Studies long

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Toegevoegd door	Literatuur (titel, auteur, jaartal)	Type literatuur (review of paper, preprint of published)	Quality of evidence	QoE check	Toelichting QoE 5.1.2c indirectness, inconsistency, indirectness, imprecision, effect size, right confounders, dose response)	Risk of bias (study limitations: design, inclusion and sample info, measurement, confounding, follow-up)	Toelichting bias	Type studie (zie werkblad hierna)	Land	Verplichting of advies	Steekproef (grootte, populatie)	Recruitment (opvallende in/excl cr., hoe gevonden)	Representatief? (is deze studie vergelijkbaar met NL situatie of populatie?)	Sleutelwoorden (gedrag: determinanten/omstandigheden/redenen/maatregelen/verschillen/interventies)	Doel studie
2																
3	5.1.2c	GLOBAL BEHAVIORS AND PERCEPTIONS AT THE ONSET OF THE COVID-19 PANDEMIC 5.1.2c et al 2020	working paper	moderate	Dit is een moderate kwaliteit studie. Het is namelijk een observationeel en cross-sectionele vragenlijst studie, met een grote steekproef en ruime haalwaarheid robuustheid checks. Echter, geen info over wie in de steekproef zitten, en de vragen zijn door via social media geworven vrijwilligers vertaald dus de vraag is hoe dat is gedaan en of elke vertaling nog hetzelfde meet. Moderate komt uiteindelijk door study design -1, maar met hoge precision +1, inconsistenty afwezig, want robuste bevindingen, wat opweegt tegen indirectness (intentie en zelfgerapporteerd gedrag)	robustness of findings, precision, confounders check, maar wel online vragenlijst. Wel heel groot.	1)measurement: vrijwilligers geworven via sociale media vertaalden de questionnairre; was ie dan wel overal hetzelfde, mat ie hetzelfde. Validity. 2)online snowball sampling, geen inclusie criteria vermeld en staat niks over representatief of demografische gegevens. Maar ze geven aan wel demo gegeven te gebruiken om te re-weighten to make representatives at country level (gender age income edu) 3) ze geven geen info over of ze voor confounders controleren. 4) grote steekproef us precision is punt omhoog? 5)indirectness het gaat om zelfgerapporteer gedrag	Echter, selection bias is wel gecontroleerd. To examine robustness of our findings to a more representative sample, we repeated the survey with 2,000 participants from a representative online panel provided by Prolific in the UnitedStates and the UK.3The results from the representative online panel are similar to those obtainedin the main sample, suggesting that the snowball sampling approach we used did not bias ourresults				wereport results from the 58 countries in which at least 200 people participated, corresponding toa sample of 107,565 individuals.	online snowball sampling	ateMarch and early April 2020. gaat dus wel om begin fase van de pandemie, zowel voor als nabeleidsbeslissingen zoals lockdowns.		
4																
5																
6	5.1.2c	5.1.2e	gepubliceerd paper	low tot moderate		5.1.2c -1 (want online cross sectioneel en niet representatieve steekproef), indirectness (willingness to comply), wisselende effect sizes, maar grote steekproef, geen confouners gerapporteer	Selection bias (online met veel vrouw en hoger inkomen), online vragenlijststudie observationeel -1 , veel info gegeven over steekproef,					groot duits sample, gewerven online tussen 1 en 5 april 2020 (net hiervoor op 31 maart was er een verlening van nationale lockdown tot 19 april)	The final sample consisted of 14,433 cases (59%female, 39% male, 0.4% diverse, 1.7% did not report theirgender). Ages ranged between 10 and 88 years (M=44.6,SD=13.6). Twenty-one percent self-categorised asbelonging to a Covid-19 risk group. Eleven percentreported working in the medical/health care sector.Regarding education level in the final sample, comparedto the German population (presented in parentheses),0.2% (4%) had no school degree, 3% (30.4%) had a basicschool qualification (HauptschulabschYuss), 13% (23.1%)had a secondary school certificate (RealschulabschYuss),16% (31.9%) had a university entrance degree (Abitur),18% (47.5%) completed a vocational training degree,and 49% (17.6%) had a higher education degree (e.g.,Bachelor or Master). Regarding age, our sample was comparable to the German population, but women and peoplewith higher formal education were overrepresented. Onaverage, 3% of all responses were missing. Given thelarge sample size and the low number of missing values,imputation was considered unnecessary here	Duits.		The present study was designed (i) to illuminatethe public's reaction to different lockdown scenarios,(ii) to analyse which feature of these scenarios (i.e.,length, intensity, flexibility) affected reactions more orless strongly, and (iii) to explore qualitatively distinctpatterns of endorsement in the general public.
7		5.1.2e														
8	5.1.2c			moderate		survey online, representatieve steekproef, zelfrapportage maar over wat ze denken dat zou moeten dus lijkt terecht en direct gemeten, beperkt aantal gevalideerde schalen, geen statistische testen gedaan maar enkel percentage gemeld van aantal steunende voor maatregels.	steekproef representatief via bureau. Online vragenlijst studie.					We do this via anationally representative survey of 3,452 Italian adults between March 18th 2020 and March 20th 2020.				
9																
10	5.1.2c	5.1.2e		low to moderate		minus 1 door 5.1.2c Gedrag indirect gemeten via intenties, geven verklaringen voor inconsistency in resultaten, kleine sample.mis confounders.	Study limit door design -1. Mis ook of ze op confounders hebben gecontroleerd, en wat hun inclusie criteria was voor participanten. Wel validbende info gegeven over participanten.				During this period, metropolitan Melbourne was in stage 4 so-cial distancing restrictions. During stage 4 restrictions a curfew was in place between the hours of 8 pm and 5 am, during which residents could only leave their home for medical care and caregiving. During hours outside of the curfew, in addition to avoiding social gatherings and maintaining a distance of 1.5 m, residents were not permitted to travel more than 5 km from their place of residence and could only leave their homes for essential reasons including shopping for es-sential items, exercise and permitted work.	Respondents consisted of 374 adults who were living in metropoli-tan Melbourne, Australia between 1 August 2020 and 15 September 2020. After providing informed consent, respondents were asked to provide demographic information including their age, gender, residential postcode, current living arrangements and current working conditions.	Iter receiving Human Research Ethics approval, the survey was administered via Qualtrics online survey platform over a 3-week pe-riod from 28 August 2020 to 15 September 202		
11																
12												e included participants whohad at least three repeated measures between March 23, 2020, when the firstlockdown started in the UK, and Aug 9, 2020 (20 weeks later). These criteria provided us with data from 40520 respondents who were followed up for a maximum of 20 weeks since the beginning of the lockdown. 4000(10%) of these participants withheld data or preferred not to self-identify on demographic factors including gender and income and were therefore excluded from our analysis (the demographics of these participants are shown on appendix p 3), providing a final analytic sample size of 36520				
13																
14	5.1.2c	5.1.2e		moderat to high		Uitkomstmaten gemeten met gevalideerde schalen.	Longitudinal, grote steekproef, goede werving en beschrijving hiervan. Gevalideerde scholen gebruikt. E steekproef bleek niet representatief maar hiervoor is gewogen									
15																
16	5.1.2c			moderate		Directness, consistentc, precision, het is een herhaale crosssectionele dus geen cohort, er is gecontrolleerd voor plausibele confounders.										
17																

Studies leeg

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
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	Type studie (zie werkblad hierna)	Land	Verplichting of advies	Steekproef (grootte, populatie)	Recruitment (opvallende in/excl cr., hoe geworven)	Representatief? (is deze studie vergelijkbaar met NL situatie of populatie?)	Sleutelwoorden (gedrag: determinanten/omstandigheden/redenen/mate van naleving/verschillen/interventies)	Doel studie
18	5.1.2e	Groarke Loneliness in the UK during the COVID-19 pandemic: Cross-sectional results from the COVID-19 Psychological Wellbeing Study		low to moderate		Imprecision -1 , 5.1.2e	Corss sectorial online study. Gevalideerde schal voor eenzaamheid, en social support. PTSD. Andere psy stoornissen. Gedetailleerde reporting of statistical analysis, waarbij ook voor confounders. Enige selection bias want 93% wit, 70% vrouw.		cross-sectional online survey design			herewere2511responsestothebaselinesurvey.Followingscreeningforinclusioncriteria[i.e.,UKresidentsover18yearsofage,informedconsentprovided]anddataquality(i.e.,notcompletinganymeasures,orhavinga completiontimelessthanhalfthemediancompletiontime],522respondentswereremovedfromthedataset.Thisresultedin1989eligibleparticipants. Participantsweremostlywhite(92.7%)females(70.4%),andnotreligious(57.5%).	Oftheseeligibleparticipants,1402(70.5%)wererecruitedviaProlificandreceivedcom-pensationfortheirtime(£1–2).Thosewhowererecruitedviaasocialmediacampaign(29.5%)wereincludedintoaprizedrawforoneofsix£150vouchers.Therewere somesignifi-cant,albeitslight,differencesinsociodemographic,COVID-19,socialandhealthfactorsacrossthesetworecruitmentstrategies	23 maart tot 24 april steekproef.		Theaimofthecurrentstudyis toexploretheprevalenceofloneliness,as wellas,riskandprotectivefac-torsina UKcontext.
19						Mogelijk selectie bias (via netwerken en scial media verspreid)								on cross-national data across four time points between mid-March until early May 2020		we study how social contacts and feelings solidarity shape experiences of loneliness during the COVID-19 lockdown in early 2020 That is, we assessed effects at the population level and individual level, and examined whether these differed. In this way, we aimed to evaluate how lockdown affected people's social lives, and which factors shape people's feelings of loneliness as the lockdown progresses
20																
21	5.1.2e	5.1.2e				Longitudinaal,										

Studies.xlsx

	A	Q	R	S
1	Toegevoegd door	Methode (controle groep, etc)	Measures DV en IV (item/schaal/gevalideerd/intentie/gedrag/self-report)	Confounders
2				
3	21/3	We use daily country-leveldata on the extent of different government COVID-19 interventions [9]. To justify a causalinterpretation, we exploit time variation in country-level COVID-19 responses, thus comparingeach country to itself over time. We find that as a country imposes more stringent restrictionson public life, these changes (i) lower respondents' perception of an insufficient reaction by thepublic (p <0.001) and the government (p <0.001); (ii) increase trust that governments keeppeople safe (p <0.01); and (iii) lower the depression index (p <0.001). CURFEW gewenstheid vraag : **In my opinion, there should be a general curfew in my country (with the exception ofgrocery shopping, necessary family trips, and the commute to work) because of the coro-navirus right now**	In my opinion, there should be a general curfew in my country (with the exception ofgrocery shopping, necessary family trips, and the commute to work) because of the coro-navirus right now. How many of 100 people in your country do you think believe there should be a generalcurfew in your country (with	were re-weight observations to make them representative at the country level, based on respondent'sgender, age, income, and education. Depending on the focus of the analysis, we also weightaccording to country population, or give all co
4				
5				
6	21/3		participants read abrief description of the five lockdown scenarios as listedabove (the full text for each scenario and all items andresponse scales are provided in Appendix B). Followingeach scenario, participants rated (i) their endorsementof the respective scenario ("I think like strategy is... 1=not at all right,... 7=absolutely right"), (ii)the subjectively perceived riskiness of each scenario ("I consider this strategy to be... 1=not at all risky,... 7=very risky"), (iii) their willingness to comply withthe distancing rules implied by each scenario ("I myselfwill... 1=rather not,... 7=certainly... comply withthe restrictions im	
7				
8	21/3			
9				
10	21/3	Descriptive statistics are displayed in Table 1 and bivariate correla-tions are displayed in Table 2. Two path analyses were run to test the research hypotheses, one with situational intentions as the main outcome variable (see Figure 2), and the other with general inten-tions as the main outcome variable (see Figure 3).		Niet gemeld of er voor confounders is gecontroleerd in analyses.
11				
12				
13				
14	28/3			
15				
16	28/3			
17				

Studies long

	A	Q	R	S
1	Toegevoegd door	Methode (controle groep, etc)	Measures DV en IV (item/schaal/gevalideerd/intentie/gedrag/self-report)	Confounders
17				
18		Using a random intercept cross-lagged panel model (RI-CLPM, Hamaker et al., 2015) we estimated relationships between social contact, loneliness, and solidarity at the between-person and within-person level.		
19				
20				
21				

Studies QoE

Toegevoegd door	Literatuur (titel, auteur, jaartal)	Type literatuur (review of paper, preprint of published)	Quality of evidence reviewer 1	QoE check door reviewer2	Toelichting QoE (Kwaliteit studie (detail, randomisatie, methode etc)	Risk of bias	Toelichting bias	Type studie (zie werkblad hierna)	Land	Verplichting of advies	Steekproef (grootte, populatie)	Recruitment (op welke manier, hoe geworven)	Representatief? (is deze studie vergelijkbaar met NL situatie of populatie?)	Sleutelwoorden (gedrag: determinanten/omstandigheden/redenen/mate van naleving/verschillen/interventies)
5.1.2e (gereviewed door 5.1.2e): zou deze eruit laten. Zo klein en vroeg in pandemie)	Bacon, A. M. and P. J. Corr (2020). "Coronavirus (COVID-19) in the United Kingdom: A personality-based perspective on concerns and intention to self-isolate."	Published	Moderate	Low	Kleine sample, UK, small/medium effect sizes, geen onderscheid tussen gedrag en intentie (55% already isolating/highly likely), wel specifiek isolatie. 5.1.2e: zou door study design -1 en door indirectness ook -1). En ik snap hun CI om de Beta niet, de beta ligt er niet in..)	In participant selection	Kleine sample	Brief report, survey	UK	Experiment van studie geen verplichting	n = 202 uk respondents	18/19 maart, via online research participant platform. Maar iedereen met zelf of bekende covid	ja	Leeftijd, persoonlijkheid (fight/flight, inhibitie)
5.1.2e (reviewed door 5.1.2e): Denk niet meenemen want over compensatie in Israel en is in NL niet het geval en niet op planning)	Bodas, "Self-Isolation Compliance In The COVID-19 Era Influenced By Compensation: Findings From A Recent Survey In Israel."	Published	Low		Israel, descriptief onderzoek, grote sample, intentie tot gedrag	In selection of reported result	Nog tijdens een laag risico op besmetting. Future actions ipv echt gedrag, mogelijk niet generaliseerbaar naar andere landen. Verschil niet getoetst.	Survey Israel		required self-quarantine?	n=663	Laatste week februari (5 cases en >5000 gevraagd in quarantaine te gaan. Via online polling service.	respondents who represented the adult population of Israel	compensatie
5.1.2e aangevuld	Brodeur, A., Grigoryeva, I., & Kattan, L. (2020). Stay-At-Home Orders, Social Distancing and Trust.	Discussie paper, preprint	Low		Mobiliteitsdata, VS, algemene vragenlijsten over staten, niet gekoppeld op individueel niveau, wat onduidelijke tabellen	In measurement of predic/outcome	Measures kunnen per staat verschillen, data over attitudes en gedrag is gehaald uit general social survey (2000-2016), dus niet 1 op 1 predictor/outcome.	Observationeel met GPS data	VS	In de VS begonnen vanaf de 2e helft van maart 2020 lockdown beleidsmaatregelen. Eerder advies. Studie tussen 3 maart en 24 april (15 maart werden er thuisblijf orders aangekondigd, en 15 april golden alle lockdowns)	Ze gebruiken data van de General Social Survey (GSS) op landelijk niveau tussen 2000 en 2016 uit 456 graafschappen, en telefoondata van Unacast COVID-19 toolkit en Google Community Mobility reports.		general social survey op landelijk niveau	mobiliteit na thuisblijf orders, vertrouwen
5.1.2e	Drążkowski, D., Trepanowski, R., Chwiłkowska, P., & Majewska, M. (2020). Self-persuasion increases motivation to social isolation during the COVID-19 pandemic through moral obligation.	preprint paper	Low		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 getoetst. Maar geen gevalideerde uit eerdere studies. RoB: Randomly assigned to a condition. Maar alleen direct en self, geen controlegroep. INDIRECTNESS = intention	Selection bias, no control group,		Online experiment, observationele vragenlijst studie	Polen	Advies	375 Poolse deelnemers, eind augustus via FB geworven	via social media, veel vrouwen	Polen..	self-isolatie, zelfovertuiging, intentie
5.1.2e	Farooq, A., et al. (2020). "The Impact of Online Information on Self-Isolation Intention during the COVID-19 Pandemic: A cross-sectional study." Journal of medical Internet research.	Published	Low		self-isolatie intentie, vooral studenten, kleine effectsizes, kleine sample, aangepaste valide scales	In participant selection	recruitment op een universiteit, sample grotendeels studenten	Observational survey	Finland	Advies?	n=225, students, faculty, and employees at a university in Finland	Survey link gestuurd naar emaillijsten aan uni.	Nee, aan uni. 69% vrouw, meerderheid onder 34 jaar	Informatie, self-efficacy, response cost
5.1.2e review door 5.1.2e	Heffner, J., et al. (2020). "Emotional responses to prosocial messages increase willingness to self-isolate during the COVID-19 pandemic."	Preprint	Very Low	Very Low	Geen determinanten 5.1.2e Grotere steekproef met 955. Representatief sample. Grote power. Exclusie criteria. Medium effect size. + precision. Gebruiken theorie. Questionnaires die ze gebruiken zijn deels zelf opgesteld deels op basis van 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 vroegen participanten dus zelf om hun verandering aan te geven. Wel heel erg self rapport dit. 1 volgorde, risico van spill over effects – niet omgekeerde conditie volgorde als check. Indirectness. Begin van de epidemie.)			Experiment	USA	Guidelines	n = 955			communicatie, bedreiging, intentie
5.1.2e	Jiao, Q., et al. (2020). "Home quarantine compliance is low in children with fever during COVID-19 epidemic."		Very Low		Niet vergelijkbaar met NL, 10 soorten gedrag die geobserveerd worden in quarantaine met koorts				China					
5.1.2e	Lunn, P. D., Timmons, S., Julienne, H., Belton, C., Barjaková, M., Lavin, C., & McGowan, F. (2020). Using Decision Aids to Support Self-Isolation During the COVID-19 Pandemic.	preprint paper	Moderate		Randomization in online experiment, duidelijke hypothesis getest. Indirectness, geen CIs gegeven	online experiment		Online vragenlijst experiment	UK, Ireland. In April 2020.	Iedereen in Ierland was verzocht om thuis te blijven. Mensen met symptomen moesten compliant in self-isolatie. Mensen die iemand in huishouden had met symptomen moesten zoveel mogelijk thuisblijven (verspreid in media en overheidscommunicatiekanalen).	500, representatieve steekproef			experiment, interventie,
5.1.2e	Nese, M., et al. (2020). "Delay discounting of compliance with containment measures during the COVID-19 outbreak: a survey of the Italian population."	Published	Low		Acceptatie van hypothetisch gedrag, alleen (zwakke) correlaties	In selection of reported result	Alleen (zwakke correlaties)	Survey	Italië	people are not allowed to leave their home except for the following proven necessities: going to work, buying food, helping other people with special needs, and receiving medical care.	n=981 Italianen	advertentie op websites and social platforms, 23 maart - 4 april	62% vrouw, sample vooral uit 2 regio met meeste besmettingen	Perceived risk
5.1.2e review door 5.1.2e	Okuhara, T., et al. (2020). Examining persuasive message type to encourage staying at home during the covid-19 pandemic and social lockdown: A randomized controlled study in Japan.	Published	Very Low	Low	Geen determinanten, geen vergelijkbare cultuur (maar wel experiment met randomisatie, grote steekproef)			Experiment	Japan	Advies	n= 1500 participants from survey company in Japan			
5.1.2e	Plohl, N. and B. Musil (2020). "Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science."	Published	Moderate		Jonge sample, medium effect size, deelnemers meerdere landen, compliance meerdere richtlijnen waaronder isolatie	In participant selection	Via social media, verschillende landen, mogelijk veel vertrouwen in wetenschap omdat werving online en deelname aan studie	Survey	International: The majority in North America (48.1%), followed by participants in Europe or transcontinental countries with territory in both Europe and Asia (38.5%) and Australia or New Zealand (5.9%).	Gaat om verschillende adviezen	617 deelnemers uit verschillende landen. Final sample: 525. 48.0% of the participants were aged between 29 and 49 years, 44.0% between 18 and 28 years and 8.0% of the participants were older than 50 years.	via social media, iedereen die engels begrijpt	Relatief hoog opgeleid, meestal geen financiële problemen	risicopercepties, vertrouwen in wetenschap
5.1.2e	Rubin, G. J., Smith, L. E., Melendez-Torres, G. J., & Yardley, L. (2020). Improving adherence to 'test, trace and isolate'. Journal of the Royal Society of Medicine, 113(9), 335-338.	Published						Commentaar paper	Het betreft data uit verschillende landen, veel uit UK, maar ook aantal reviews met meerdere studies.	advies, in UK wel controles met boetes	Het betreft data uit verschillende landen, veel uit UK, maar ook aantal reviews met meerdere studies.			gedragsproblemen rond testen, traceren en isoleren bij ontwikkelen van symptomen, rapporteren hiervan, isolatie, contacten rapporteren en het quarantaine gaan van contacten.
5.1.2e 5.1.2e aangevuld (review 5.1.2e)	Smith, L. E., Amlôt, R., Lambert, H., Oliver, I., Robin, C., Yardley, L., & Rubin, G. J. (2020A). Factors associated with adherence to self-isolation and lockdown measures in the UK: a cross-sectional survey. medRxiv.	Gepubliceerd paper	Moderate	Moderate	Self-report van gedrag, UK, brede CI door adjustments, specifiek huishoudens met klachten, maar 54 mensen gingen in isolatie (grote steekproef, broadly representative maar onze vraag minder, indirectness, imprecision door kleine steekproef. Ik twijfel of dit niet toch LOW moet zijn, door de kleine steekproef en observationele opzet)	In participant selection	Niet echt representatief, self report, kleinere sample met symptomen in huishouden	Observationeel cross sectional vragenlijst online onderzoek	UK in begin mei 2020	Er golden lockdown measures waaronder het niet huis verlaten voor 7 dagen als er hoest of koorts was, en ook niet het huis uit voor 14 dagen als iemand anders hoest of koorts in huishouden had. "Government regulations required all those with symptoms, or with symptoms in their household, to self-isolate."	UK, volwassenen, 2000 ouder dan 18 jaar, representatieve steekproef. Hiervan rapporteerden 217 deelnemers dat er symptomen in hun huishouden waren. 103 wel naar buiten, 54 niet, deze worden vergeleken	via YouGov online research panel. Quota sampling was used, based on age, gender, social grade, level of education and Government Office Region, to ensure that the sample was broadly representative of the UK general population.	ja (hoewel autaut niet zeker)	factoren rond naleving lockdown maatregelen
5.1.2e 5.1.2e aangevuld (review 5.1.2e)	Smith, L. E., Potts, H. W., Amlot, R., Fear, N. T., Michie, S., & Rubin, J. (2020B). Adherence to the test, trace and isolate system: results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study).	preprint paper	High	Moderate	Isolatie na klachten uit grote sample, self-report gedrag, UK, grote OR, vergeleken groepen verschillende grootte (indirectness want zelfgerapporteerde naleving of intentie tot naleving. MODERATE door deze imprecision en door limitations to study design: crosssectional).	In participant selection	Self report, cross sectional. Veel grotere groep die niet in isolatie gaat.	Observationeel cross sectional vragenlijst online onderzoek	UK	na klachten	42,127 responses from 31,787 participants, tussen januari - juli 2020. Self-isolate after symptoms (n= 1938). Groepen: niet isolatie (1597) vs isolatie (352)	Via research panels, ouder dan 16j. Quotas were applied based on age and gender (combined) and Government Office Region, and reflected targets based on data from the Office for National Statistics	waarschijnlijk wel door quotas	identificeren van symptomen, naleving van zelfisolatie als symptomen, aanvragen test, contactgegevens delen van contacten bij besmetting, in quarantaine gaan na contact door NHS dat in contact geweest met besmet persoon.
5.1.2e	Stapleton, Choosing not to follow rules that will reduce the spread of COVID-19 2020	Discussion paper						Discussie	n.v.t.					
5.1.2e review door 5.1.2e	Steens, "Poor self-reported adherence to COVID-19-related quarantine/isolation requests, Norway, April to July 2020."	Published	Moderate	Low	Adherent bij of 1 dag in isolatie, self rapport gedrag, (grote) verschillen in percentages (maar met smalle CI, door grote N. Hier ook 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)	In measurement of predic/outcome		Vragenlijst	Noorwegen	Advies	n= 1704 in totaal, niet 1 wave meegedaan	Internet panel, april tot juli	The age groups 18–29 years and 50–69 years were slightly under- and overrepresented in our sample, minder risicogroepen dan in populatie	
5.1.2e	Wolff, W., et al. (2020). "High boredom proneness and low trait self-control impair adherence to social distancing guidelines during the COVID-19 pandemic."	Published	High		Data beschikbaar, grote sample, staying at home los van isolatie/quarantaine, self-report gedrag, gedetailleerde analyse incl med/moderatie	None		Survey	USA	Advies	n = 895 US burgers, 30% uit NY. 38% 13 jaar lange opleiding	Op 9/10 April via website mechanical turk. Extra sampling in NY omdat daar meeste besmettingen		Boredom, self-control
5.1.2e	Al-Hasan, A., et al. (2020). "Threat, coping and social distance adherence for COVID-19: Cross-continental comparison using online cross-sectional survey data."	Published	Moderate		Comply with SD measures (3 items: I will comply, effective, enforcement), 3 landen, small/medium effect size	In measurement of predic/outcome	Adherence: 1. I will comply with the sheltering or social distancing measures. 2. Sheltering or social distancing measures are effective at slowing the spread of Covid-19. 3. The government has the right to enforce sheltering (i.e., people must stay at home).	Survey	US, Kuwait, South Korea		n = 439 = 162 US, 185 Kuwait, 71 SK	Global survey firm, online platform, in mei using an age, gender, ethnicity, and geographic region-based strata and quota matching process	Ja voor deze 3 landen	threat, coping, information
5.1.2e	Kowalski, J., et al. (2020). "Adherence to safety and self-isolation guidelines, conspiracy and paranoia-like beliefs during COVID-19 pandemic in Poland - associations and moderators."	Published	Moderate		2 grote samples met zelfde uitkomsten, SD (waaronder try not to leave home) dus niet echt quarantaine, small to medium effect sizes	Due to confounding	geen confounders meegenomen	Survey	Polen	Betreuts niet van restrictie houden	1: n=507, 2: 840	1: 13-14 april. Posts online research platform. 2: 21-28 april: panken waren toen weer toegankelijk. Via social media	1:ja, maar slightly older 2: nee, 72% vrouwen	conspiracy, paranoia
5.1.2e review door 5.1.2e	Oliver, N., et al. (2020). "Assessing the impact of the COVID-19 pandemic in Spain: Large-scale, online, self-reported population survey." Journal of medical Internet research 22(9).	Published	Moderate	Moderate	Alleen naar percentages gekeken, ability to isolate when diagnosed, zeer grote sample, Spanje (selectie bias via social media, smalle CI van 0.843 rond %. Twijfel tussen low en moderate, want wel erg grote N)	In selection of reported result	Geen toetsing, geen confounders	Survey	Spanje	Verplichting, volgens mij	n= 141000	28/3-2/4, tijdens eerste piek, via social media and sowballing, nonprofit organisations, town halls	Nee, meer dan vrouwen [illegible]	ability to self-isolate when diagnosed

Toegevoegd door	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	Kwaliteit studie (detail, randomisatie, methode)	Link naar studie	
1.2 (gereviewed door 1.2 -k zou deze eruit laten. Zo klein en vroeg in pandemie)	We examined the relationships between personality variables, specific concerns about coronavirus, personal safety, and the intention to self-isolate.	Survey	Personality questionnaire, BDI, GAD, illness attitude scale, "Are you, or do you intend to, voluntarily self-isolate because of the virus? (yes/no)." How concerned are you about your own personal safety and that of people close to you in terms of the virus?	Age, sex, SES, testing positive for virus, illness attitude score	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]
1.2 (reviewed door 1.2 (denk niet meenemen want over compensatie in Israel en is in NL niet het geval en niet op planning)	to assess public attitudes toward the COVID-19 outbreak, in particular concerning compliance with public health regulations such as self-quarantine and comparing differences in attitudes depending on whether compensation for lost wages is or is not offered	Survey	Items gemaakt voor deze studie. The first two items assessed compliance with self-quarantine using the following text: "Assuming you were requested by a medical official to stay in self-quarantine and assuming the state will [not] compensate you for lost wages, will you stay in self-quarantine?" . "If you were asked to report to the Ministry of Health individuals violating self-quarantine decrees designed to protect public health, would you report them?"	Vooral descriptief onderzoek	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.	[illegible]	[illegible]			
5.1.2e aangevuld	In deze studie is er door middel van Amerikaanse mobiele telefoondata gemeten welke veranderingen er in mobiliteit optraden en in hoeverre niet-essentiële bezoeken gepleegd werden, na het instellen van thuisblijf maatregelen.	Zij maten deze thuisblijf maatregelen via telefoondata waarmee zij inzicht kregen in veranderingen in gemiddelde gereisde afstand, niet-essentiële bezoeken en menselijke ontmoetingen. To capture the effect of stay-at-home orders on compliance, we rely on cell phone data from Unacast's COVID-19 Toolkit, which measures changes in average distance traveled, non-essential visitation and human encounters. Google Community Mobility reports as an additional measure of mobility. The Google cell phone data indicates percent change in visits to 6 places (parks, work, grocery etc).	We measure social capital and trust using data from the General Social Survey (GSS). *Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? I am going to name some institutions in this country. As far as the people running these institutions are concerned, would you say you have a great deal of confidence, only some confidence, or hardly any confidence at all in them?*	population density, the percentage of urban residents, the percentage of individuals aged more than 65, the percentage of men, the percentage of independents (not republicans nor democrats), per capita income, the percentage of population below the social level of poverty, the percentage of residents with a college degree or more, and dummies for whether the county is coastal, capital of the state, and has an airport.	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
1.2	Vergelijken van directe overtuiging met zelf overtuiging op onderliggende motivaties om vrijwillig in zelf isolatie te gaan.	Deelnemers maken 3 argumenten opschrijven voor zelf isolatie, of 3 overheidsgrafieken met argumenten voor zelf isolatie evalueren	Scales zijn op reliability gecheckt. Maar geen gevalideerde uit eerdere studies.	Hebben het niet over confounders of controlling for factors	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
1.2	the impact of online information on the individual-level intention to voluntarily self-isolate during the pandemic	Online survey, intention to self-isolate, 4 items	Adapted validated scales. Self-isolation intention: social event afzeggen reduce public transport, avoid going to shops, stay at home and study/work remotely	Geen	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

	Studie	Qual	Risk of bias	Sample	Land	Bevindingen	Toelichting
2	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	[illegible]	[illegible]
3	Bodas, "Self-Isolation Compliance In The COVID-19 Era Influenced By Compensation: Findings From A Recent Survey In Israel."	Low	In selection of reported result	n=563	Israel	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. [illegible]	[illegible]
4	Brodeur, A., Grigoryeva, I., & Kattan, L. (2020). Stay-At-Home Orders, Social Distancing and Trust.	Low	In measurement of predic/outcome	Ze gebruiken data van de General Social Survey (GSS) op land niveau tussen 2000 en 2014 uit 436 graafschappen, en telefoondata van Unacast COVID19 toolkit en Google Community Mobility reports.	VS	[illegible]	[illegible]
5	Drąjkowski, 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.	105 Poolse deelnemers, eind augustus via FB geworven	Polen	[illegible]	[illegible]
6	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 (-0.34 coping appraisal). [illegible]	[illegible]
7	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	[illegible]	[illegible]
8	Lou, Q., et al. (2020). "Home quarantine compliance is low in children with fever during COVID-19 epidemic."	Very Low	0	0	China	0	[illegible]
9	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, Ierland. In April 2020.	[illegible]	[illegible]
10	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=631 italianen	Italië	[illegible]	[illegible]
11	Okuhara, T., et al. (2020). Examining persuasive message type to encourage staying at home during the covid-19 pandemic and social lockdown: A randomized controlled study in japan.	Very Low	0	n= 1980 participants from survey company in Japan	Japan	[illegible]	[illegible]
12	Plohl, N. and B. Musil (2020). "Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science."	Moderate	In participant selection	617 deelnemers uit verschillende landen. Final sample: 525. 48.0% of the participants were aged between 29 and 40 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 (38.5%) and Australia or New Zealand (5.5%).	[illegible]	[illegible]
13	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.	[illegible]	0
14	Smith, L. E., Amlôt, R., Lambert, H., Oliver, I., Robin, C., Yardley, L., & Rubin, G. J. (2020A). Factors associated with adherence to self-isolation and lockdown measures in the UK; a cross-sectional survey. medRxiv.	Moderate	In participant selection	UK, volwassenen, 2240 ouder dan 18 jaar, representatieve steekproef. Hiervan rapporteerden 217 deelnemers dat er symptomen in hun huishouden waren. 163 wel naar buiten, 54 niet, deze worden vergeleken	UK in begin mei 2020	[illegible]	[illegible]
15	Smith, L. E., Potts, H. W., Amlot, R., Fear, N. T., Michie, S., & Rubin, J. (2020B). Adherence to the test, trace and isolate system: results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study).	High	In participant selection	42,127 responses from 31,787 participants, tussen januari - juli 2020. Self-isolate after symptoms (n= 1939). Groepen: niet isolatie (1587) vs isolatie (352)	UK	[illegible]	[illegible]
16	Stapleton, Choosing not to follow rules that will reduce the spread of COVID-19 2020	0	0	0	nvt	[illegible]	[illegible]
17	Steens, "Poor self-reported adherence to COVID-19-related quarantine/isolation requests, Norway, April to July 2020."	Moderate	In measurement of predic/outcome	n = 1704 in terminste 1 wave meegedaan	Noorwegen	[illegible]	[illegible]
18	Wolff, W., et al. (2020). "High boredom proneness and low trait self-control impair adherence to social distancing guidelines during the COVID-19 pandemic."	High	None	n = 895 US burgers. 38% uit NY. 86% 13 jaar lange opleiding	USA	[illegible]	[illegible]
19	Al-Hasan, A., et al. (2020). "Threat, coping and social distance adherence for COVID-19: Cross-continental comparison using online cross-sectional survey data."	Moderate	In measurement of predic/outcome	n = 418 = 162 US, 185 Kuwait, 71 SK.	US, Kuwait, South Korea	[illegible]	[illegible]
20	Kowalski, J., et al. (2020). "Adherence to safety and self-isolation guidelines, conspiracy and paranoia-like beliefs during COVID-19 pandemic in Poland - associations and moderators."	Moderate	Due to confounding	1: n=507, 2: 840	Polen	[illegible]	[illegible]
21	Oliver, N., et al. (2020). "Assessing the impact of the COVID-19 pandemic in Spain: Large-scale, online, self-reported population survey." Journal of medical internet research 22(9).	Moderate	In selection of reported result	n = 141865	Spanje	[illegible]	[illegible]
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0
29	0	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	**Quality of evidence is a continuum; any discrete categorisation involves some degree of arbitrariness.**			
2	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.**			
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7	**Table 5.1:**	**Quality of Evidence Grades**		
8	Grade	Definition		
9	High	We are very confident that the true effect lies close to that of the estimate of the effect.		
10	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		
11	Low	Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.		
12	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		
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15		**Study Design**		
16	**Study design is critical to judgments about the quality of evidence.**			
17	For recommendations regarding management strategies – as opposed to establishing prognosis or the accuracy of diagnostic tests –			
18	randomized trials provide, in general, far stronger evidence than observational studies, and rigorous observational studies provide stronger evidence than uncontrolled case series.			
19		In the GRADE approach to quality of evidence:		
20	randomized trials without important limitations provide high quality evidence			
21	observational studies without special strengths or important limitations provide low quality evidence			
22				
23	Limitations or special strengths can, however, modify the quality of the evidence of both randomized trials and observational studies.			
24	Note:			
25	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).			

QoE

	A	B	C	D
1	**Quality of evidence is a continuum; any discrete categorisation involves some degree of**			
26	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.			
27	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.			

QoE

	E	F	G	H
1	**Table 5.2: Factors that can reduce the quality of the evidence**			**VOOR REVIEWS**
2	Factor	Consequence	**toelichting**	5.1.2h
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.	
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: $\beta < 0.1$ - Small effect size $\beta \in [0.1; 0.5[$ - Medium effect size $\beta \geq 0.5$ - Large effect size. For multiple regression these rules are not that straightfoward, but for Social Sciences they seem to hold (also following Cohen's d suggestions).	
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		
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QoE

	E	F	G	H
1	**Table 5.2: Factors that can reduce the quality of the evidence**			**VOOR REVIEWS**
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27				

Bias

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

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
None	
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 due 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? (goat het om intentie van gedrag, zelfgrapporteerde naleving, daadwerkelijke naleving, etc)

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.

Bias

	O	P
1	5.1.2h	
2	**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.
3	**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.
4	**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.
5	**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.
6	**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.
7	**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
8	**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?
9	**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									