

SI-PANDA 2024/2025

Behavioural Insights and Health

Online survey results
3rd round (March 2025)

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INTRODUCTION

The COVID-19 pandemic demonstrated that understanding people's attitudes and behaviours is key to effectively implement interventions to prevent or reduce virus transmission. Despite the long history of behavioural theories and research, behavioural insights were a relative latecomer to the process of managing the COVID-19 pandemic, remaining at the periphery rather than at the centre of the response to the crisis (De Vries, Stok, De Valk, & De Bruin, 2023).

In order to better understand people's behaviour in the context of a pandemic crisis, the National Institute of Public Health (NIJZ) conducted the SI-PANDA survey between December 2020 and March 2023. This explored the experience and impact of the COVID-19 pandemic on the lives of the Slovenian population. 26 iterations of the survey were conducted, focusing on adherence to recommended measures to control the spread of SARS-CoV-2, such as vaccination against COVID-19, use of masks and following safety distance. The survey also provided insights into changes in lifestyle, as well as physical and mental health of the Slovenian population during the pandemic. We also looked at people's attitudes towards vaccination and the reasons for their hesitancy. Later, we also monitored the consequences of surviving SARS-CoV-2 infection (post-COVID syndrome or long COVID).

Have we learnt any lessons from the COVID-19 pandemic? Are we prepared for a possible new infectious disease pandemic or other type of crisis? Will we engage more with the potential of behavioural science knowledge and insights in the next crisis situation? Does Slovenia differ from other countries in attitudes and preparedness for a possible new pandemic? These are just few questions that we will try to answer with a new set of the SI-PANDA survey, this time called The Behavioural Insights and Health.

The "SI-PANDA: The Behavioural Insights and Health" survey will take place in 2024 and 2025, with a total of four rounds, implemented every six months (March and September 2024, and March and September 2025). This is an international study conducted in collaboration with the Dutch National Institute for Public Health and the Environment (RIVM), the Spanish National Institute of Public Health Carlos III (ISCIII) and the Department of Health of the Irish Government, allowing international comparison of results.

The survey explores individuals' physical and mental health in relation to a potential crisis situation, adherence to healthy habits (such as hand hygiene and coughing), lifestyle, management of cold symptoms and preparedness in the event of a new pandemic or crisis situation.

It is an online survey among the members of the online panel. Approximately 1,500 adults aged 18 to 74 years (inclusive) take part in each round. The survey is conducted by Valicon on behalf of the National Institute of Public Health. The data will be analysed at the NIJZ and international comparisons between the participating countries in the first round of the survey will be made by Ipsos in collaboration with the Dutch RVIM.

The survey will provide valuable insights into people's health-related behaviours and habits, which will be useful for designing strategies to improve public health and prevent the spread of infectious diseases, as well as for future crisis response.

Head of the survey: Ada Hočevar Grom, MD, specialist

METHODOLOGICAL NOTES

The online survey is being conducted in 4 rounds, starting in March 2024. The survey rounds will be carried out every six months. Data for Slovenia are analysed at the NIJZ.

Selected panel members are invited to the online survey, which takes place through the online panel. Each survey round involves a representative sample of about 1,500 adults aged 18 to 74.

The questionnaire for “The Behavioural Insights and Health” survey was developed in collaboration with the Dutch RVIM, and includes some questions used in previous surveys conducted by the National Institute of Public Health, as well as questions developed by members of the research team and their collaborators according to current needs.

The data presented in the report are weighted by gender, age groups and statistical region.

The report presents data from the **3rd round** of the **SI-PANDA 24/25** online survey, which took place in **March 2025** on a sample of 1,504 adult Slovenian residents, aged 18 to 74. For selected questions, we have shown a comparison between the individual rounds of the SI-PANDA “Behavioural Insights and Health” survey. The mental health section also shows the results of previous SI-PANDA surveys conducted between 2020 and 2023.

Surveys carried out so far:

1st round – March 2024 (n = 1,522)

2nd round – September 2024 (n = 1,522)

3rd round – March 2025 (n = 1,504)

KEY FINDINGS

➤ **Pandemic preparedness**

Just under a half of respondents (45.0%) consider themselves prepared for a possible re-closure of the country due to a new virus. This is a lower percentage than in the first round of the survey in March 2024, when 51.9% of respondents considered themselves prepared. 42.7% of employed respondents believe that the employers are prepared for another lockdown, while 18.6% of respondents believe that the government is prepared. Employer preparedness, as well as government preparedness, was perceived by respondents to be lower in the third round of the survey than in the first round of the SI-PANDA survey

➤ **Implementing hygiene measures**

More than half of the 18–74-year-olds reported that they always wash their hands with soap and water after using the toilet (87.1%), house cleaning (72.9%) and before preparing food (68.2%). After returning home, 48.6% of respondents always wash their hands, and 28.2% wash their hands after coughing, sneezing, or blowing their nose. Coughing and sneezing into the elbow was practised by more than half, with younger generations and women being more consistent. Hand sanitizers were used most in a health facility (52.8%), less when visiting a pharmacy (28.2%), less than one fifth in a store and 16.1% on public transport. The majority (79.2%) would not visit people in vulnerable groups who could become seriously ill with a respiratory infection, while 14.5% would visit but would wear a protective mask.

➤ **Detecting preparedness for disasters and other emergencies**

The majority of respondents (76.6%) think it is likely that a natural disaster will happen in our immediate vicinity in the next five years and more than half think it is likely that a highly contagious disease outbreak is very likely to happen (53.3%). Armed conflict, terrorist attacks and man-made disasters seem unlikely to happen to more than half. Armed conflict would have a severe emotional and practical impact on 81.0% of respondents, terrorist attacks on 66.7% and natural disasters on 50.8% of respondents. Just over half of the respondents feel anxious when they think they might experience a pandemic again in the future, with 3.6% feeling very anxious. Most – 90.4% of the respondents reported having a first aid kit at home, 79.0% having a three-day supply of drinks and food, and 69.8% having a supply of protective masks and disinfectants. Just under 30.0% of respondents have at home all the resources we asked about (food, drinks, medicines, first aid kit, cooking water and protective masks and disinfectants).

➤ **Trusting persons or institutions and health literacy**

Respondents stated that they trust science the most (average score of 6.7 on a scale of 1 to 7) and doctors (average score of 6.3). In a series of questions about health literacy, the majority (67.3%–95.8%) of respondents said they could understand, find, and use health-related information.

➤ **Experiencing social support**

The survey data show that slightly more than half of the respondents have moderate social support (52.6%), 27.7% have weak social support, and 19.7% have strong social support.

➤ **Vaccination**

Just over three-quarters (77.1%) of respondents agreed that vaccines are important for children, while a good half agreed that it is important for adults to be vaccinated (54.6%), that vaccines are effective (52.2%), and that they are in line with their beliefs (50.3%).

➤ **Physical health**

On a scale from 0 to 100, where 0 is the worst health they can imagine and 100 is the best health they can imagine, on average the respondents rated their health as 74. The majority (59.4%) of respondents do not have any chronic diseases.

➤ **Mental health**

According to the survey results, 11.7% of respondents are at risk of anxiety disorder, which is more prevalent among women and younger age groups. The probability of depressive disorders is present in 8.7% of respondents, 19.4% of respondents have probable mental health problems, and 71.9% have no mental health problems. Mental health problems are more common among women and younger age groups, while good mental health is more common among men and older respondents.

➤ **Symptoms of anxiety due to global crises**

Most respondents (87.5%–95.2%) did not show symptoms of anxiety due to current crises. 12.5% of respondents showed symptoms of anxiety due to energy-related risks (e.g., rising energy prices, energy supply problems), while 11.6% showed symptoms of anxiety due to financial stability risks (e.g., financial crisis, recession, inflation).

Pandemic preparedness

In the 3rd round SI-PANDA just under a half of the respondents (45.0%) assessed they felt prepared (responses “prepared” and “fully prepared”) for a possible re-closure of the country (lockdown) due to the spread of a new virus. However, the highest proportion of respondents that felt unprepared were aged 18–49 (22.3%–26.6%) (Figure 1). People with higher education or more felt prepared in 49.9% of cases, compared to people with secondary education or less (40.7%). In terms of employment status, more retirees (53.0%) felt prepared for the pandemic compared to employed and self-employed persons (44.2%) and students and inactive persons (32.9%). There is also a significant difference in perceived preparedness based on the mental health of the respondents – 47.6% of those without mental health problems felt prepared compared to those likely to have a depressive disorder (37.1%) or likely to have mental health problems (49.4%).

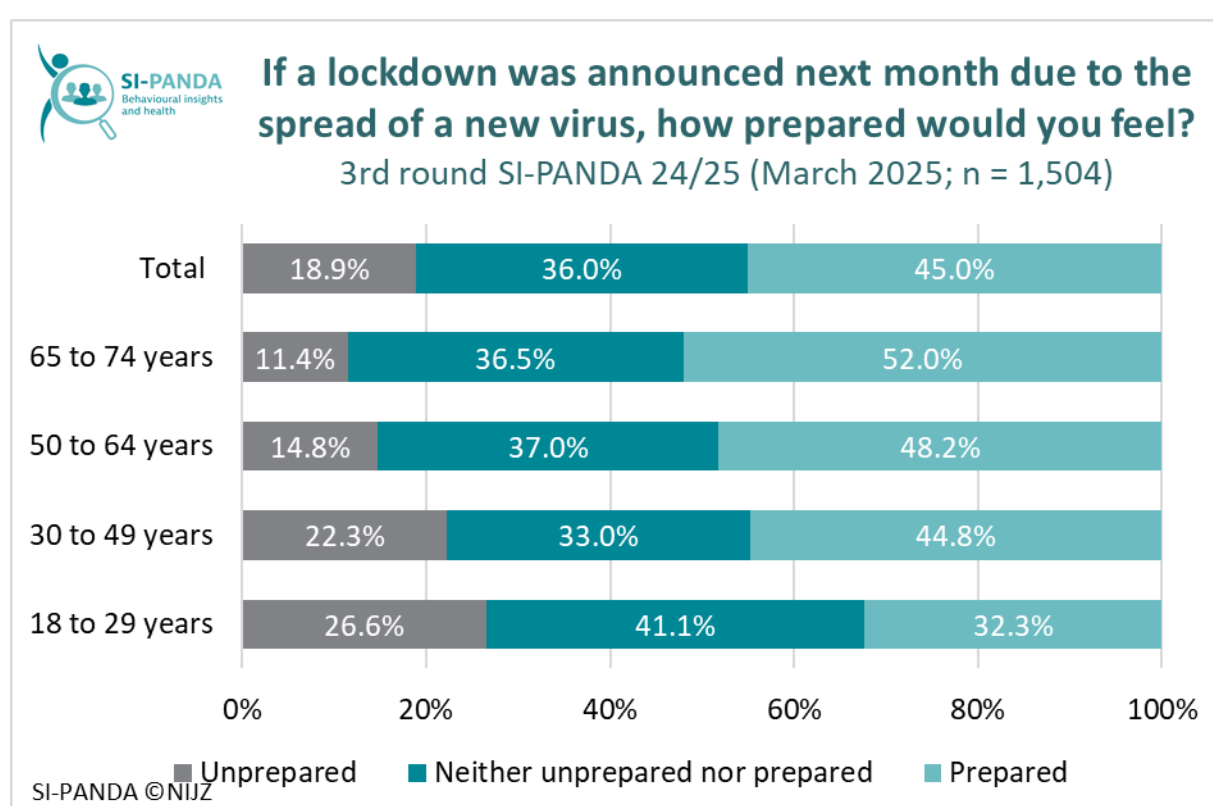


Figure 1: Perception of preparedness for a lockdown due to the spread of a new virus, total and by age groups.

A comparison between the first and third rounds of the SI-PANDA 2024/2025 survey shows that a higher proportion of people (51.9%) in the 1st round of the survey, which took place in March 2024, were prepared for a possible re-closure of the country due to the spread of a new virus, compared to the results of the 2nd (46.9%) and third (45.0%) rounds of the survey. There were more neither unprepared nor prepared in the 2nd round (37.1%) and third (36.0%) rounds of the survey compared to the 1st round (30.8%) (Figure 2). Women were more likely to be prepared for a possible re-closure of the country in the 1st round of SI-PANDA (51.8%) compared to the 2nd (42.8%) and 3rd (43.1%) rounds of the survey, while there were more men prepared in the 1st (52.0%) and the 2nd (50.8%) rounds of the survey compared to the 3rd (46.9%) round. In the 1st (47.6%) and 2nd (43.7%) rounds of the survey, more people aged 18–29 were prepared than in the 3rd round (32.3%). More people aged 50–64 were

prepared in the 1st round (55.7%) than in the 2nd (48.2%) and 3rd (48.2%) rounds. In other age groups, there were no differences in pandemic preparedness between the survey rounds.

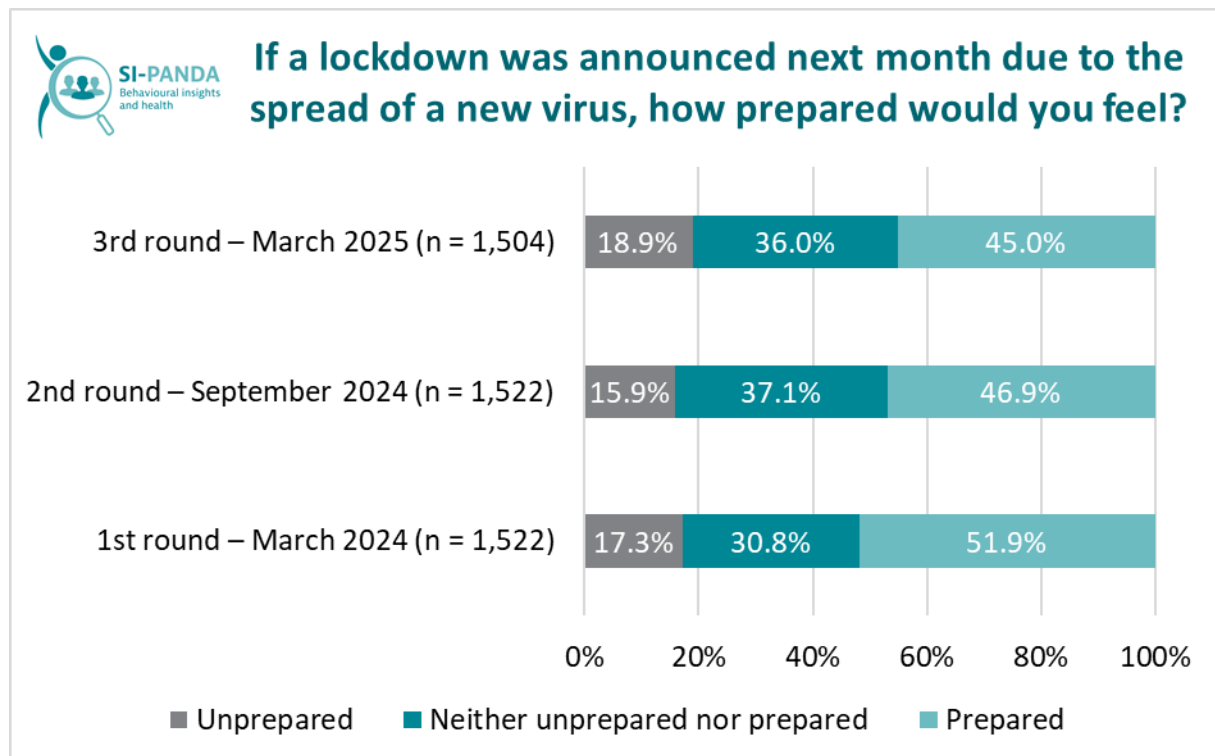


Figure 2: Perception of preparedness for a lockdown due to the spread of a new virus, total and by survey rounds.

We also asked the respondents about their perception of their employer's¹ and government's preparedness for a possible lockdown due to the spread of a new virus. Less than half (42.7%) of the employed and self-employed respondents assessed that their employer is prepared for a possible lockdown or that they are prepared as a sole trader, while only a poor fifth (18.6%) of the respondents consider the government to be prepared. Just over a half (50.8%) believed that the government was not prepared for another lockdown (Figure 3).

¹ Employed and self-employed persons responded.

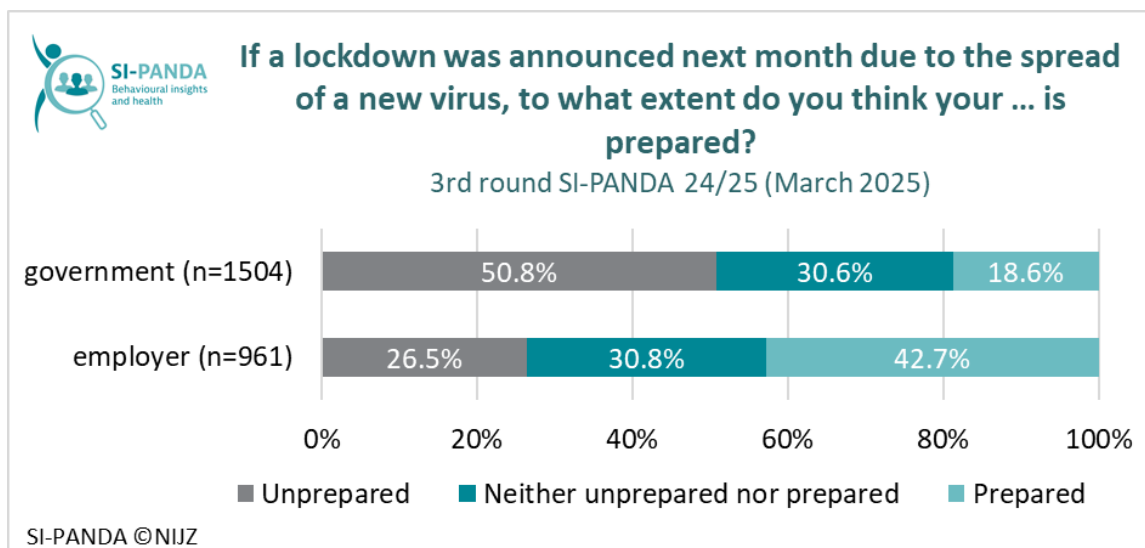


Figure 3: Perception of government and employer lockdown preparedness due to the spread of a new virus, total.

Figure 4 shows the percentage of respondents who believe that employers and the government are prepared for a lockdown due to the spread of a new virus. In the first round of SI-PANDA survey, more respondents believed that employers² (52.5%) and the government (25.1%) were prepared for another lockdown than in the second (employers = 44.7%; government = 16.5%) and the third rounds of the survey (employers = 43.2%; government = 18.6%) (Figure 4).

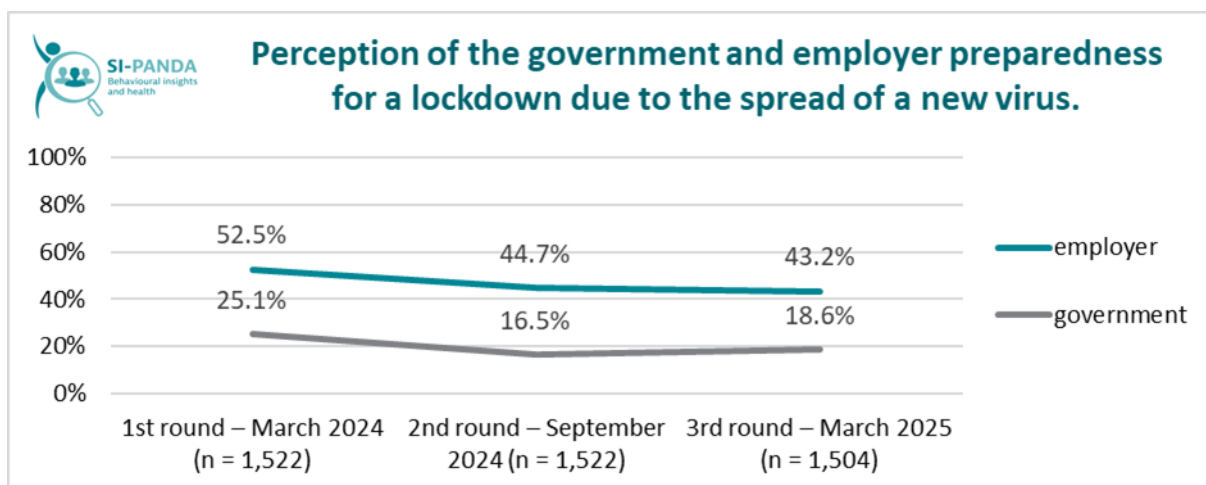


Figure 4: Perception of the government and employer preparedness for a lockdown due to the spread of a new virus, total and by survey rounds

² Only employed persons responded, without self-employed.



Implementing hygiene measures

The majority of respondents reported that in the last 7 days they always washed their hands with soap and water after using the toilet (87.1%), cleaning the house (72.9%), and before preparing (68.2). After returning home, 48.6% of respondents always washed their hands and 28.2% after coughing, sneezing or blowing their nose. In all cases, women always wash their hands more than men (Figure 5). Respondents aged 18–29 washed their hands less frequently than those aged 30 and over in all cases.

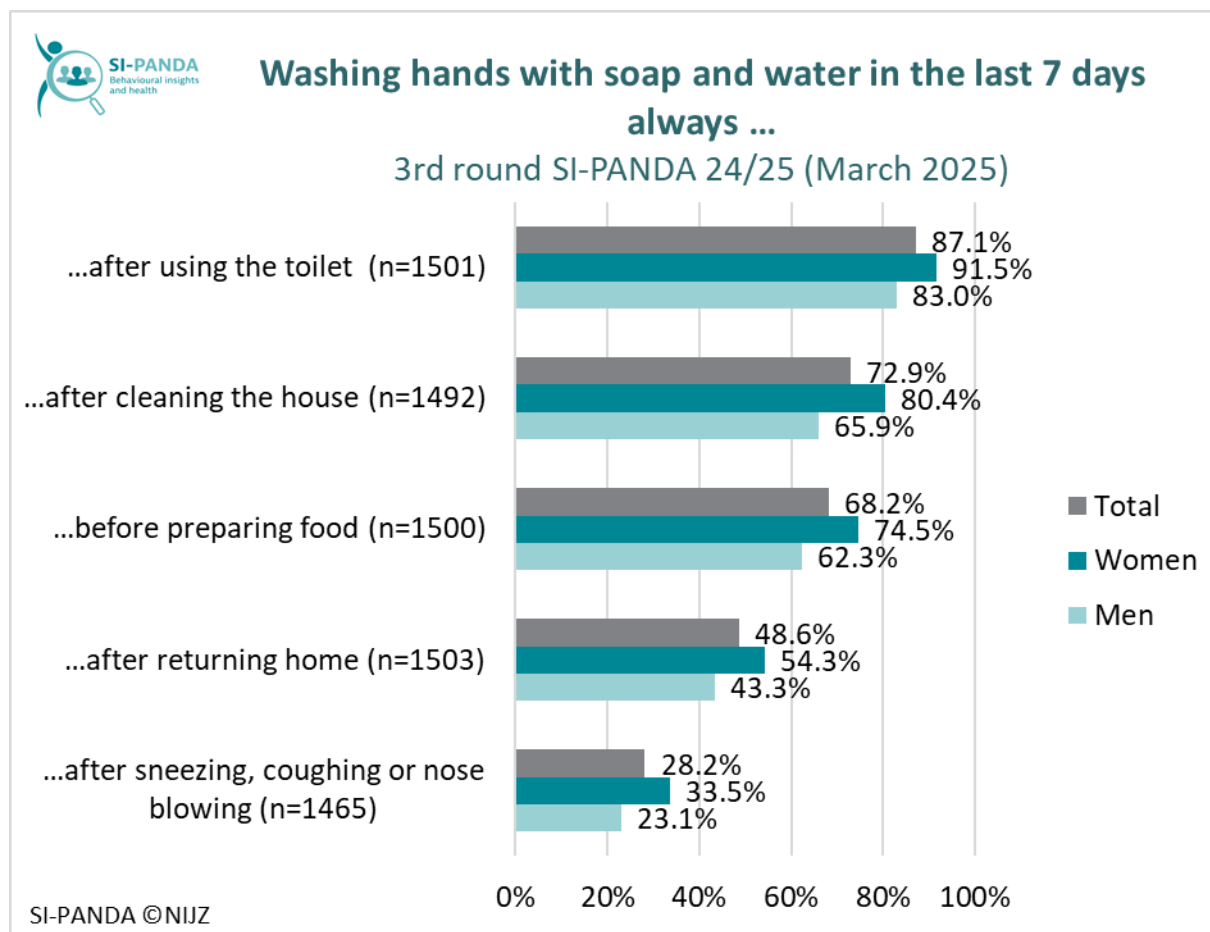


Figure 5: Washing hands with soap and water, always in the last 7 days, total and by sex.

More than half of the respondents always or often coughed or sneezed into the elbow instead of the palm of the hand in the last seven days (56.6%). This preventive measure was always followed by more respondents aged 18–29 (45.7%) compared to those aged 30 or over (33.4%–21.9%) (Figure 6). Women coughed or sneezed into the elbow instead of the palm of the hand in 39.5% of cases compared to men (25.2%). A comparison between the survey rounds shows that in the 1st (34.1%) and 3rd (32.1%) rounds of the survey, a higher proportion of people always coughed or sneezed into their elbow instead of their hand in the last seven days than in the 2nd round (27.5%).

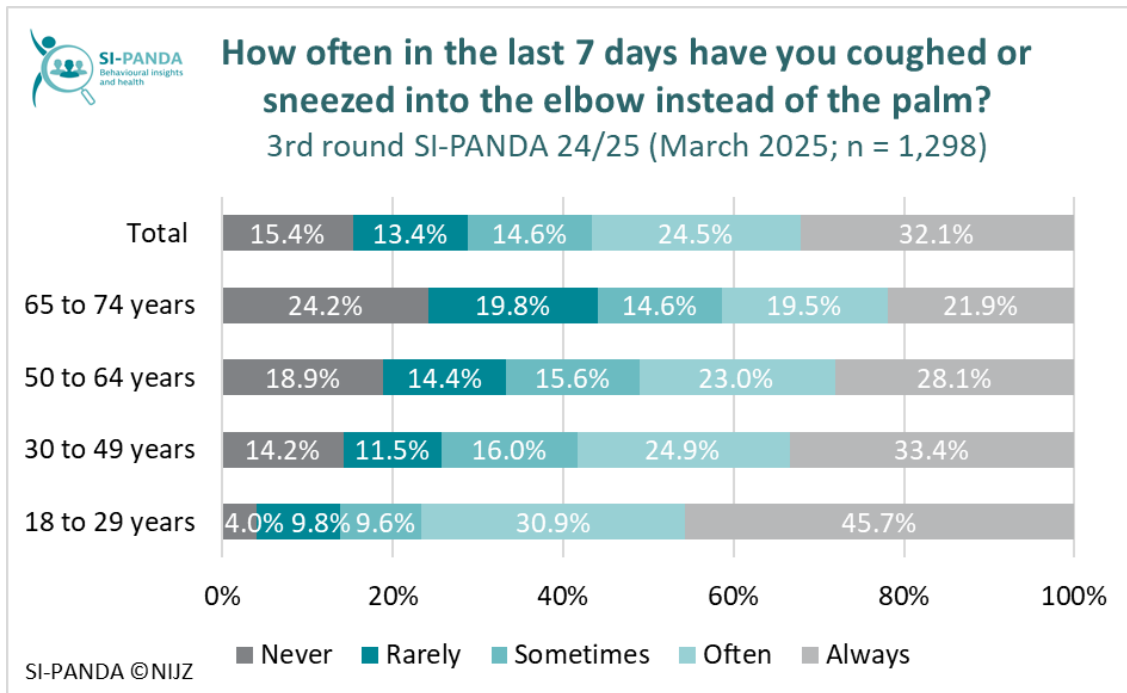


Figure 6: Frequency of coughing and sneezing into the elbow instead of into the palm, total and by age groups.

Respondents were also asked about their use of hand sanitisers in certain everyday situations in the last 14 days. It turned out that the highest proportion of people (among those who visited a health facility, pharmacy, store or used public transport) used hand sanitisers when visiting a health facility (52.8%), less when visiting a pharmacy (28.2%), a poor fifth when visiting a store (18.0%) or using a public transport (16.1%). In pharmacies, stores, and on public transport hand sanitizers were used to a greater extent by people with at least one chronic disease compared to those without chronic diseases (Figure 7).

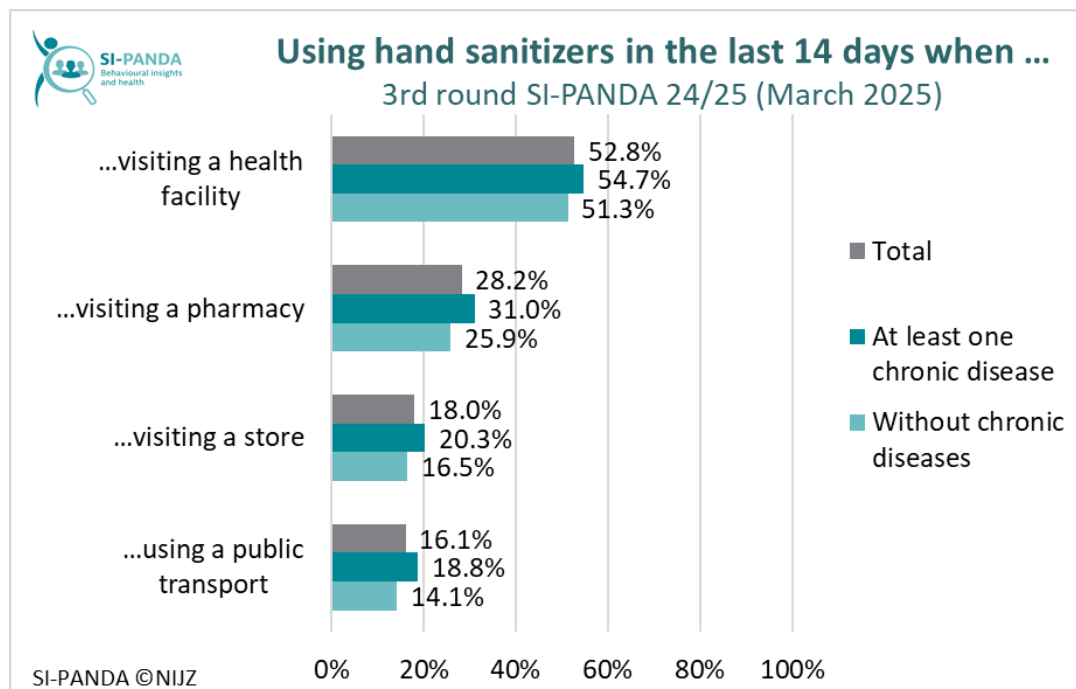


Figure 7: Using hand sanitizers in the last 14 days, total and by the presence of chronic diseases.

Most of all respondents would not visit a person who could become seriously ill if they contracted a respiratory infection (79.2%), 14.5% would do so but using a protective mask, and 2.8% would do so without using a protective mask if they showed signs of feeling unwell or ill (Figure 8).

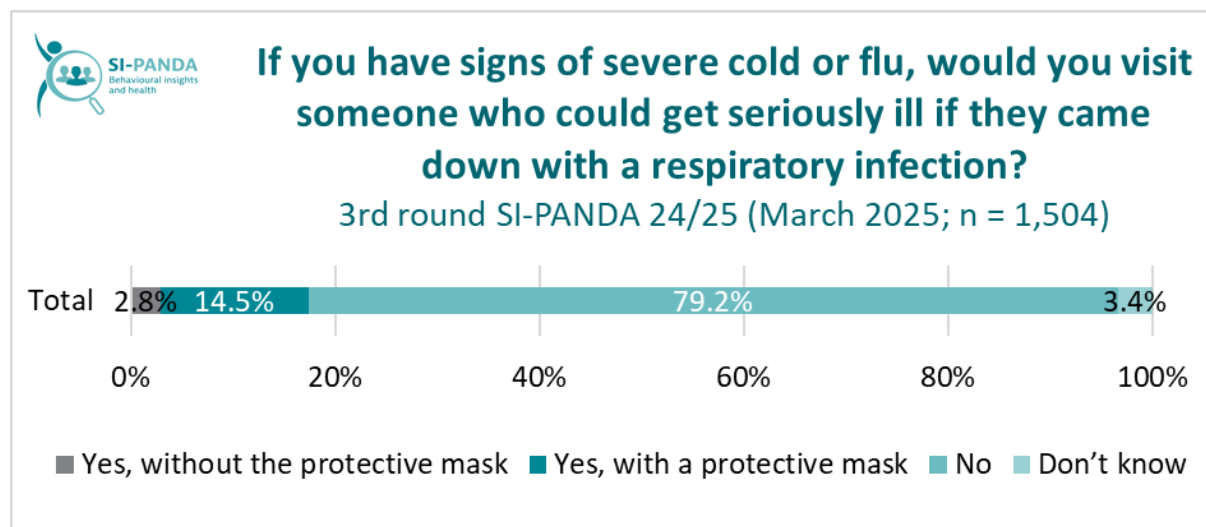


Figure 8: Action taken at the signs of a severe cold or flu, total.

Most people report that the last time someone sneezed or coughed next to them, they stepped more than one metre away (44.9%), and a good quarter avoided shaking hands with that person (26.0%). Most of the 18–29-year-olds avoided shaking (40.1%), compared to persons aged 30–74 (22.1%–24.7%). A poor quarter (23.9%) of the respondents did not do anything in such a situation (Figure 9).

Think about the last time someone next to you sneezed or coughed. What did you do to protect yourself from infection?

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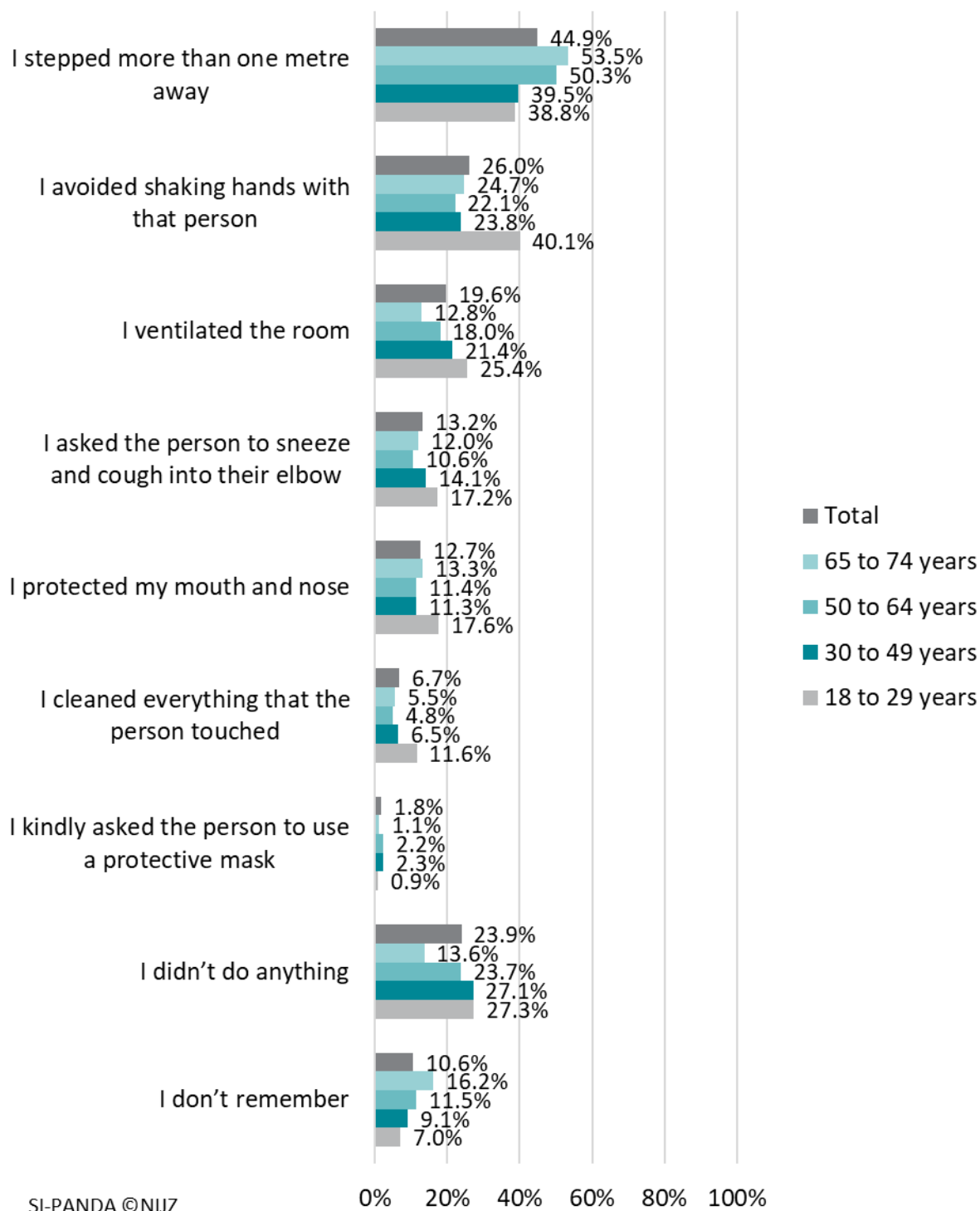


Figure 9: Actions taken when someone sneezes or coughs in the vicinity, total and by age groups.

Detecting preparedness for disasters and other emergencies

The majority of respondents report having a first aid kit at home (90.4%), a three-day supply of drinks and food for emergencies and a supply of medicines (79.0%), and a supply of protective masks and disinfectants (69.8%). As many as 41.3% of respondents have a three-day supply of water at home for cooking and personal hygiene, 33.6% are registered on public authorities' alert apps to receive public alert messages, and a good fifth (21.2%) have attended a first aid course in the last three years. More people aged 50–74 (94.2%) have a first aid kit at home compared to people under 50 (85.7%–87.7%). More people aged 50–74 (85.3%) have a three-day supply of food and drinks and a supply of medicines compared to respondents aged 18–49 (74.9%–77.0%). More people aged 65–74 (87.4%) have a stock of protective masks at home compared to people aged 18–64 (58.9%–74.5%). More people aged 50–74 (37.9%–41.7%) are registered on public authorities' alert apps to receive public alert notifications compared to younger people aged 18–49 (28.7%–28.8%). The highest proportion of 18–29-year-old respondents (40.7%) have attended a first aid course in the last three years, which is probably related to passing the driving test, while only 5.5% of 65–74-year-old respondents have attended a first aid course (Figure 10).

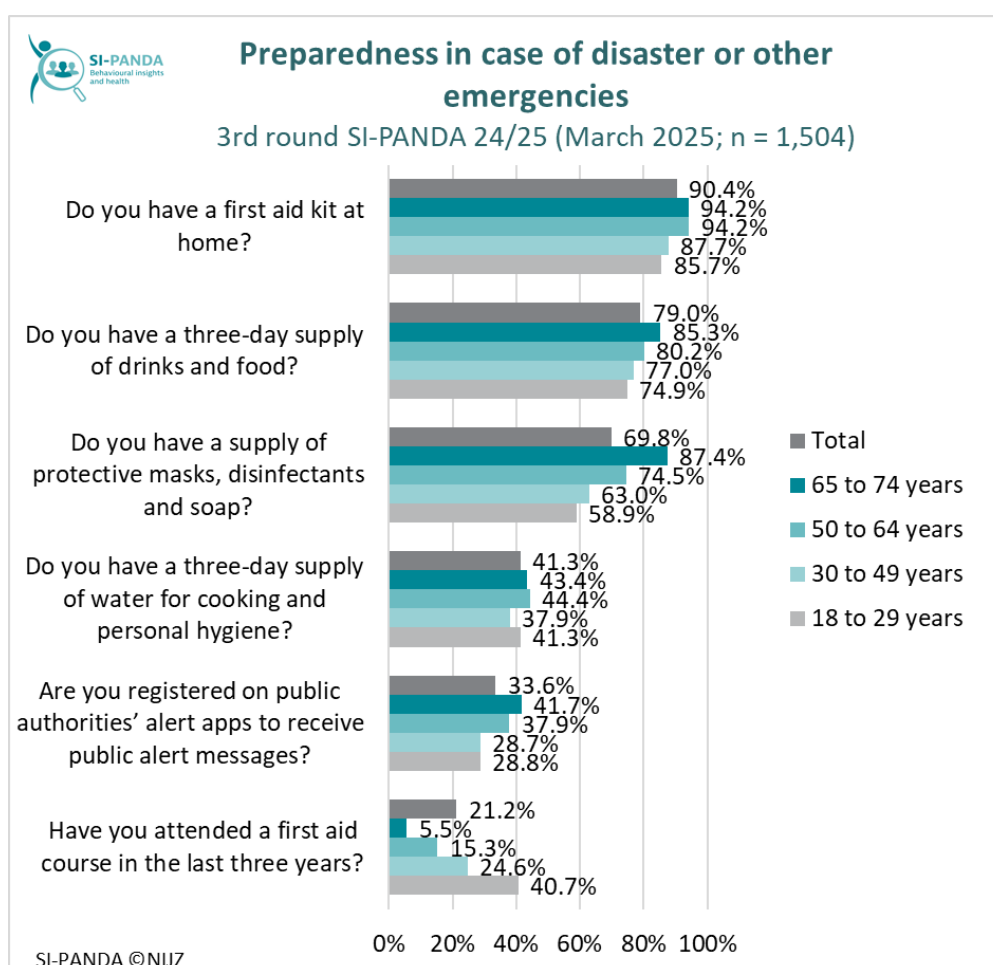


Figure 10: Implementation of disaster and emergency preparedness measures, total and by age groups.

Overall, 29.0% of respondents have a supply of everything we asked about (food, drinks, medicines, first aid kits, water for cooking, and protective masks). This percentage was higher among people aged 50 to 74 (33.3%–36.2%) than among people aged 18 to 49 (24.3%–24.4%) (Figure 11). More people living in rural areas (34.3%) have at home a supply of all these items than those living in suburban (27.0%) or urban areas (24.1%). Over a third of people have three of the listed disaster or emergency items in their home (38.1%), 20.5% have two of the listed disaster or emergency items in their home, and 9.4% have only one of the listed items in their home. Only 3.1% of respondents do not have any disaster or emergency supplies or items at home.

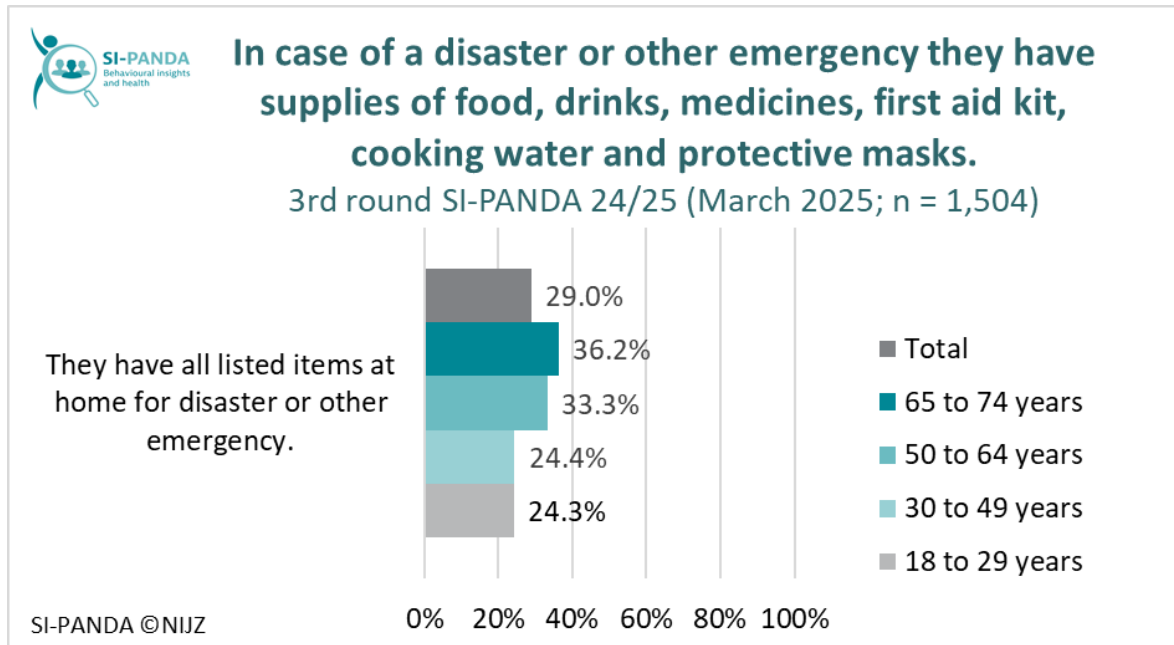


Figure 11: Having a supply of items to use in case of disasters or emergencies, total and by age.

The majority of respondents think it is likely (answers 'Likely', 'Very likely' and 'Definitely') that a natural disaster will happen in their immediate vicinity in the next five years (76.6%), while just over a half think it is likely that an outbreak of a highly contagious disease will occur (53.3%). More than half consider it unlikely (answers 'Very unlikely', 'Unlikely' and 'Fairly unlikely') that man-made disasters (59.9%), armed conflicts (66.6%) and terrorist attacks (68.2%) will occur (Figure 12).

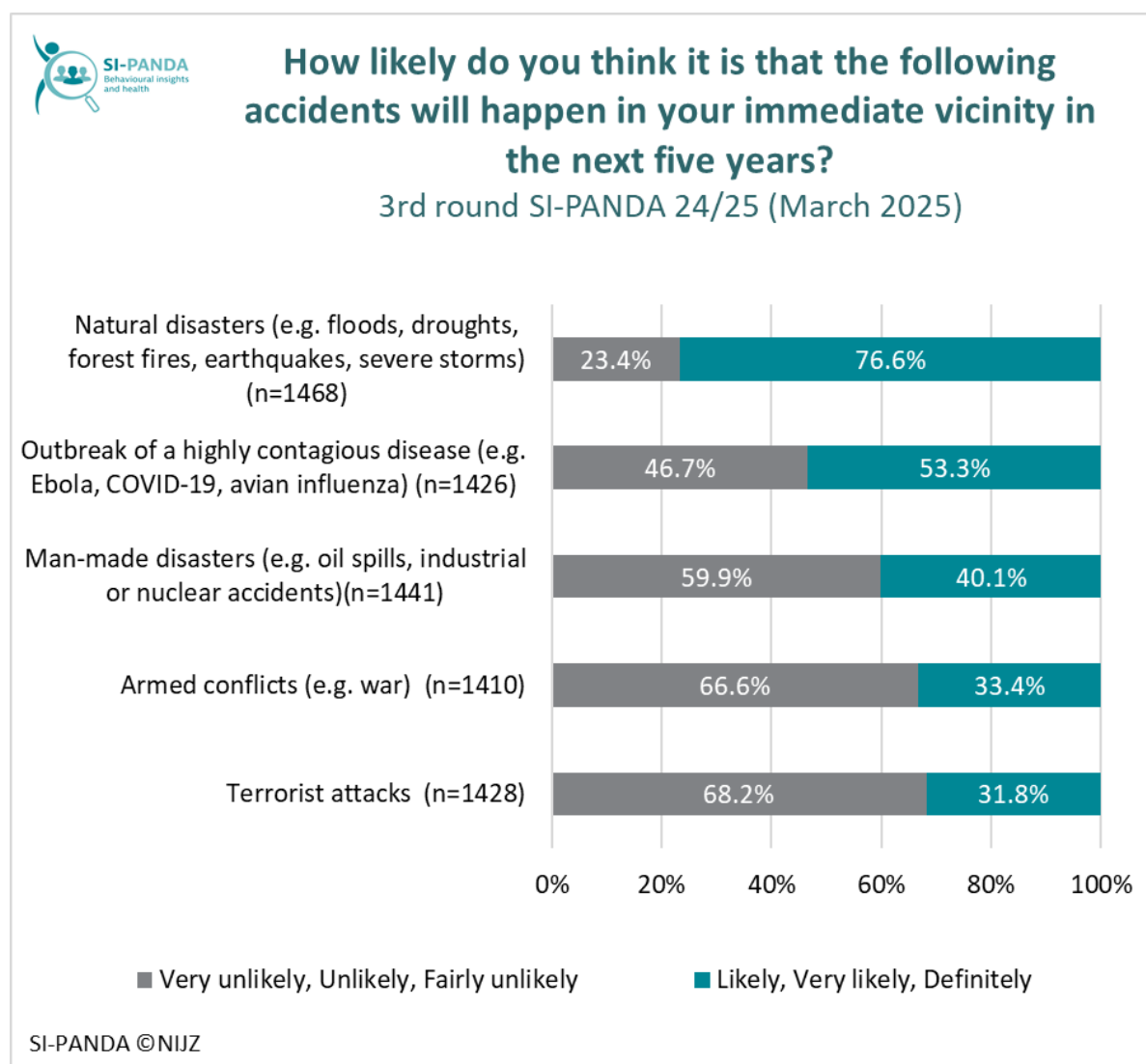


Figure 12: Perceived likelihood of an accident event in the immediate vicinity in the next five years, total.

The majority of people said they would be severely affected (emotionally and practically) by war and armed conflict (81.0%), terrorist attacks (66.7%) and natural disasters (50.8%). Man-made disasters would seriously affect 42.5% of respondents, and an outbreak of a contagious disease 31.2% (Figure 13).

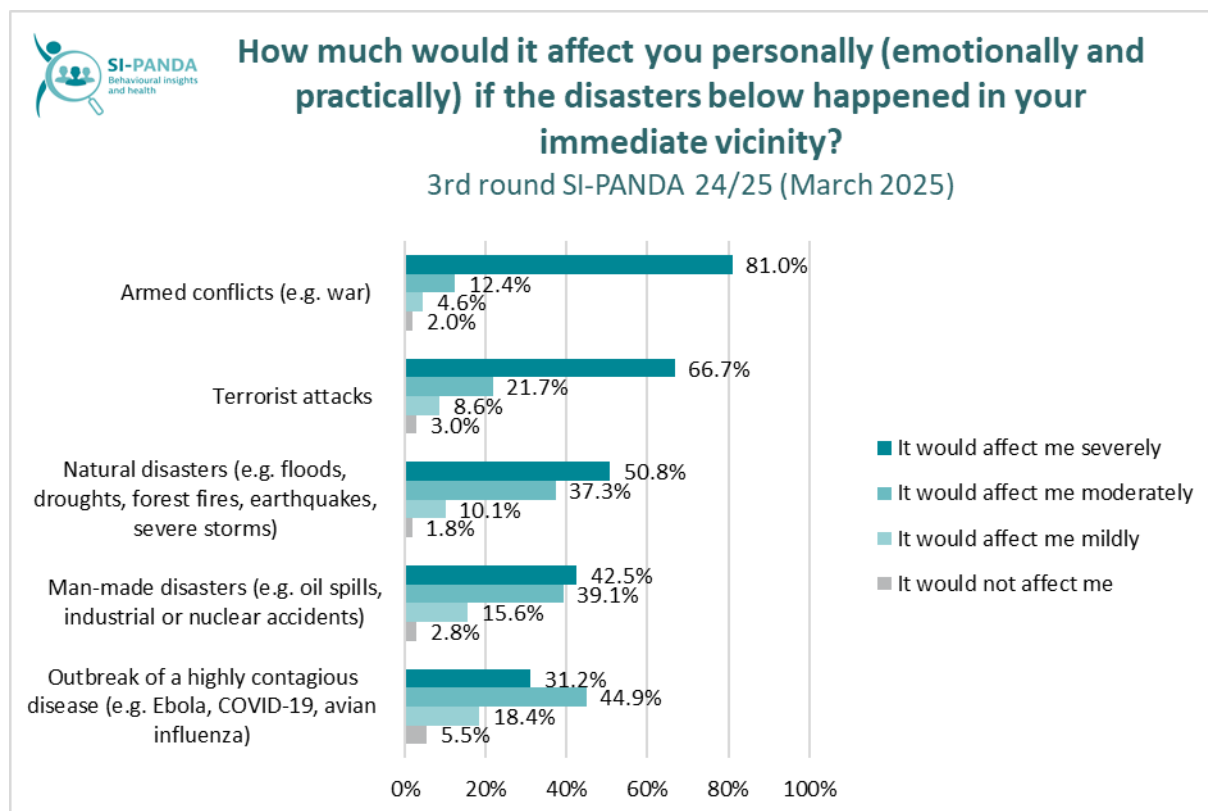


Figure 13: Personal experience of a crisis event in the immediate vicinity, total.

Man-made disasters (e.g. oil spills, industrial or nuclear accidents) would have a greater emotional and practical impact on 50–74-year-old respondents (49.2%) than on 18–49-year-old respondents (33.1%–38.2%). An outbreak of a highly contagious disease (e.g. Ebola, COVID-19, avian influenza) would severely affect more respondents aged 50–74 (38.6%–39.9%) than those aged 18–49 (23.7%–25.2%). Natural disasters (e.g. floods, forest fires, earthquakes, severe storms) would severely affect more respondents in the 50–74 age group (55.4%–62.7%) than those in the 18–49 age group (38.6%–47.0%). Terrorist attacks would more severely affect respondents aged 65 to 74 (76.0%) than respondents aged 18 to 64 (62.6%–67.9%) (Figure 14). However, all of these disasters and emergencies would affect more women than men.

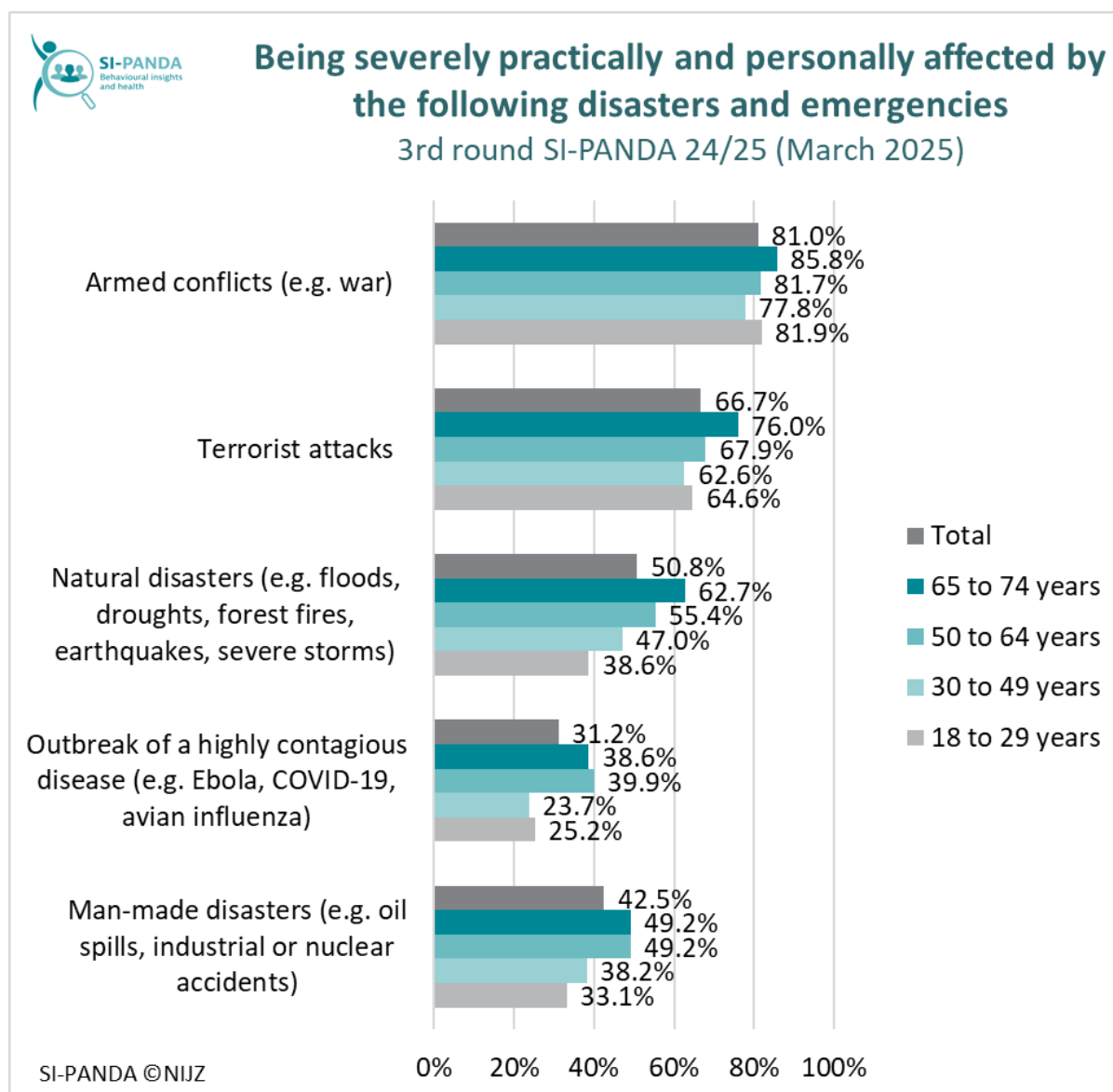


Figure 14: Being severely practically and personally affected by disasters and emergencies in immediate vicinity, total and by age groups

Respondents were asked how anxious they felt when they thought they might experience a pandemic again in the future. Just under half of the respondents (49.2%) feel no anxiety, 37.1% are a little anxious, 10.1% are anxious and 3.6% are very anxious at the thought of another pandemic. Among 30–74-year-olds, the majority are not anxious at the thought of a new pandemic (49.8%–53.7%), compared to the youngest age group, where only a good third of respondents (36.0%) are not anxious (Figure 15). More women (5.1%) than men (2.2%) are highly anxious, more people with depressive disorder (11.9%) compared to those at risk of mental health problems (5.9%) or mental health problems (2.0%). Similarly, more people who struggle to make ends meet (11.8%) compared to those who are successful but need to be careful, are in a good financial situation (2.0%–5.9%) and more people who have at least one chronic illness (5.1%) compared to those who do not (2.6%).

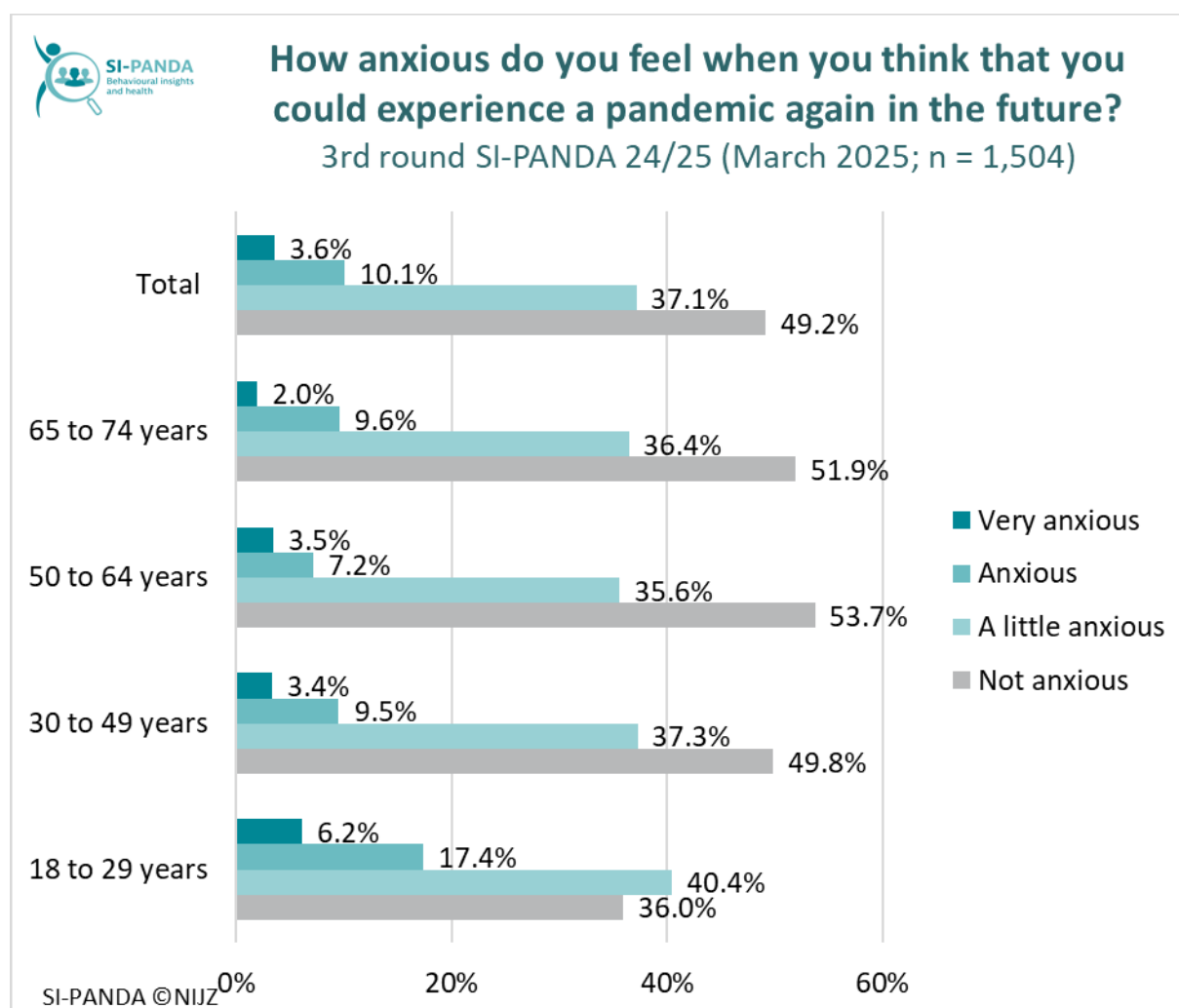


Figure 15: Experiencing anxiety at the thought of a new pandemic, total and by age.

Trusting persons or institutions and health literacy

On a scale of 1 to 7, respondents rated science (6.7) and doctors (6.3) as the most trustworthy, followed by the healthcare system (5.5) and the police. Respondents trusted politicians (rating 2.5) and political parties (rating 2,3) the least (Figure 16).

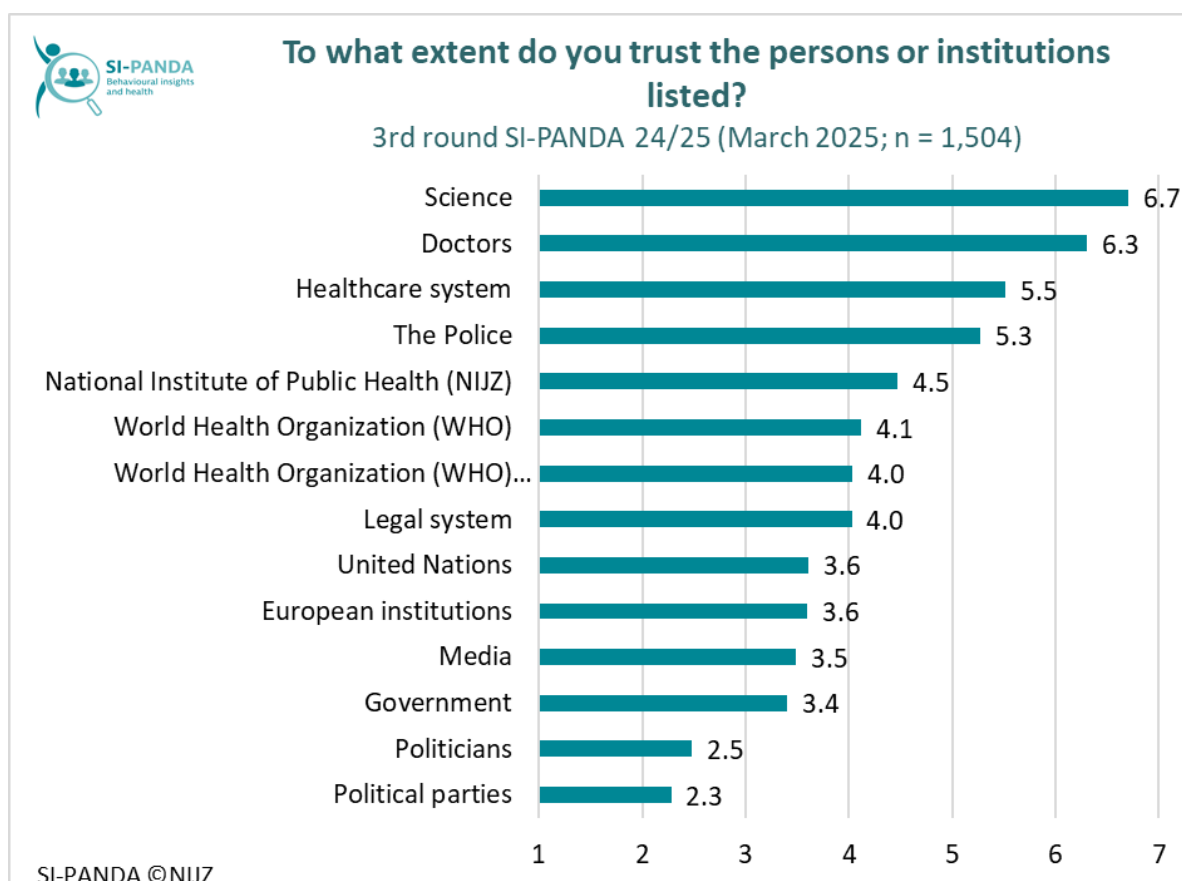


Figure 16: Trust in the persons or institutions, on a scale of 1 to 7, total.

We also asked the respondents how difficult or easy they found it to understand, find, or use certain health-related information. The vast majority (90% or more) rated it as easy (answers 'Very easy' and 'Easy') to understand their doctor's or pharmacist's instructions on taking prescribed medication (95.8%), understand information about unhealthy habits (94.4%), assess which daily habits affect their health (92.6%), act on the advice of their doctor or pharmacist (92.4%), understand what their doctor tells them (91.8%), use the information provided by their doctor to make decisions about their illness (90.2%), and know where to get professional help when they are ill (90.0%). Slightly fewer understand information about recommended screening examinations or tests (89.2%), understand advice from family or friends in relation to their health (86.8%), learn about activities that are beneficial to their mental well-being (86.6%), find information about the treatment of diseases that are important to them (86.2%), and understand information in the media about how to become healthier (82.3%). 77.3% can find information on how to cope with mental health problems such as stress and depression, while 71.7% can decide how to protect themselves from disease based on information in the mass media. A good two-thirds can assess whether information about health risks in the media is reliable (68.7%) and when they might need a second opinion from another doctor (67.3%) (Figure 17).

On a scale from very easy to very difficult, would you say that it is easy/difficult to ...

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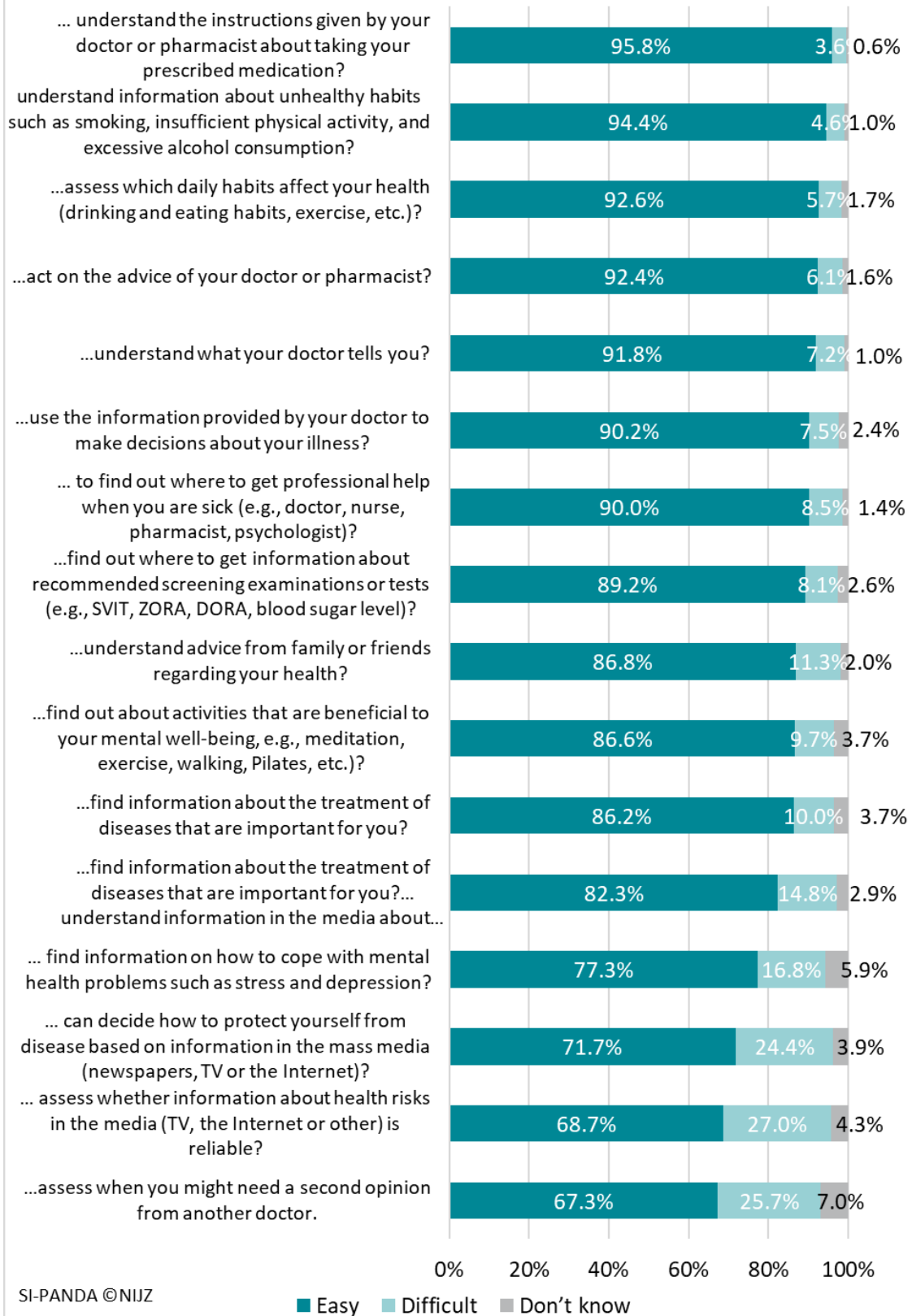


Figure 17: Difficulty of understanding and using health information, total.

Experiencing social support

More than half of the respondents reported moderate social support (52.6%), 22.7% reported weak social support, and 19.7% reported strong social support. Among those who scored on the WHO-5 questionnaire as likely to have a depressive disorder, 59.8% reported weak social support. Among those at increased risk of mental health problems, 38.7% reported weak social support, compared to 20.9% among those showing no signs of mental health problems (Figure 18). Strong social support was more frequently reported by women (22.2%) than men (17.3%) and by people with secondary education (20.1%–20.3%) compared to people with primary education or less (2.3%).

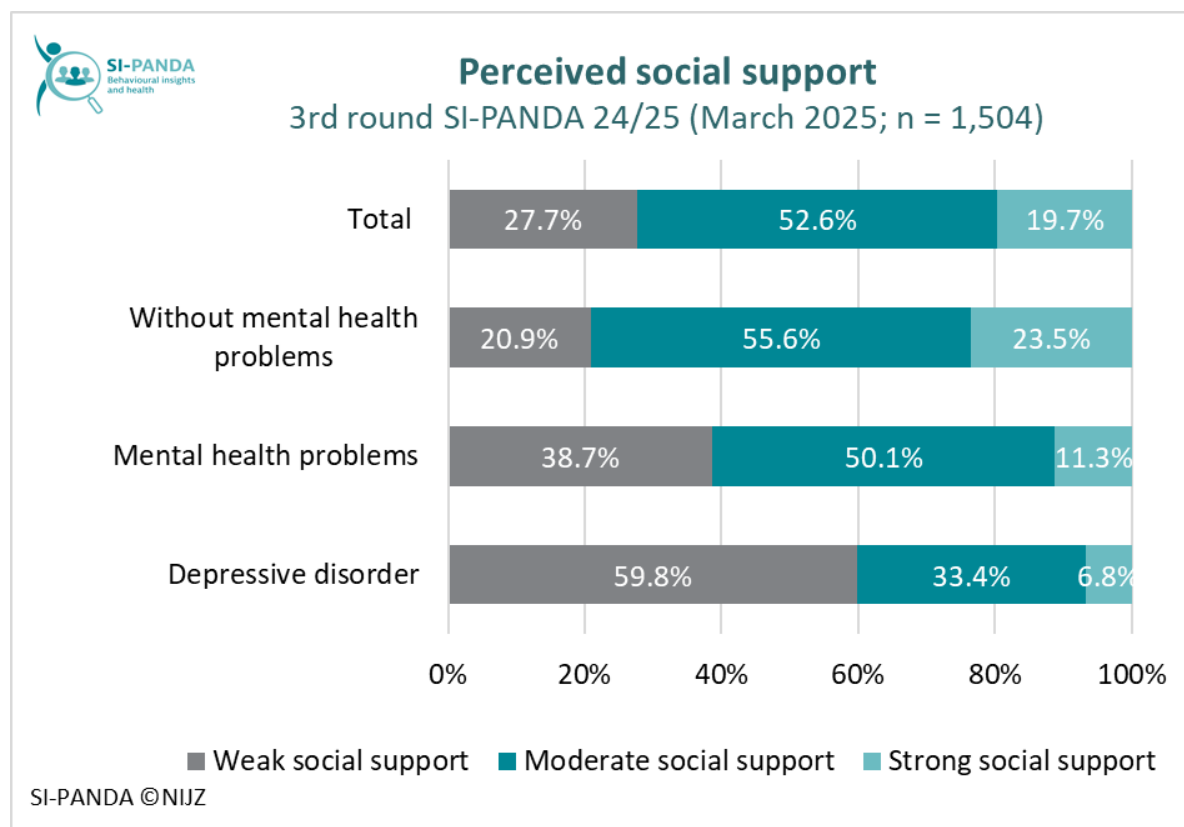


Figure 18: Perceived social support, total and by presence of mental health problems.

Vaccination

The majority of respondents agree that vaccines are important for children (77.1%). Just over a half agree that it is important for adults to be vaccinated (54.6%), that vaccines are effective (52.2%), and that they are in line with their expectations (50.3%). Overall, 42.1% of respondents agree that vaccines are safe. More men than women agree with all the above statements about vaccines (Figure 19).

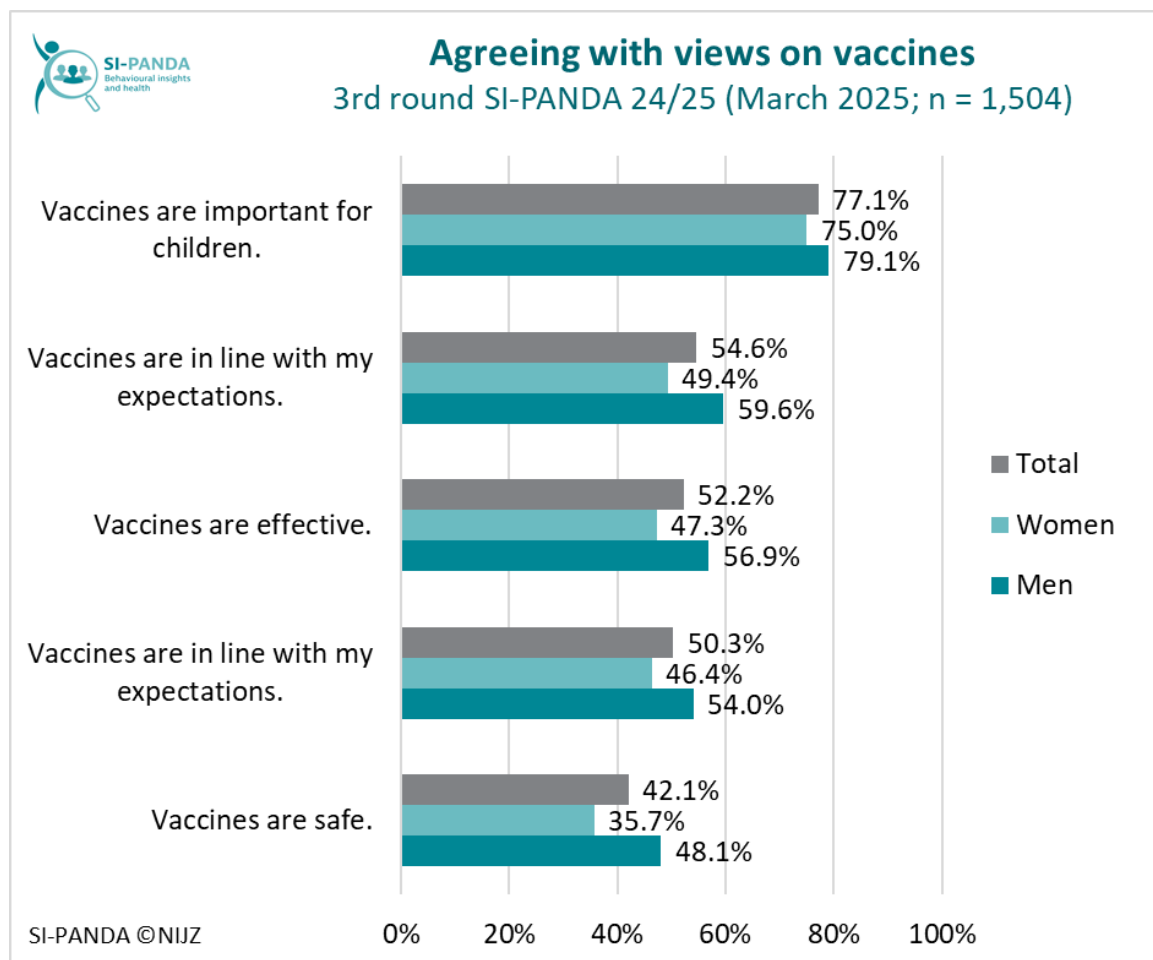


Figure 19: Views on vaccines, total and by sex.

Physical health

On a scale of 0 to 100, respondents gave their current health a mean score of 74 (Figure 20). The score decreased with respondents' age. In terms of education, respondents with higher education or more rated their health the highest (mean score 75), compared to those with secondary education or less (mean score 73), in terms of employment status, those who were working (mean score 76) compared to those who were unemployed (mean score 67) or inactive (mean score 71). Significant differences in self-rated health were observed with regard to respondents' mental health, with those without mental health problems giving a mean score of 78, compared to those with a likelihood of depressive disorder (mean score 67) and those with a likelihood of mental health problems (mean score 54).

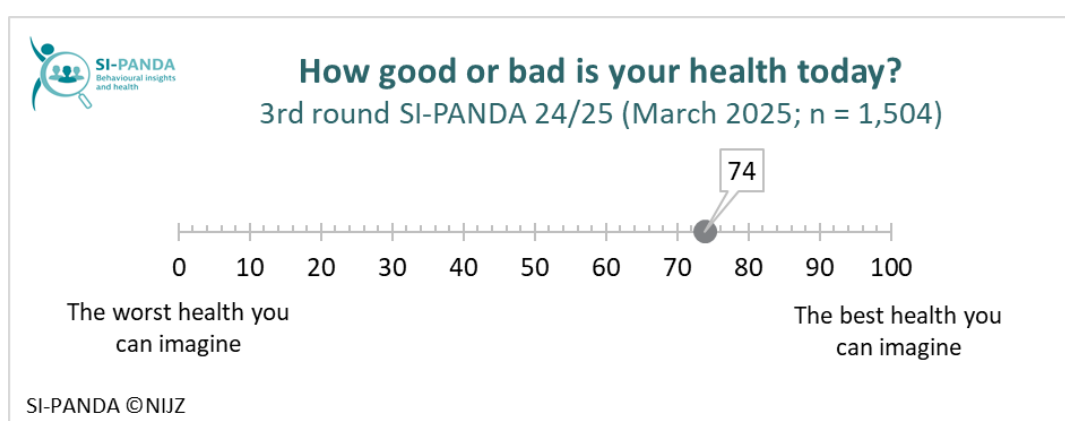


Figure 20: Self-rated health on a scale of 0 to 100, total.

More than half of respondents have no chronic diseases (59.4%) and 40.6% have at least one chronic disease (Figure 21). As expected, more respondents aged 50–74 (48.7%–59.8%) have at least one chronic disease compared to those aged 18–49 (27.4%–31.5%).

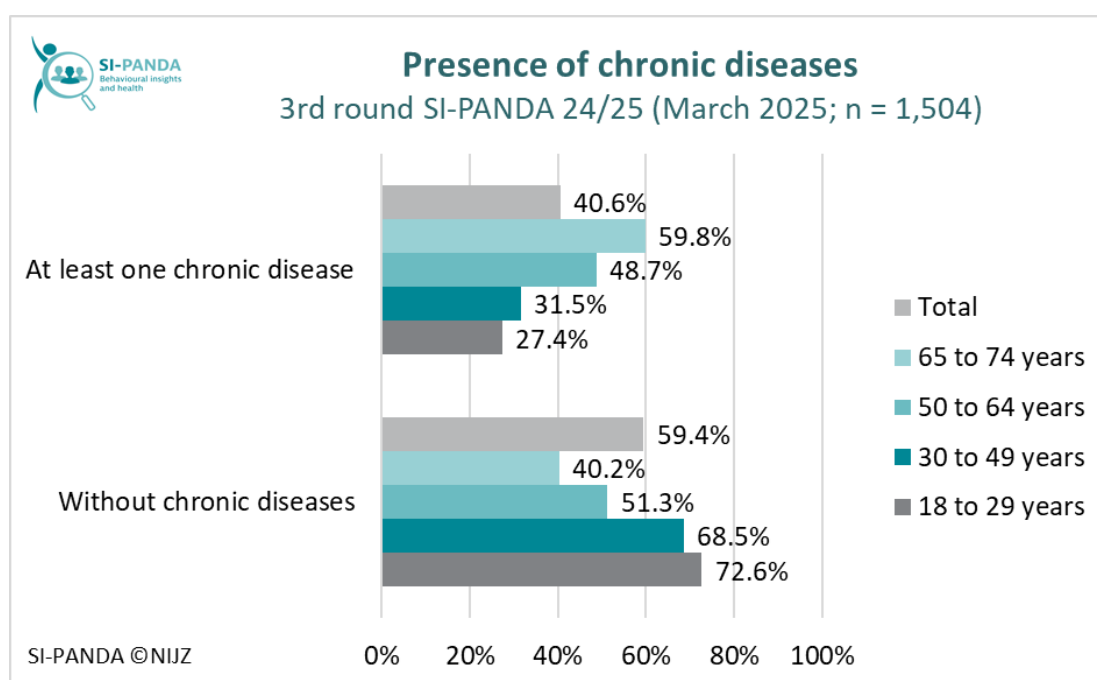


Figure 21: Presence of chronic diseases, total and by age groups.

Mental health

Based on the WHO-5 Mental Wellbeing Questionnaire, which assess subjective mental well-being over the past two weeks, we divided respondents into three groups according to the predicted risk of mental health problems: the group with an increased risk of depression, the group with an increased risk of mental health problems (poor wellbeing) and those without mental health problems or with good health (excellent wellbeing).

The results show that 28.1% of respondents age 18 to 74 are likely to have mental health problems, of which 8.7 are likely to have a depressive disorder. Mental health problems or poorer mental health are more common among younger adults aged 18 to 29 (26.8%) than among people in the 30 to 74 age group (16.1%–19.6%). The highest proportion of people without mental health problems or good mental health is found among the oldest age group, those aged 65 to 74 (79.0%), compared to other age groups, where the proportion of people with good mental health ranges between 68.1% and 72.5% (Figure 22).

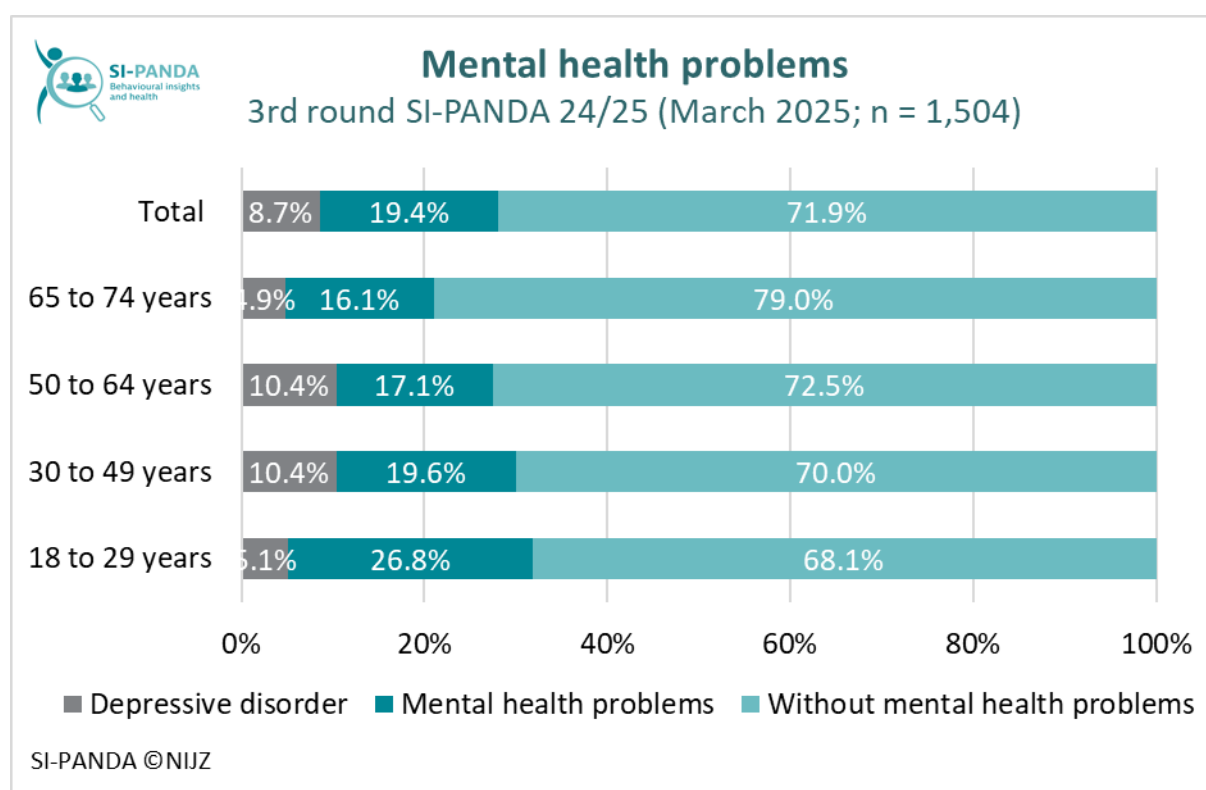


Figure 22: Mental health problems, total and by age groups.

The percentage of people at risk of having a depressive disorder equalled 14.9% in December 2020, however in the last survey round, in September 2024, it equalled 9.0%. The lowest proportion of people at risk of having a depressive disorder was recorded in September 2022 (7.2%) and the highest in April 2021 (16.7%). This was the time when the Government of the Republic of Slovenia adopted measures for a complete lockdown of public life, which were in force from April 1 to April 11, 2021 (Figure 23).

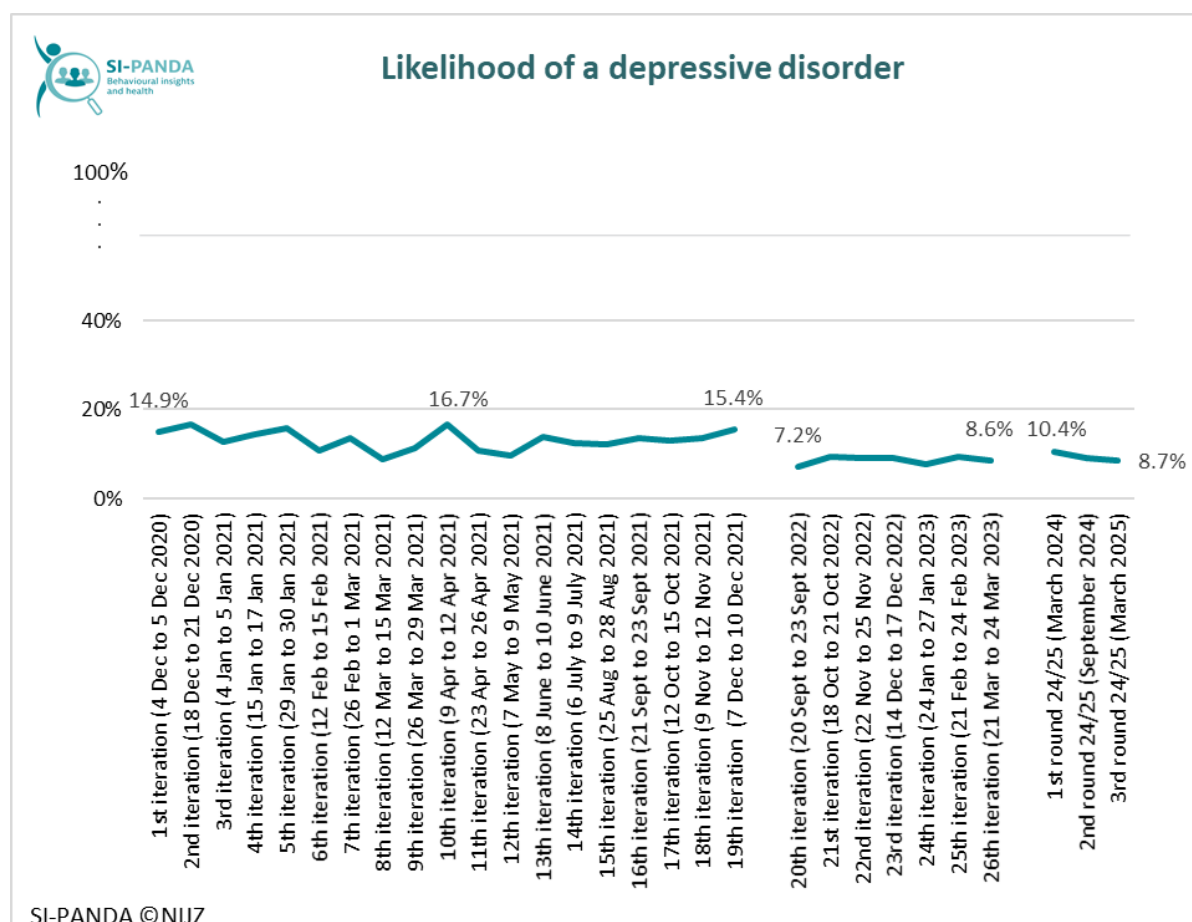


Figure 23: Likelihood of a depressive disorder from 1st to 26th SI-PANDA iteration and from 1st to 3rd round SI-PANDA 24/25, total.

Experiencing anxiety

We also used the General Anxiety Disorder 7 (GAD-7) questionnaire, which measures the frequency of anxiety symptoms in the last two weeks. We found that the majority of respondents (88.3%) did not report any symptoms of anxiety. However, a good tenth (11.7%) showed a level of symptoms that may indicate an increased risk of generalized anxiety disorder. An analysis by age group shows that the proportion of people with elevated levels of anxiety symptoms is highest among young people aged 18 to 29 (15.7) and lowest among people aged 65 to 74 (7.3%) (Figure 24). The risk of anxiety disorder is more common among women (13.7%) than among men (9.7%). The risk of anxiety disorder is also more common among people who report poor financial situation and difficulties making ends meet (37.4%), compared to those who are financially successful but have to be cautious or have a fair or good financial situation (1.9%–14.4%). There is also a statistically significant difference in terms of health status: people with at least one chronic disease (17.1%) have higher levels of anxiety symptoms than those without (7.9%).

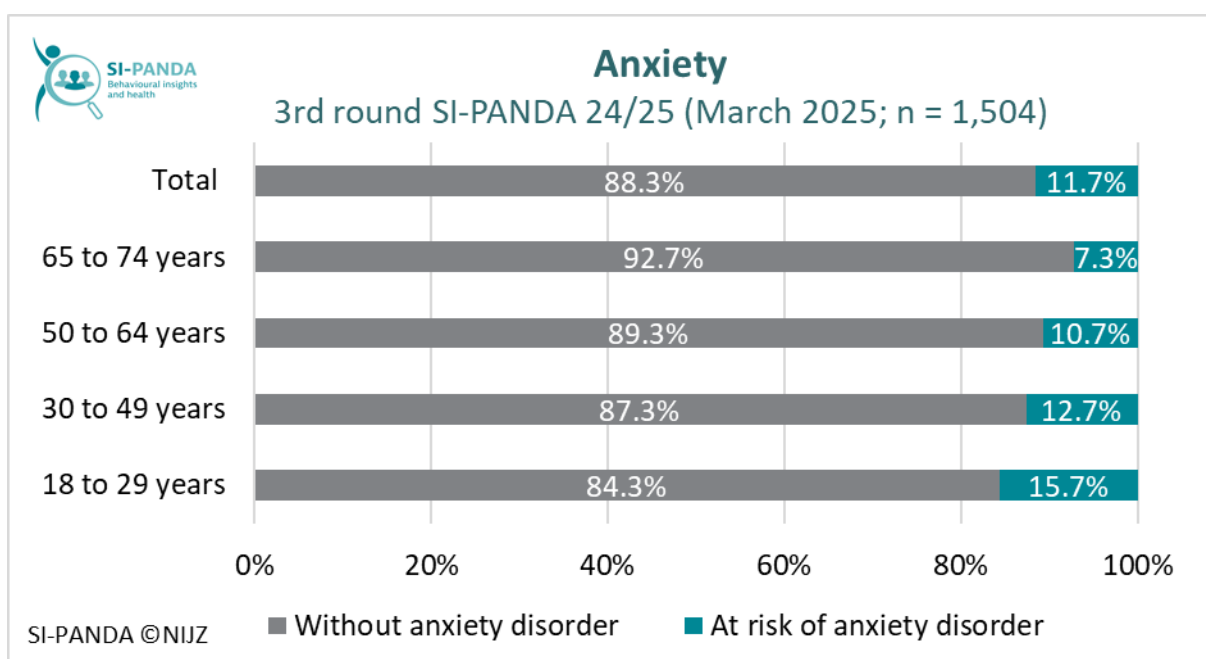


Figure 24: Presence of anxiety symptoms, total and by age groups.



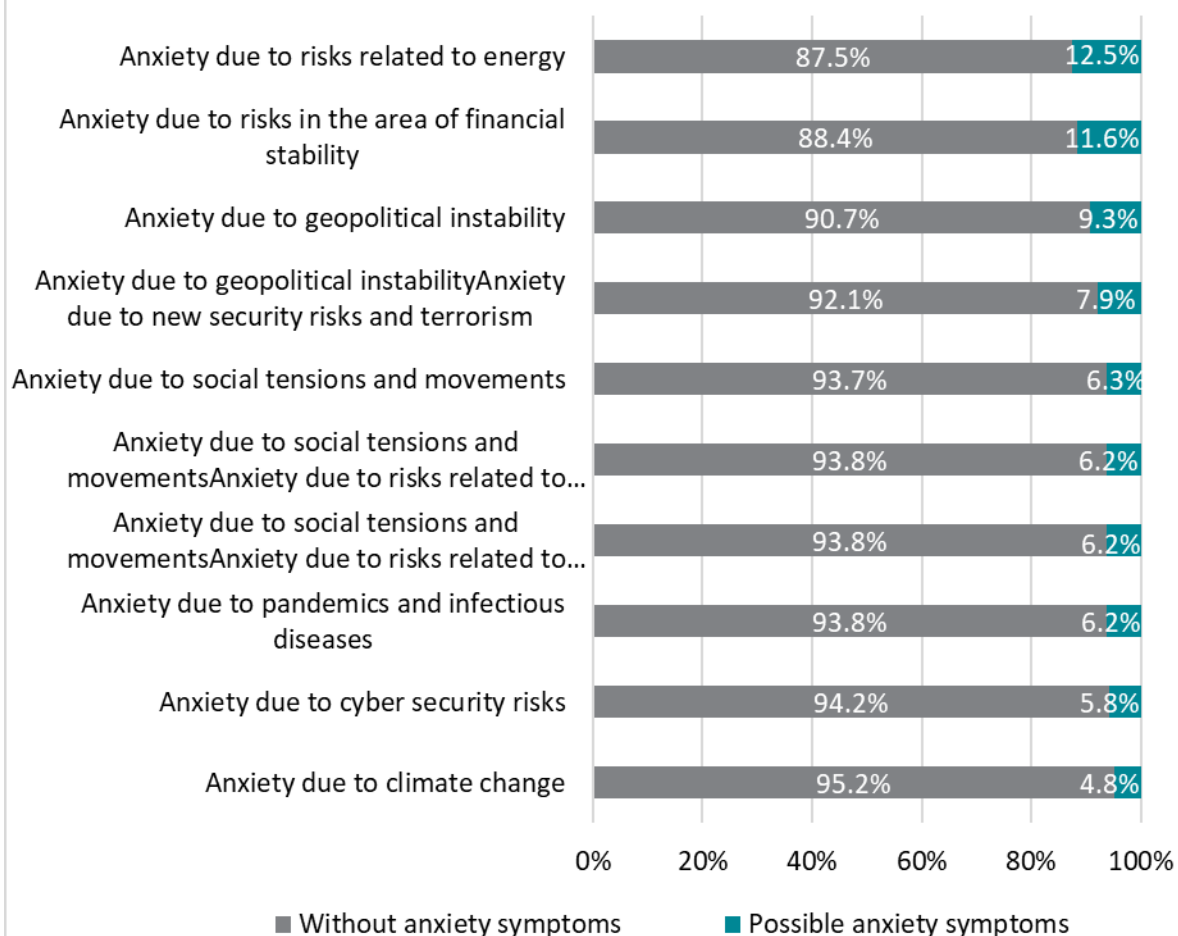
Polycrisis anxiety

To measure polycrisis anxiety, we used the Polycrisis Anxiety Questionnaire (PAQ-10). The PAQ-10 is based on the GAD-2 questionnaire, which was designed for the rapid identification of general anxiety and consists of two key questions about the frequency of anxious feelings in the past two weeks. For the purposes of this study, we used this approach to measure anxiety specifically related to ten different potentially crisis situations. We asked how often respondents had felt nervous, anxious, or had been unable to stop worrying about ten different potentially crisis situations: climate change; geopolitical instability; cyber security risks; social tensions and movements; risks related to natural resources and biodiversity; risks related to energy; new security risks and terrorism, pandemics and infectious diseases; risks in the area of financial stability. The total score for each individual crisis was obtained by adding up the points for both questions, resulting in a range of 0 to 6 points. The cut-off point for determining anxiety symptoms is set at 3 points: a score of 0–2 points indicate no anxiety, while a score of 3 points or more indicates that individuals may have anxiety symptoms related to a particular crisis situation.

The majority (87.5%–95.2%) of respondents do not show symptoms of anxiety due to various global crises. 12.5% of respondents show symptoms of anxiety due to energy-related risks, while 11.6% show symptoms due to risks related to financial stability (Figure 25). Symptoms of anxiety due to individual crises are more common among people who live alone, people who have at least one chronic illness, and people with an increased risk of developing a depressive disorder.

Anxiety due to 10 polycrises

3rd round SI-PANDA 24/25 (March 2025; n = 1,504)



SI-PANDA ©NIJZ

Figure 25: Anxiety symptoms due to individual global crises, total.



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