SI-PANDA 2024/2025

Behavioural Insights and Health

Online survey results

4th round (September 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 **4th round** of the **SI-PANDA 24/25** online survey, which took place in **September 2025** on a sample of 1,518 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)

4th round – September 2025 (n = 1,518)

KEY FINDINGS

➢ Pandemic preparedness

As many as 43.2% of respondents are 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. 41.0% of employed respondents believe that the employers are prepared for another lockdown, while 17.2% of respondents believe that the government is prepared. Employer preparedness, as well as government preparedness, was perceived by respondents to be lower in the fourth round of the survey than in the first round of the SI-PANDA survey.

➢ Detecting preparedness for disasters and other emergencies

The majority of respondents (76.4%) 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 (53.4%). 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 79.1% of respondents, terrorist attacks on 66.8% and natural disasters on 54.6% of respondents. Just over half of the respondents (50.7%) feel anxious when they think they might experience a pandemic again in the future, with 3.9% feeling very anxious. Most – 92.3% of the respondents reported having a first aid kit at home, 91.9% have a flashlight or candles, 78.4% have a three-day supply of drinks and food for emergencies, and 67.1% have a supply of protective masks, disinfectants, and soap.

➢ Contact with animals – potential risk of disease transmission

7.8% of respondents come into contact with animals professionally, while 55.3% have a pet or domestic animal. In the last year, 43.7% of respondents have seen a dead wild animal. Most people who saw a dead wild animal did not touch it (89.7%), while 10.3% touched such animals, either with a stick or other object, or with gloves or bare hands – the latter accounted for only 1.4%. more than half (55.3%) washed their hands with soap and water upon returning home. Just under half of the respondents had swum in open water in the last three months, of whom only 14.7% had checked whether the quality of the water they were swimming in was being monitored, and of these, 5% had swum despite the poor quality of the bathing water. A good quarter of them swallowed some water while swimming in open water (27.3%), and more than half washed their hands after swimming before eating (56.1%).

➢ Implementing hygiene measures and behavioural determinants

Most respondents consistently practice hand hygiene in various situations. The vast majority of respondents always washed their hands with soap and water in the last seven days after working in the garden (88.4%), visiting a barn or animal farm (85.5%), and cleaning their pet's space (83.5%). Most believe that avoiding touching dead wild animals with bare hands (85.0%) and washing hands immediately after touching dead wild animals (83.7%) greatly helps prevent the spread of infections. Most find it easy to implement preventive measures to prevent the spread of infections that can be contracted through contact with animals, animal products, or contaminated water. Most also agree that the people who are important to them implement these preventive measures.

Experiencing social support

The survey data show that slightly more than half of the respondents have moderate social support (57.0%), 22.6% have weak social support, and 20.4% have strong social support. More women than men have strong social support.

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. 69.2% of respondents rate their general health as very good or good, while 33.5% of respondents are hindered in their normal activities due to health problems. More than half of respondents (57.9%) do not have any chronic diseases.

Mental health

Just over a tenth (12.9%) 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 9.0% of respondents, 18.1% of respondents have probable mental health problems, and 72.9% have no mental health problems. Mental health problems are more common in younger age groups, while good mental health is more common in older respondents.

Loneliness and optimism

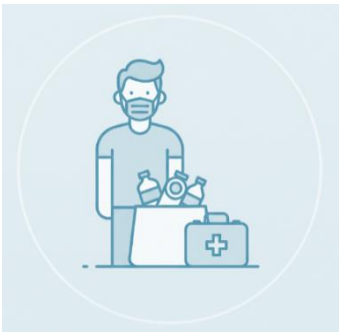
We observe higher levels of loneliness among women compared to men, among younger people, and among people with mental health problems. Just over half of respondents (57.7%) are optimistic about their own future, 35.1% are optimistic about the future of Slovenia, and only 19.0% are optimistic about the future of the world.

Symptoms of anxiety due to global crises

Most respondents (87.7%–95.6%) did not show symptoms of anxiety due to current crises. 12.3% of respondents experience symptoms of anxiety die to risks in the area of financial stability (e.g., financial crisis, recession, inflation), while 9.9% of respondents experience symptoms of anxiety due to energy-related risks (e.g., rising energy prices, energy supply problems).

Pandemic preparedness

In the 4th round SI-PANDA 43.2% of the respondents 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. We also asked the respondents about their perception of their employer's[1] and government's preparedness for a possible lockdown due to the spread of a new virus. 41.0% 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. Only a poor fifth (17.2%) of the respondents consider the government to be prepared (Figure 1).



Personal preparedness

43.2%

Employer preparedness

41.0%

Government preparedness

17.2%

Figure 1: Perception of pandemic preparedness – personal, employer preparedness and government preparedness, total.

Personally, 18.4% of respondents are unprepared for the re-closure of the country due to the spread of a new virus, while 38.4% are neither prepared nor unprepared. The largest proportion of those who stated that they were unprepared were respondents aged 18 to 49 (22.3% to 24.6%) (Figure 2). People with higher education or more felt prepared in 46.4% of cases, compared to people with secondary education or less (40.2%). A significant difference in perceived preparedness is also noticeable in terms of the mental health of the respondents – those without mental health problems felt prepared in 44.7% of cases, compared to those who are likely to have mental health problems (35.5%). People with strong social support also felt more prepared (48.8%) compared to those with weal social support (38.7%).

[1] Employed and self-employed persons responded.

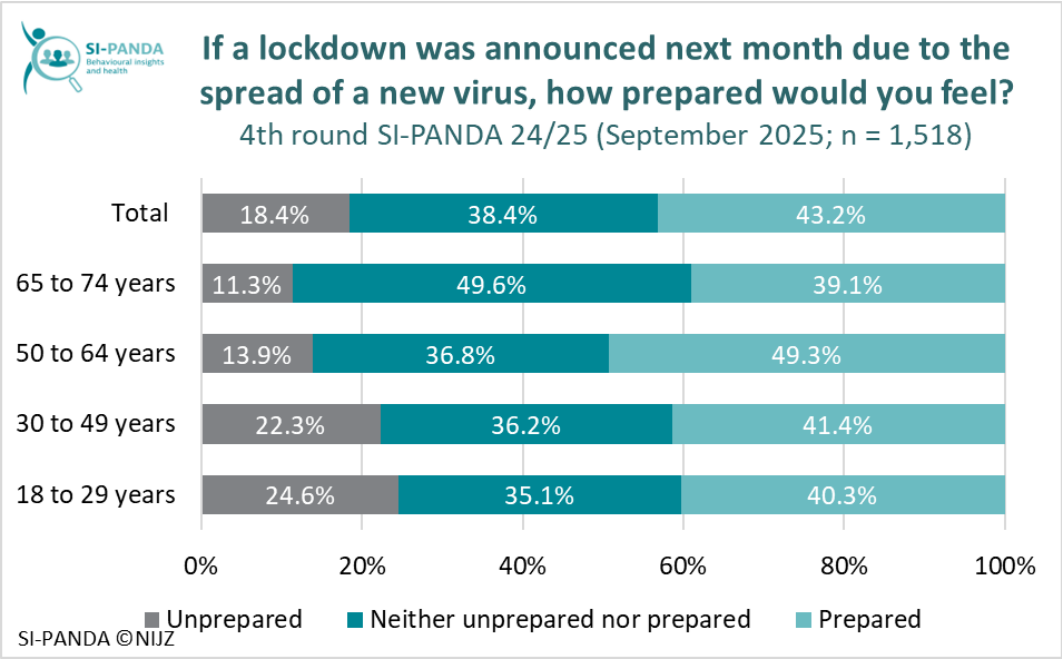


Figure 2: Perception of preparedness for a lockdown due to the spread of a new virus, total and by age groups.

A comparison of the first, second, third and fourth rounds of the SI-PANDA 2024/2025 survey shows that the proportion of people prepared for a possible re-closure of the country due to the spread of a new virus was highest in the first round in March 2024 (51.9%). In the subsequent survey rounds, this percentage gradually declined: to 46.9% in the second round, 45.0% in the third, and 43.2% in the fourth. The results thus show a marked decline in respondents' preparedness between March 2024 and September 2025 (Figure 3).

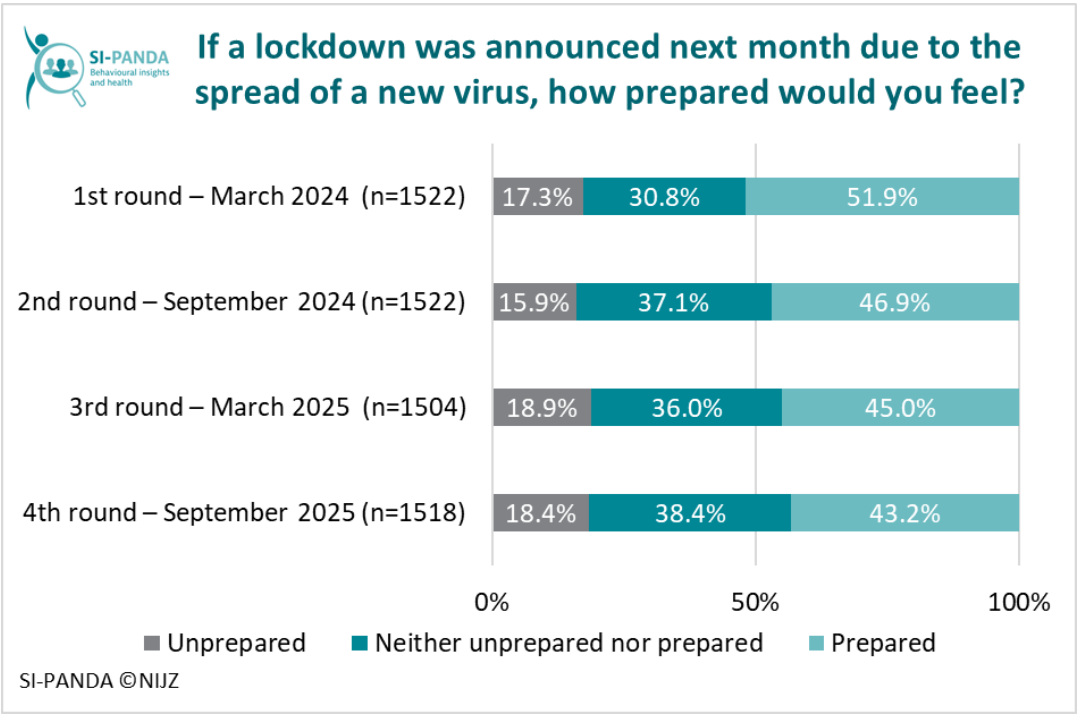


Figure 3: Perception of preparedness for a lockdown due to the spread of a new virus, total and by survey rounds.

Figure 4 shows the percentage of respondents who believe they are prepared for a lockdown due to the spread of the new virus, in four survey rounds conducted between March 2024 and September 2025, separately for women and men. In the first round of the SI-PANDA survey, just over a half of men and women (M = 52.0%; W = 51.8%) felt they were prepared for re-closure of the country. In the subsequent rounds, the percentage of women who thought that they were prepared declined, while the percentage of men remained largely unchanged. According to the 4th round of the SI-PANDA survey, more men (47.7%) than women (38.4%) are prepared for a possible new pandemic (Figure 4).

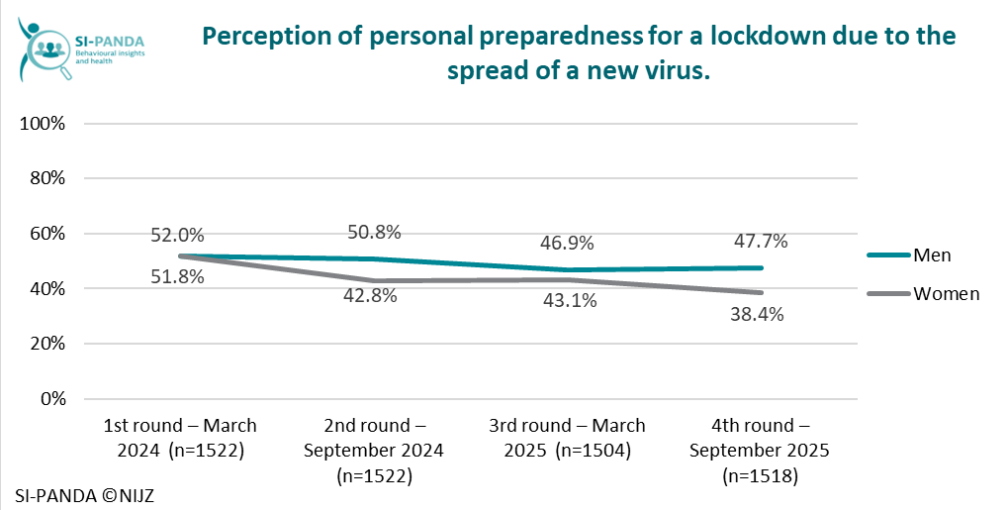


Figure 4: Perception of personal preparedness for a lockdown due to the spread of a new virus, by sex and by survey rounds.

A good quarter (28.7%) assessed that their employer is not prepared for re-closure of the country, while 30.2% assessed that their employer is neither unprepared nor prepared. Just over a half of respondents (51.0%) felt that the government is not prepared for re-closure of the country, while a poor third (31.7%) felt that the government is neither unprepared nor prepared (Figure 5). Men are more likely than women to agree that employers are prepared for a lockdown (44.7/ of men compared to 36.8% of women) and that the government is prepared (19.2% of men compared to 15.2% of women).

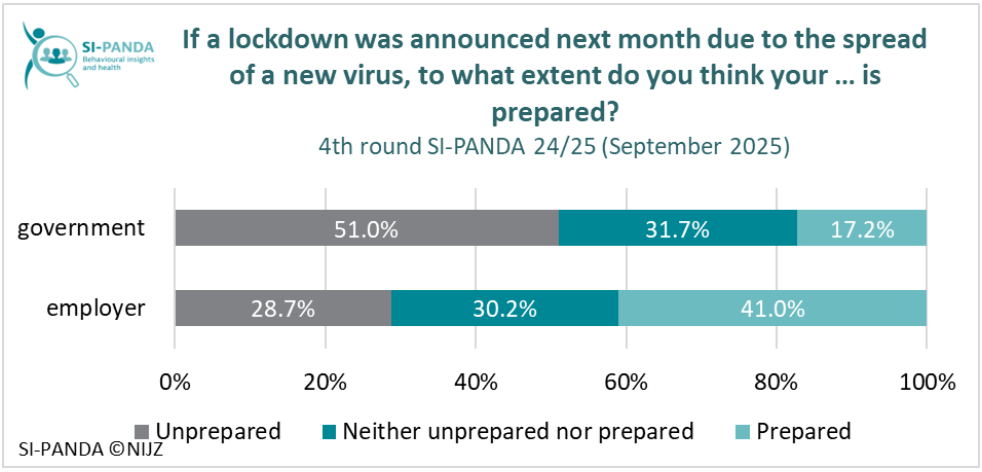


Figure 5: Perception of government and employer lockdown preparedness due to the spread of a new virus, total.

Figure 6 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 by survey rounds. In the first round of SI-PANDA survey, more respondents believed that employers[2] (52.5%) and the government (25.1%) were prepared for another lockdown than in the second (employer = 44.7%; government = 16.5%), third (employer = 43.2%; government = 18.6%) and 4th rounds of the survey (employer = 41.1%; government = 17.2%), indicating that according to the respondents the employer and government preparedness for a lockdown due to the spread of a new virus is declining (Figure 6).

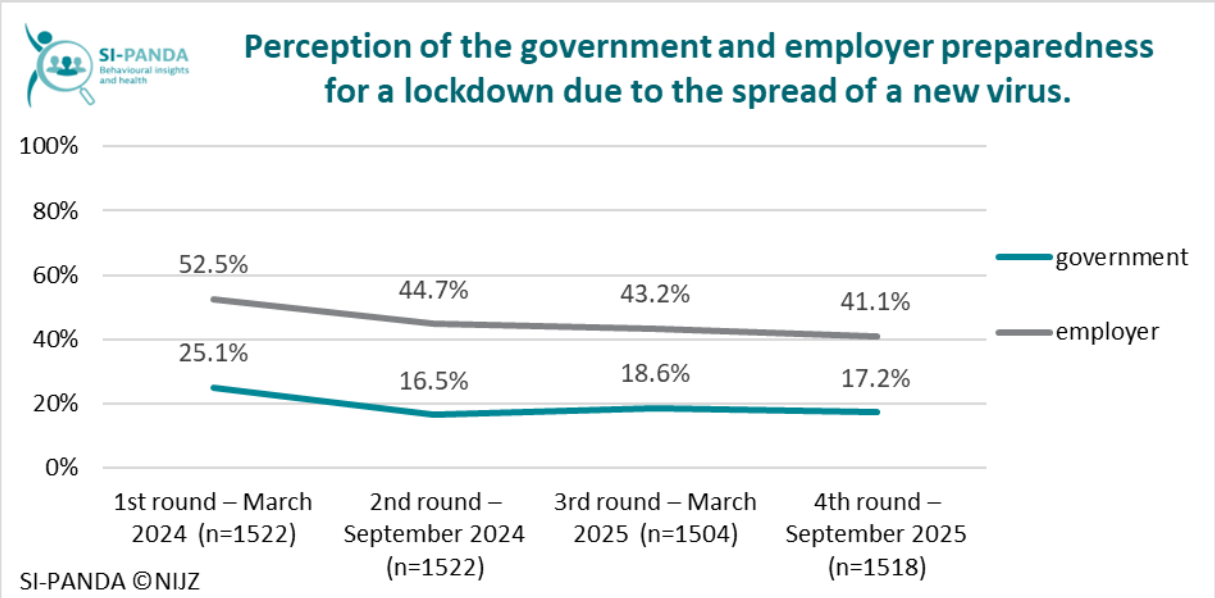


Figure 6: Perception of the government and employer preparedness for a lockdown due to the spread of a new virus, total and by survey rounds.

[2] Only employed persons responded, without self-employed.

Detecting preparedness for disasters and other emergencies

Below we present the results of individuals' self-assessment of their preparedness for potential disasters or emergencies. The respondents' answers provide an overview of the current state of protective measures implemented at the individual or household level to ensure safety. The majority of respondents report having a first aid kit at home (92.3%), flashlight or candles (91.9%), a three-day supply of drinks and food for emergencies (78.4%) and a supply of protective masks and disinfectants and soap (67.1%). As many as 46.1% of respondents have a three-day supply of water at home for cooking and personal hygiene, 44.4% own a battery-powered radio and 39.1% have copies of the most important documents or access to a cloud with these documents. A poor quarter (23.2%) of respondents have evacuation plans for emergencies and 14.7% have an agreement with family and friends about how to contact each other in case of an accident or other emergency. Only 13.1% have a bag packed with essential items for a quick evacuation in case of an emergency (Figure 7).

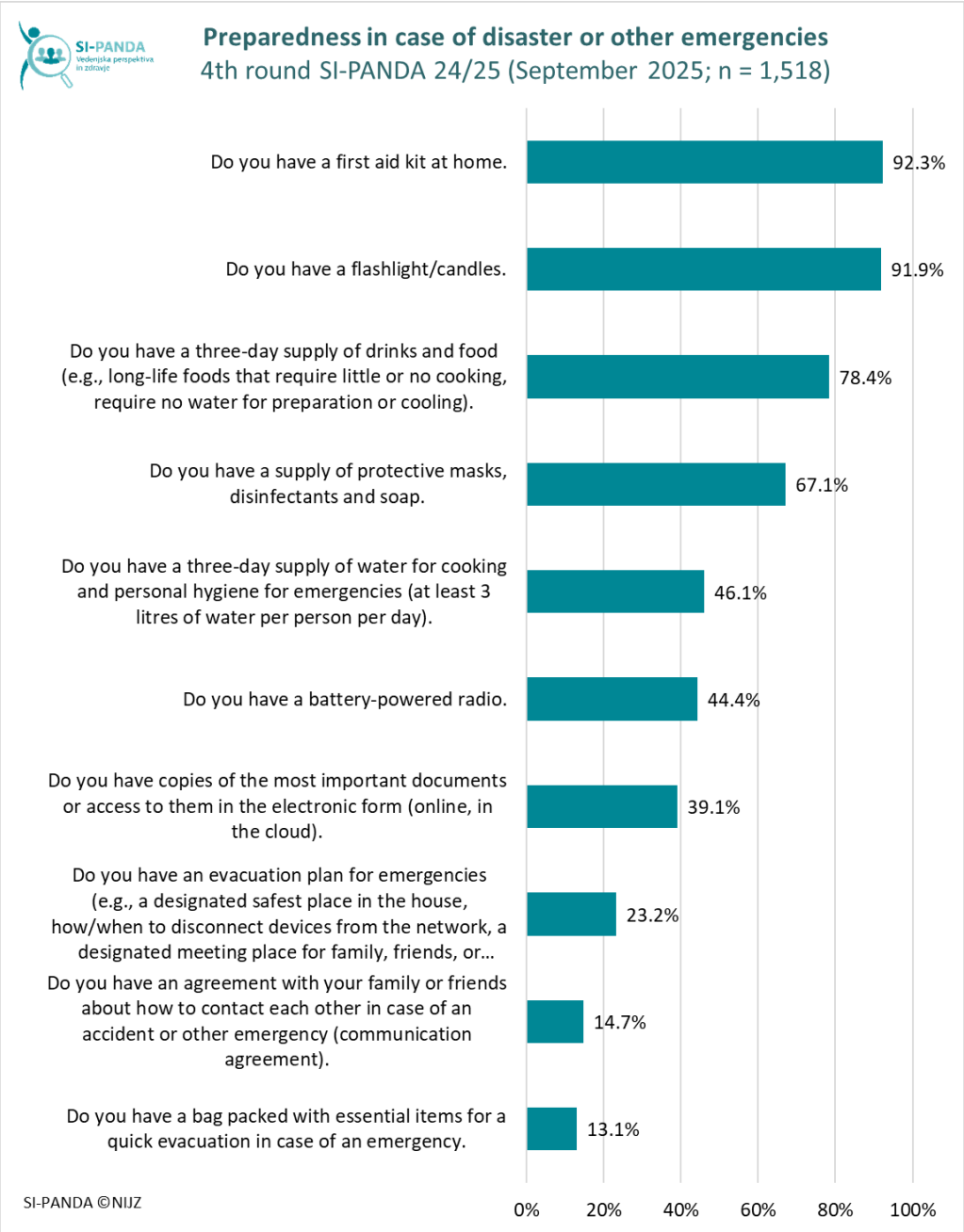


Figure 7: Implementation of disaster and emergency preparedness measures, total.

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 (76.4%), while just over a half think it is likely that an outbreak of a highly contagious disease will occur (53.4%). More than half consider it unlikely (answers 'Very unlikely', 'Unlikely' and 'Fairly unlikely') that man-made disasters (63.5%) armed conflicts (65.0%) and terrorist attacks (72.9%) will occur (Figure 8).

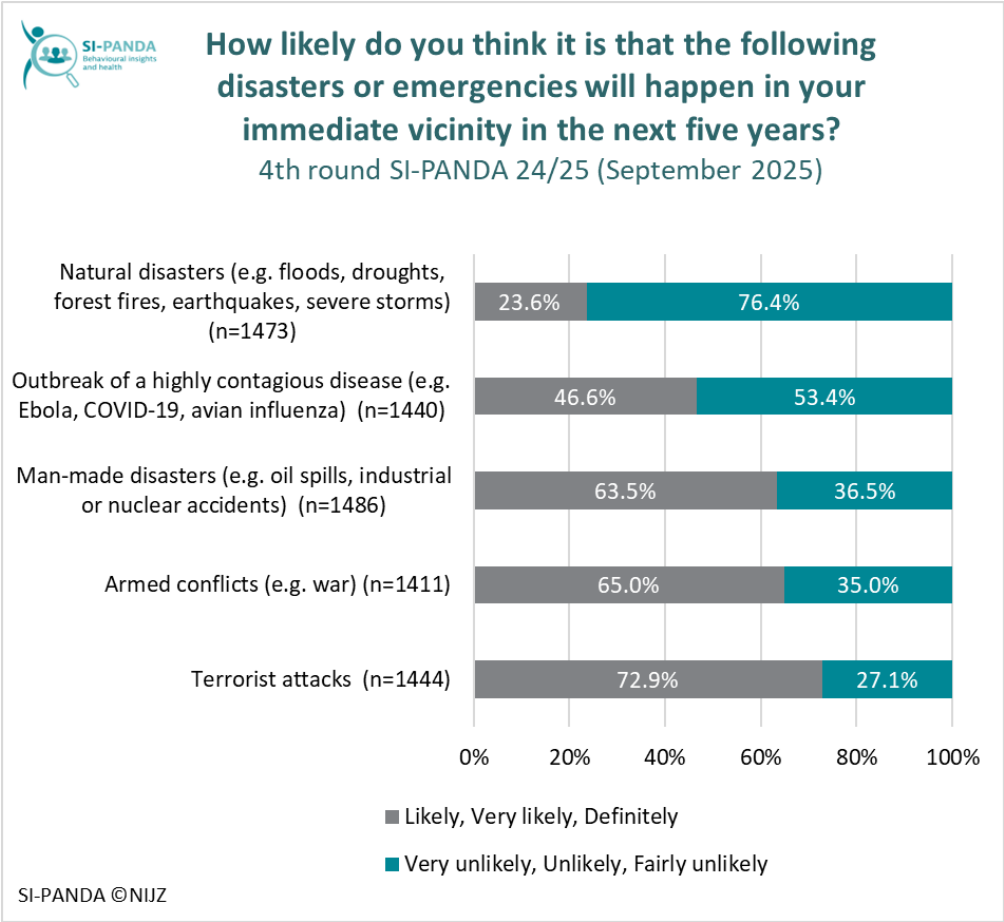


Figure 8: Perceived likelihood of emergencies in the immediate vicinity in the next five years, total.

The majority of respondents said they would be severely affected (emotionally and practically) by war and armed conflict (79.1%), terrorist attacks (68.8%) and natural disasters (54.6%). Man-made disasters would seriously affect 46.4% of respondents, and an outbreak of a contagious disease a good third (35.8%) (Figure 9).

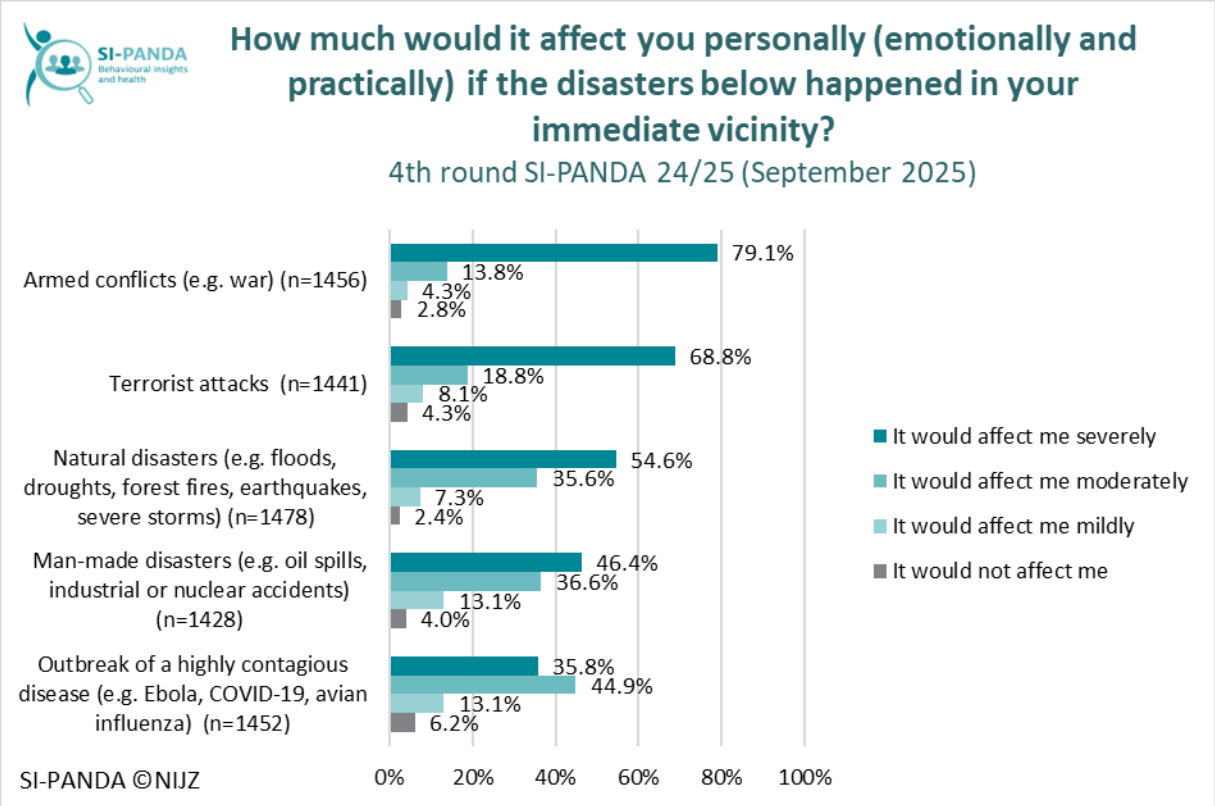


Figure 9: Personal experience of a crisis event in the immediate vicinity, total.

Man-made disasters (e.g. oil spills, industrial or nuclear accidents) would have greater emotional and practical impact on 50–74-year-old respondents (53.5%–54.6%) than on 18–49-year-old respondents (35.1%–41.9%). An outbreak of a highly contagious disease (e.g. Ebola, COVID-19, avian influenza) would severely impact more respondents aged 65–74 (49.8%) than those aged 18–64 (26.1%–39.3%). Natural disasters (e.g. floods, drought, forest fires, earthquakes, severe storms) would severely impact more respondents in the 30–74 age group (50.8%–67.1%) than those in the 18–29 age group (41.1%). Armed conflicts would more severely impact more respondents on the 18–29 age group (83.7%) and those in the 50–74 age group (81.3%–83.9%) than those in the 30–49 age group (73.4%) (Figure 10). All of these disasters and emergencies would affect more women than men.

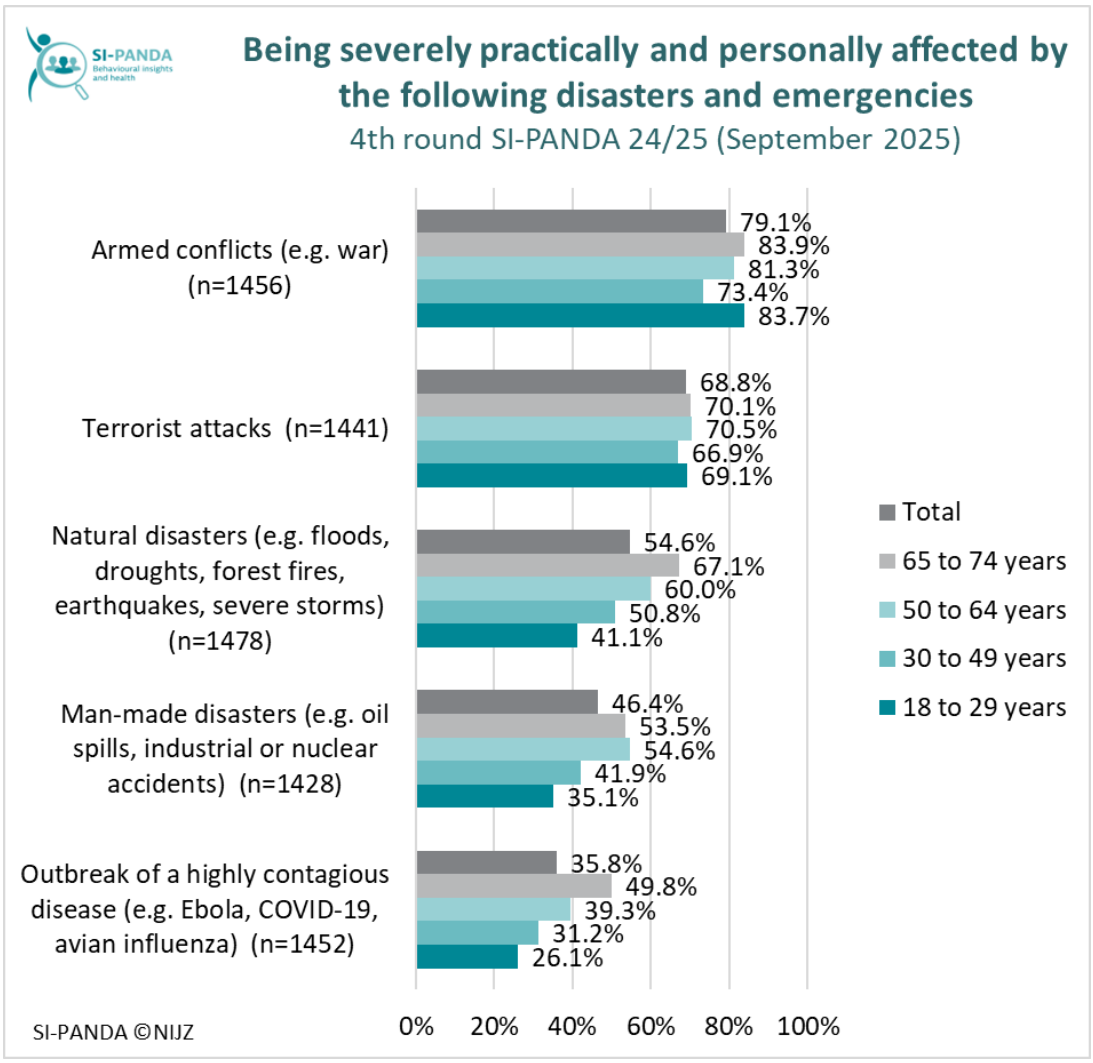


Figure 10: Being severely emotionally and practically affected by disasters and emergencies in immediate vicinity, total and by age groups.

Respondents were asked how anxious the felt when they thought they might experience a pandemic again in the future. Just under a half of the respondents (49.3%) feel no anxiety, 36.5% are a little anxious, 10.3% are anxious and 3.9% are very anxious at the thought of another pandemic. When thinking about a new pandemic, more people aged 30–74 do not feel anxious (48.4%–55.8%) compared to the youngest age group, where only a good third of respondents (35.0%) do not feel anxious) (Figure 11). More women (5.3%) than men (2.6%) are very anxious, more people with depressive disorder (10.9%) compared to those at risk of mental health problems (5.6%) or those without mental health problems (2.6%). Similarly, more people who struggle to make ends meet (11.6%) compared to those who are successful but need to be careful, are in a good financial situation (1.5%–3.8) and more people who have at least one chronic illness (6.1%) compared to those who do not (2.3%).

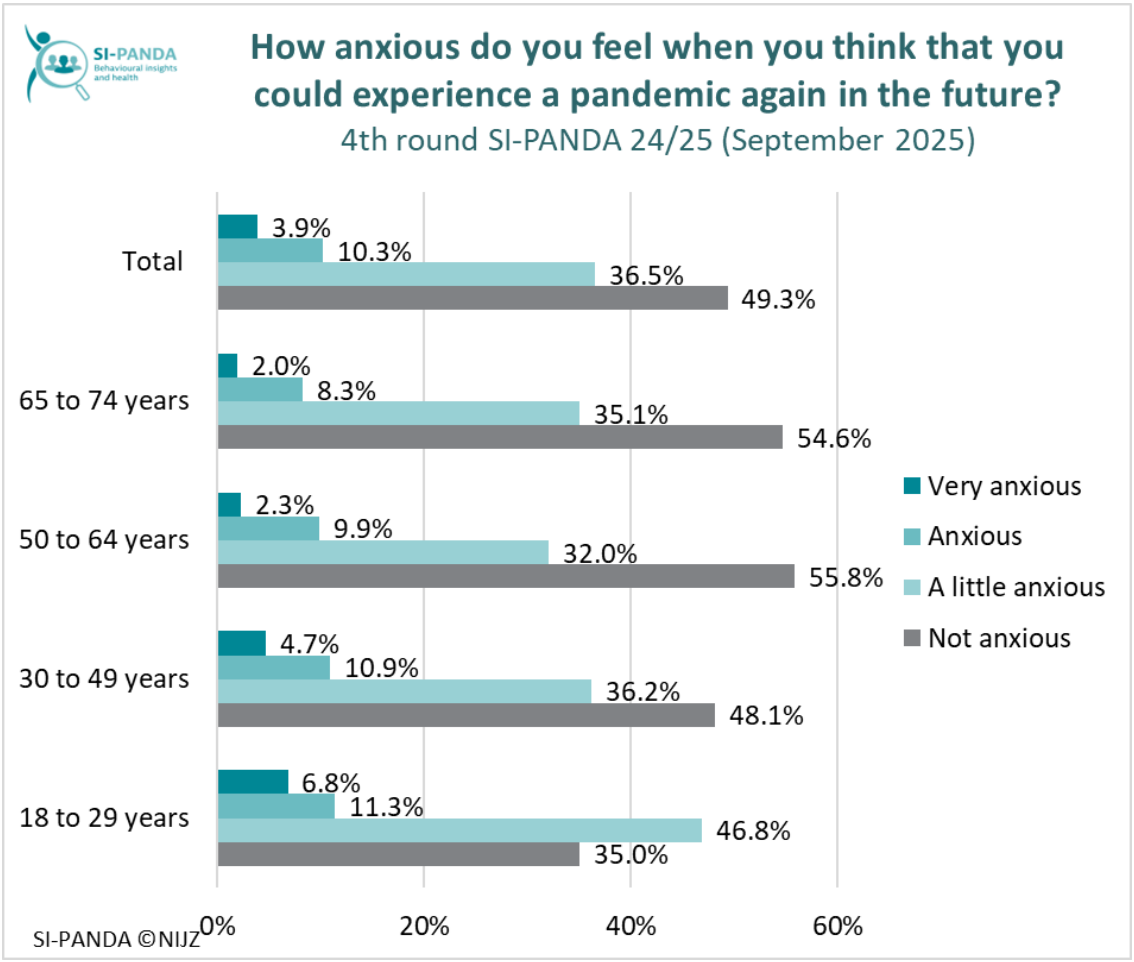


Figure 11: Experiencing anxiety at the thought of a new pandemic, total and by age groups.

Contact with animals – potential risk of diseases transmission

Interactions with animals, whether in the home environment (pets, domestic animals), in nature (wild animals), or as part of occupational contact, are common and varied. Contact with animals can pose a certain risk of transmission of various diseases, called zoonosis, which are transmitted from animals to humans. Therefore, understanding these interactions and implementing protective measures is crucial. This chapter presents the results that shed light on the frequency and types of contact with animals among the respondents and the degree of compliance with protective and hygiene measures they implement to prevent the possible transmission of diseases through indirect or direct contact.

The results of the SI-PANDA 2024/2025 show that 7.8% of respondents came into contact with animals due to their job (Figure 12). Due to their work, more men (9.3%) than women (6.1%) came into contact with animals, more people living in Eastern Slovenia (9.6%) compared to Western Slovenia (5.9%), and more people living in rural areas (12.4%) compared to suburban (5.8%) and urban (4.8%) areas.

Just over a half of respondents stated that they own a pet or a domestic animal (55.3%) (Figure 12). More people living in Eastern Slovenia (60.3%) compared to those living in Western Slovenia (49.8%) have a pet or a domestic animal, and more people living in rural areas (70.0%) compared to those living in suburban (53.2%) or urban (41.3%) areas.

A poor half (43.7%) of respondents saw a dead wild animal in the past 12 months (Figure 12). Among them more men (49.8%) than women (37.3%), more people aged 18–29 (63.2%) compared to those aged 30–74 (25.5%–48.4%), and more people living in Eastern Slovenia (46.3%) compared to Western Slovenia (40.9%).

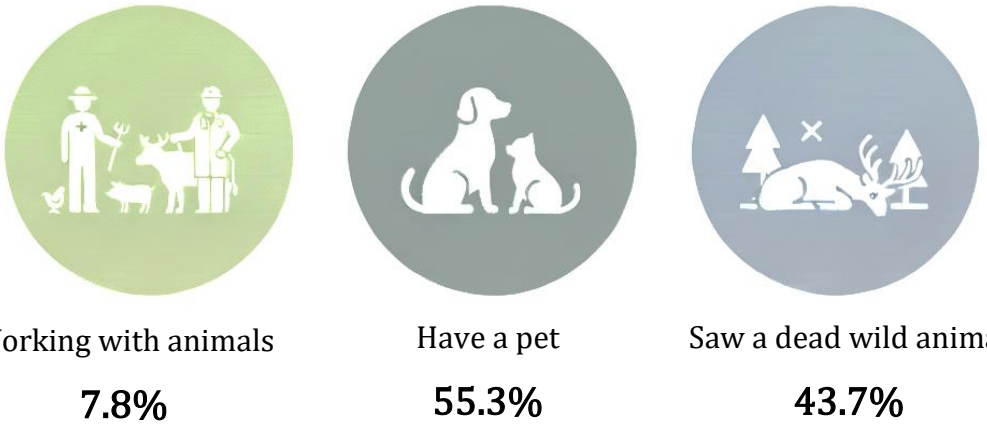


Figure 12: Exposure to various forms of contact with animals (occupational, domestic animals and wild animals), total.

Most respondents who stated that they saw a dead wild animal in the past 12 months did not touch it (89.7%). 5.2% of respondents touched it with a stick or other object, 3.7% touched it with their hands while wearing disposable gloves, and 1.4% touched it with their bare hands (Figure 13). More people aged 50–74 (12.5%–15.1%) touched a dead wild animal compared to respondents aged 18–29 (5.7%).

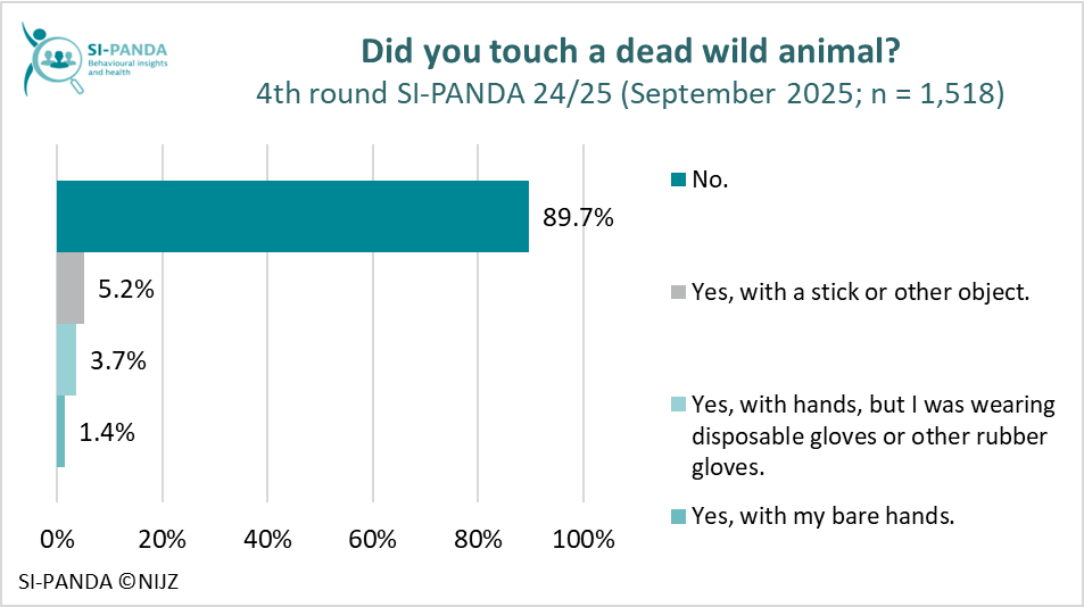


Figure 13: Contact with a dead wild animal, total.

Respondents who had touched a dead wild animal (n = 67) were then asked what they did after touching the dead wild animal. Just over half of respondents said they washed their hands with soap and water immediately upon returning home (55.3%), 32.9% washed their hands with soap and water immediately after touching a dead wild animal before touching anything else, and 28.2% used hand sanitizer immediately after touching it. Just under a tenth gave another answer (9.2%), while 2.4%) of respondents did none of the above after touching the animal (Figure 14).

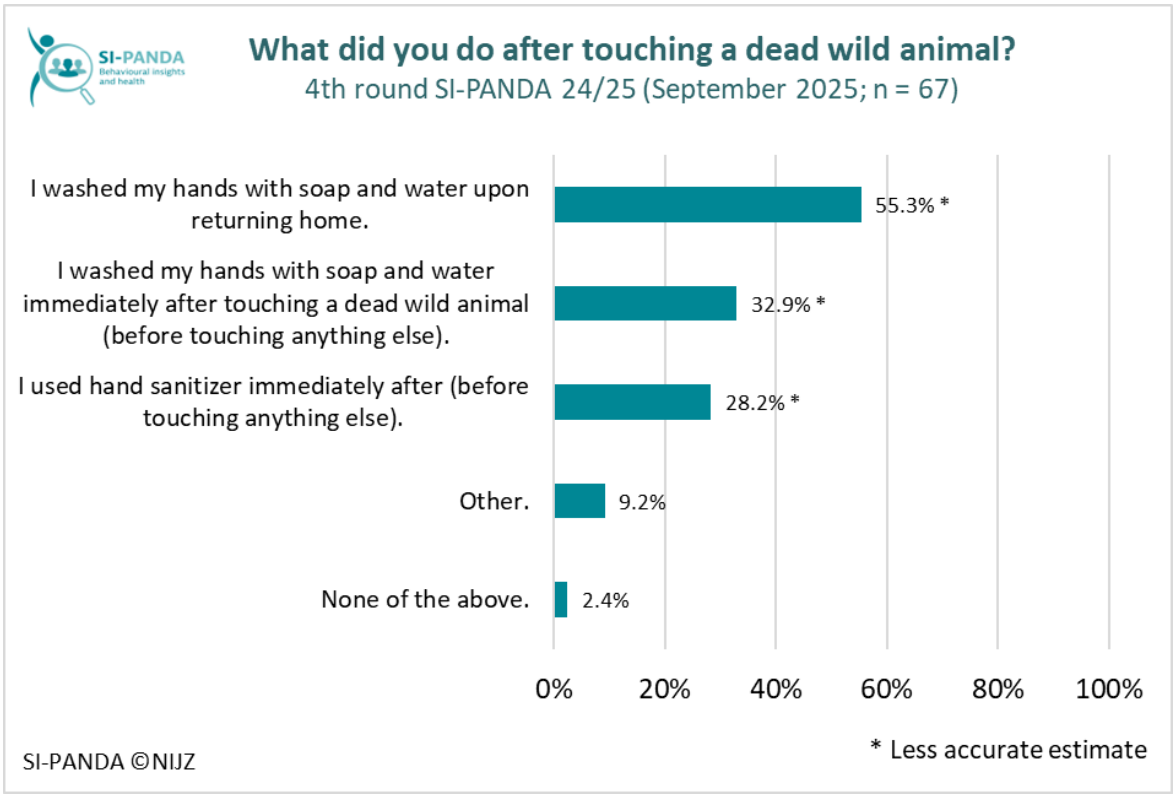


Figure 14: Actions taken after touching a dead wild animal, total.

Just over half of respondents (53.2%) had not swum in open waters such as rivers, canals, ponds, or lakes in the last three months. 13. 5% of respondents swam in open waters less than once per month, 8.9% swam once per month, 20.2% several times per month, 2.5% every week, and only 1.7% every day or almost every day (Figure 15). In last three months, more men (51.0%) than women (42.4%) swam in open waters, as did more people aged 18–29 (63.2%) compared to people aged 30–49 (51.8%), 50–64 (42.8%), and people aged 65–74 (26.8%). More people with higher education and higher swam in open waters in the last three months (51.9%) compared to those with secondary education or lower (42.2%). More people from Western Slovenia (52.0%) swam in open waters compared to people from Eastern Slovenia (42.2%).

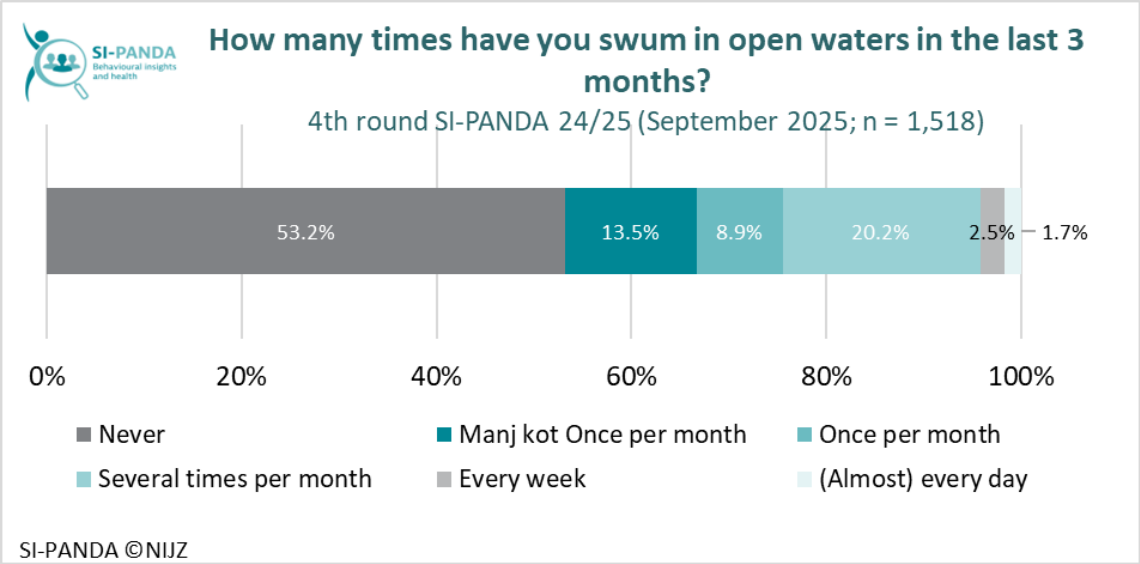


Figure 15: Frequency of swimming in open waters in the last three months, total.

Among respondents who had swum in open waters in the last three months (n = 711), 14.7% stated that they had checked whether water quality was monitored before swimming in open waters. Among those who checked whether the water quality was monitored (n = 104), 95.0% stated that the water was suitable for swimming. A good quarter of respondents drank or swallowed some water while swimming in open waters (27.3%), and 56.1% washed their hands before eating after swimming in open waters (Figure 16).

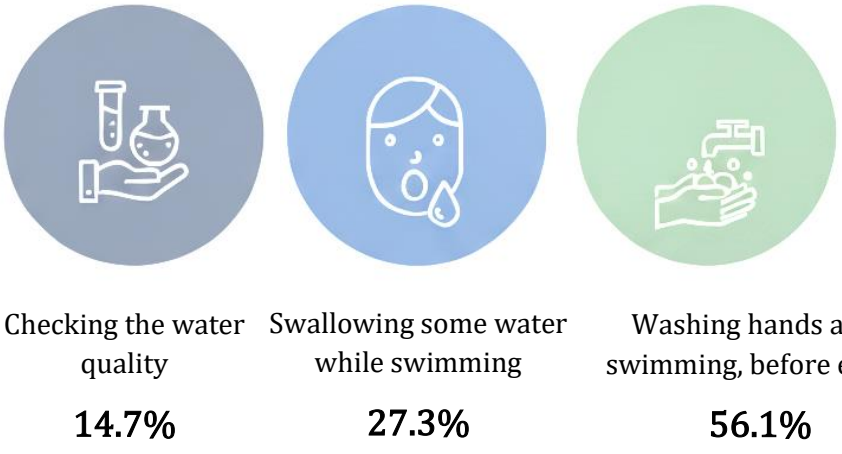


Figure 16: Actions taken before or after swimming in open waters.

Using nine statements about how we become infected through food, water or contact with animals, we tested respondents' knowledge of disease transmission from animals to humans. Respondents could rate the statements as true or false. We added up the correct statements, with a higher score representing better knowledge about the disease transmission from animals to human (range from 0 to 9 points).

On a scale of 0 to 9, respondents scored an average of 6.8 points, which represents a fairly good knowledge of the disease transmission from animals to humans (Figure 17). Younger people aged 18–29 (average 7.1) had better knowledge than people aged 65–74 (average 6.5). People with a university degree or higher (average 7.1) also had better knowledge than people with a secondary education or lower (average 6.5).

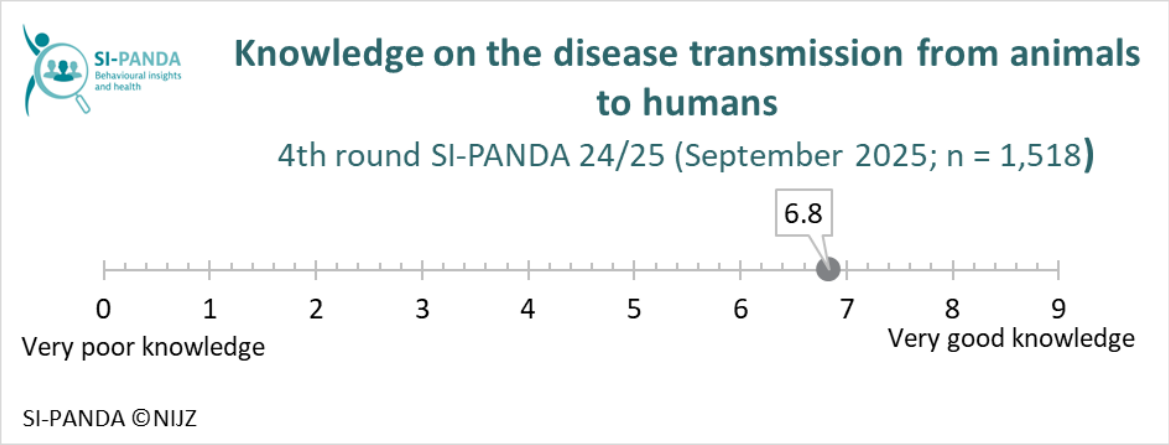


Figure 17: Assessment of knowledge on disease transmission from animals to humans, total.

Implementing hygiene measures

The following section presents the results on how often the respondents washed their hands with soap and water in specific situations. Most respondents reported that in the last 7 days they always washed their hands with soap and water after working in the garden (88.4%), after visiting a barn or animal farm (85.5%), and after cleaning the area where their pet or domestic animal lives (83.5%). After preparing meals from raw meat, fish, eggs, or milk, 78.5% of respondents washed their hands, 72.8% washed their hands before preparing food, and 65.2% washed their hands after walking their dog. The fewest respondents stated that they always washed their hands after touching animals, such as petting or cuddling them (53.1%) women always washed their hands at a higher rate than men before preparing food, after preparing meals from raw meat, fish, eggs, or milk, and after working in the garden (Figure 18).

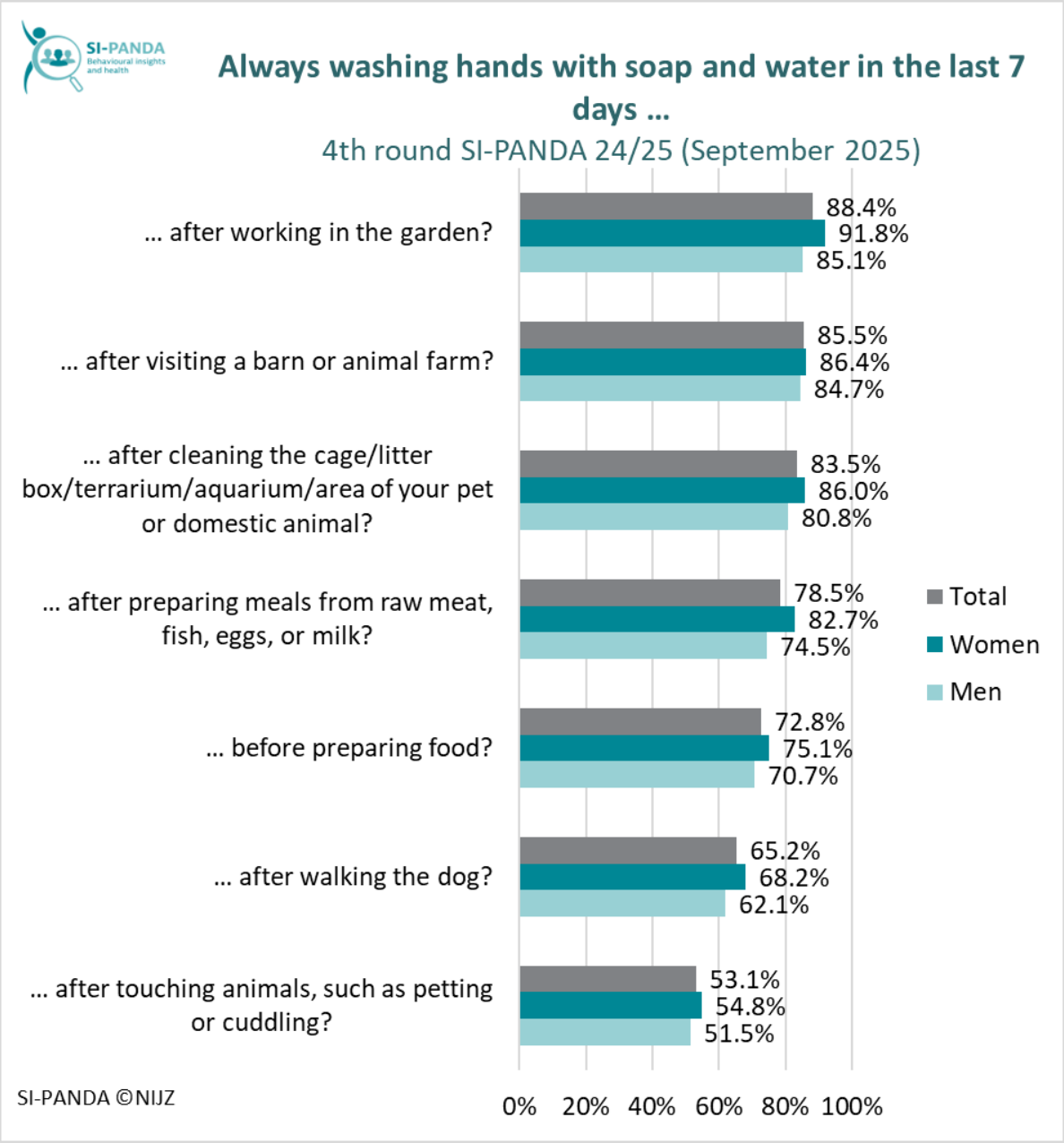


Figure 18: Washing hands with soap and water always, in the last seven days, total and by sex.

Behavioural determinants

We asked the respondents to what extent they believe that implementing specific preventive measures helps prevent the spread of infections that can be contracted through contact with animals, animal products, or contaminated water. Most respondents believe that avoiding touching dead wild animals with bare hands greatly helps prevent the spread of infections (85.0%). Most respondents believe that the following measures are also very helpful: washing hands immediately after touching a dead wild animal (83.7%), washing hands after cleaning the cage/litter box/terrarium/aquarium/area of a pet or domestic animal (75.6%), washing hands after visiting a barn or animal farm (70.2%), washing hands after preparing meals from raw meat, fish, eggs, or milk (63.5%), washing hands after working in the garden (61.8%), not swimming in open waters if the water quality is poor (61.4%), washing hands before preparing food (60.4%), washing hands after touching animals such as petting or cuddling (58.6%), washing hands after walking the dog (56.2%), and washing hands before eating after swimming in open waters (51.1%). 36.8% of respondents believe that checking whether water quality is monitored is very helpful in preventing the spread of infections before swimming in open waters (Figure 19).

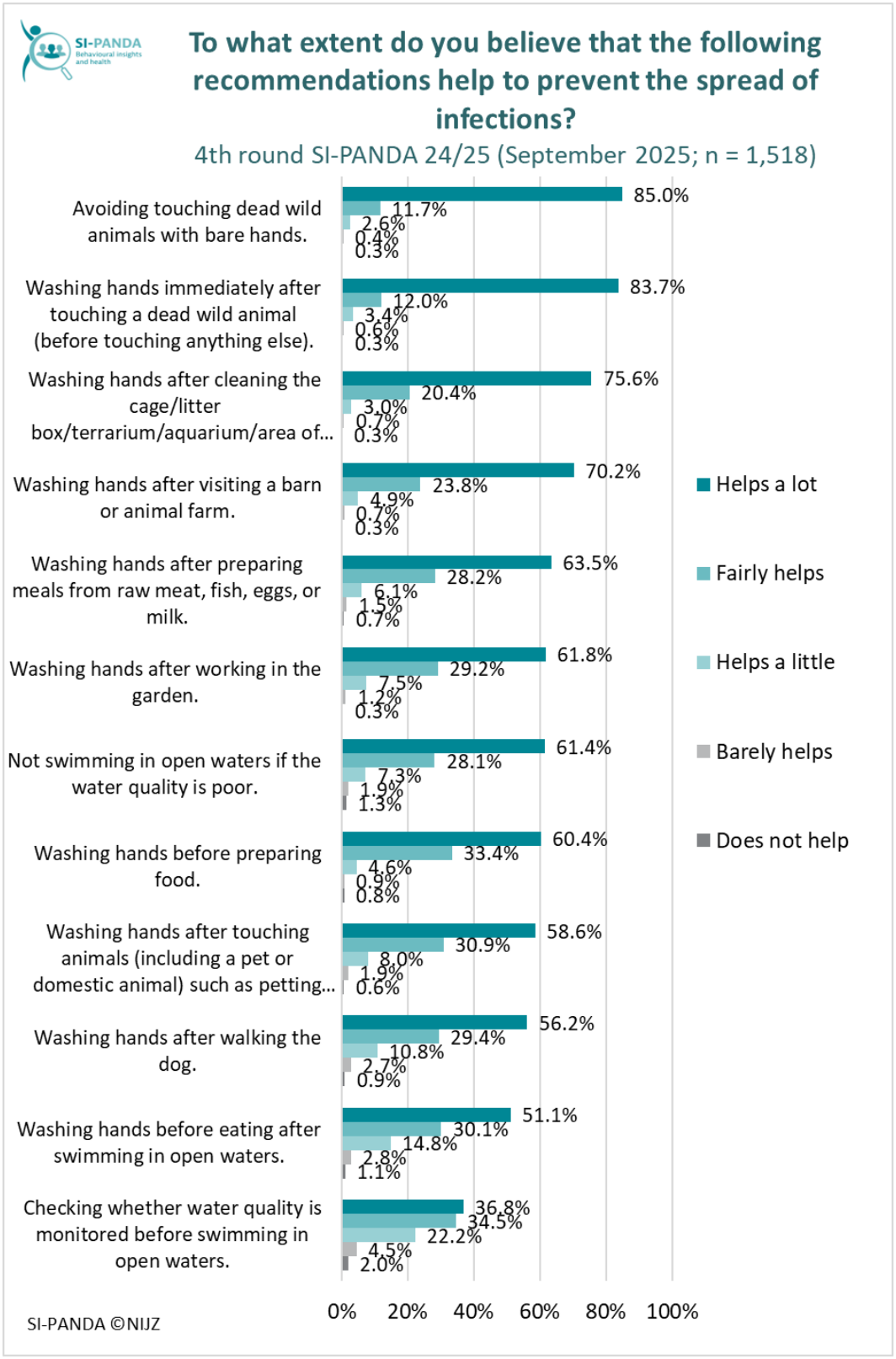


Figure 19: Assessment of the effectiveness of recommendations for preventing the spread of infections that can be contracted through contact with animals, animal products, or contaminated water, total.

We asked the respondents how easy or difficult they found it to implement specific preventive measures to prevent the spread of infections that can be contracted through contact with animals, animal products, or contaminated water. The vast majority of respondents stated that they find it easy to implement the following measures: washing hands after cleaning the cage/litter box/terrarium/aquarium/area of a pet or domestic animal (96.3%), washing hands after working in the garden (96.3%), avoiding touching dead wild animals with bare hands (96.2%), washing hands immediately after touching a dead wild animal (95.5%), washing hands after preparing meals from raw meat, fish, eggs, or milk (95.5%), washing hands after visiting a barn or animal farm (95.2%), washing hands before preparing food (95.1%), washing hands after walking the dog (91.1%), washing hands after touching animals such as petting or cuddling (86.7%), washing hands before eating after swimming in open waters (83.1%), and not swimming in open waters if the water quality is poor (82.8%). 62.3% of respondents believe that checking whether the water quality is being monitored is an easy task (Figure 20).

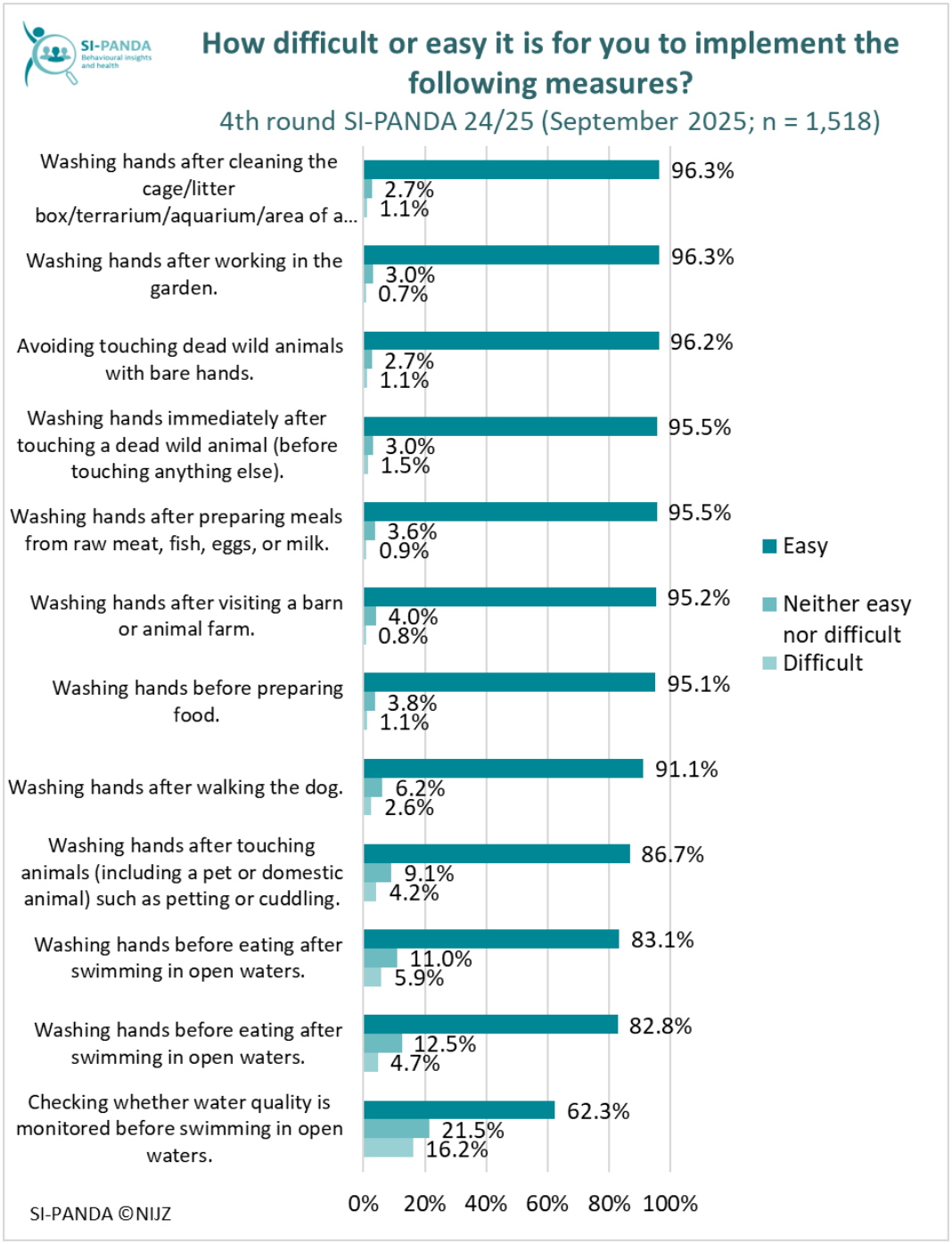


Figure 20: Assessment of the difficulty of implementing recommendations to prevent the spread of infections that can be contracted through contact with animals, animal products, or contaminated water, total.

The vast majority of respondents agree that most people who are important to them wash their hands immediately after touching a dead wild animal (94.7%), does not touch dead wild animals with bare hands (94.7%), wash their hands after working in the garden (92.6%), wash their hands after cleaning the cage/litter box/terrarium/aquarium/area of a pet or domestic animal (91.4%), wash their hands before preparing food (90.4%), wash their hands before visiting a barn or an animal farm (90.0%), wash their hands before preparing meals from raw meat, fish, eggs, or milk (88.9%), wash their hands after walking their dog (77.5%), do not swim if the water quality is

poor (75.8%), wash their hands after touching animals such as petting or cuddling (74.9%), and wash their hands before eating after swimming in open waters (73.0%). 56.2% of respondents believe that most people who are important to them check whether the water quality is being monitored before swimming in open waters (Figure 21).

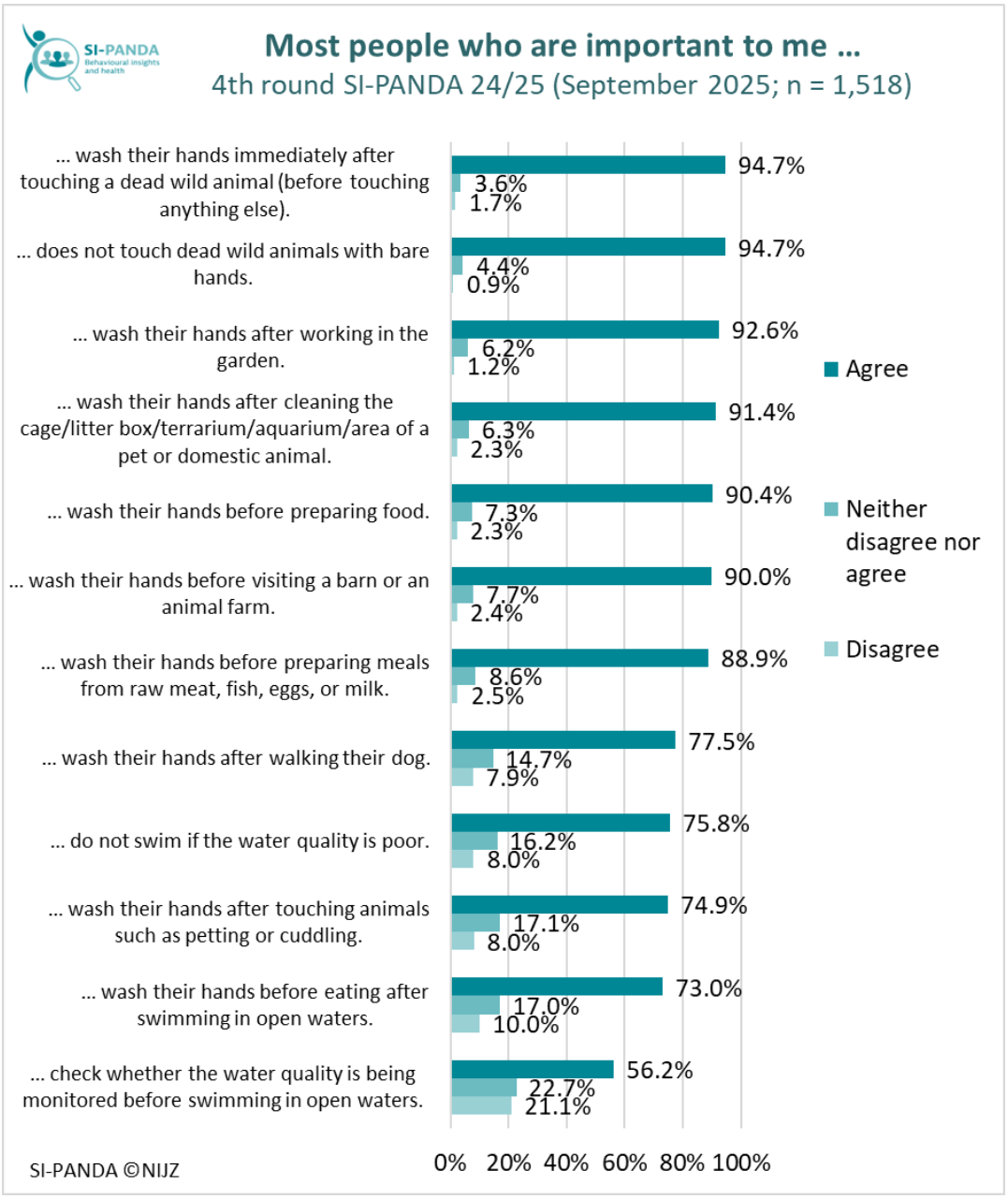


Figure 21: Agreeing with statements regarding following specific preventive measures by people who are important to them, total.

Experiencing social support

More than half of the respondents reported moderate social support (57.0%), 22.6% reported weak social support, and 20.4% reported strong social support. Among those who scored on the WHO-5 questionnaire as likely to have a depressive disorder, 44.1% reported weak social support. Among those at increased risk of mental health problems, 32.0% reported weak social support, compared to 17.1% among those showing no signs of mental health problems (Figure 22). Strong social support was more frequently reported by women (22.8%) than men (18.1%). In terms of financial situation, more people who struggle to make ends meet (35.7%) have weak social support compared to those who are doing well but have to be careful (26.8%) and those who are in a good or very good financial situation (12.7%–16.8%). Weak social support was also reported by more people who live alone (33.7%) compared to those who do not live alone (21.0%).

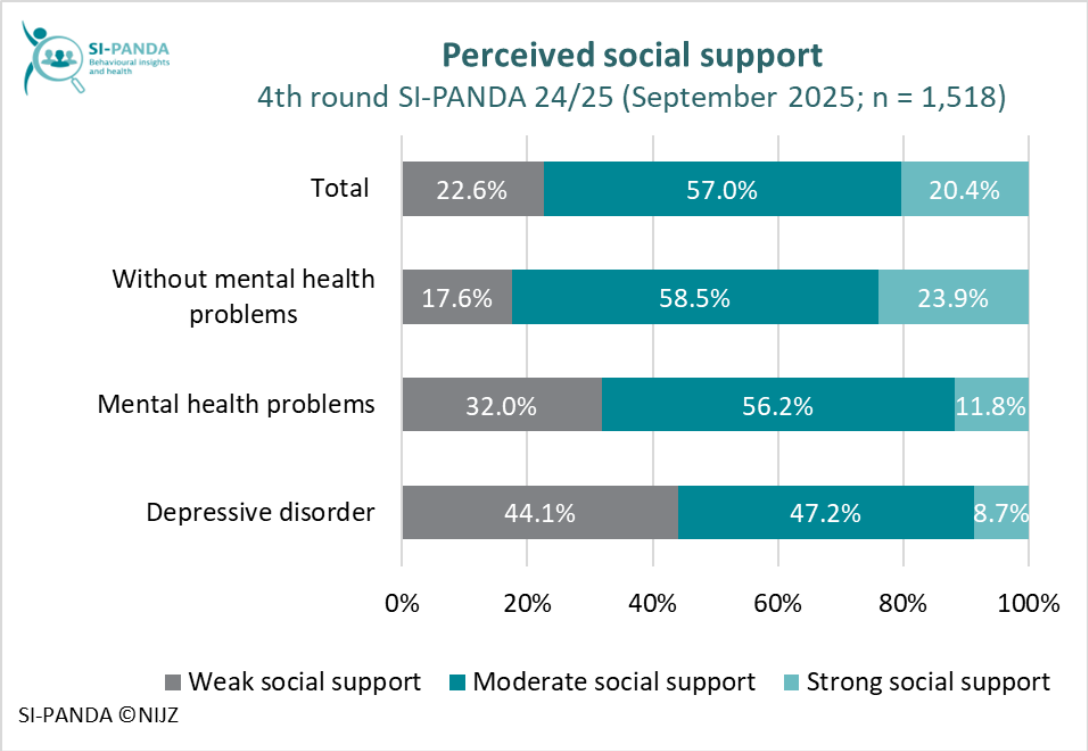


Figure 22: Perceived social support, total and by presence of mental health problems.

Physical health

On a scale of 0 to 100, respondents gave their current health a mean score of 74 (Figure 23). The score decreased with respondents' age. In terms of education, respondents with higher education or more rated their health the highest (mean score 77), compared to those with secondary education or less (mean score 72), in terms of employment status, those who were working (mean score 76) compared to those who were unemployed (mean score 69) or inactive (mean score 72). 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 79, compared to those with a likelihood of depressive disorder (mean score 67) and those with a likelihood of mental health problems (mean score 54).

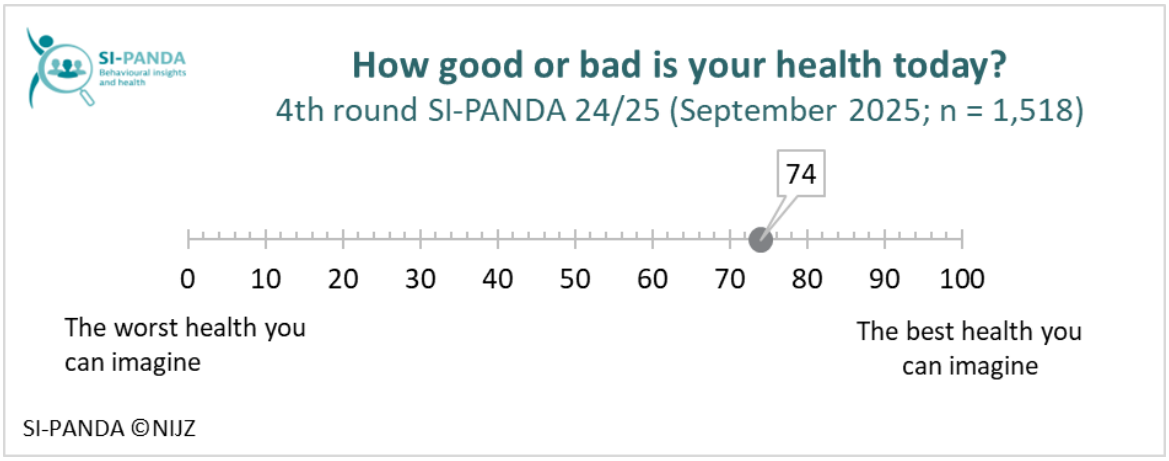


Figure 23: Self-rated health on a scale of 0 to 100, total.

Just under a fifth (18.0%) of respondents rated their general health as very good, while slightly more than half (51.2%) rated it as good. A quarter (25.8%) rated their health as average, while 5.0% of respondents rated it as poor or very poor (Figure 24). More men (21.4%) than women (14.5%) describe their health as very good. In terms of age, more people aged 18–29 (34.3%) describe their health as very good compared to people aged 30–74 (7.4%–20.7%). More people with higher education or higher (21.8%) also rate their health as very good compared to people with secondary education or lower (14.5%). In terms of employment status, more secondary and tertiary students report very good health (32.3%) compared to employed persons (20.3%), pensioners (6.8%) and unemployed persons (12.4%). More people without chronic diseases also reported very good health (26.7%) compared to those with at least one chronic disease (6.0%).

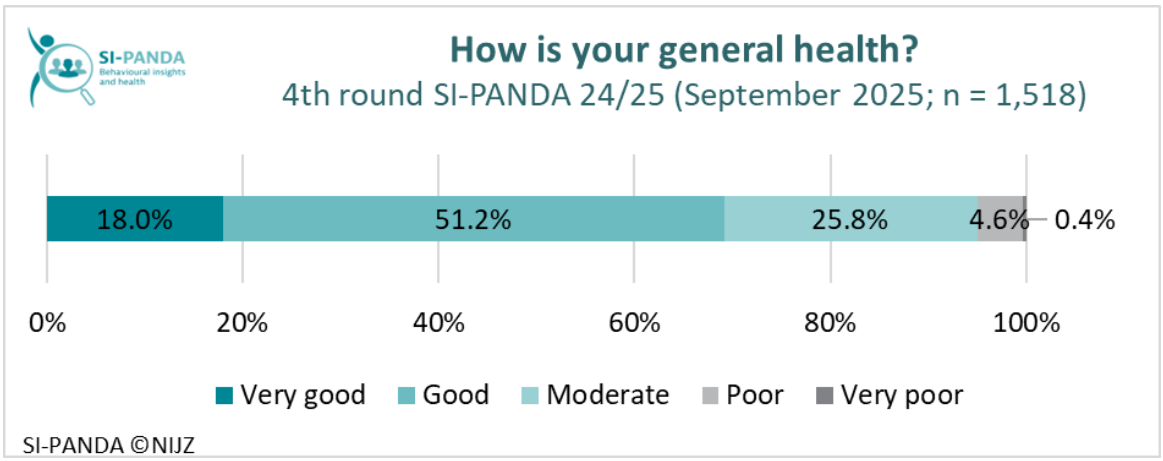


Figure 24: Assessment of general health status, total.

A good two-thirds of respondents (66.5%) stated that they were not impaired at all by health problems in their daily activities, 30.5% were moderately impaired, and 2.9% were significantly impaired (Figure 25). More people in the 18–49 age group (74.3%–81.5%) were not impaired due to health problems, compared to people aged 50–74 (52.2%–56.3%).

Among those who reported being impaired (significantly or moderately) due to health problems, 78.8% had faced impairment in the last six months or more (Figure 25).

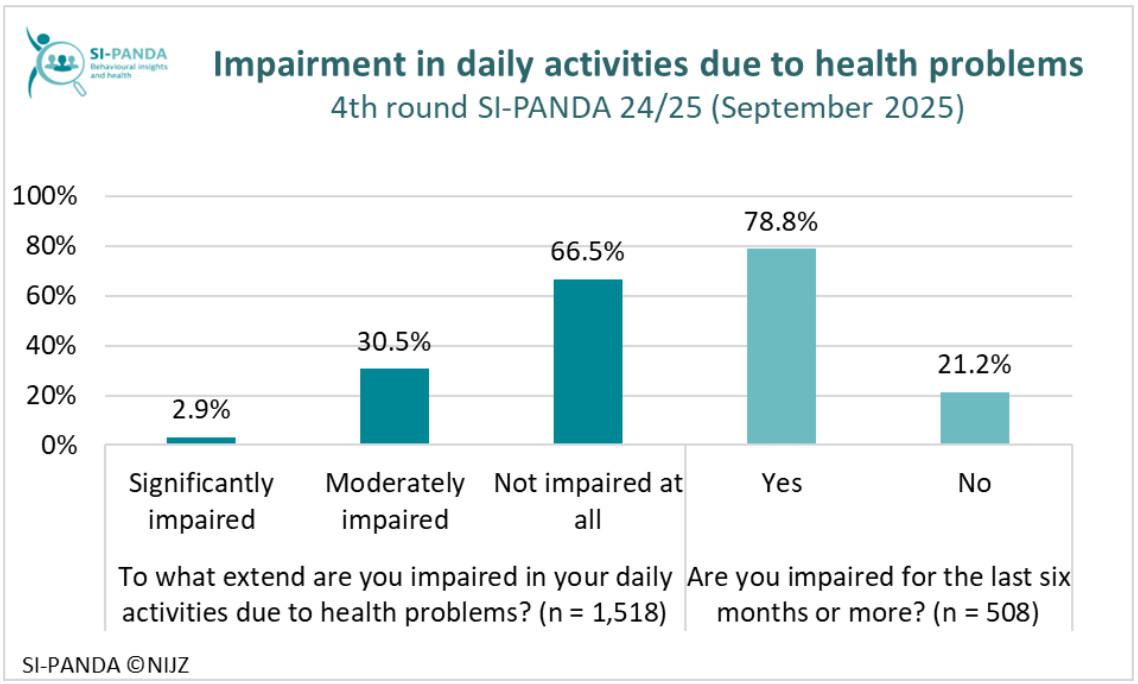


Figure 25: Impairment in daily activities due to health problems and impairment in the last six months, total.

More than half of respondents have no chronic diseases (57.9%) and 42.1% have at least one chronic disease (Figure 26), among them more people aged 50–74 (52.7%–68.8%) compared to people aged 18–49 (21.7%–31.0%).

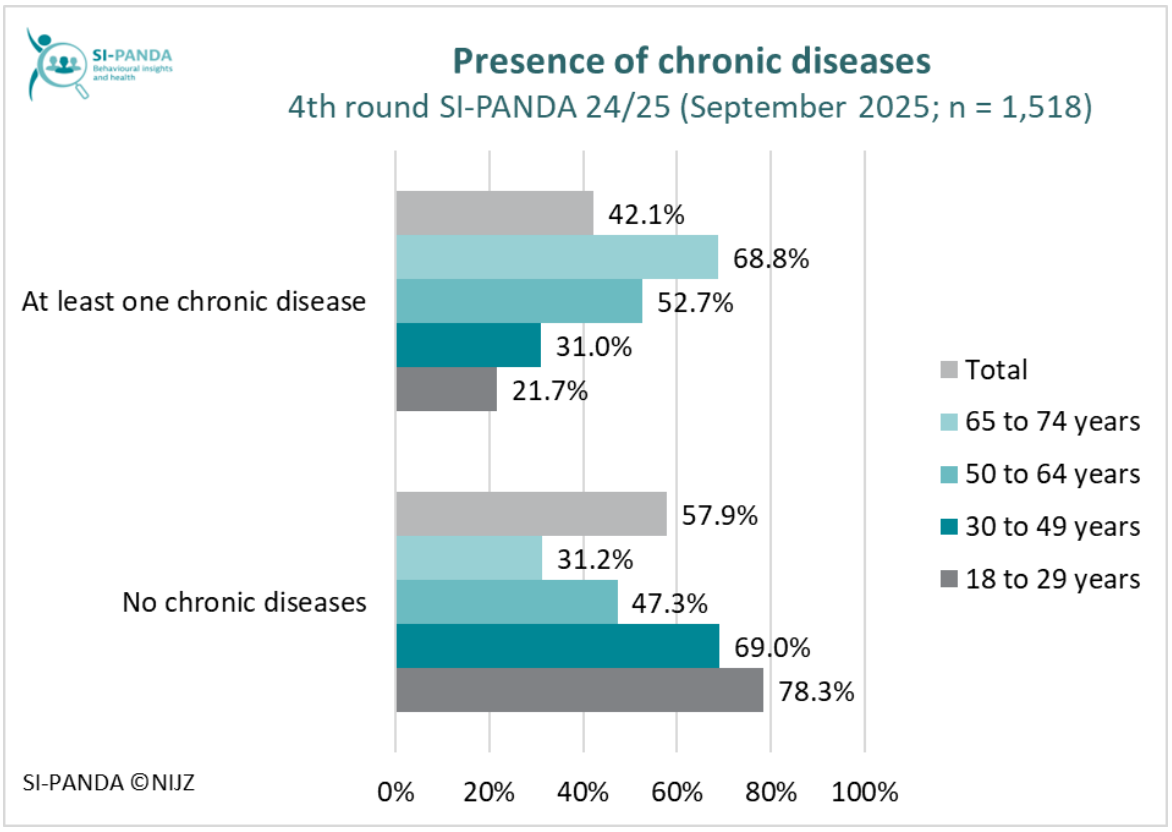


Figure 26: Presence of chronic diseases, total and by age groups.

Mental health

Based on the WHO-5 Mental Wellbeing Questionnaire, which assesses subjective mental wellbeing 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 mental health (excellent wellbeing).

The results show that 27.1% of respondents aged 18 to 74 are likely to have mental health problems, of which 9.0% are likely to have a depressive order. Mental health problems or poorer mental health are more common among younger adults aged 18 to 49 (51.8%–22.9%) compared to people in the 50–74 age group (12.1%–14.0%). The highest proportion of people without mental health problems or with good mental health is found among the oldest respondents, namely in the 50–74 age group (78.1%–80.2%), compared to other age groups, where the proportion of respondents with good mental health ranges between 66.9% and 70.2% (Figure 27).

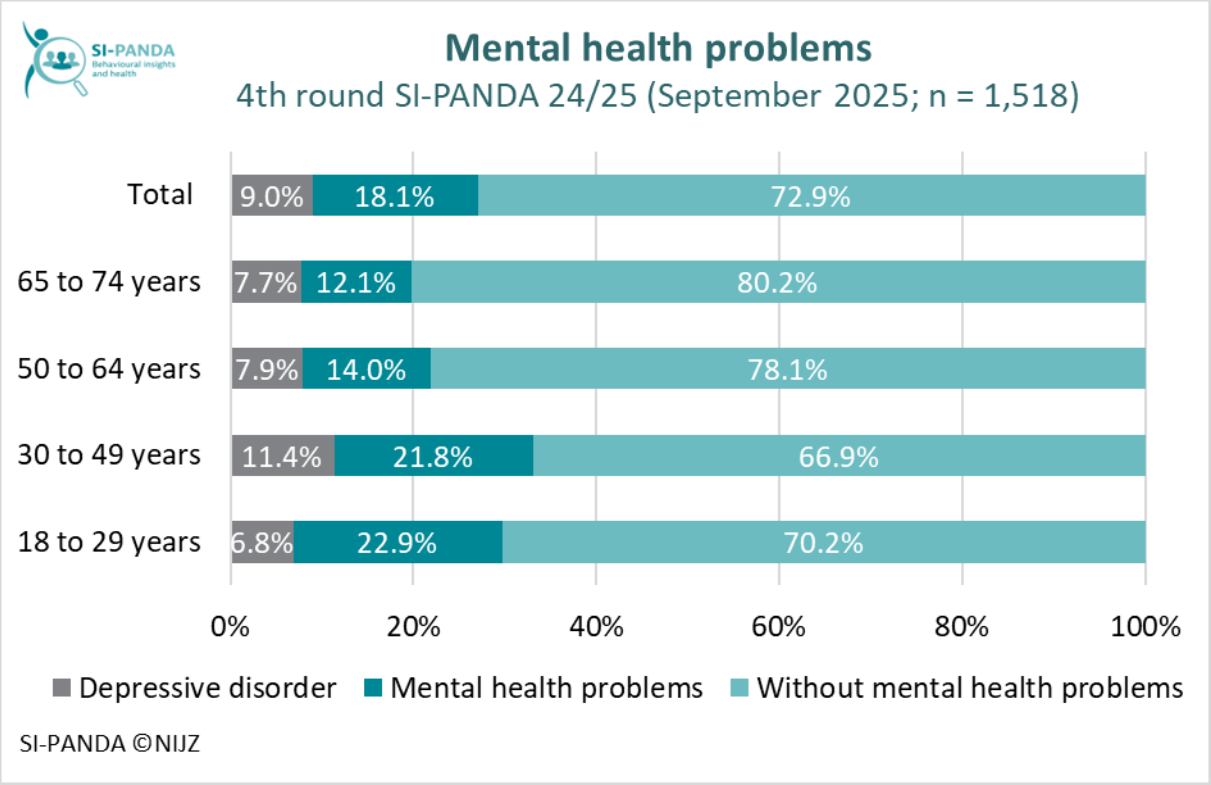


Figure 27: Mental health problems, total and by age groups.

The percentage of people at risk of having a depressive disorder equalled 14.9% in December 2020, however in the last survey round, carried out in September 2025, 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 28).

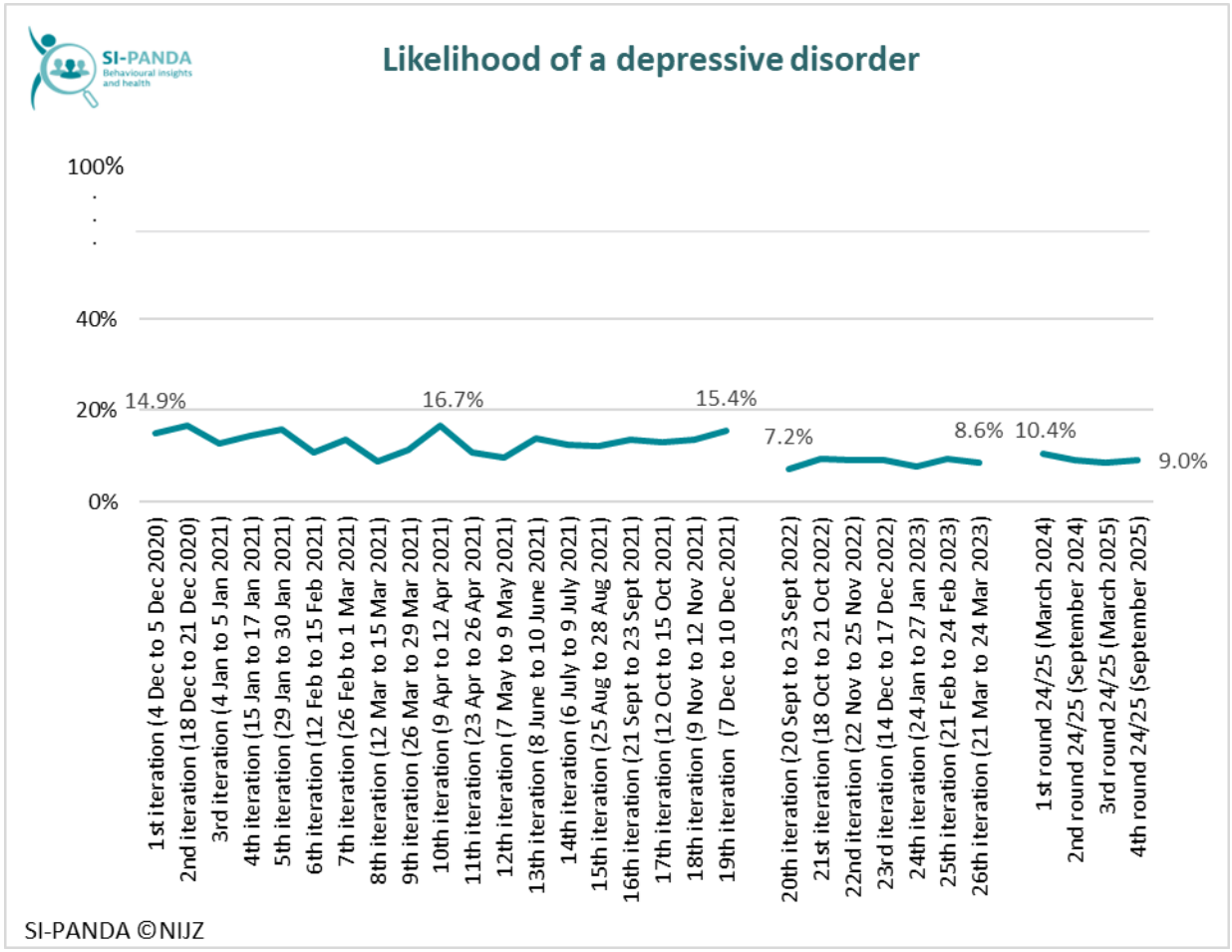


Figure 28: Likelihood of a depressive disorder from 1st to 26th SI-PANDA iteration and from 1st to 4th round SI-PANDA 24/25, total.

Experiencing anxiety

We also used the General Anxiety Disorder 7 (GAD-7) questionnaire, which measures the frequency of anxiety symptoms in the past two weeks. We found that the majority of respondents (87.1%) did not report any symptoms of anxiety. However, 12.9% of the respondents 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 younger people aged 18 to 49 (15.7%–18.1%) and lowest among people aged 50 to 74 years (8.4%–9.5%) (Figure 29). The risk of anxiety disorder is more common among women (15.1%) than among men (10.9%). The risk of anxiety disorder is also more common among people who report poor financial situation and difficulties making ends meet (38.1%), compared to those who are financially successful but have to be cautious or have a fair or good financial situation (5.1%–16.8%). There is also a statistically significant difference in terms of health status: people with at least one chronic disease (19.0%) have higher levels of anxiety symptoms than those without (8.5%). Risk of anxiety disorder is also higher among people with weak social support (21.2%) compared to those with moderate (11.5%) or strong social support (7.8%). People living alone (17.8%) also have higher risk of anxiety disorder compared to people not living alone (12.3%).

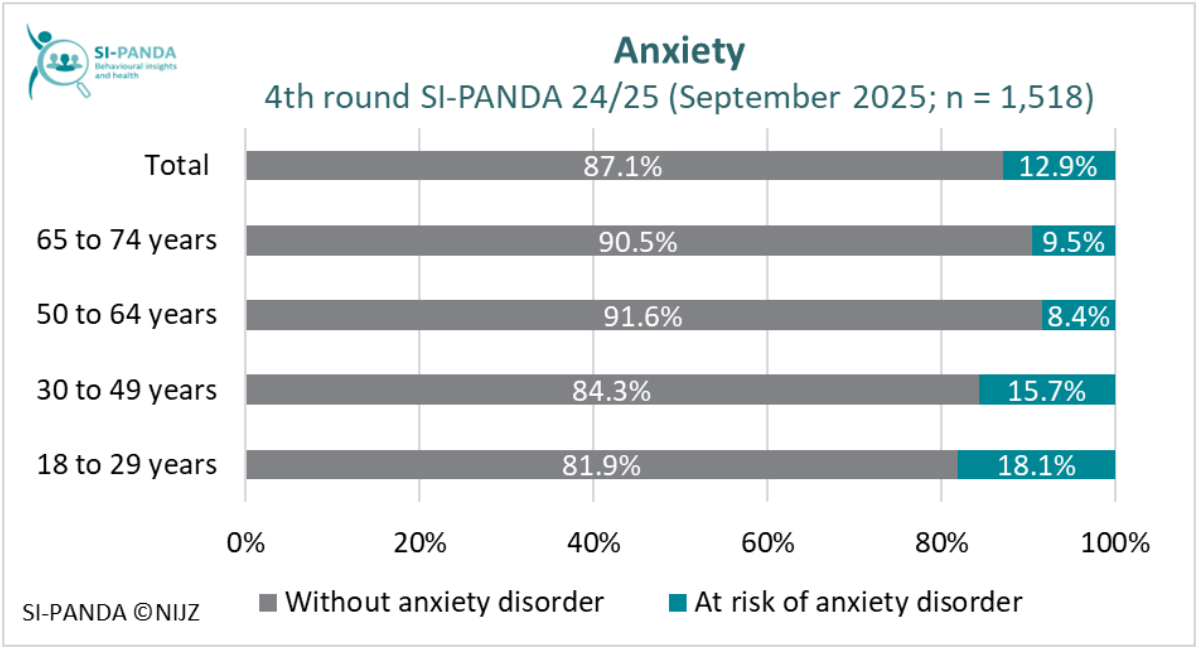


Figure 29: Presence of anxiety symptoms, total and by age groups.

Loneliness and optimism

Based on the results of the Revised UCLA Loneliness Scale (RULS-6), we calculated a total score from individual items that assesses the experience of loneliness. By adding up the six items, we obtained a final RULS-6 result ranging from 6 to 24, where a higher score indicates a higher degree of loneliness.

The average loneliness score on a scale of 6 to 24 is 11.3. We found a higher level of loneliness among younger respondents aged 18 to 49 (average score 11.9–12.7) compared to older respondents (average score 10.4–10.5) (Figure 30). Based on the results, women (average score 11.8) are lonelier than men (average score 10.9). Significant differences in loneliness were observed in relation to the mental health of respondents, with people without mental health problems being less lonely on average (average score of 10.1) compared to respondents with a likelihood of depressive disorder (average score of 16.3) or those likely to have mental health problems (average score of 13.8). We also observe a higher level of loneliness among people who have weak social support (average score of 14.2) compared to people with moderate (average score of 11.0) or strong social support (average score of 9.3).

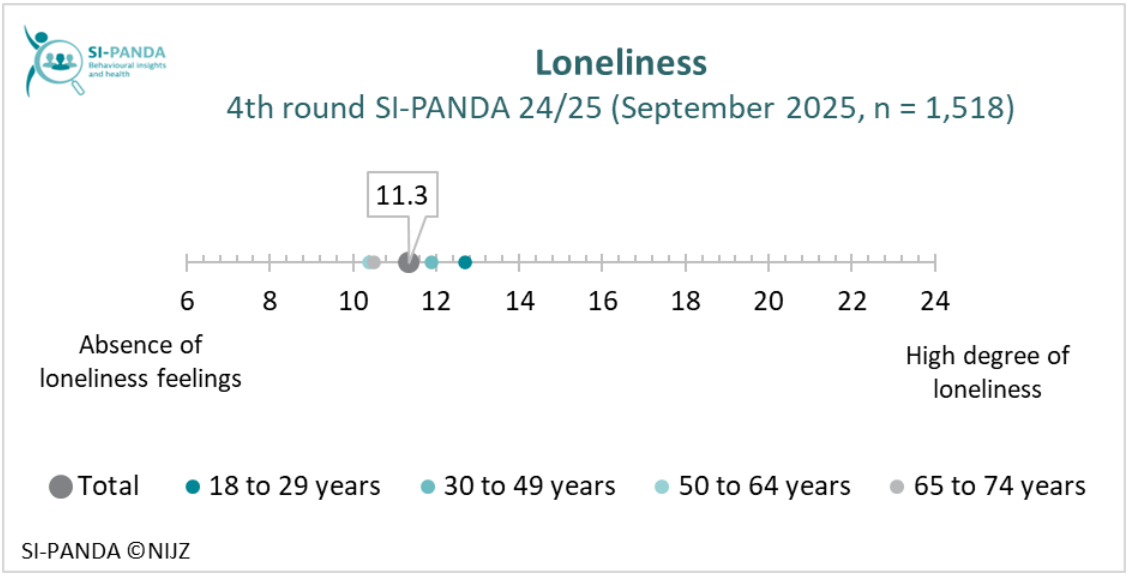


Figure 30: Assessment of loneliness, total and by age.

Just under a fifth (19.0%) of respondents agree that they are optimistic about the future of the world. Meanwhile, 35.1% of respondents agree that they are optimistic about the future of Slovenia. More than half (57.7%) agree that they are optimistic about their own future (Figure 31). More men are optimistic about the future of Slovenia and their own future (SLO = 39.3%; own = 63.2%) compared to women (SLO = 30.6%; own = 51.9%). People with a likelihood of depressive disorder are less likely to agree that they are optimistic about the future of Slovenia and their own future (SLO = 12.7%; own = 16.4%) than people with a likelihood of mental health problems (SLO = 22.9%; own = 35.0%) and people without mental health problems (SLO = 40.9%; own = 68.5%).

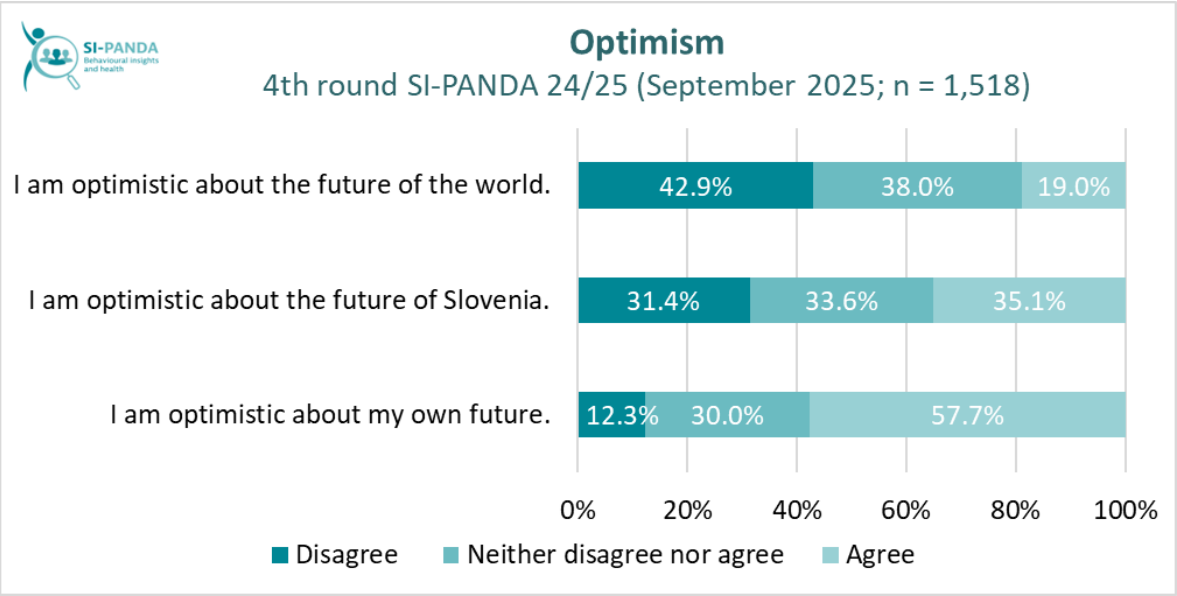


Figure 31: Optimism, total.

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 (87.7%–95.6%) of respondents do not show symptoms of anxiety due to various global crises. 12.3% of respondents show symptoms of anxiety due to risks related to financial stability, and 9.9% show symptoms due to energy-related risks (Figure 32). Symptoms of anxiety due to individual crises are more common among people who live alone, people with at least one chronic illness, and people with an increased risk of developing a depressive disorder.

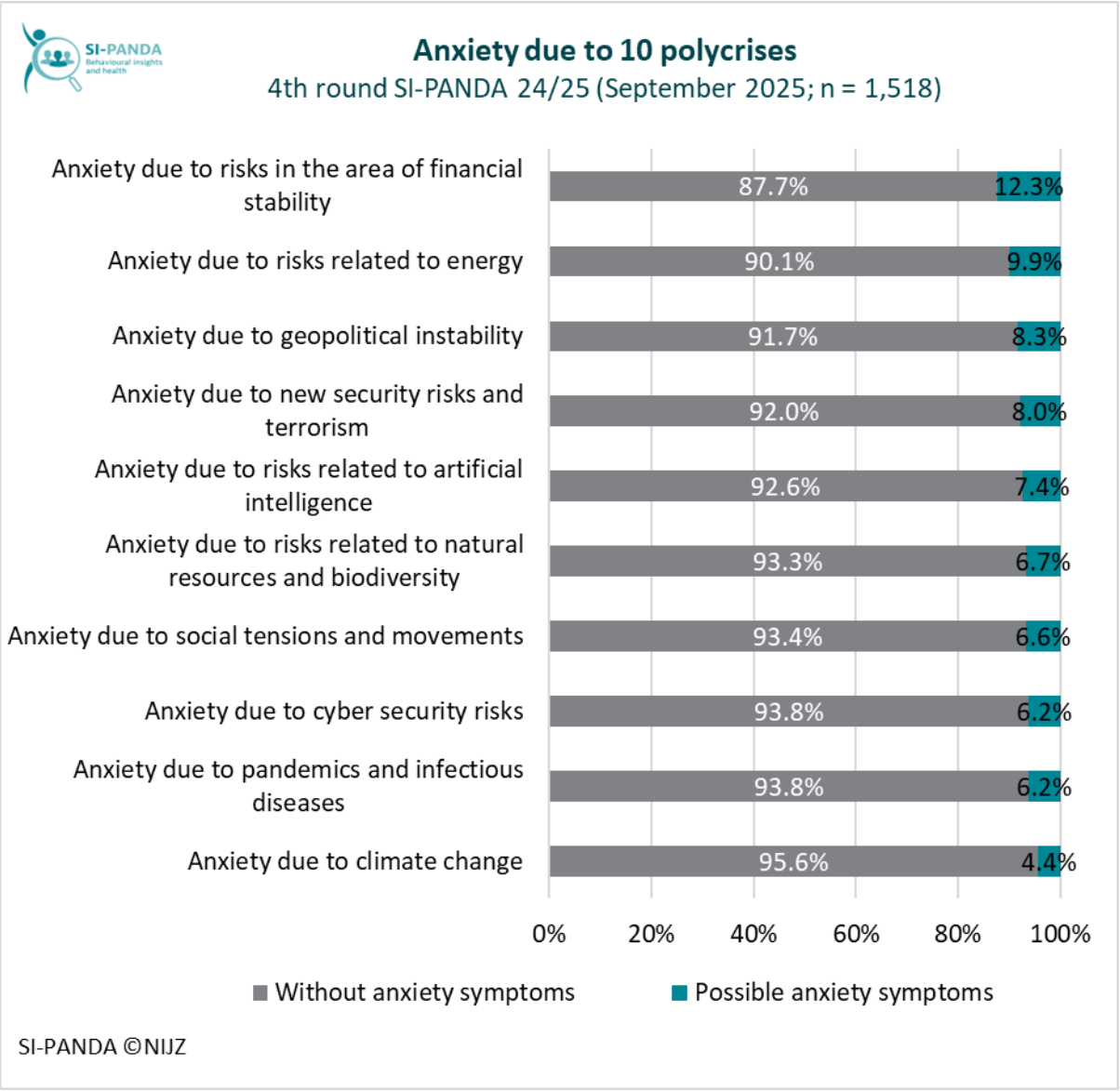


Figure 32: Anxiety symptoms due to individual global crises, total.

Conclusion

The fourth round of the SI-PANDA 24/25 survey, which was being conducted in 2024 and 2025, concluded a series of four consecutive measurements that provided comprehensive insights into the population's perceptions, behaviours, and health status. Topics included infectious disease control, health literacy, and vaccination coverage for both COVID-19 and influenza, as well as long COVID issues, trust in information sources, climate concerns, and other relevant topics.

This report summarized the key findings of the fourth survey round, conducted in September 2025. The results show that the perceived preparedness of individuals, employers, and the government for a possible new pandemic is gradually decreasing compared to the initial measurement in March 2024, which may indicate a decrease in the perception of the threat of new pandemics and greater relaxation in this regard.

Respondents assess the likelihood of future natural disasters and outbreaks of infectious diseases as relatively high, and these events would have a significant emotional and practical impact on them. Nevertheless, most report that their households are well prepared for emergencies and that they consistently implement hygiene and preventive measures, including situation involving contact with animals or swimming in open waters. This indicates a relatively good internalization of protective behaviours that are key to preventing the spread of infections in general.

Data in the field of physical and mental health indicate that most respondents assess their health as good. A certain percentage of respondents have anxiety issues, depressive symptoms and feelings of loneliness, especially younger respondents and women. The level of perceived social support varies among respondents, and optimism about the future is more pronounced at the personal level than at the national and global levels. In conclusion, the results emphasize the importance of comprehensive and long-term monitoring of physical and mental health, social circumstances, and the perceptions and behaviours of the population. The findings represent an important public health starting point for further monitoring of these areas, as the SI-PANDA survey will continue in years 2026/2027 and thus provide insight into long-term trends and changes in population behaviour.

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