

Aim

The aim of this project is to get a repeated insight into the perceptions of the population - the "psychological situation". This should make it easier to organize communication measures and reporting in order to offer the population correct, helpful knowledge and to prevent misinformation and action. For example, attempts are also made to classify behavior that is heavily discussed in the media, e.g. discrimination against people who appear to come from badly affected countries such as China or Italy, or so-called hamster purchases. We want to find out how often such behavior actually occurs and which factors can possibly explain this behavior. The aim of this page is to help authorities, media representatives and the general public to assess the psychological challenges of the COVID-19 epidemic and, at best, to cope with them. All data and conclusions are to be regarded as provisional and are subject to constant change.

Information about COVID-19 and the outbreak

Important: Here you will NOT find any information about COVID-19 and the actual outbreak.

If you are looking for that, please click here:

- Republic of Turkey Ministry of Health (<https://hsgm.saglik.gov.tr/tr/covid19>)

- Türk Tabipleri Birliği (<http://www.ttb.org.tr/kollar/COVID19/index.php>)

-Türk Klinik Mikrobiyoloji ve Enfeksiyon Hastalıkları Derneği (KLİMİK)
(<https://www.klimik.org.tr/koronavirus/>)

1. Summary

1.1 Results of the current wave

The study data were published by combining the results of last month (01.08-15.08.2020, 16.08-31.08.2020) **since only** first two weeks of August 414 participants and last two weeks of August 907 participants could be reached with snowball technic. The data are collected between every Thursday and Saturday.

Psychological situation

Risk perception:

- Compared to the first two week, the perceived probability of illness has increased last month.
- **45% (instead of the first wave 40%) estimate their likelihood of getting COVID-19 to be rather or very high, a third are unsure.** People who are female, think or know that people in their social environment are infected with coronavirus, who perceive the coronavirus not close themselves but spreading quickly , are or could be infected, who often look for information about coronavirus, have a lot expectation of self-efficacy, not perceive themselves prepared for coronavirus, find their probability of getting infected with the novel coronavirus higher.

- **About 40% (first wave 45%) consider themselves vulnerable, 25% are unsure last two weeks (last wave). (first and second wave are same 20%).** People who are old, chronically ill, have a lot expectation of self-efficacy, perceive coronavirus quickly, know or think people in their social environment are infected with coronavirus, more often look for information about coronavirus think that they are or could be infected. People who consider the coronavirus close and feels less fearful of coronavirus are more vulnerable.

- **50% (previous two waves: about 30%) consider an illness to be dangerous, 25% are unsure (previous two waves: 35%).** Older, chronically ill, highly educated people think more likely than young, healthy and poorly educated people that the disease is serious for them. People who consider the outbreak to be media hype, the coronavirus spreading quickly and who trust in TV channels/Radio stations to search information's about it, also think that the disease serious for them. Anyone who feels less fearful of coronavirus, perceive prepared for coronavirus thinks the disease is less serious.

Emotions

- The dominance of the topic, fear and worry have increased significantly since the first two week:
- 47% (previous two waves: 1. Wave: 57%, 2. Wave: 61%) report that they think about coronavirus frequently or constantly.
- 45% (previous two waves: 1. Wave: 56%, 2. Wave 60%) find the coronavirus rather fear inducing.
- 57% (previous two waves: 1. Wave: 72%, 2. Wave 73%) find the coronavirus to be rather worrying or worrying.

Worries

In all four waves worries were asked. The three biggest concerns are health system congestion, recession, losing the loved ones. The level of worries are getting higher.

Knowledge and behavior

- The population has a high level of basic knowledge about COVID-19 (transmission route, incubation period, treatment options). The population is well informed about appropriate protective measures. Subjectively, citizens tend to feel moderately well informed.
- 92% know to stay home when they are sick (first wave: 90%, second wave:86%).
- The correlations between perceived knowledge about protective behavior and grasped protective behavior are weak and negative in all third waves. In first wave the correlation number is the highest. (first wave: -0,06 second wave: -0,01 third wave: -0,02)
- People who are afraid of coronavirus, perceive coronavirus as a novel disease, trust in employer and for whom the websites of the health authorities are relevant, have adopted more protective behavior. People who assess the disease serious or have potentially infected people in their own environment, indicates that they have less protective behavior.

Unwanted behavior

- **Actionism (taking ineffective protective measures such as taking herbal remedies) is relatively low pronounced.** People who are female, have higher education status and for whom social media is more relevant source, show more actionism.
- **The rate of participants who avoid people from countries in which infections occur more frequently stay almost same (first wave: %49, third wave: 48%).** People for whom the websites of health officials is more relevant, who are generally more prone to conspiracy theories, avoid people from affected areas more. People who are female and believe in that politicians do not tell the true motives for their decision, avoid people from affected areas less.
- **33% (first wave:37%, second wave: 28%) buy more food.** The probability of buying more food is especially higher for people who have feeling of helplessness and have no kids under 18 years of age. People who are female and chronically ill, exhibit less panic buying behavior.

Sources of information

- **21% (previous waves: 1.: 17%, 2: 24%) inform themselves frequently or very often about Corona.**
- The people trust in the following sources: Websites or online news page, conversations with colleagues and conversation with family and friends.
- Overall, the outbreak is perceived more as media hype and the trend is not falling.

Outbreak Management: Trust, Accountability and Acceptance of Measures

- Trust in hospitals, local health department, Ministry of Health and Turkish Medical Association is low and has decreased since first two weeks. Trust in doctors is getting higher since first two weeks.
- People think that the measures currently being taken are not greatly exaggerated. The idea is getting stronger since last two weeks. The approval of doing test to community to detect coronavirus infection, to force people to the isolation and wearing face mask and restriction the access to the internet and social media has risen particularly sharply. Compared to last weeks, the population is even more willing to limit itself in order to relieve the health system and to protect particularly vulnerable people.

2 Conclusions

- The threat is slowly reaching the population: Compared to the previous weeks, emotional anxiety has decreased but risk perception has risen slowly, the population thinks about Corona less and searches for information less than before, perceiving it more than before as media hype.
- The particularly vulnerable group of older citizens still perceive the illness very dangerous than younger people.
- Knowledge of protective measures is widespread; Compared to the previous week, more protective measures will also be taken. But there is still a large gap between knowledge and action; even simple

measures are insufficiently implemented, even though they are known. It is still imperative to change behavior, not just knowledge.

- However, imparting knowledge is still an essential factor. The citizens rate their perceived knowledge as high but actual knowledge - above all about protective measures is low and associated with neither protective measures nor actionism.
- Conversation with colleagues among the top 3 most relevant, commonly used and trusted sources.
- The three biggest concerns are health system congestion, recession and losing someone that love. Measures and information from the government can create security here and can reduce social fears.
- Trust in doctors is getting higher, but trust in Ministry of Health and Turkish Medical Association has decreased compared to the previous weeks.
- The measures taken are well accepted, and more restrictive measures are more widely accepted than in the previous weeks. Even measures we only leave the house for urgent reasons or the declaration of a disaster is more likely to be approved than disapproved.

3 method

3.1 sample

The subjects are invited via an online. **Every two** week, a representative distribution of the N = 1000 respondents between 18-74 years is targeted. Wave 1 interviewed only 669 people.

3.2 Measurements

Demographic data. Age, gender, education, size of residence and living city the number of own children, people in their own household, single parent status, professional independence, occupation in the health sector as well mental and chronic illnesses are queried.

Knowledge of COVID-19. There was perceived knowledge (how do you rate your knowledge of the novel corona virus? No knowledge at all (1) - a lot of knowledge (7), Krawczyk et al, 2013), symptom knowledge and general knowledge about COVID-19 with items for the correct name, Treatment, transmission route and incubation time asked (eg: How long is the incubation time [...] of the novel coronavirus? Approx. 3 days / approx. 7 days / approx. 14 days / don't know).

Risk perception. Assessment of probability (how high do you estimate your probability that you will become infected with the novel corona virus? Extremely unlikely (1) – extremely probable (7)), severity (how do you rate an infection with the novel coronavirus for yourself? completely harmless (1) - extremely dangerous (7)) and susceptibility (how susceptible do you estimate to be for an infection with the novel coronavirus a? not susceptible at all (1) - very susceptible (7)) to the coronavirus infection as dimensions of risk perception (Brewer et al. 2007)

Protective behavior. Questions about the usefulness and actual application (Liao et al. 2011, Steel Fisher et al. 2012) of the recommended preventive measures (7-11 points, e.g. covering the mouth when

coughing, physical distance). These were adjusted weekly and also contained items for distraction (1-11 items, e.g. drinking ginger tea) in order to search for irrelevant protective behavior (actionism).

Self-efficacy. For the assessment of protective measures (How safe or unsafe do you feel when asked which protective measures are suitable to avoid infection with the novel corona virus? Very unsafe (1) - very safe (7), Bandura 2006) and self-efficacy in use (In the current situation, avoiding an infection with the novel corona virus is ... extreme for me difficult (1) - extremely easy (7), Renner & Schwarzer, 2005).

Affective assessment. The outbreak situation is assessed on 7-level semantic differentials (6-7 items, e.g. scary - not scary, slowly spreading - quickly spreading, Bradley & Lang, 1994).

Sources of information. Trust and frequency of use for various media (11-22 items, e.g. private television, websites of health facilities). General information searches were also requested (never - very often).

Trust in institutions. Query for 11-12 institutions and decision-makers who change every week (e.g. own doctor, the Ministry of Health, the media, very little trust (1) - very much trust (7), (0) no answer possible, Pearson & Raeke, 2000, Schweitzer et al., 2006).

Acceptance of measures to fight pandemics. Acceptance of political decisions that are up for discussion (11-14 items e.g. all major events should be canceled do not agree at all (1) - fully agree (7))

Crisis behavior. In 7-10 items, behavior is queried that is adapted weekly to the public discussion (e.g. buying large amounts of food and toilet paper, working from home - I have already done that (1), I plan to do that (2) or I do not intend to do that (3)).

False reports. With an open response format, the subjects are asked to report false reports (have you come across information about the newly emerged coronavirus that you are not sure whether it is correct or incorrect?), 3-5 answers are possible. Additional dimensions are collected selectively.

Risk perception of influenza. In waves 2 and 3, the questions for probability, severity and susceptibility (Brewer et al. 2007) are also asked for influenza.

Outbreak-related fears. From wave 3, 9 items (e.g. due to the current corona situation, how many worries are you worried that society will become more selfish? Very little worries (1) - very many worries (7)) are crisis-specific fears.

Conspiracy thinking. the tendency to believe conspiracy theories (e.g. there are many very important things happening in the world that the public is never informed of is true (1) - true (7)) (Bruder et al. 2013).

Resilience. In all waves, resilience is conveyed using the Brief Resilience Scale (e.g. I don't need much time to recover from a stressful event. I totally disagree (1) - totally agree (5), Smith et al, 2008) and Corona-specific items (e.g. during the pandemic, I know that I will not let myself down. I totally disagree (1) - fully agree (7))

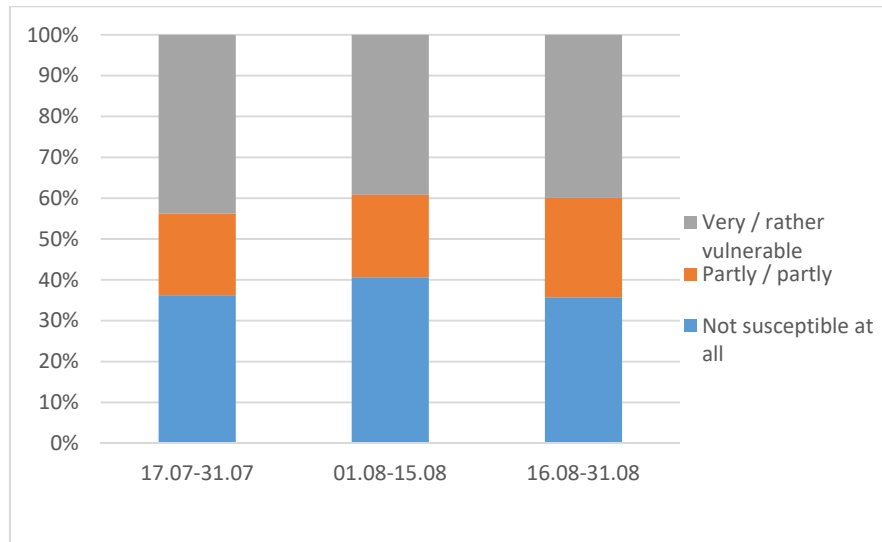
Life satisfaction. With one item (How satisfied are you currently - all in all - with your life? Completely not satisfied (1) - completely satisfied (7)), life satisfaction was surveyed from wave 4 onwards.

4.1 Risk perception

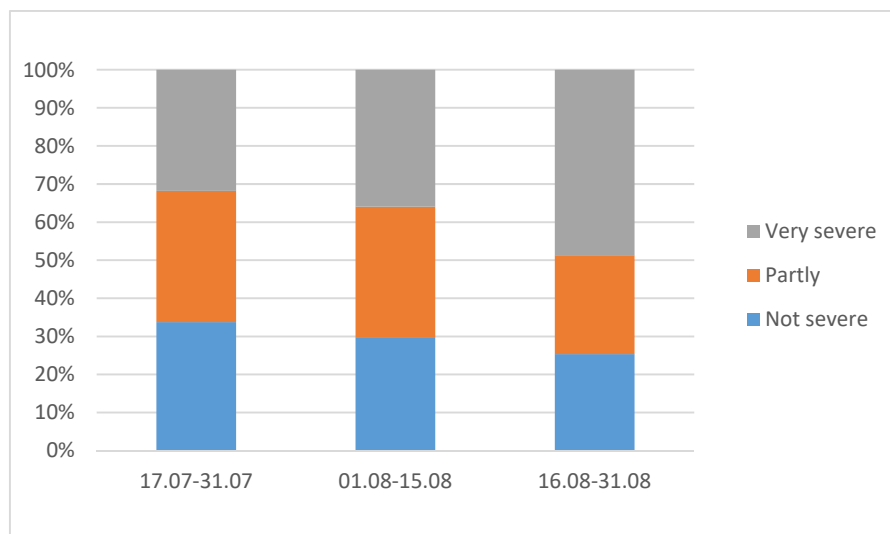
The following three graphs show various aspects of risk perception over the course of the surveys. There is a continuous increase in two indicators of risk perception over time (Severity, probability). The susceptibility to

coronavirus is another indicator of risk perception and the perception of susceptibility to coronavirus stay almost same.

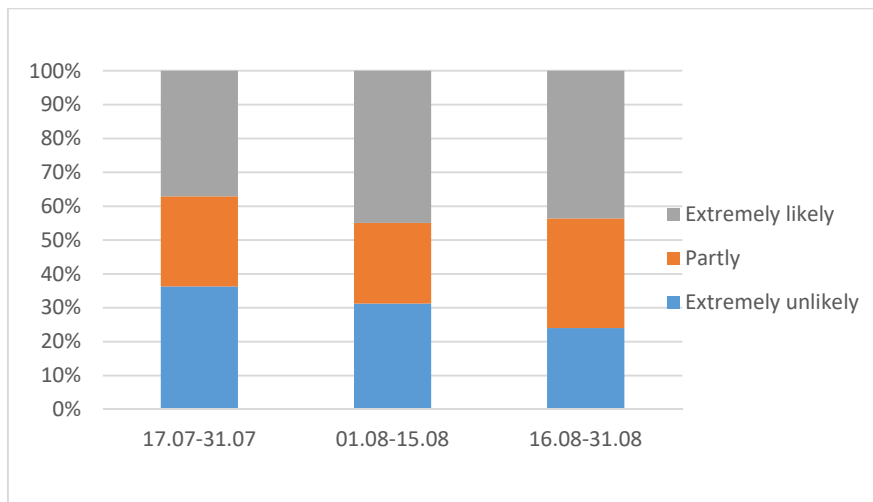
How susceptible do you consider yourself to an infection with the novel coronavirus?



How severe would contracting the novel coronavirus be for you?



What is your probability of getting infected with the novel coronavirus?

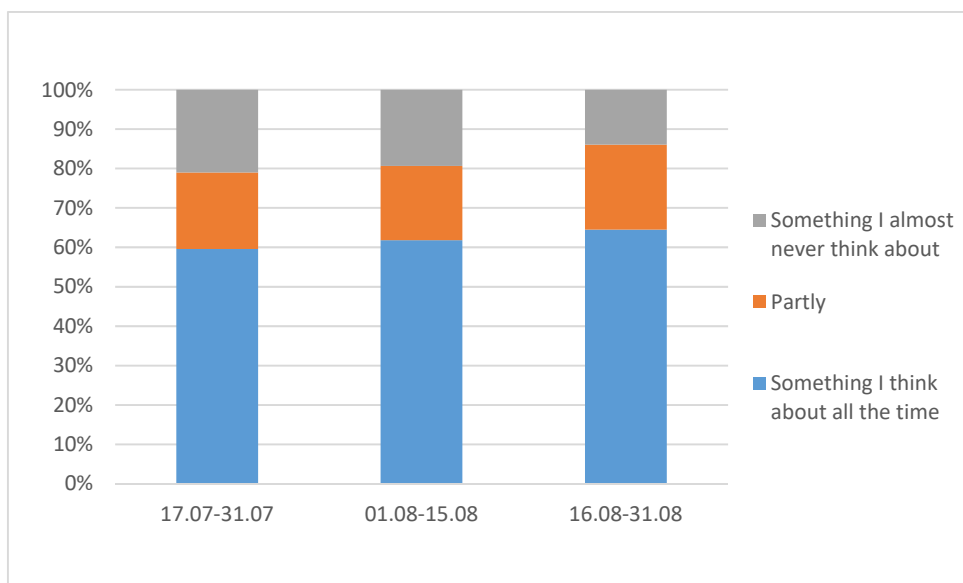


4.2 Corona and Emotions

The following three graphics show various emotional aspects of the course of the surveys.

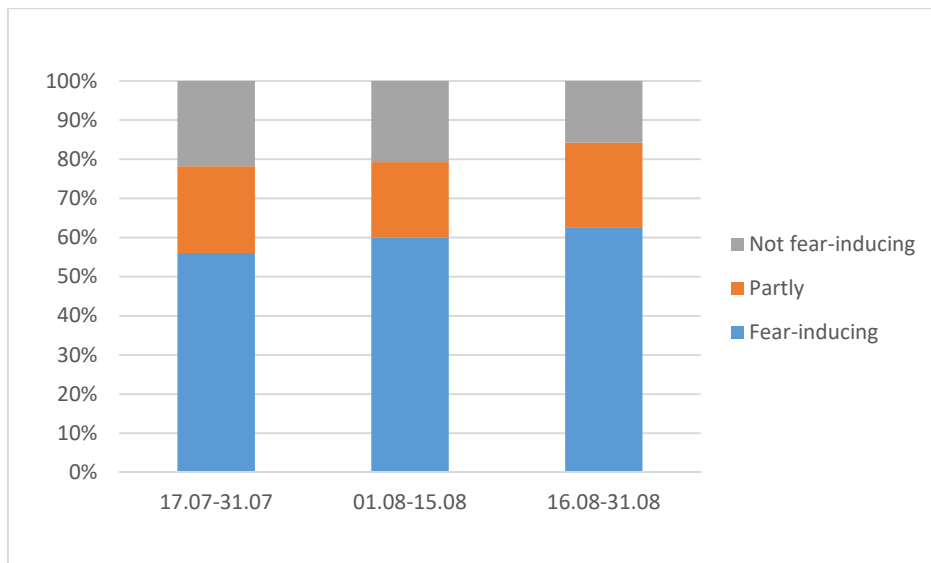
Dominance of the topic

For me, the new coronavirus is



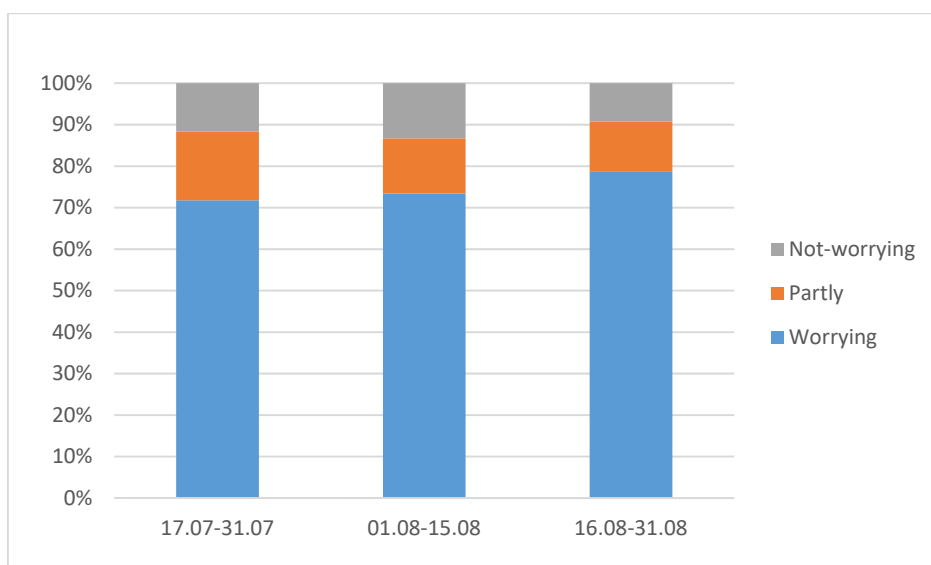
Fear

For me, the new type of coronavirus is



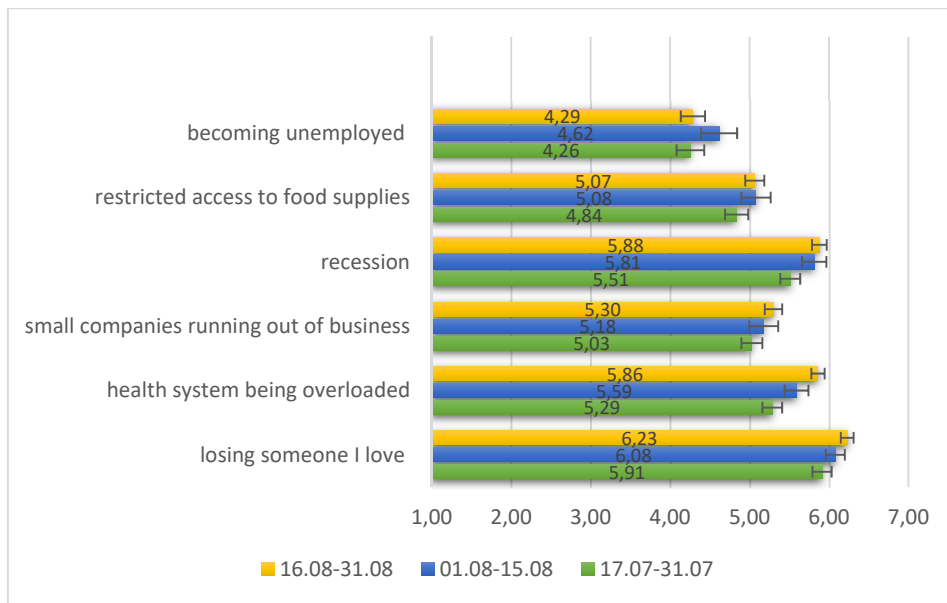
Worry

For me, the new type of coronavirus is



4.3 Worries and fears

Here is the change of the mean value of the answers over time.



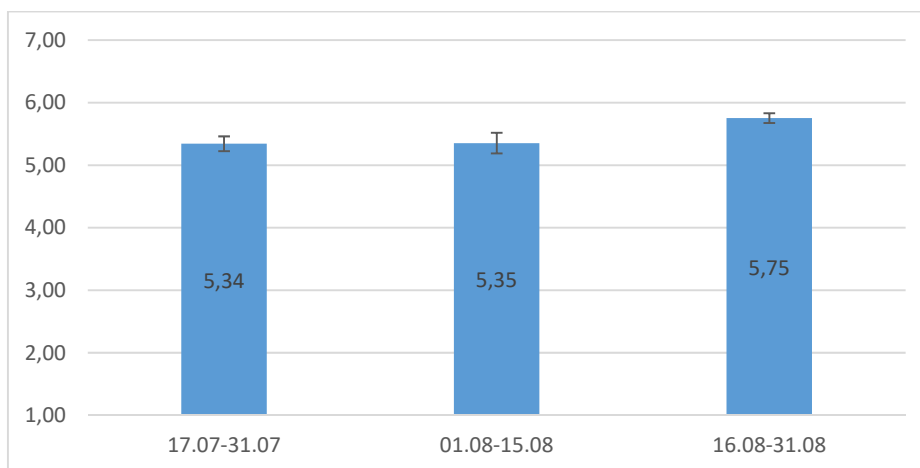
4.4 Real and felt knowledge

Correct knowledge and the feeling of being able to protect yourself are important factors influencing protective behavior. The following graphics show the current status and the change in self-assessed and actual average knowledge, the safety with regard to protective behavior and the perception of the measures.

How do you rate your level of knowledge about the novel coronavirus?

Means and 95% confidence intervals (1: very poor knowledge 7: very good knowledge)

Perceived knowledge



Self-assessed knowledge and actual knowledge about COVID-19 (the score calculation for the actual knowledge was adjusted):

Wave 1(17.07-31.07): -0,06

Wave 2 (01.08-15.08): -0,01

Wave 3 (16.08-31.08): -0,02

5. What affects risk perception

Risk perception is an important factor influencing protective behavior. Risk is recorded as the likelihood of falling ill, the severity of the disease and one's own susceptibility. Here it is examined which factors are related to risk perception.

Possibility

What is your probability of getting infected with the novel coronavirus? Recorded on a scale of 1-7: extremely unlikely - extremely likely.

People who are female, think or know that people in their social environment are infected with coronavirus, who perceive the coronavirus not close themselves but spreading quickly, are or could be infected, who often look for information about coronavirus, have a lot expectation of self-efficacy, not perceive themselves prepared for coronavirus, find their probability of getting infected with the novel coronavirus higher.

Severity

How severe would contracting the novel coronavirus be for you? Measured on a scale from 1-7: not severe- very severe.

Older, chronically ill, highly educated people think more likely than young, healthy and poorly educated people that the disease is serious for them. People who consider the outbreak to be media hype, the coronavirus spreading quickly and who trust in TV channels/Radio stations to search information's about it, also think that the disease serious for them. Anyone who feels less fearful of coronavirus, perceive prepared for coronavirus thinks the disease is less serious.

Susceptibility

How susceptible do you consider yourself to an infection with the novel coronavirus? Measured on a scale of 1-7: not at all susceptible - very susceptible

People who are old, chronically ill, have a lot expectation of self-efficacy, perceive coronavirus quickly, know or think people in their social environment are infected with coronavirus, more often look for information about coronavirus think that they are or could be infected. People who consider the coronavirus close and feels less fearful of coronavirus are more vulnerable.

Interpretation: The results of a linear stepwise regression analysis (best statistical model) are shown. CI are the 95% confidence intervals of the coefficients (betas).

| | Probability ¹ | | | | Susceptibility ² | | | | Severity ³ | | | |
|--|--------------------------|------|------|------------------|-----------------------------|-------|-------|------------------|-----------------------|-------|-------|------------------|
| | Beta | CI- | CI+ | p | Beta | CI- | CI+ | p | Beta | CI- | CI+ | p |
| Perceived closeness | ,277 | ,341 | ,213 | <0.001 | -,074 | -,138 | -,009 | ,025 | -,035 | -,094 | ,023 | ,239 |
| Fear | ,030 | ,088 | ,027 | ,300 | -,141 | -,199 | -,083 | <0.001 | -,119 | -,172 | -,067 | <0.001 |
| Perceived media hype | ,033 | ,084 | ,019 | ,213 | ,029 | ,023 | ,080 | ,278 | ,066 | ,019 | ,113 | ,006 |
| Perceived speed of propagation | ,195 | ,124 | ,267 | <0.001 | ,166 | ,094 | ,238 | <0.001 | ,198 | ,133 | ,263 | <0.001 |
| Age | ,006 | ,001 | ,013 | ,103 | ,010 | ,003 | ,018 | ,005 | ,022 | ,015 | ,028 | <0.001 |
| Chronically ill (vs. not chronically ill) | ,059 | ,151 | ,268 | ,583 | ,352 | ,141 | ,562 | ,001 | ,837 | ,645 | 1,029 | <0.001 |
| Conspiracy theories | | | | | | | | | | | | |
| Many very important things happen in the world, which the public is never informed about | ,015 | ,045 | ,074 | ,625 | -,008 | -,067 | ,052 | ,805 | ,021 | -,033 | ,075 | ,446 |
| Politicians usually do not tell us the true motives for their decisions | ,068 | ,003 | ,134 | ,040 | -,034 | -,100 | ,031 | ,305 | -,006 | -,066 | ,054 | ,839 |
| Government agencies closely monitor all citizens | ,006 | ,042 | ,054 | ,799 | ,028 | ,020 | ,077 | ,254 | ,030 | -,015 | ,074 | ,189 |
| events which superficially seem to lack a connection are often the result of secret activities | ,011 | ,055 | ,077 | ,748 | ,005 | -,061 | ,072 | ,878 | ,004 | -,056 | ,065 | ,884 |
| there are secret organizations that greatly influence political decisions | ,030 | ,091 | ,032 | ,342 | ,026 | -,036 | ,087 | ,410 | -,042 | -,098 | ,014 | ,143 |
| Educational status (university / high school and below) | ,180 | ,140 | ,499 | ,270 | -,242 | -,563 | ,080 | ,140 | -,385 | -,678 | -,093 | ,010 |
| Self-efficacy expectation | ,135 | ,038 | ,231 | ,006 | ,264 | ,167 | ,361 | <0.001 | ,046 | -,042 | ,135 | ,306 |
| Frequency of information search | ,106 | ,012 | ,200 | ,027 | ,142 | ,048 | ,237 | ,003 | -,020 | -,106 | ,066 | ,654 |
| Gender Female - | ,222 | ,043 | ,401 | ,015 | -,113 | -,292 | ,067 | ,220 | -,055 | -,218 | ,109 | ,514 |
| Infected person in social environment | ,164 | ,057 | ,271 | ,003 | ,197 | ,090 | ,305 | <0.001 | ,086 | -,012 | ,184 | ,087 |
| Being Infected (vs. Not Infected) | ,131 | ,006 | ,255 | ,039 | ,054 | -,071 | ,179 | ,396 | -,102 | -,216 | ,012 | ,080 |
| Medium knowledge COVID-19 | ,044 | ,124 | ,212 | ,606 | ,122 | -,047 | ,291 | ,157 | ,072 | -,082 | ,226 | ,360 |
| Perceived knowledge | ,055 | ,025 | ,134 | ,178 | ,027 | -,053 | ,107 | ,502 | ,053 | -,020 | ,126 | ,156 |
| Perceived preparation | ,141 | ,204 | ,078 | <0.001 | -,042 | -,106 | ,021 | ,193 | -,078 | -,136 | -,021 | ,008 |
| Trust in Radio stations/Television channels | ,024 | ,091 | ,043 | ,484 | ,054 | -,013 | ,121 | ,116 | ,072 | ,011 | ,134 | ,021 |
| Trust in Social media | ,027 | ,026 | ,081 | ,318 | ,046 | -,008 | ,099 | ,095 | ,040 | -,009 | ,089 | ,111 |
| Health authority websites | ,037 | ,016 | ,090 | ,170 | -,004 | -,057 | ,050 | ,891 | ,001 | -,048 | ,050 | ,974 |
| Trust in the employer | ,024 | ,061 | ,014 | ,220 | ,007 | -,031 | ,045 | ,704 | -,025 | -,059 | ,010 | ,162 |

¹ R²=0.195, Adjusted R²=0.180

R²=0.216

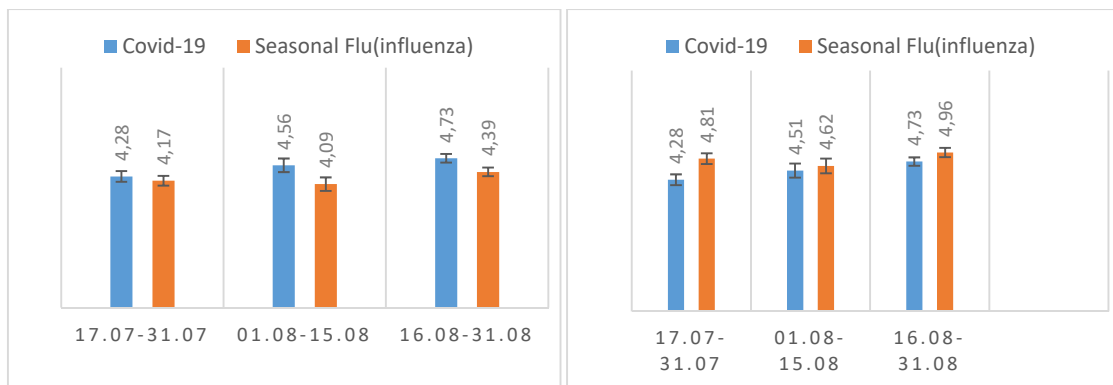
² R²=0.168, Adjusted R²=0.152

³ R²=0.230, Adjusted

5.1 Risk perception Corona vs. Influenza

The comparison with influenza is often discussed. How does the population perceive the risks?

- The respondents think they are more susceptible to corona than flu and consider corona to be a more serious illness. The difference to the flu has grown stronger last two week.
- The probability of illness all weeks for corona is estimated to be lower than for the flu. Last two week, the probability of illness for both diseases was estimated to be higher than first month.

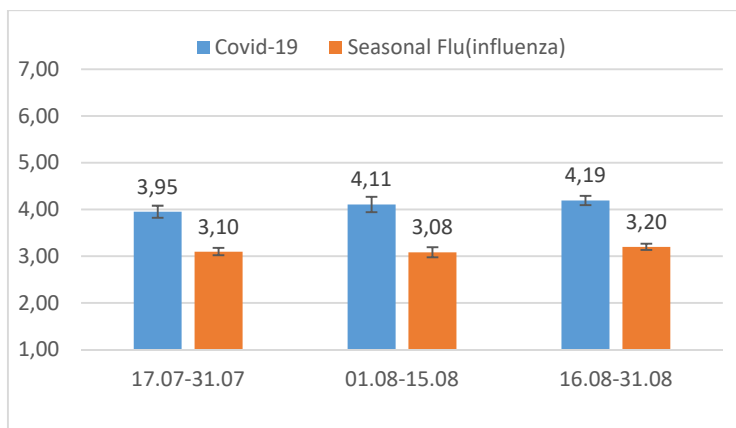


Susceptibility to covid-19/seasonal influenza *

COVID – 19 vs. Influenza (1): Estimated likelihood of illness*

*Means and 95% confidence intervals

Rated on a scale from 1 (extremely unlikely) to 7 (extremely likely)



COVID – 19 vs. Influenza: the assumed severity of an illness*

*Means and 95% confidence intervals

Rated on a scale from 1 (extremely unlikely) to 7 (extremely likely)

6 Who does what?

6.1 Protection behavior

Protection behavior is recorded as a percentage: the higher the value, the more effective protective measures (e.g. hand washing) a person must take. This examines what distinguishes people who show more protection behavior. (An overview of the individual protective measures can be found under "Data in detail")

People who are afraid of coronavirus, perceive coronavirus as a novel disease, trust in employer and for whom the websites of the health authorities are relevant, have adopted more protective behavior.

People who assess the disease serious or have potentially infected people in their own environment, indicates that they have less protective behavior.

Interpretation: The results of a linear stepwise regression analysis (best statistical model) are shown. CI are the 95% confidence intervals of the coefficients (betas).

Note: The regression relates only to the last two wave.

| | Protection Behavior | | | |
|---|---------------------|-------|-------|--------|
| | Beta | CI- | CI+ | p |
| Seriousness of the disease: | -,090 | -,143 | -,037 | ,001 |
| Gender Female | -,097 | -,260 | ,067 | ,247 |
| | | | | |
| Educational status (university / high school and below) | -,162 | -,463 | ,140 | ,292 |
| Being Infected (vs. Not Infected) | ,025 | -,095 | ,144 | ,686 |
| Confirmed disease in the area of residence (none) | -,165 | -,268 | -,062 | ,002 |
| Perceived media hype | ,019 | -,028 | ,066 | ,426 |
| Fear | ,109 | ,054 | ,163 | <0.001 |
| Perceived novelty of the disease | ,101 | ,053 | ,150 | <0.001 |
| Medium knowledge COVID-19 | ,087 | -,075 | ,248 | ,291 |
| Health authority websites | ,050 | ,012 | ,088 | ,010 |
| Trust in the employer | ,110 | ,074 | ,145 | <0.001 |

$R^2=0.090$, Adjusted $R^2=0.082$

6.2 Actionism

Some people sometimes tend to be active (e.g. taking food supplements, antibiotics, taking herbal remedies, homeopathic drugs). This is recorded as ineffective protective behavior: what percentage of the ineffective protective measures specified in the questionnaire has a person already taken? This examines what distinguishes people who tend to be active. (An overview of the individual actionism behaviors can be found under "Data in detail").

The analysis shows (see table): People who are female, have higher education status and for whom social media is more relevant source, show more actionism.

Interpretation: The results of a linear stepwise regression analysis (best statistical model) are shown. CI are the 95% confidence intervals of the coefficients (betas).

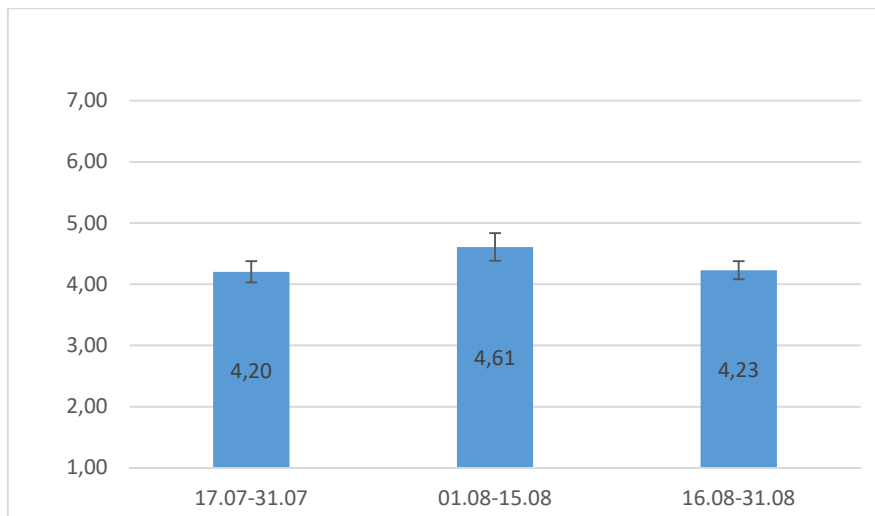
| | Taking herbal remedies | | | |
|---|------------------------|------|-------|-------------|
| | OR | CI- | CI+ | p |
| Seriousness of the disease: | 1,063 | ,978 | 1,154 | ,149 |
| Gender Female | ,774 | ,602 | ,997 | ,047 |
| Educational status (university / high school and below) | ,605 | ,382 | ,959 | ,033 |
| Being Infected (vs. Not Infected) | ,587 | ,295 | 1,170 | ,130 |
| Confirmed disease in the area of residence (none) | 1,181 | ,916 | 1,522 | ,199 |
| Perceived media hype | ,953 | ,886 | 1,025 | ,193 |
| fear | ,982 | ,902 | 1,068 | ,667 |
| Perceived novelty of the disease | ,967 | ,897 | 1,041 | ,372 |
| Medium knowledge COVID-19 | 1,148 | ,503 | 2,620 | ,743 |
| Trust in the employer | ,947 | ,893 | 1,003 | ,064 |
| Health authority websites | 1,024 | ,969 | 1,081 | ,401 |
| Social media | ,916 | ,853 | ,984 | ,017 |

6.3 Discriminatory behavior

Individual cases were reported in the media in which people of Chinese or Italian descent were discriminated. It was therefore recorded whether the respondents consider temporary discrimination in the event of an outbreak to be appropriate. The following graphic shows the mean agreement with the statement "In the event of an outbreak, it is appropriate to temporarily discriminate against a certain group of people (e.g. Chinese, Italians) based on their country of origin" over time. In general, the population consistently is not sure to temporarily discriminate others based on their origin in the event of an outbreak.

Appropriateness of discrimination

Means and 95% confidence intervals (1: extremely unlikely 7: extremely likely)



A further analysis of the question of whether people who come from countries where coronavirus cases have occurred has already been avoided shows (see table):

People for whom the websites of health officials is more relevant, who are generally more prone to conspiracy theories, avoid people from affected areas more. People who are female and believe in that politicians do not tell the true motives for their decision, avoid people from affected areas less. What role the propensity for conspiracy theories plays here is unclear. Note: The regression only refers to the last two wave.

| | Avoiding people from affected areas | | | |
|--|-------------------------------------|-------|-------|--------|
| | Beta | CI- | CI+ | p |
| Gender: female | -,463 | -,711 | -,215 | <0.001 |
| Being Infected (vs. Not Infected) | ,064 | -,116 | ,243 | ,488 |
| Conspiracy theories | | | | |
| Many very important things happen in the world, which the public is never informed about | ,166 | ,079 | ,253 | <0.001 |
| Politicians usually do not tell us the true motives for their decisions | -,098 | -,193 | -,002 | ,045 |
| Government agencies closely monitor all citizens | ,072 | ,002 | ,142 | ,043 |
| events which superficially seem to lack a connection are often the result of secret activities | ,119 | ,022 | ,216 | ,016 |
| there are secret organizations that greatly influence political decisions | -,029 | -,118 | ,061 | ,529 |
| Health authority websites | ,096 | ,035 | ,158 | ,002 |
| Perceived preparation | -,027 | -,108 | ,053 | ,504 |

6.4 Precautionary purchases ("Panic buying")

There is a lot of media coverage about "panic buying". This examines which factors are related to whether people have bought food as a precaution. Approx. 35% say they have bought large amounts of food supplies. The probability of buying more food is especially higher for people who have feeling of helplessness and have no kids under 18 years of age. People who are female and chronically ill, exhibit less panic buying behavior.

Interpretation: The results of a binary-logistic step-by-step regression analysis (best statistical model) are shown. Odds ratio make a statement about the extent to which the existence or non-existence of a characteristic A (e.g. perceived proximity) is related to the existence or non-existence of another characteristic B (e.g. panic buying). CI are the 95% confidence intervals of the coefficients. Influence factors in bold are significant and have a statistically significant influence.

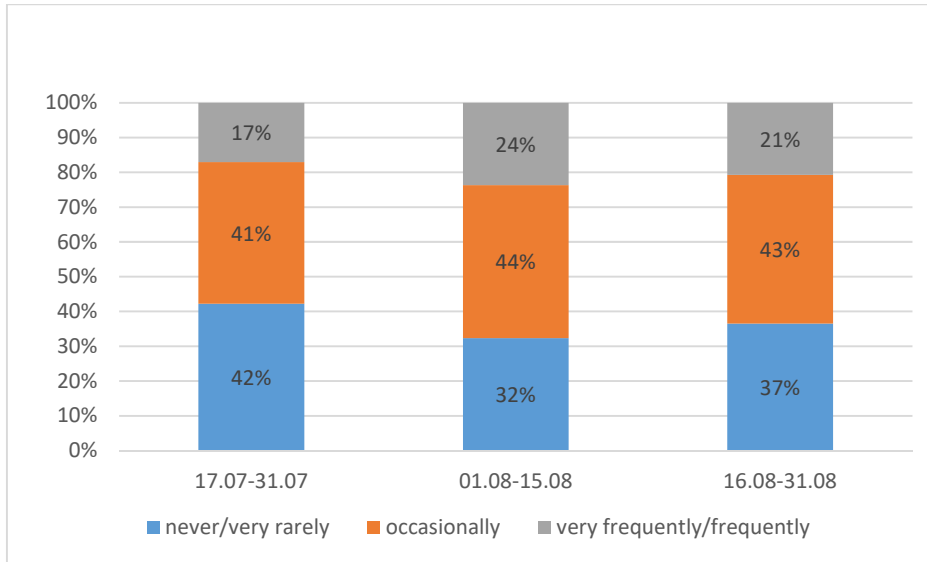
Note: The regression only refers to the last two wave.

| | Panic buying | | | |
|---|--------------|-------|-------|-------------|
| | OR | CI- | CI+ | p |
| Probability of getting sick | 1,0376 | -,038 | ,112 | ,334 |
| Seriousness of the disease | 0,932 | -,154 | ,014 | ,104 |
| Perceived media hype | 1,051 | -,020 | ,119 | ,160 |
| Fear | 1,094 | -,009 | ,189 | ,074 |
| Worry | 0,983 | -,128 | ,094 | ,762 |
| Perceived helplessness | 1,114 | ,036 | ,180 | ,003 |
| Conviction to conspiracy theories | | | | |
| Many very important things happen in the world, which the public is never informed about | 1,029 | -,052 | ,109 | ,488 |
| Politicians usually do not tell us the true motives for their decisions | 0,951 | -,139 | ,037 | ,260 |
| Government agencies closely monitor all citizens | 1,016 | -,049 | ,081 | ,627 |
| events which superficially seem to lack a connection are often the result of secret activities | 1,043 | -,047 | ,132 | ,351 |
| there are secret organizations that greatly influence political decisions | 0,980 | -,103 | ,063 | ,638 |
| Television channels/Radio stations | 1,049 | -,048 | ,143 | ,329 |
| Magazines | 1,067 | -,031 | ,160 | ,183 |
| Social media | 0,953 | -,121 | ,024 | ,193 |
| Trust in the employer | 0,999 | -,051 | ,050 | ,975 |
| Frequency of information search | 0,908 | -,223 | ,031 | ,138 |
| Self-efficacy expectation | 0,974 | -,135 | ,081 | ,627 |
| Gender: female | 0,760 | -,510 | -,038 | ,023 |
| Chronically ill (vs. not chronically ill) | 0,740 | -,594 | -,007 | ,045 |
| Medium knowledge COVID-19 (referans 2) | 1,140 | -,141 | ,404 | ,345 |
| Having no kids under 18 years of age | 1,316 | ,039 | ,510 | ,022 |

7 Information behavior

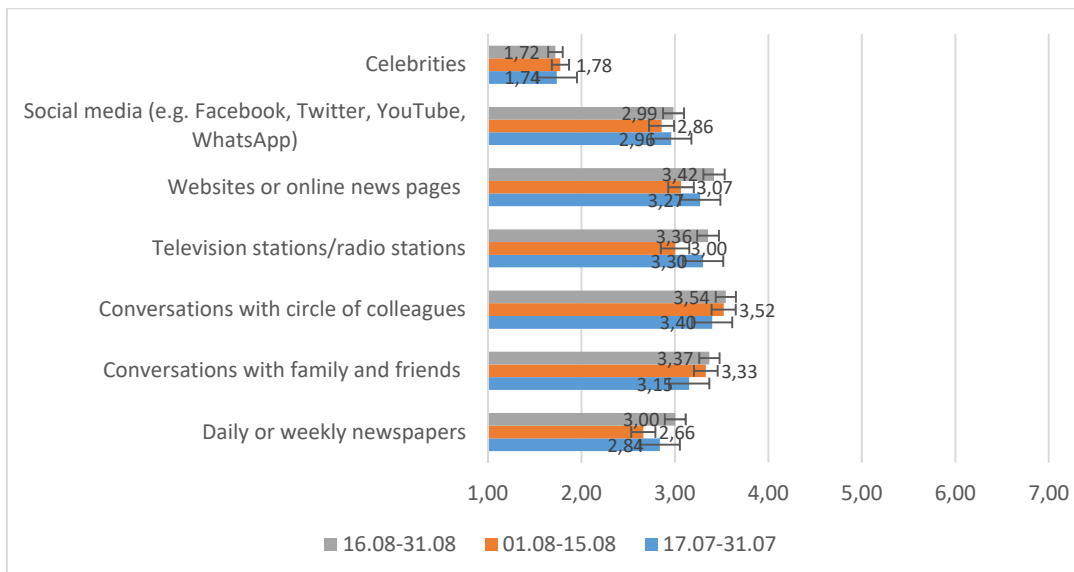
7.1 Frequency

How often do you inform yourself about the novel coronavirus?



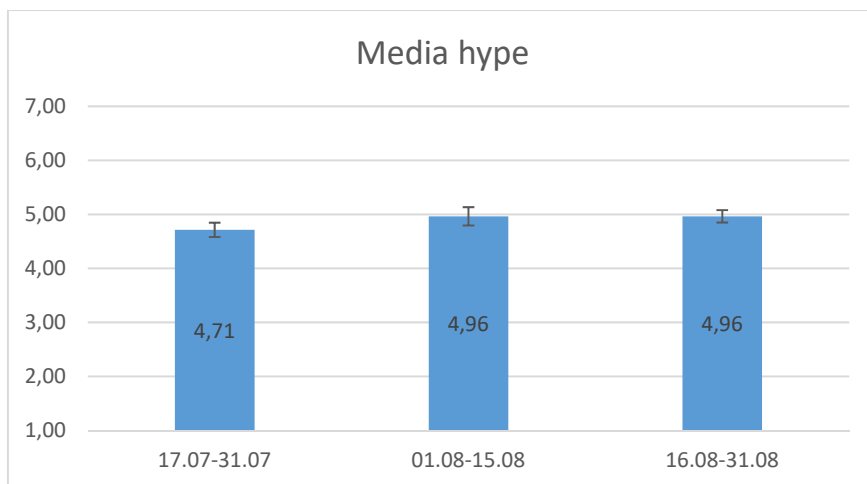
7.2 Trust in Sources of Information

How much do you trust the following sources of information in their reporting about the novel coronavirus?



7.3 Corona as media hype

The novel coronavirus to me feels... (Means and 95% confidence intervals)



8 Outbreak Management

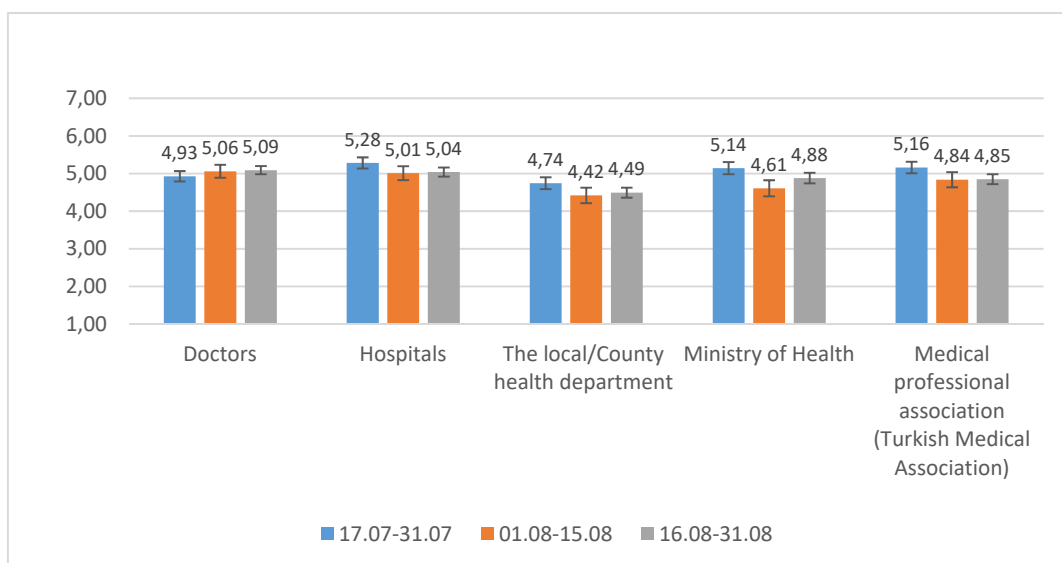
8.1 Trust

Note: Survey participants had the option of choosing “no answer possible”. This means, that the following mean values may not apply to the entire sample.

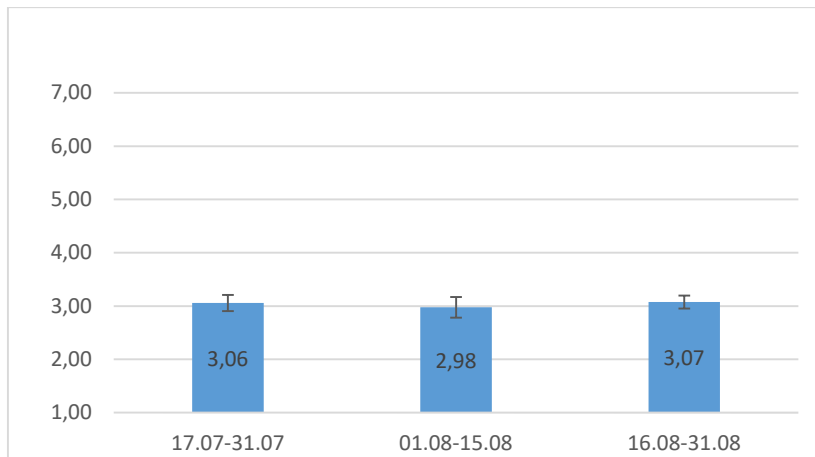
Interpretation: mean values with 95% confidence intervals.

How much confidence do you have in the below individuals and organizations that they can handle the novel coronavirus well?

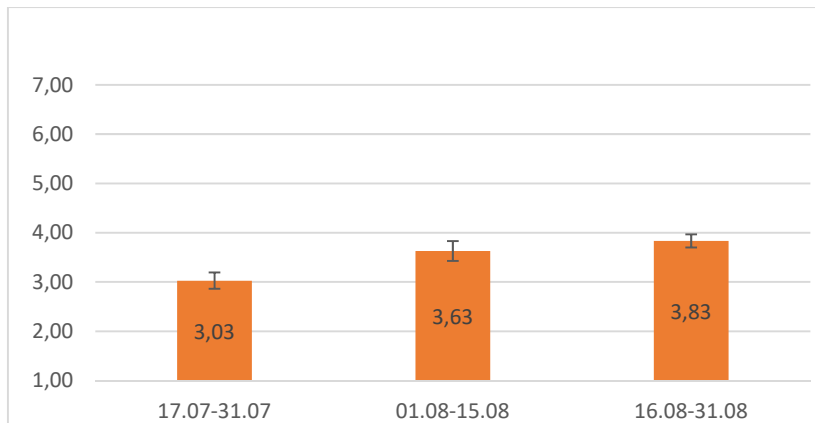
Health sector and health authorities



Trust in Media:



Trust in Employer:

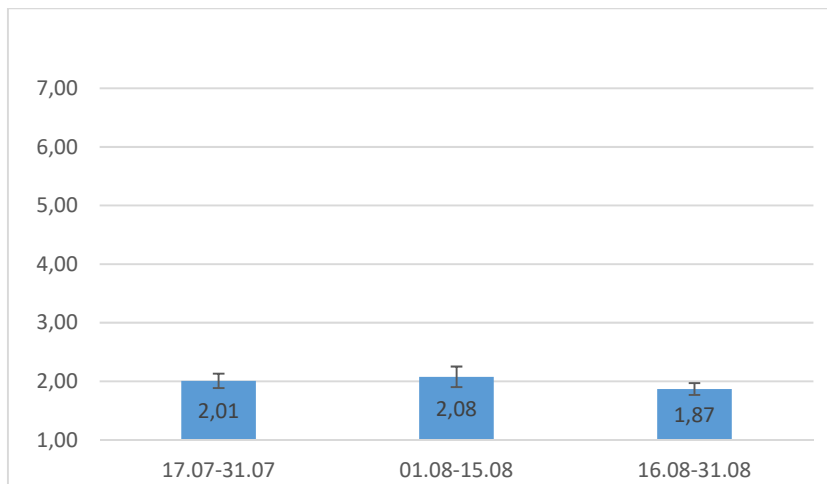


9 Crisis Management

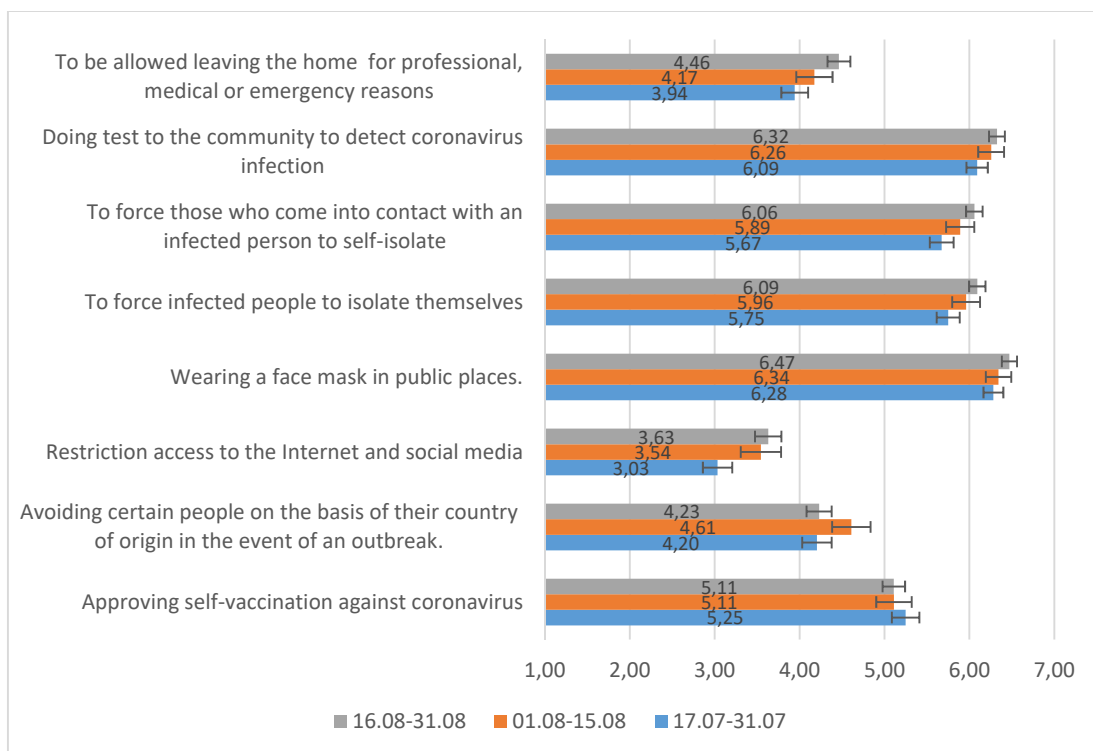
9.1 Acceptance of various measures

I think that the measures currently being taken are greatly exaggerated...

Mean values with 95% confidence intervals (1: Strongly disagree, 7: Strongly agree)



willingness to allow government restrictions

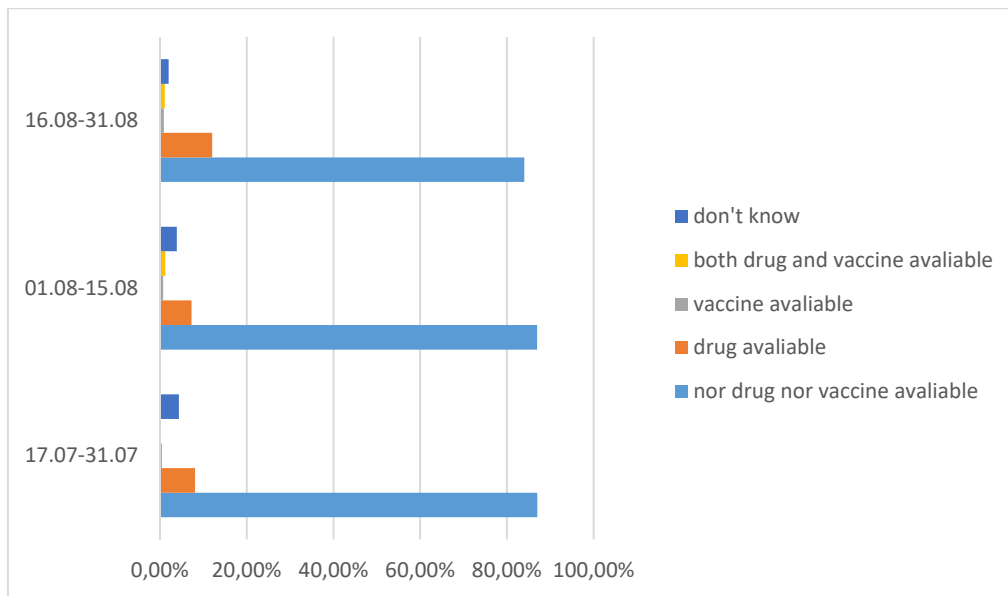


10 Data in detail

10.1 Detail: Knowledge of COVID-19

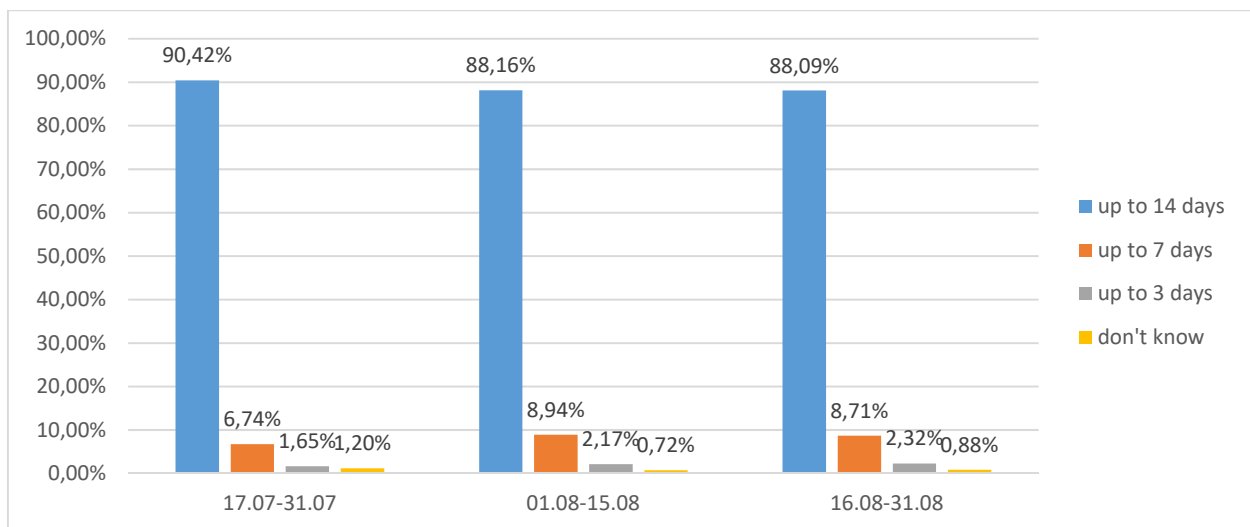
- Knowledge of treatment options

Assessment of the participants; Single choice



Knowledge of the incubation period

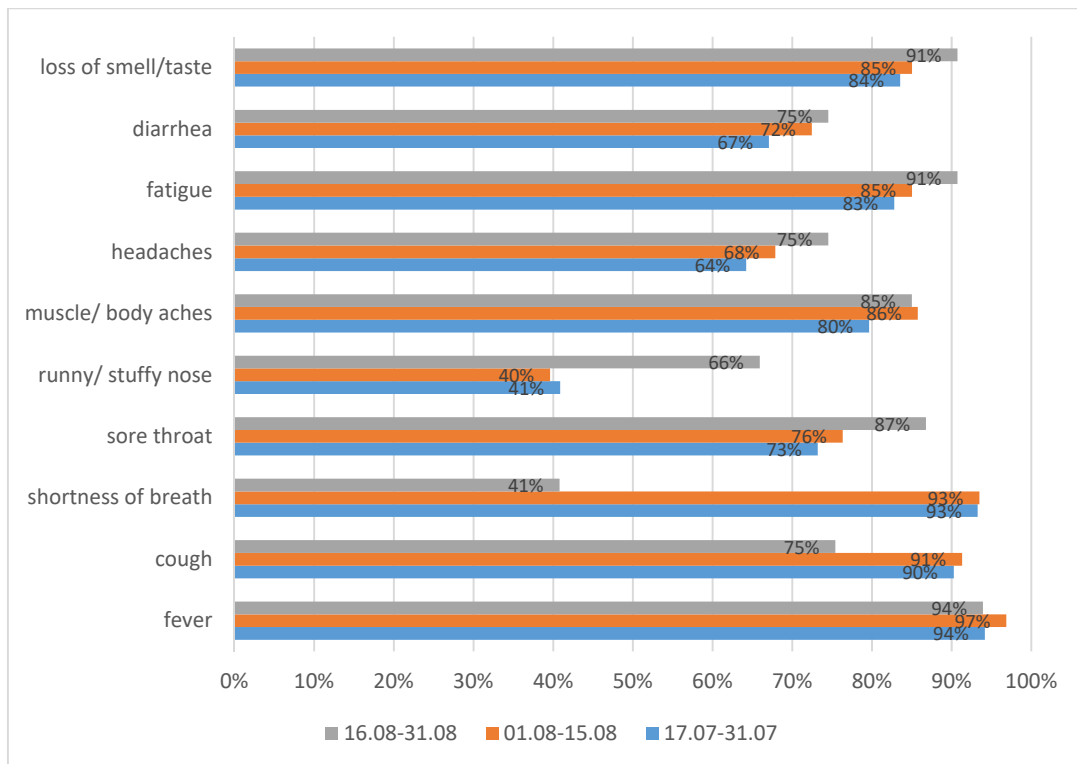
- Assessment of the participants; Single choice



10.2 Detail: symptom knowledge

The most common symptoms come in the form of common cold symptoms such as fever, dry cough, fatigue, sore throat as well as headaches and body aches etc. In rare cases, people suffered from nausea and diarrhea

Knowledge of the COVID-19 symptoms

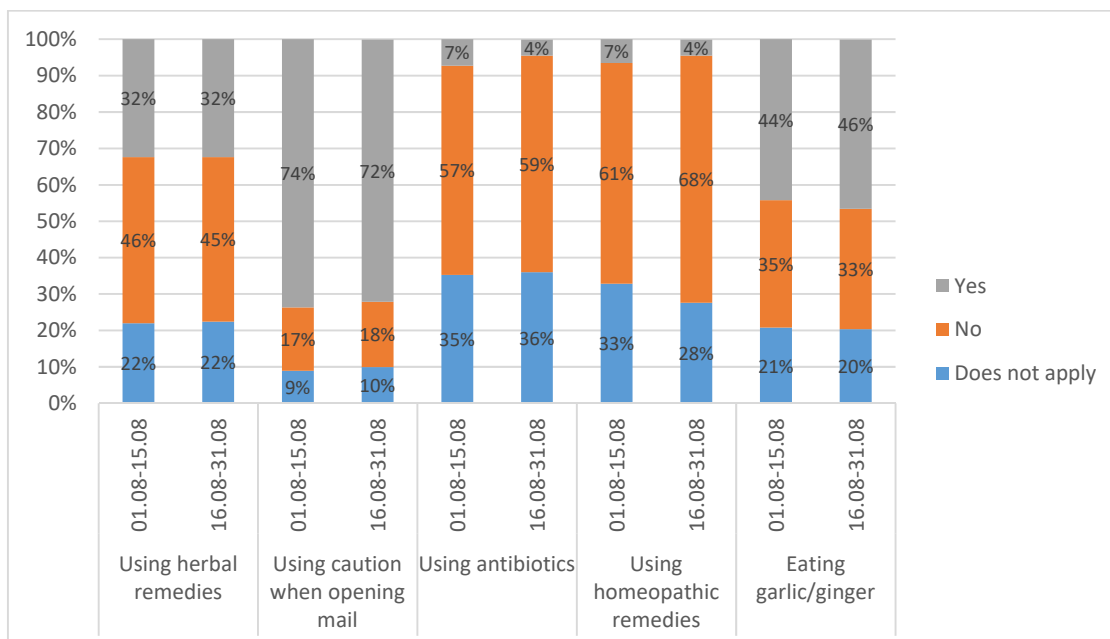


10.3 Detail: Ineffective protective measures and actionism

Which of the following are effective measures to prevent the spread and infection of the novel coronavirus? Which of the following measures have you taken to prevent infection from the novel coronavirus?

(Representation: ineffective protective measures, interpreted as actionism)

Knowledge and applying of ineffective preventive measures

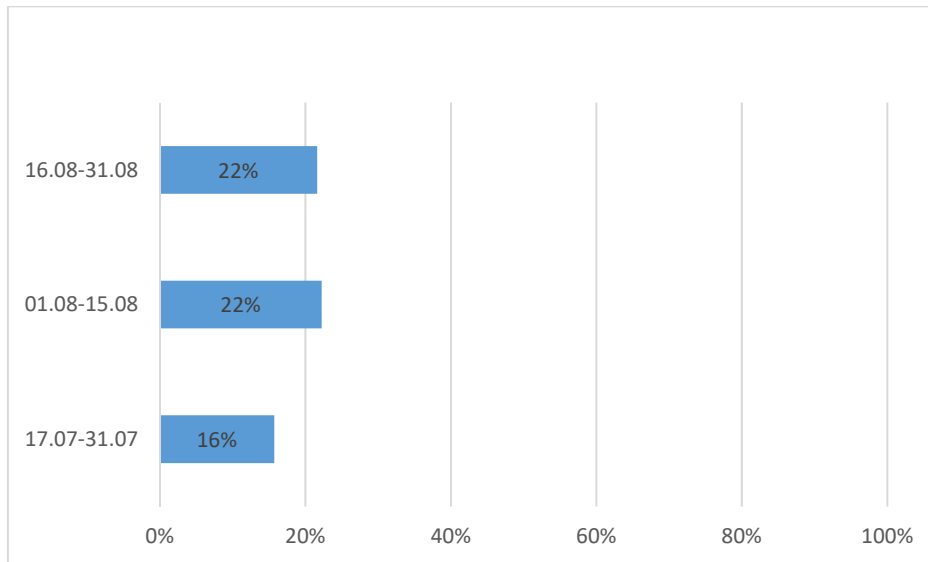


10.4 Detail: Influenza vaccination

Vaccination against influenza do not protect against the coronavirus, however, it is recommended that people aged 65 or people who have chronic disease that cause immunosuppression. This can prevent the immune system of those people from having to fight more than one infection. (Evaluation of all participants)

Question: **Which of the following measures have you taken to prevent infection from the novel coronavirus?**

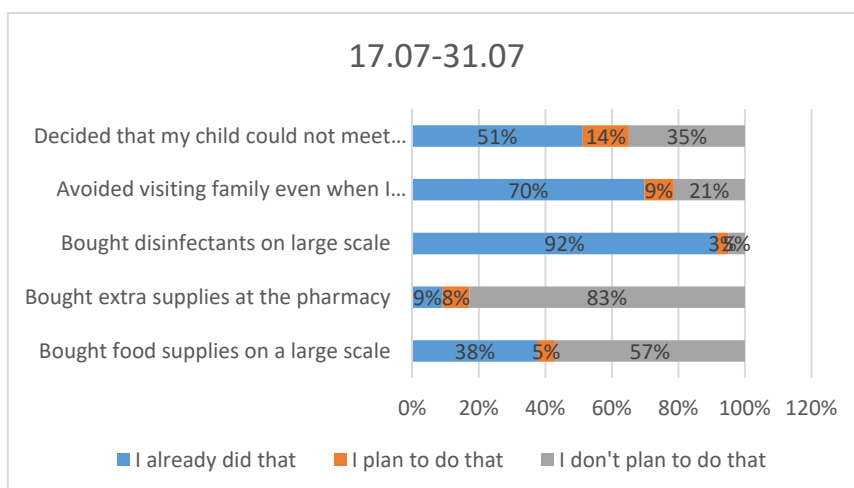
Getting flu shot as protective measures



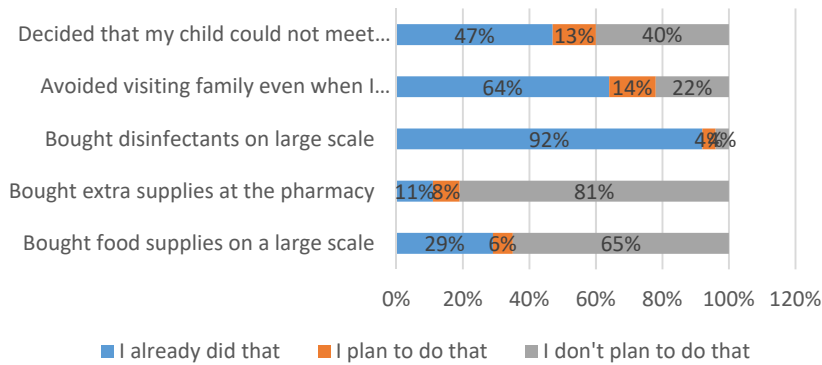
10.5 Detail: crisis preparation

Question: **Next, we would like to know if you implemented or plan to implement the following behaviors.**

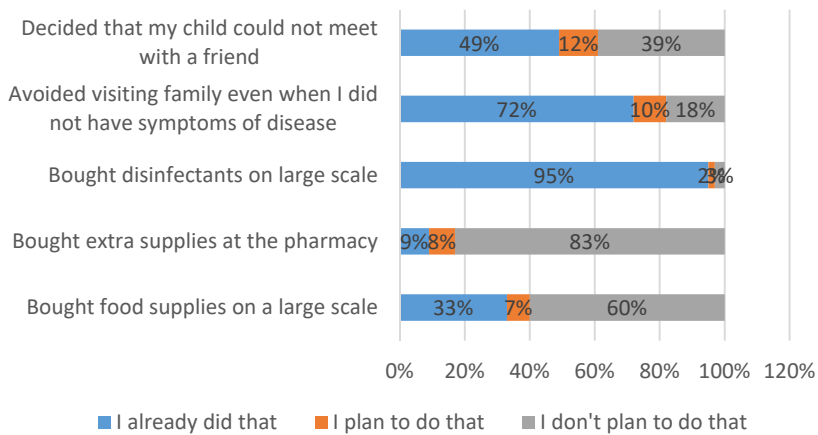
Preparatory actions



01.08-15.08

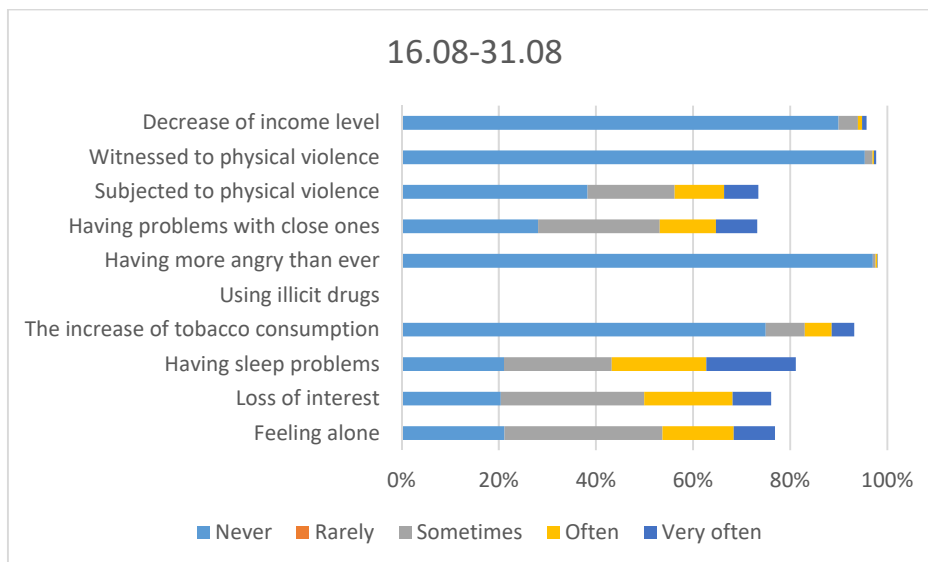
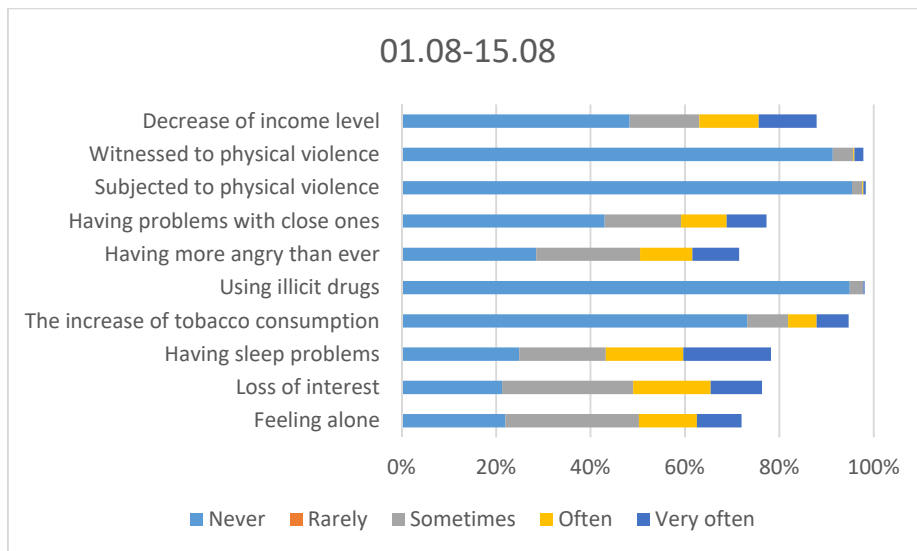


16.08-31.08



10.6 Daily Life Changes

During the coronavirus epidemic, do you have problems with the following issues?



11. REFERENCE

- Bandura, A. (2006). Guide for constructing self-efficacy scales. *Self-efficacy beliefs of adolescents*, 5(1), 307-337.
- Bradley, M. M., & Lang, P. J. (1994). Measuring emotion: the self-assessment manikin and the semantic differential. *Journal of behavior therapy and experimental psychiatry*, 25(1), 49-59.
- Brewer, N. T., Chapman, G. B., Gibbons, F. X., Gerrard, M., McCaul, K. D., & Weinstein, N. D. (2007). Meta-analysis of the relationship between risk perception and health behavior: the example of vaccination. *Health psychology*, 26(2), 136.

Bruder M, Hafke P, Neave N, Nouripanah N, Imhof R. Measuring individual differences in generic beliefs in conspiracy theories across cultures: conspiracy mentality questionnaire. *Front Psychol.* 2013;4:225. Published 2013 Apr 30. doi:10.3389/fpsyg.2013.00225

Krawczyk, A., Stephenson, E., Perez, S., Lau, E., & Rosberger, Z. (2013). Deconstructing human papillomavirus (HPV) knowledge: objective and perceived knowledge in males' intentions to receive the HPV vaccine. *American Journal of Health Education*, 44(1), 26-31.

Liao, Q., Cowling, B. J., Lam, W. W. T., & Fielding, R. (2011). The influence of social-cognitive factors on personal hygiene practices to protect against influenzas: using modelling to compare avian A/H5N1 and 2009 pandemic A/H1N1 influenzas in Hong Kong. *International Journal of Behavioral Medicine*, 18(2), 93-104.

Münnich, R. Gabler, Siegfried ua 2012: Stichprobenoptimierung und Schätzung in Zensus 2011. *Statistik und Wissenschaft*, 21.

Pearson, S. D., & Raeke, L. H. (2000). Patients' trust in physicians: many theories, few measures, and little data. *Journal of general internal medicine*, 15(7), 509-513

Renner, B., & Schwarzer, R. (2005). The motivation to eat a healthy diet: How intenders and nonintenders differ in terms of risk perception, outcome expectancies, self-efficacy, and nutrition behavior. *Polish Psychological Bulletin*, 36(1), 7-15.

Schweitzer, M. E., Hershey, J. C., & Bradlow, E. T. (2006). Promises and lies: Restoring violated trust. *Organizational behavior and human decision processes*, 101(1), 1-19.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.

Steel Fisher GK et al (2012). Public response to the 2009 influenza A H1N1 pandemic: a polling study in five countries. *Lancet Infectious Diseases* 2012; 12: 845-50