Correlates of COVID-19-related social distancing behaviors (Study 1) and receive negative Harvey (OPT) personalized normative feedback (PNF)	*** Dit onderzoek bevat hetzelfde onderzoeksmodel als de review van social distancing met aanpassingen van de variabelen	Hint, we tested three normatively intervention to increase social distancing behavior. The first intervention used PNF to increase social distancing norms, the second and third used INF, two such what-if-different norm-focus (see supplementary material). All three interventions were tested against an assessment only control. Participants were contacted two weeks after completing the PNF and requested follow-up of TO and reported on social distancing practices over the past two weeks.	**Personalized normative feedback (PNF)** is a brief intervention designed to target misperceptions regarding preferences, behaviors by highlighting the discrepancy between personal and actual conditions. This intervention has been used extensively and to collect information about drinking behaviors, and to reduce drinking behaviors. Inverted Focus **Descriptive Normative Feedback (INF)** is another convincing approach that has been used to reduce drinking behaviors. This intervention highlights the discrepancy between what students think about drinking and what students actually do. It is a way to reduce in alcohol self-image. Increases
4		Hara, A., van Achterberg, T., de Bruin, M. et al. A systematic review of hand hygiene behavioural change strategies: a behavioural approach. Implement Sci 7, 92 (2012). https://doi.org/10.1186/1748-5908-7-92	5.1.2e published	High		systematic review, transparent, interrated agreement, clear PICO	systematic review		Het gaat over hand hygiene compliance in hospitale settings.				HCWs in hospital settings at six controle group Comparison: HH behaviour before the introduction of the programme or strategy, or HH behaviour in a comparison group where another programme or strategy was introduced (and) was implemented	the purpose of the present study is to offer sufficient conceptual clarity on the nature of the HH improvementstrategies by specifying their improvement activities (ente basis of their underlying mechanisms of behaviour change. Inaddition, we used the connected studies of our review toexplore the effectiveness of targeting different determ-nants of behaviour change						41 studies were goeselected. 8 The most frequently addressed determinants were knowledge (n = 28), awareness (n = 26), action control (n = 25),and facilitations of behaviour (n = 25). Fewer studiesaddressed social influences (n = 12), attitudes (n = 19), self-efficacy (n = 10), and intention (n = 4). Goe-linked studies addressing one determinant focused intention control (n = 1), knowledge (n = 1), and facilitations of behaviour (n = 1). Studies addressing more than 3 determinants gave a median effectiveness improvement of 23.3 (n=n=n=n=n=n). The effects for four and controlled studiesaddressing five determinants was 25.7. The relative difference was increased from 42.2 in the three studies addressingthree determinants to 43.9 for the five studies addressingfour determinants. The relative difference was 49.5 for theflow studies that addressed six determinants. Studies addressing more than six determinants showed no further determinants for their practice HH behaviors. It was found that those studies focusing on combinations of inflowedetermnants gave better results, which indicates that workaroid be more sensitive to the application of sitrnetwhoimprovement activities aimed at addressing specific behav-iioural determinants change, such as social influence, attitudes, self-efficacy, and intention. Moreover, the results suggest that when more than three determinants are targeted within a strategy, the effect sizeget-tion flat of strategies containing a combination of determinants, such as knowledge, awareness,action control, and facilitations. Apparently, those goeselectednmnents provide an additional contribution to effectiveness. This finding is confirmed by results of good executiates where social influence, attitude, self-efficacy,and intention are considered relevant. It is consistent that changing behaviour
5		The determinants of handwashing behaviour in domestic settings: An integrative systematic review. Wilhelm, 2020	5.1.2e published	High		Alleen wassen met soap geretoetsend, geen andere mogelijkheid of gel, no exclusie eerschaden, gewogen op kwaliteit, veel studies	Systematic review included all types of qualitative and quantitative peer-reviewedpublications concerning interventional or observational studies.	**44 verschillende**		30 meta-analysisten, 78 studies, 18% goed quality,			To identify, define and categorize the determinants of handwashing behaviour in domestic settings (public opinion) the quality of this evidence	Studies were summarized and their quality assessed against a pre-defined set ofcriteria for qualitative, quantitative and mixed-method studies. Data or determinants were extracted and classified according to a predefined theoretical taxonomy. The effect of social association between a determinant andhandwashing behaviour was computed and weighted based on the quality of evidence provided.	WHMIS in the 'Remedy' service hand' was defined as handwashing **after contact with faeces or prior touching** handwashing **and eating food at home.** The intervention was, all in studies **at home.** Hand hygiene **at home** (they are reasonably used and their determinants easy be influence).	handwashing term may be defining good category ing measures of behaviour. Handwashing with	Systematic positive bearing met good evidence 4 one infectiontrue **Having a handwashing facility with soap and water present, having a handwashing facility located close to the kitchen and/or toilet, having handwashing facilities that are desirable and user friendly** and **having piped water close to the household, using soapy water** and **the presence of an improved latrine;** children 5 having that your handwashing was being **observed due to the presence of a child, being a female, being a mother, having a handwashing facility and having young child in the family, Positief weak evidence.** Independently believing that handwashing with soap is efficacious in reducing outbreaks and disease transmission, motives such as disgust/contaminating a movie in avoidgerms and contamination and motivesspecifically parents who have a strong desire to care for their child's health are attractive to these heads (for example, a desire to care for their child's health and a strong desire to care for their child from a young age). **Weak/moderate** wornwrgirls, wealthier an bigger supplied wasser easier. Half the meta-associations were classified as having a **negative effect** or HWMS. While four of these were classified as having **moderate evidence** to support this effect, none of these negative meta-associationsweren distant achieving good evidence. Five of these negative meta-associations were classified as having **weak or limited evidence. Intended behavioral key to focus on handwashing, providing soap to be especially believing that handwashing uses lots of water, or thinking that hand-washing was not an important activity**	Behaviour wat studies tijdens outbreaks. In total 110 associations were extracted from the 17 studies. None of these assessment tool frequently enough across the papers to be included in the main analysis.
6			5.1.2		Weg met moderate	Het is een individuele meet van social - liability en geen data indicies met sterkere concepten dat ons al geen. Robustnes checks.	De gebruikers van report van de bedrijf met betrekking tot hun handwasgedrag. Onduidelijk hoe de data van de Wasing Hygiene met de werkelijke gebruiksmet meters van water dit bedrijf is het product gebruiksmeter. Geen controle condition. Wasing water over deze advertenties												
7		Vreeker, G. M., Van Dijk, M. W., Bernasco, W., Van Baak, C., B. Lindegaard, M. R. (2020). Social influence on compliance: A video observational analysis. Preprint sovied on Open Science Frameworck.	5.1 preprint niet peer-reviewed observatie studie	moderate																
8		Experimental Protecting of Hand-Washing Interventions in a Natural Setting	5.1 natural setting randomgeoment, published	moderate		controle condition zonder message. Data collectie met dieselfoor sensoren (infrared) bynnen mensen binnen bunnen, en soap dispenser sensors die soap use meten. Ratio van mensen die fonnen bwachten or zeep gebruiken. Randomisatie van condities.							We collected 32 days of data, measuring more than 130 000 male restroom uses and more than 90 000 female restroom uses. The mean number of male users per day was (SD) 20 = (78) and of female users was 3090 (SD = 1150)						One control condition had no message displayed, and the other was a positive control that simply stated, "Wash your hands with soap	

Studies tag

	A	C	G	H	M	O	P
1	Toegewogen door	Confounders	Belangrijkste bevindingen	Beoordeling effect sizes	Verschillen tussen subpopulaties	Link naar studie	
2	[redacted]		In our a randomized controlled trial in Denmark to test different versions of a reminder to stay homeat the beginning of the crisis. Using a two-stage design, we follow up with recipients andanalyze their subsequent behaviour. We find that the reminder increases ex ante intent-items to comply when it emphasizes the consequences of non-compliance for the recipient's neighbors, but not when it stresses the risk of infection spreading to other people or the country as a whole. We also find, however, that impacts on intentions do not translate into equivalent impacts on actions. This is despite the possibility that respondentsmay tend to over-report compliance. Only people in poor health react to the reminderby staying home more. Our results shed light on important gaps between people's in-tentions and their actions in responding to the recommendations of health authorities.	One concern with the results is that the size of our sample poses challenges for statistical power and makes it difficult to detect a statistically significant effect on actions. When we calculate the minimum effect size we can expect to reveal in our study, we find, however, that impacts on intentions do not translate into equivalent impacts on actions. This is despite the possibility that respondentsmay tend to over-report compliance. Only people in poor health react to the reminderby staying home more. Our results shed light on important gaps between people's in-tentions and their actions in responding to the recommendations of health authorities.	"For the sub-samples that respondents who are in worse health, have a higher probability of being at risk of infection, and live in areas affected by the lockdown, Jung-wonderful the idea of staying home more when reminded to do so. We find that the effect of the reminder increases the stay-home by 0.0581 and p = 0.101, respectively; the effect of the reminder on the probability of staying home by one hour is 0.0581 and p = 0.004, respectively. On the other hand, we find that poor health, which has the lowest risk from all individuals, and live in areas that have not been affected by the lockdown, are the ones who go out of their homes the most. The effect of the reminder on the probability of staying home by one hour increases by 10.72% when the reminder is given to people who live in areas that are not under a lockdown. The effect is significant at the 10% level (p = 0.099 and p = 0.099, respectively).		
3	[redacted]	As controls we measured participants' country of residence (Germany vs. Italy), the time participants spent reading the instructions and selecting a response, and participants' perceived self-involvement (Zaichkowsky, 1985) towards medical practices using three bipolar items rated on a seven-point scale. In addition, we asked for participants' age, given the widespread conception that particularly older people are at risk of being affected by Covid-19 (World Health Organization [WHO], 2020) which may impact their selection behaviour beyond their overall health anxiety. Furthermore, we used seven-point Likert-type scales to measure three manipulation checks: perceived severity of the Covid-19 pandemic (adapted from Jones et al., 2004), perceived immediacy of the C.O. (van & Strong, 2003) as well as processing fluency (A. van & Aaker, 2004). Besides, we included four attention checks to identify how carefully the participants read each item and understood the instructions. Lastly, we asked how realistic participants perceived the scenario					
4	[redacted]		The CMC intervention did not affect future distancing behaviour. The CMC intervention even led to less social distancing. Concern of infecting others was prospectively associated with more social distancing over the next two weeks. Concerns about the economy, fear of self-infection, fear of death did not prospectively predict social distancing. Only the concern of infecting others (positively) and the concern of missing out on social events (negatively) predicted future social distancing.				
5	Hario, A., van Achterberg, T., de Bruin, M. et al. A systematic review of hand hygiene behaviour change strategies: a behavioural approach. Implementation Sci 17, 82 (2022). https://doi.org/10.1186/s13012-022-01255-7						
6	The determinants of handwashing behaviour in domestic settings: An integrative systematic review. Sehrish, 2020	This review found that knowledge about disease and disease transmission may have limited or no impact on HWWS. **Greatest opportunity to improve** HWWS may be to ensure access to adorable and conveniently-located handwashing facility, with soap available present. This body of literature indicates that this is likely to be effective because handwashing infrastructure acts a cue or reminder for HWWS and works to overcome some of the psychological trade-offs that may prevent handwashing (such as perceived effort, and feeling busy or tired). **Positioning facilities in 'desirable' settings**, where people consciously notice whether or not hands are being washed is also likely toHave an increase behaviour by enhancing positive social pressure.		Non-randomized cue-on-reminder recourse. Have OR but not 95% CI or P values. Not greatest-hard underchoice		Https://www.sciencedirect.com/science/article/pii/S1369847816301461	
7	Effect of a Federal Post-Disaster Intervention Promoting Household Preparedness Among Hurricane Sandy Survivors: Results from a Randomized Controlled Trial. Sarah Lowe, Alonzo Lynnette Plough, Michael S. Gaston, Michael S. Ponce, and Rupa S. Valdez. Disaster Medicine and Public Health Preparedness, 2018		Better intervention increases social distancing. Concern over infecting others (positively) and fear of death and political ideology did not predict social distancing. Concern for others (positively) and fear of missing social events (negatively) predicted social distancing. CONCLUSIONS: Results suggest normative intervention messages may be effective in promoting social distancing. Future research should evaluate information which suggests compliance not fear drives social distancing				
8	[redacted]						
9	Jeffries, C. M., Marzilli, C. A., Renwick, W., Van Beek, C., B. Lindquist, M. R. (2020). Social distancing compliance: A video observational analysis. Preprint posted on Open Science Framework.						
10	Experimental Protecting of Hand-Washing Interventions in a Natural Setting	When questioned after visiting the restroom, 33% of men and 55% of women reported seeing the sign; 23% of men and 29% of women could remember characteristic aspects of the message displayed. The test of the infrared sensors showed that	Most domains showed a small but significant increase in soap-use ratio when compared with the blank control; however, the pattern of results was very different for men and women. For men, disgust and norms were the most effective (with disgust corresponding to a 9.8% relative increase compared with the control, P = .001), followed by status, positive control, use, and comfort; knowledge of risk and knowledge activation were the least effective. For women, all domains showed an increase; however, some were not significantly better than the control condition. Knowledge activation, positive control, and knowledge of risk were the most effective (with knowledge activation corresponding to a 3.4% increase compared with the control condition, P = .001), followed by norms and status. Disgust and use were only slightly better than the control condition, and comfort only marginally so. Knowledge activation was the top-performing domain for women but was ineffective for men. Disgust triggered the highest response in men but produced no significant response in women. Norms and status were effective for both genders (although slightly better for men), as was the positive control condition. When we compared the different domains with each other, rather than with the control condition, we found no statistically significant differences.				

Study data

Study ID	Citation	Study design	Sample size	Population	Intervention	Comparison	Outcomes	Results	Notes
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Toegevoegd door	Literatuur (titel, auteur, jaartal)	Type literatuur (review of paper, preprint of published)	Quality of evidence reviewer 1	Qoll check door reviewer2	Toelichting QoE (Kwaliteit studie (detail), randomisatie, methode etc)	Risk of bias	Toelichting bias	Type studie (zie werkblad Home)	Land	Verplichting of advies	Steekproef (grootte, populatie)	Recruitment (opvallende in/excl cr., hoe geworven)	Representatief? (is deze studie vergelijkbaar met NL situatie of populatie?)	Verklarende (gedrag determinanten/omstandigheden/redenen/mate van naleving/verschillen/interventies)	Doel studie	Methode (controle groep, etc)	Measures DV en IV (item/schaal/gevalideerd/observatie/gedrag/self-report)	Confounders	Belangrijkste bevindingen	Beoordeling effect sizes	Verschillen tussen subpopulaties	Overall studie (design, resultaten, etc)	[illegible]		
[redacted] [illegible] door [redacted]	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).	Published	Moderate	Moderate	Alleen maar percentages gegeven, ability to isolate when diagnosed, zeer grote sample, Spanje [illegible] via social media, small CI [illegible]. Twijfel tussen low en moderate; want wel erg grote N)	[illegible] selection of reported result	[illegible]	Survey	Spanje	Verplichting, volgens mij)	n = [illegible]	[illegible] via social media en [illegible] via prof organisaties, [illegible]	Nee, maar daarom is data gewogen	ability to self isolate when diagnosed	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	Finally, the last 5 questions (Q20-Q24) address their health status to assess how many people might be infected by the virus, determine the ability of participants to self-isolate, and collect feedback regarding testing available and testing results. [illegible]	Geen	[illegible] is aimed to evaluate the **ability of respondents to isolate themselves** were they to be **diagnosed** with COVID-19. [illegible] In terms of age, **[illegible] of respondents younger than [illegible] years** [illegible] versus **[illegible] of those older than [illegible] years.** [illegible] **[illegible] of adults with children** [illegible]	[illegible]	[illegible]				

	B	C	D	E	F	G
1	Oef	Risk of bias	Sample	Land	Bevindingen	Toelichting
2	Moderate	In participant selection	n = 202 uk respondents	UK	Ouderen minder intentie tot self isolate (b= -0.16 [-0.31, -0.00]). Meer negative attitude to illness meer isolatie (b=0.23, [.001, .05]), lagere behavioural inhibitions meer iso (BIS, b= -.1 [-.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 geïnfluenceerd 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 (55% already isolating/highly likely), wel specifiek isolatie 5.1.2 'k zou door study design -1 en door indirectness ook -1) En ik snap hun CI om de [illegible] niet, de beta ligt er niet in..]
3	Low	In selection of reported result	n=563	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 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.	Israel, descriptief onderzoek, grote sample, intentie tot gedrag
4	Low	In measurement of predic/outcome	Ze gebruiken 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 daar 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.	Mobiliteitsdata, VS, algemene vragenlijsten over staten, niet gekoppeld op individueel niveau, wat onduidelijke tabellen
5	Low	Selection bias, no control group.	375 Poolse deelnemers, eind augustus via FB geworven	Polen	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.	steekproef klein 375 Warning: 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. 5.1.2 randomly assigned to a condition. Maar alleen direct en self, geen controlegroep INDIRECTNESS = intention
6	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 (-0.34 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=.005), whereas information overload (overwhelmed) had a negative indirect effect (b=-0.10, t=3.206, P=.005). 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 severity of the situation.	self-isolatie intentie, vooral studenten, kleine effectsizes, kleine sample, aangepaste valide scales
7	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 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.	Geen determinanten 5.1.2 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 eerdere 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 vragen participanten dus zelf om hun verandering aan te geven. Wel heel erg zelf rapport dit. 1 volgorde, risico van spill over effects = niet omgekeerde conditie volgorde als check. Indirectness. Begin van de epidemie.)
8	Very Low	0	0	China	0	Niet vergelijkbaar met NL. 16 soorten gedrag die geadviseerd worden in quarantaine met koorts
9	Moderate	online experiment	500, representatieve steekproef	UK, Ierland in April 2020.	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 dat infographics het herinneren en begrijpen van informatie over hoe iemand 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.	Randomization in online experiment, duidelijke hypothesis getest. Indirectness, geen CI gegeven.
10	Low	In selection of reported result	n=931 Italianen	Italië	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=-0.28) 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).	Acceptatie van hypothetisch gedrag, alleen (zwakke) correlaties
11	Very Low	0	n= 1980 participants from survey company in Japan	Japan	Het bericht van de arts vergrootte vooral de intentie om thuis te blijven in gebieden met veel besmettingen (stijging intentie 0.54 (school 1.6)). In Japan hebben aanbevelingen van een arts een grote impact door [illegible] in de patiënt arts relatie.	Geen determinanten, geen vergelijkbare cultuur (maar wel experiment met randomisatie, grote steekproef)
12	Moderate	In participant selection	837 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.	International: The majority in North America (48.1%), followed by participants in Europe or transcontinental countries with territory in both Europe and Asia (38.9%) and Australia or New Zealand (5.5%).	Hoog COVID risico perceptie (0.33) 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.	Grote sample, medium effect size, deelnemers meerdere landen, compliance meerdere richtlijnen waaronder isolatie
13	0	0	Het betreft data uit verschillende landen, veel uit UK, maar ook sociale reviews met meerdere studies.	Het betreft data uit verschillende landen, veel uit UK, maar ook sociale reviews met meerdere studies.	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 gebruik maken 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, prioriteren van sneltesten. Hulp van anderen bevorderde in hun onderzoek het opvolgen van isolatiemaatregelen, dus het linken van isolatie aan steun vanuit de gemeenschap kan mogelijk naleving bevorderen.	0
14	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	9.7% (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 het huishouden waren buitenshuis geweest in de 24 uur voor vragenlijst. Het niet naleven van zelfisolatie (in de 24u voor deelname) was geassocieerd met denken dat de lockdown voor een slechtere mentale gezondheid heeft gezorgd OR1.63 (1.03-2.500), een groter gevoel van gemeenschap met de buurt voor/in 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 waren 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.	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)
15	High	In participant selection	42,127 responses from 31,787 participants, tussen januari - juli 2020. Self-isolate after symptoms (n= 1999). Groepen met 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 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 1.46 (1.32 to 1.66), 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), financiële 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 blijven (13.2%), om iemand te helpen of zorg te verlenen aan een kwetsbaar persoon (12.8%), 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 (30%), omdat symptomen afnamen (16.1%), of alleen mild waren (16.6%). Andere redenen: niet denken in aanmerking te komen voor 5.1.2 (14.5%), niet in contact te zijn geweest met iemand die recent covid had (14.6%), niet een test doen terwijl iemand anders het meer nodig had (14.4%) niet weten hoe een test aan te vragen 13.5%, zorgen maken over wat familie en vrienden van me zouden denken als ik positief zou testen (11.8%), niet de testresultaten willen weten 10.3%. 75.1% zou details van hun sociale contacten geven als zij positief getest zouden worden. Factoren die samenhangen hiermee: moet geloven dat contact tracing systemen effectief waren in voorkomen van verspreiding covid. Niet weten dat ook als je geen symptomen	Isolatie na klachten wel 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).
16	0	0	0	nvt	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.	0
17	Moderate	In measurement of predic/outcome	n = 1704 in tenminste 1 wave meegedaan	Noorwegen	26% van de deelnemers ontving een verzoek tot quarantaine. 42% hiervan hebben zich hier minstens 1 dag aan gehouden, terwijl 55% 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 (38%). Deze studie kan naleving overschatten, omdat één dag in isolatie al voldoet aan deze definitie.	Adherent bij al 1 dag in isolatie, self report gedrag, (grote) verschillen in percentages (maar met smalle CI, door grote N. Hierdoor lastig, want door observationeel 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)
18	High	None	n = 895 US burgers, 38% uit NY, 86% [illegible] jaar lange opleiding	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. Meer 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	Data beschikbaar, grote sample, staying at home los van isolatie/quarantaine, self-report gedrag, gedetailleerde analyse incl med/moderatie
19	Moderate	In measurement of predic/outcome	n = 410 = 162 US, 185 Kuwait, 71 SK	US, Kuwait, South Korea	Threat appraisal (0.215, ns in kuwait), coping appraisal (0.511), knowledge (0.061, ns in SK) gerelateerd aan betere adherence.	Comply with SD measures (3 items: I will comply, effective, enforcement), 3 landen, small/medium effect size
20	Moderate	Due to confounding	1: n=500, 2: 940	Polen	study1: correlates: 'I try not to leave my house unless it's absolutely necessary': corona gerelateerde angst (zorgen: besmet worden, familie krijgt het, slechtere financiën: 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") 0.49**, trust in government 0.2**. Regressie adherence schaal: study1: GPTS-R -0.05*, conspiracy beliefs -0.05**, angst 0.49**, 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 0.036**. Internal motivation to isolation 1.5** (ander model), conspiracy*internal 0.015*	2 grote samples met zelfde uitkomsten. SD (waaronder try not to leave home) dus niet echt quarantaine, small to medium effect sizes
21	Moderate	In selection of reported result	n= 141865	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 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 68.5% 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=38,130) responded not being able to properly isolate versus 20.0% of adults without children in the home (n=67,659, P<.001). Among those living with older adults (n=15,126), 10.8% reported not having appropriate quarantine infrastructure at home.	Alleen naar percentages gekeken, ability to isolate when diagnosed, zeer grote sample, Spanje (selectie bias via social media, smalle CI van 0.845 rond %. Twijfel tussen low en moderate, want wel erg grote N)
22	0	0	0	0	0	0
23	0	0	0	0	0	0
24	0	0	0	0	0	0
25	0	0	0	0	0	0
26	0	0	0	0	0	0
27	0	0	0	0	0	0
28	0	0	0	0	0	0
29	0	0	0	0	0	0
30	0	0	0	0	0	0
31	0	0	0	0	0	0
32	0	0	0	0	0	0
33	0	0	0	0	0	0

QoE

	A	B	C	D
1		**Oordeel opties (waarin zowel quality of evidence als tabblad hiernaast, Bias, zijn meegenomen)**		**QoE beoordelen. Bij zowel observationeel als RCT -->**
2	**Table 5.1: Quality of Evidence Grades**			Quality of evidence hangt af van volgende factoren, waaronder design (wat je bij Bias bekijkt)
3	Grade	Definition		
4	High	We are very confident that the true effect lies close to that of the estimate of the effect.		
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		
6	Low	Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.		
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		
8				
9		**VOOR REVIEWS, gebruik dit formulier voor een oordeel en sla deze op**		
10		https://amstar.ca/Amstar_Checklist.php		
11		https://amstar.ca/docs/AMSTAR%202-Guidance-document.pdf		
12				

QoE

	E	F	G
1	**Table 5.2: Factors that can reduce the quality of the evidence**		
2	Factor	Consequence	**toelichting**
3	Limitations in study design or execution (risk of bias)	↓ 1 or 2 levels	zie linksonder Study Design en volgend tabblad voor Risk of Bias. Observationeel kan hierdoor eigenlijk niet als HIGH beoordeeld worden.
4	Inconsistency of results	↓ 1 or 2 levels	Niet toegelichte heterogeniteit van resultaten (vooral bij syst reviews, als er veel verschillende bevindingen zijn, gemengd bewijs).
5	Indirectness of evidence	↓ 1 or 2 levels	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).
6	Imprecision	↓ 1 or 2 levels	Kleine steekproef of kleine hoeveelheid events, dus wijd confidence interval
7	Publication bias	↓ 1 or 2 levels	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)
8	**Table 5.3: Factors that can increase the quality of the evidence**		
9	Factor	Consequence	
10	Large magnitude of effect	↑ 1 or 2 levels	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: $\lvert\beta\rvert < 0.1$ - Small effect size $\beta \in [0.1; 0.5]$ - Medium effect size $\lvert\beta\rvert \geq 0.5$ - 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).
11	All plausible confounding would reduce the demonstrated effect or increase the effect if no effect was observed	↑ 1 level	Is er gecontroleerd voor plausibele confounders?
12	Dose-response gradient	↑ 1 level	

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.**

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 of diagnostic tests –

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:

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 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).
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

(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.

Bias

	A	B
1	**RCT's gebruik deze --> tabel 5.4**	
2	**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	
3	**Risk of bias**	**Uitleg**
4	**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.
5	**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 cases, rather than new cases, of an intervention
6	**Due to missing data**	Bias that arises when there is follow-up is missing for individuals initially included and following (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.
7	**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
8	**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)
9	**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
10	**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)
11		
12		
13		
14	**Tussen studies:**	
15	- Comparison: bij interventie studies, goed bekijken wat de comparison conditie is en of studies vergelijkbaar zijn met elkaar.	
16	- 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	These 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 analysis 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 populations
Flawed measurement of both exposure and outcome	• Differences in measurement of exposure (e.g. recall bias in case-control studies) • Differential surveillance for outcome in exposed and unexposed in cohort studies
Failure to adequately control confounding	• Failure of accurate measurement of all known prognostic factors • 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.

Observationele studies: gebruik deze link. Hieronder ook wat uitleg over factoren, staat ook in link

5.1.2h

	O	P
1	**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	**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	**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.
4	**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.
5	**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.
6	**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
7	**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 instruments? (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?
8	**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 based on differing assumptions about the data and how it will respond

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									