

SI-PANDA 2026/2027

Behavioural Insights and Health

Online survey results

1st round (March 2026)

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INTRODUCTION

Infectious diseases and health-related crises represent a challenge in the modern world, the scale and consequences of which depend largely on how individuals and society as a whole respond to them. Looking back at the period of COVID-19 pandemic, it became clear that understanding people's attitudes, motivations, and behaviour is key to effectively preventing the spread of infectious diseases. 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). The gap between available behavioural knowledge and its actual application in practice has highlighted the need for systematic monitoring of population's behavioural responses – including in Slovenia.

To gain a better understanding of the behavioural responses of the Slovenian population, the National Institute of Public Health (NIJZ) conducted the SI-PANDA survey between December 2020 and March 2023. In the 26 rounds of the survey, we observed people's experiences of the COVID-19 pandemic, their adherence to protective measures, their attitudes toward vaccination, and the pandemic's impact on their lifestyle and physical and mental health.

The experiences of the pandemic have raised questions about society's preparedness for potential future crises and about the role of the behavioural sciences in managing them. The follow-up to the SI-PANDA survey, which we began conducting in 2024 in a revised form under the title "Behavioural Insights and Health", seeks to answer these questions. The survey moves beyond the exclusively pandemic context and takes a broader focus on behavioural factors that are important for the health of the population, both in everyday life and in the face of potential health threats. The focus is on behavioural patterns, healthy habits, lifestyle, and physical and mental health, as well as responses to health risks and preparedness for various types of crisis situations. In this way, the survey covers both long-term health factors and behaviour in extraordinary circumstances, providing a more comprehensive insight into changing social and health conditions.

The "SI-PANDA: The Behavioural Insights and Health" survey 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. Such collaboration enables an international comparison of results and a better understanding of the cultural, social, and systemic factors that influence the behaviour and health of the population.

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. In the years 2026 and 2027, the survey is conducted by Mediana on behalf of the National Institute of Public Health, whereas data is analysed at the NIJZ. Cross-country comparative analyses will be conducted in consultation with the other participating countries.

The survey will enable a better understanding and addressing of health disparities and provide a scientific basis for incorporating behavioural knowledge into efforts to strengthen preparedness for potential future health and other crisis situations. At the same time, these insights may contribute to the foundation for developing future strategies to improve public health in Slovenia as a whole.

Head of the survey: Andreja Belščak Čolaković, MD, Specialist in Public Health

METHODOLOGICAL NOTES

The online survey is being conducted since March 2024. The survey rounds are conducted at six-month intervals. In 2026 and 2027, the survey will continue under the same name, as a continuation of the previous surveys conducted in 2024 and 2025. Data for Slovenia are analysed at the NIJZ, while the combined data from all participating countries are analysed by the RIVM.

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 RIVM, 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 **1st round of the SI-PANDA 26/27** online survey, which took place in **March 2026** on a sample of 1,509 adult Slovenian residents, aged 18 to 74. The mental health section also shows the results of previous SI-PANDA surveys conducted between 2020 and 2025.

Surveys conducted to date:

1st round – March 2026 (n = 1,509)

KEY FINDINGS

➤ Detecting preparedness for disasters and other emergency situations

Most respondents (37.1%) feel neither prepared nor unprepared for emergency situations, while a good third (37.9%) feel unprepared or completely unprepared. Only a quarter of respondents are prepared for emergency situations. Among the various scenarios, respondents are by far the most prepared for a pandemic (42.1%), followed by floods (21.6%) and a three-day power outage (21.2%), while they are least prepared for armed conflict (17.3%).

➤ Trust in persons or institutions

On a scale of 1 to 7, respondents trust the science (6.9) and doctors (6.8) the most, and politicians (2.4) the least, with men expressing higher levels of trust than women.

➤ Health literacy

More than 90% of people easily understand direct instructions from doctors or pharmacists and information about unhealthy habits.

➤ Perceived social support

Survey data show that slightly more than half of the respondents have moderate social support (54.6%), while 25.5% have low social support and 19.9% have strong social support. Women report strong social support more frequently than men. Low social support is considerably more common among people with poorer mental health, those with a lower financial status, and people who live alone.

➤ Health

On a scale from 0 to 100, respondents rated their current health at an average of 75, with the rating decreasing with age. People with higher levels of education (77) and those who are employed (76) rate their overall health more positively than unemployed people (63). Marked differences are observed in mental health, with people experiencing probable mental health problems rating their health lower (59) than those without such problems (78). More than half (58.8%) of respondents do not have any chronic diseases.

➤ Mental health

The majority of respondents (71.7%) do not experience mental health problems, 17.2% experience mental health problems, while 11.2% are at risk of depressive disorder. Poorer mental health is more common among younger respondents aged 18–29 (27.0%), while good mental health is most prevalent among the oldest respondents (82.6%). Time trends show that the proportion of respondents at risk of depressive disorder was highest during the lockdown in April 2021 (16.7%), while in March 2026 it stood at 11.2%. The vast majority of respondents show no signs of anxiety (86.7%), while 13.3% of respondents are at risk of anxiety.

Detecting preparedness for disasters and other emergency situations

The following section presents the results of the questions in which respondents were given one of four scenarios related to emergency situations to read. The purpose of the scenarios was to visualize a specific crisis situation and to consider their answers within the context of circumstances that could significantly affect daily life, access to basic necessities, and a sense of security.

The scenarios covered various types of emergency situations:

- A pandemic with restrictions on movement, social contact, and access to activities;
- Severe flooding with disruptions to the supply of electricity, drinking water, and basic services;
- Armed conflicts with restricted movement and limited access to information and essential supplies;
- A three-day power outage that would affect communications, supply chains, infrastructure operations, and daily activities.

In all scenarios, respondents were placed in a situation where they would have to stay at home for several days and rely primarily on their own supplies, with limited access to assistance and services.

After reading the scenario, the respondents answered questions related to their experience of the situation described in the scenario, their preparedness for such a scenario, their behaviours, and their assessments of various aspects of coping with emergency situations.

Most respondents state that they are neither unprepared nor prepared (37.1%) for the described emergency situation (scenario: pandemic, floods, armed conflict, or a three-day power outage), 27.2% feel unprepared, and 10.9% feel completely unprepared. One-quarter of respondents are prepared or completely prepared for an emergency. Based on the scenarios presented, the largest proportion of people are prepared or completely prepared for a pandemic (42.1%), followed by floods (21.6%), a three-day power outage (21.2%), and armed conflicts (17.3%) (Figure 1).

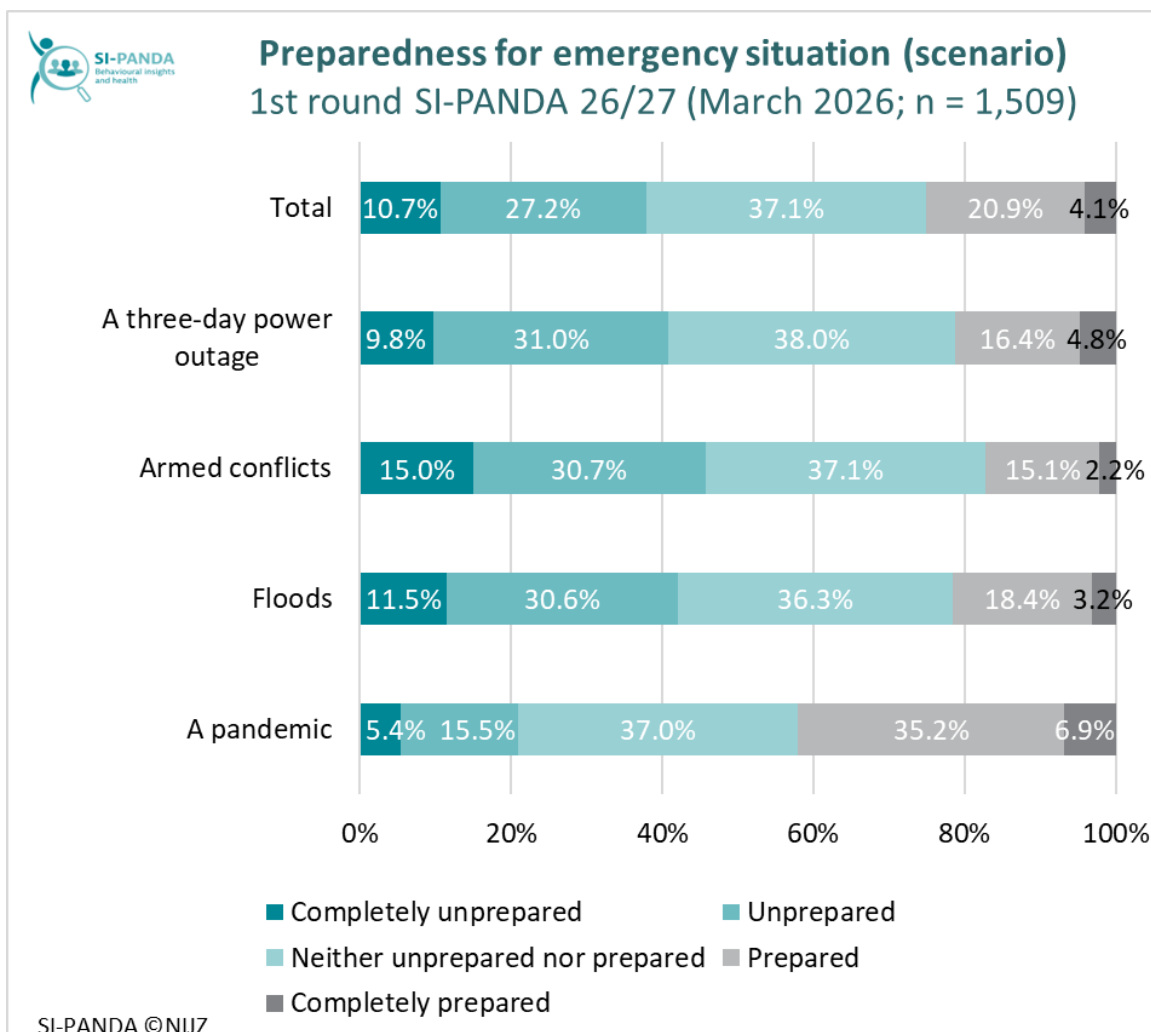


Figure 1: Detected preparedness for emergency situation (scenario), total and by the scenario.

The respondents then commented on a set of statements related to the scenario they had read (a pandemic, floods, armed conflicts, and a three-day power outage). The vast majority of respondents agree that they would help others in an emergency if they needed assistance (86.8%); 86.7% agree that there is enough space in their home to ensure a comfortable stay for themselves and the people they live with if they had to stay home the entire time. 80.4% of respondents believe they have enough supplies at home to keep themselves occupied in the event of an emergency if they had to stay home; 79.6% agree that they have family and friends they can rely on if they needed help during an emergency. If they had to stay at home all the time, 77.7% of respondents would feel safe in their homes – a significant higher percentage of respondents who received the pandemic scenario (83.7%) compared to those who received a scenario involving armed conflict (64.1%). 76.7% of respondents agree that they usually keep a supply of medications and hygiene products on hand, while 74.2% believe they would be physically capable of taking care of themselves in these circumstances. This opinion is shared by a higher percentage of those who were given the pandemic scenario (80.1%) and the three-day power outage scenario (78.2%). 73.4% of respondents believe they know how to calm themselves down and help themselves in difficult circumstances when necessary, while 67.4% state that they feel they remain calm and level-headed in most difficult situations – fewer people who were presented with the armed conflict scenario agree with this statement (61.9%) compared to those presented with the three-day power outage and pandemic scenarios (69.4%–71.5%). Just over a half

agree that, in these circumstances, they would know where to seek first aid if they needed emergency medical care (65.0%) – fewer people who received the armed conflict scenario agree with this statement (52.5%) compared to those who received other scenarios (68.1%–74.2%). 64.8% of respondents believe they manage their emotions quite well in difficult and challenging situations, and 64.4% of respondents believe they would be able to cope with their anxiety and fear in these emergency situations – among them, those who received armed conflict scenario were the least likely to agree (56.2%) compared to those who received the other scenarios (66.3%–69.5%). 63.9% of respondents agree that preparing for these emergency situations could help them survive, with those who received the pandemic scenario being the least likely to agree (55.4%) compared to the other scenarios (63.1%–70.9%). Just over half of respondents agree that, in the event of an evacuation during these emergency situations, they know what they need to take with them (57.8%). Just over half also agree that preparing for these emergency situations is beneficial for them and their families (57.6%). Those who read the pandemic scenario are the least likely to agree with the latter (48.6%) compared to those who read other scenarios (56.7%–64.5%). A similar percentage (57.1%) of respondents agree that, during these emergency situations they could easily get practical help from their neighbours if they needed it. 54.4% agree that they know what they need to do to prepare for these emergency situations – fewer people who received the armed conflict scenario agree with this (46.9%) compared to those who received other scenarios (54.5%–60.5%). 54.3% of respondents believe that people in their neighbourhood would come together and cooperate if such an emergency were to occur. Just under a half (46.7%) agree that preparing for these emergency situations is important for them. 46.4% state that they have enough savings to cover unexpected expenses during these emergency situations. Based on their past experiences with emergency situations, 46.0% of respondents feel well-prepared. A higher percentage of those who received the pandemic scenario (57.7%) agree that they are well-prepared, compared to those who received the scenarios involving floods, armed conflicts, and a three-day power outage (38.8%–47.5%). In the event of an evacuation during these emergency situations, 42.8% of respondents agree that they know where they would go – among them, the lowest percentage of those who agree that they know where they would go are found among those who were presented with the armed conflict scenario (35.3%) compared to other scenarios (42.7%–47.6%). 41.4% of respondents agree that they know how they would obtain reliable information during these emergency situations – a higher proportion of those assigned the scenarios of armed conflict and a three-day power outage (28.9%–42.3%) compared to those assigned the pandemic and flooding scenarios (45.6%–52.1%). 40.8% of respondents agree that they are concerned they will not have access to the healthcare they need during these emergency situations – this view is held more strongly by those who received the pandemic and armed conflict scenario (46.4%–49.2%), compared to those who received the scenario involving floods and a three-day power outage (30.8%–34.5%). 38.8% of respondents agree that preparing for these emergency situations is not a priority for them; fewer people who received the armed conflicts scenario (32.8%) agree with this compared to those who received the other scenarios (38.4%–46.2%). A good 37% anticipate that they will need informal help from others during these emergency situations – a view shared by a higher proportion of those who received the flood and armed conflict scenarios (38.9%–42.1%), compared to those who received the pandemic or three-day power outage scenario (30.8%–36.7%). Just over a third (34.6%) agree that they generally have supplies of drinking water and food on hand. Less than a third (32.6%) of respondents are concerned about their own physical health during these emergency situations – this concern is higher among those who received the pandemic and armed conflict scenario (37.2%–39.6%), compared to those who received the flood and three-day power outage scenarios (23.0%–29.4%).

27.9% of respondents reported that they had discussed with their family or loved ones what they would do if such an emergency were to occur – higher proportion of those who received the pandemic scenario (32.2%) compared to those who received the flood or armed conflict scenario (23.7%–26.4%). Just over a quarter (27.4%) are concerned that they would not have enough money to cover their regular expenses during these emergency situations – this view is more prevalent among those who received the pandemic scenario (32.2%), than those who received the three-day power outage scenario (19.9%). One-fifth of respondents agree that they do not have enough money to prepare for these emergency situations (19.6%) – this view is more prevalent among those who received the pandemic scenario (25.1%) than among those who received the flood or three-day power outage scenarios (17.5%–13.2%). One in ten (11.2%) reported that, in the event of an evacuation during these emergency situations, they have a bag packed with essential items (Figure 2).



Figure 2: Agreement with the statements regarding emergency situations, based on the read scenario, total.

Half of respondents would feel unprepared if they had to leave their homes tomorrow due to an evacuation; a good third (34.1%) feel neither prepared nor unprepared, while 16.0% are prepared (Figure 3). A higher proportion of people aged 18 to 29 are unprepared for evacuation compared to those aged 30 to 74 (33.1% vs. 51.9%). More women (57.5%) are unprepared for evacuation than men (42.9%). More people at risk for depressive disorder (69.0%) are also unprepared compared to those without mental health issues (43.5%).

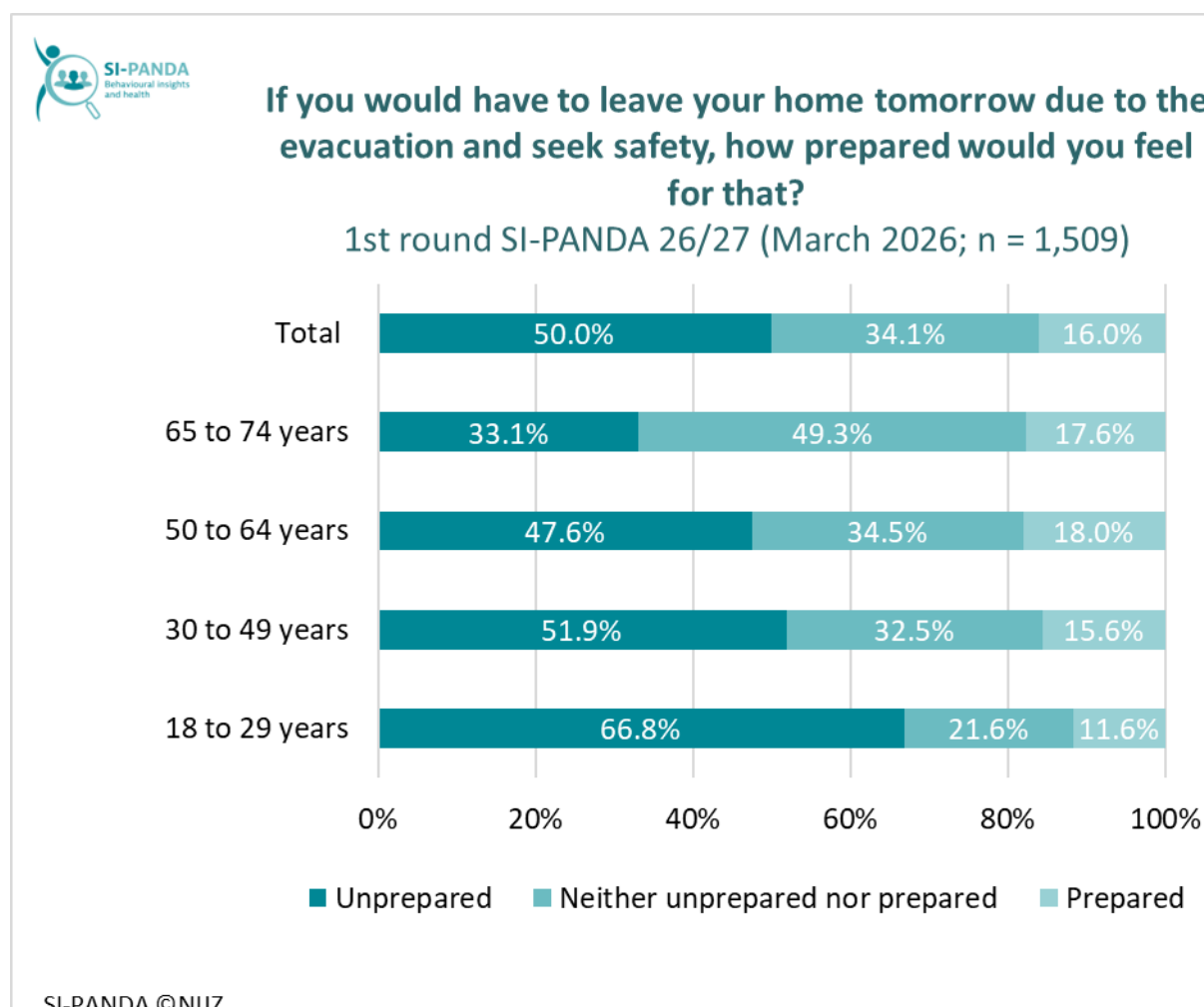


Figure 3: Preparedness for evacuation, total and by age.

Below, we present the results of individuals' self-assessments regarding their preparedness for potential disasters or emergency situations in general (without a specific emergency scenario). The respondents' answers provide an overview of the current status of protective measures taken at the individual or household level to ensure safety. Most respondents report having a flashlight or candles at home (92.3%), a first-aid kit (89.4%), a three-day supply of food and water for emergency situations (75.0%), and a supply of protective masks, disinfectants, and soap (65.6%). 45.0% of respondents have a battery-powered radio at home, 41.9% have copies of their most important documents or access to a cloud storage service containing these documents, 37.7% have a three-day supply of water for cooking and personal hygiene in case of an emergency, and just under a quarter (23.8%) have a neighbourhood chat group with their neighbours. Just over one-fifth (22.4%) have an emergency

evacuation plan, while 17.5% have an agreement with family and friends on how they would contact each other in the event of a disaster or other emergency. Only 12.6% have a bag packed with essential items ready for a quick evacuation in the event of an emergency (Figure 4).

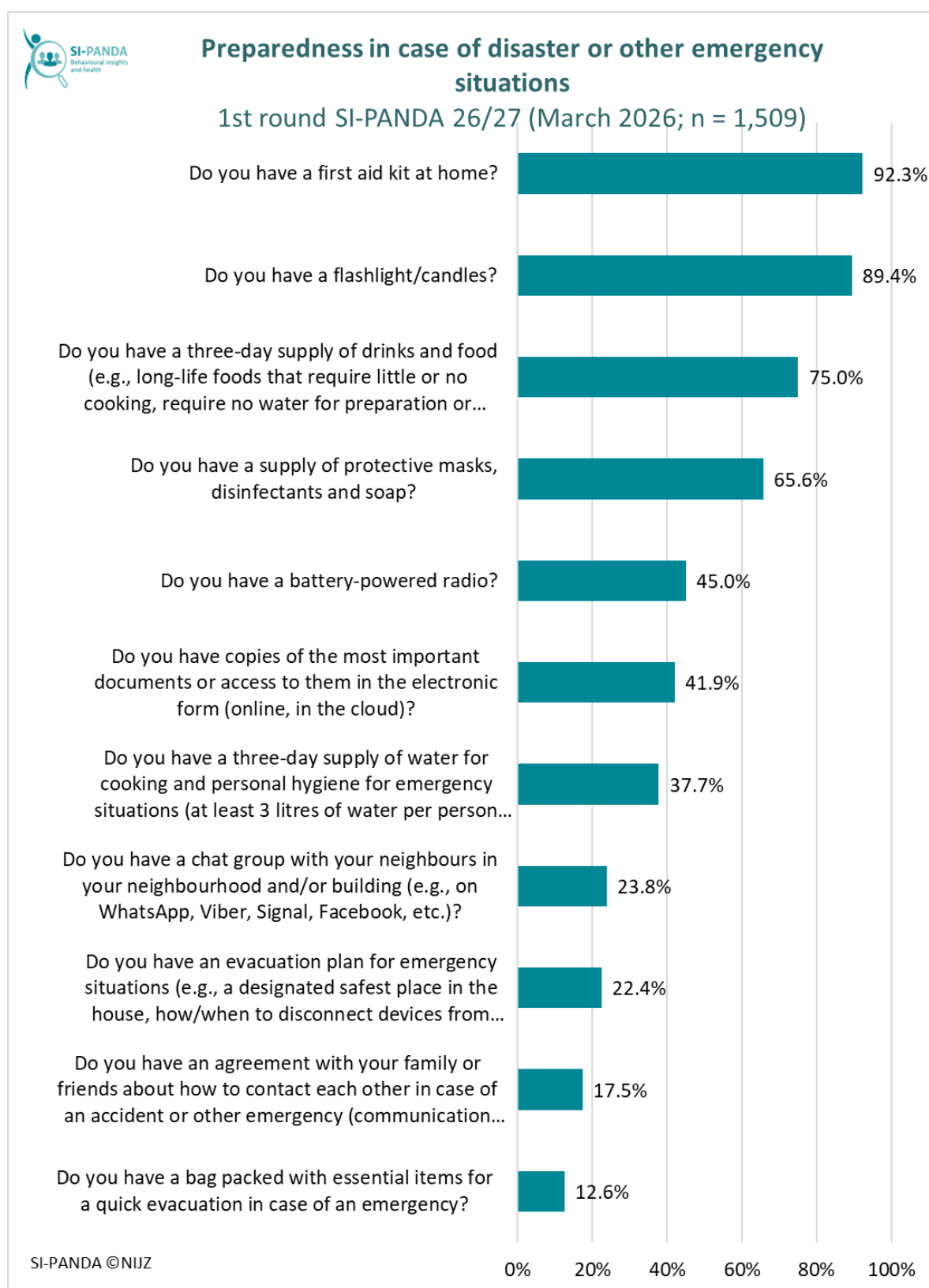


Figure 4: Implementation of disaster and emergency preparedness measures, total.

The majority of respondents think it is likely (answers 'Likely', 'Very likely' and 'Definitely') that a natural disaster will occur in their immediate vicinity in the next five years (75.1%). Over a half of respondents think it is unlikely (answers 'Very unlikely', 'Unlikely' and 'Fairly unlikely') that an outbreak of a highly contagious disease (54.6%), man-made disasters (61.7%). Armed conflicts (65.7%) and terrorist attacks (72.8%) will occur (Figure 5).

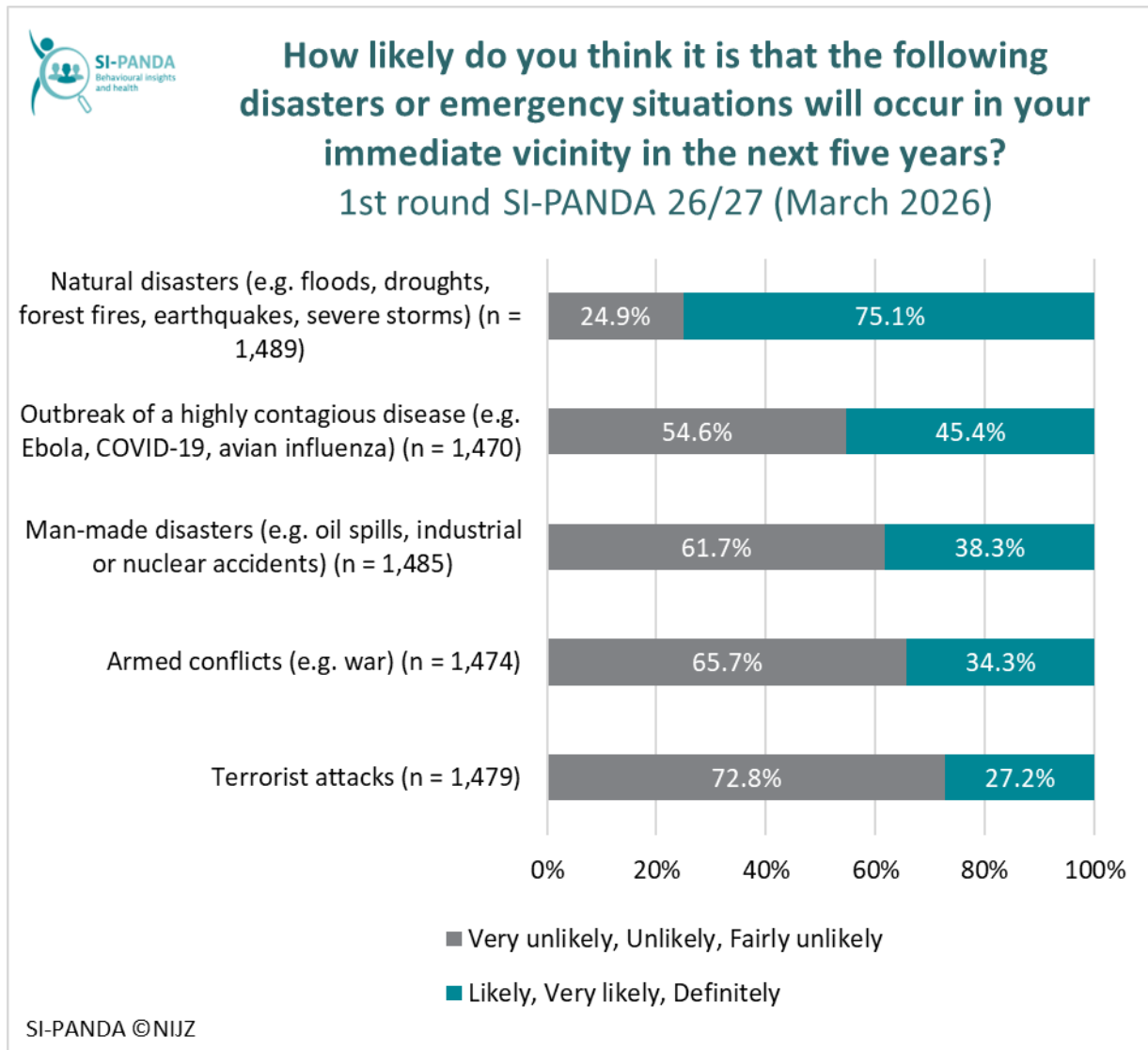


Figure 5: Perceived likelihood of emergency situations in the immediate vicinity in the next five years, total.

The majority of respondents stated that they would be severely affected (emotionally and practically) by war and armed conflict (78.1%) and terrorist attacks (66.6%), while just under a half (47.7%) of them would be severely affected by natural disasters. Man-made disasters would severely affect 36.4% of respondents, while an outbreak of a contagious disease would severely affect a poor third (32.9%) of them (Figure 6).

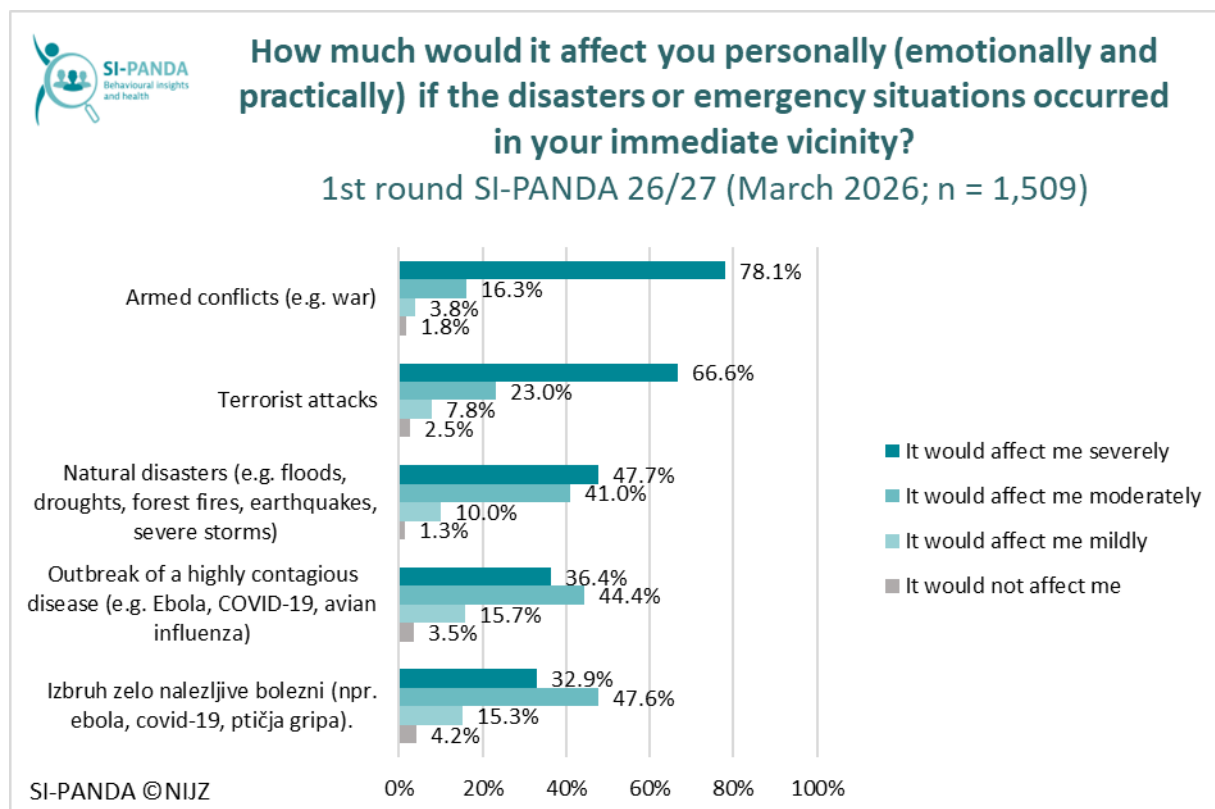


Figure 6: Personal experience of emergency situations in the immediate vicinity, total.

Armed conflicts would severely affect more respondents in the 18–29 age group (85.2%) and those in the 65–74 age group (83.3%), compared to persons aged 30–64 years (75.0%–75.2%). Terrorist attacks would severely affect more respondents aged 18–29 (75.2%) than those aged 30–49 (63.1%–64.4%). Natural disasters (such as floods, drought, forest fires, earthquakes and severe storms) would severely affect more persons in the 30–74 age group (47.3%–53.1%) than those in the 18–29 age group (38.6%). Man-made disasters (such as oil spills, industrial or nuclear accidents) would severely (emotionally and practically) affect more persons aged 65–74 years (43.9%) than those aged 18–49 (29.7%–35.3%). An outbreak of a highly contagious disease (e.g. Ebola, COVID-19, avian influenza) would severely affect more respondents aged 65–74 (43.6%) than those aged 18–64 (25.0%–35.6%) (Figure 7). All of these disasters and emergency situations would severely affect more women than men and more persons with at least one chronic condition compared to those without chronic conditions.

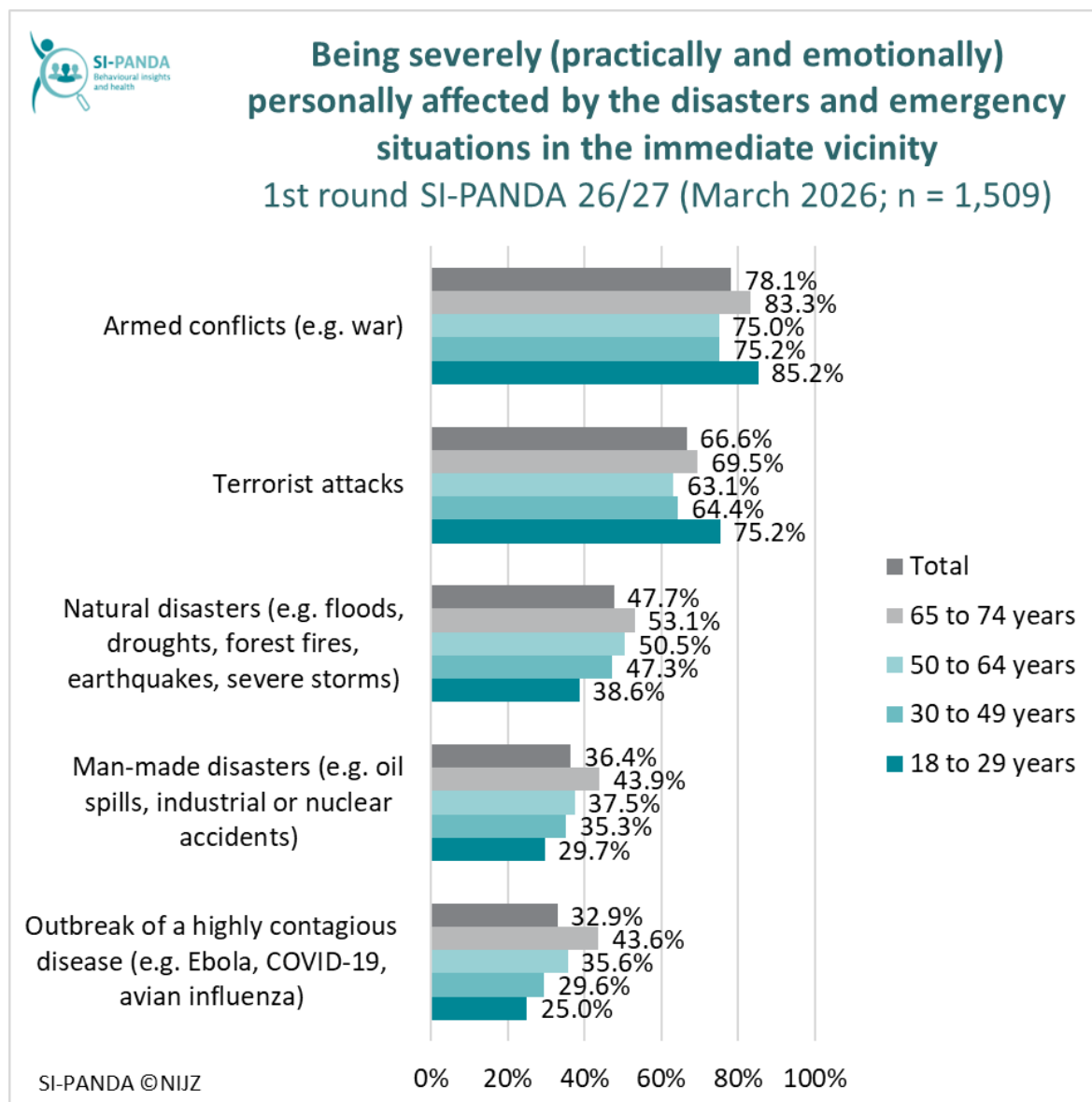


Figure 7: Being severely personally affected by emergency situations in the immediate vicinity, total and by age groups.

We asked the respondents how anxious they feel when they think they might experience a pandemic again in the future. Just under a half of respondents (49.3%) are not anxious, 36.7% are a little anxious, 11.3% are anxious, and 2.8% are very anxious at the thought of a possibility they might experience a pandemic again. When thinking about a new pandemic, more people aged 30–74 are not anxious (43.6%–60.6%) compared to the youngest age group, where only a good third of respondents are not anxious (34.5%) (Figure 8). More people at risk of a depressive disorder and mental health problems (4.8%–6.9%) are anxious at the thought of a new pandemic compared to those without mental health problems (1.5%). Similarly, more people with at least one chronic condition (4.3%) are anxious compared to those without chronic conditions (1.7%).

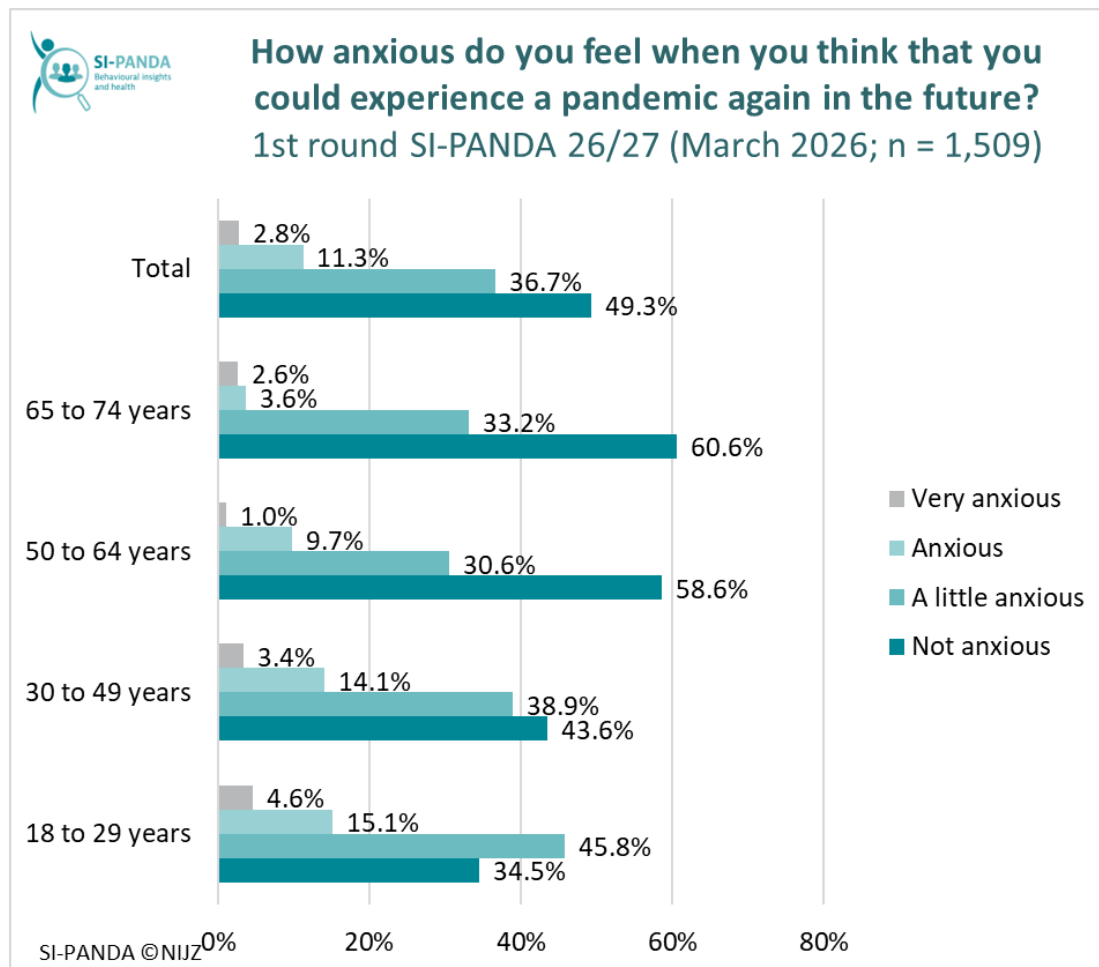


Figure 8: Experiencing anxiety at the thought of a possible new pandemic, total and by age groups.

Trust in persons or institutions

On a scale of 1 to 7, where 1 means 'I do not trust at all' and 7 means 'I completely trust', respondents rated the extent to which they trust the listed individuals or institutions. They trust science (rating of 6.9) and doctors (rating of 6.8) the most, followed by the healthcare system (rating of 5.8), the police (rating of 5.4) and the NIJZ (rating of 5.1). Respondents trust the politicians (rating of 2.4) and political parties (rating of 2.3) the least (Figure 9). On average, men tend to trust the government, politicians, political parties, science, the healthcare system, the media, and doctors more than women do. There are no differences between the sexes regarding other sources of information.

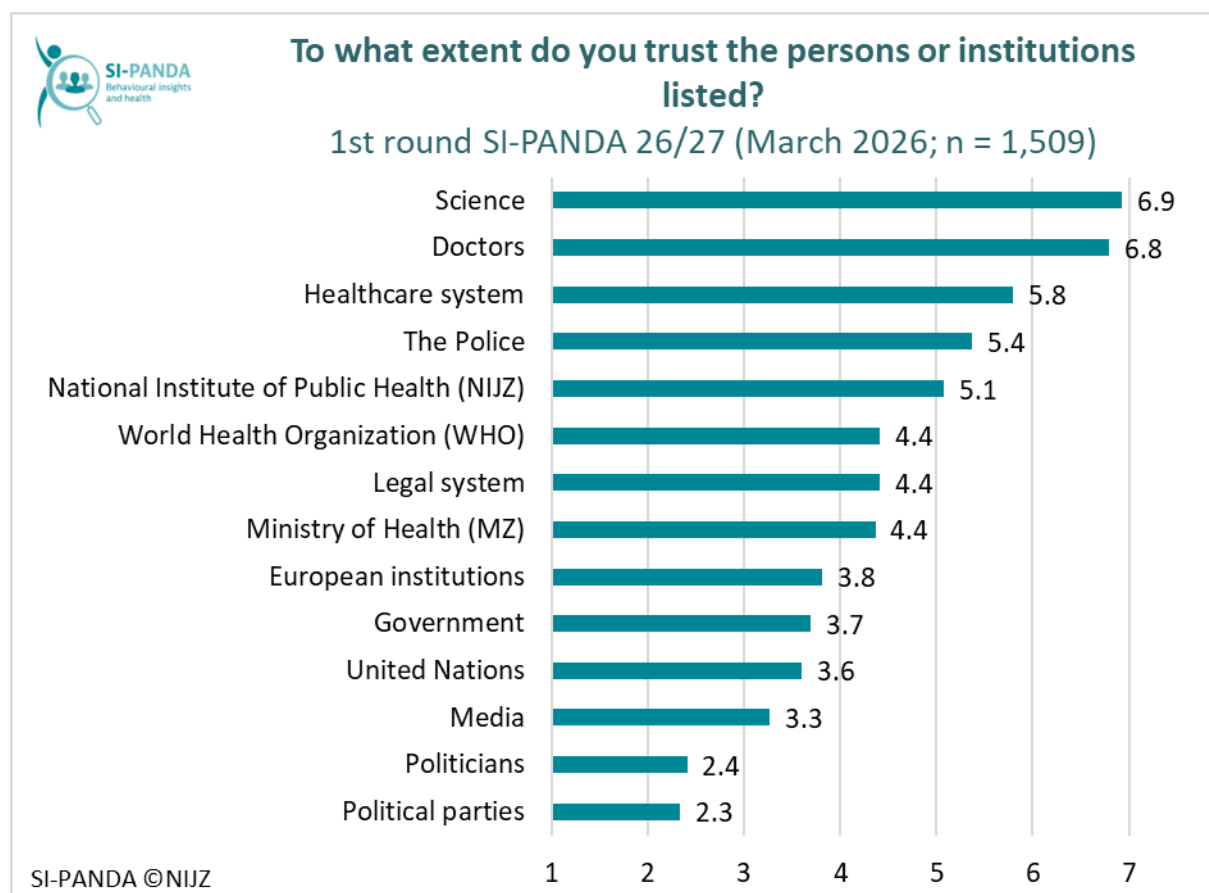


Figure 9: Trusting the listed persons or institutions, total.



Health literacy

Respondents were asked how difficult or easy they found it to understand, find, or use certain health-related information. The vast majority (90% or more) reported that they find it easy (answers 'Very easy' and 'Easy') to understand their doctor's or pharmacist's instructions on taking prescribed medication (93.7%), understand information about unhealthy habits (92.7%), understand what the doctor tells them (90.9%), and act on the advice of a doctor or pharmacist (90.3%). A slightly smaller proportion can assess which daily habits affect their health (89.8%), understand information about recommended screenings or tests (89.2%), use the information provided by their doctor to make decisions about their illness (88.9%), and know where to get professional help when they are sick (88.6%). There is also a smaller proportion of those that can understand advice from family or friends regarding their health (88.3%), find information about treatments for illnesses that are important to them (85.9%), learn about activities that are beneficial to their mental wellbeing (84.7%), understand information in the media about how to become healthier (81.2%), and find information on how to manage mental health issues such as stress and depression (77.8%). A good two-thirds of respondents can assess whether information about health risks in the media is reliable (69.4%), and 69.3% can decide how to protect themselves from illness based on information in the mass media. 67.6% can assess when they might need a second opinion from another doctor (Figure 10).

How easy or difficult is it for you to...

1st round SI-PANDA 26/27 (March 2026; n = 1,509)



Figure 10: Difficulty in understanding and using health information, total.

Perceived social support and connection to the country, region and neighbourhood

More than half of the respondents reported moderate social support (54.6%), 25.5% reported weak social support, and 19.9% reported strong social support. Among individuals whose WHO-5 scores, a measure of mental wellbeing, indicated a risk of depressive disorder, 48.6% reported having weak social support. Among those at increased risk of mental health problems, 36.3% reported having weak social support, compared with 19.3% among those without mental health problems (Figure 11). More women (23.4%) reported having strong social support compared to men (16.6%). In terms of financial situation, more people who struggle to make ends meet (52.3%) have weak social support, compared to those who are doing well but have to be careful (28.8%) and those who are in good or very good financial situation (17.8%–19.8%). More people who live alone (32.1%) also reported having weak social support, compared to those who do not live alone (24.5%).

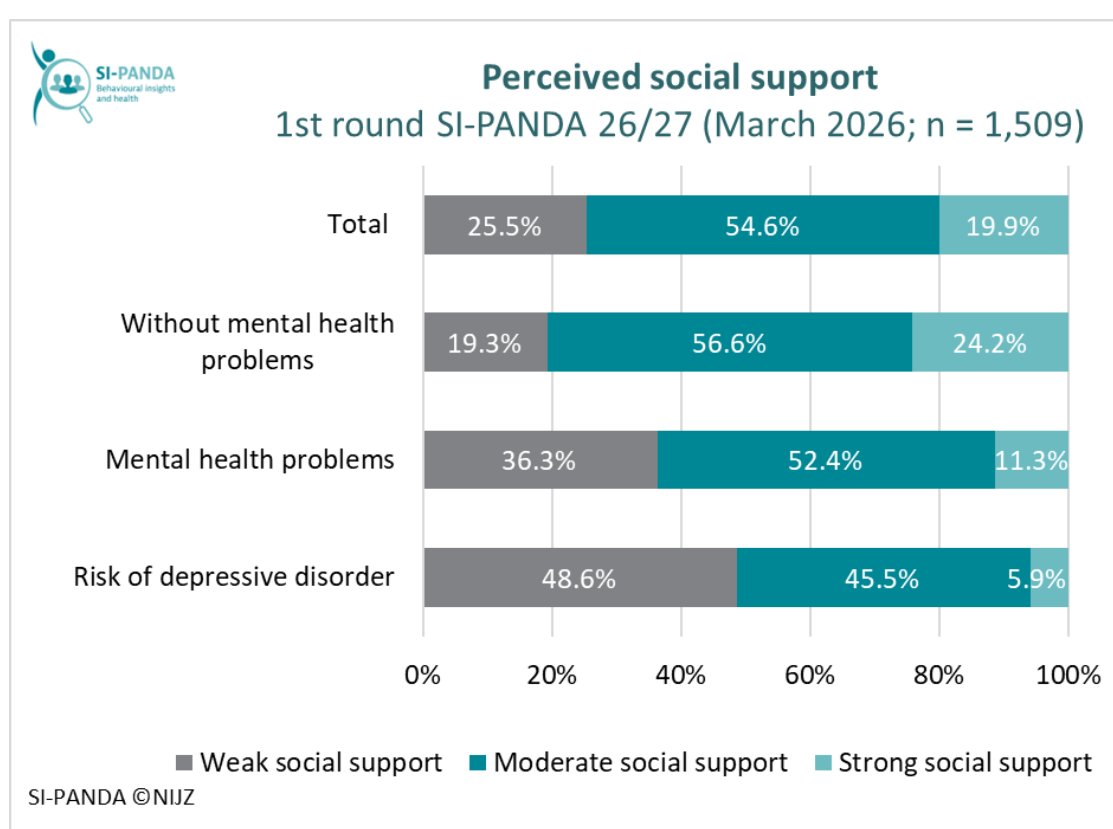


Figure 11: Perceived social support, total and by presence of mental health problems.

The following section presents the results regarding the respondents' sense of connection to the country, region and neighbourhood, where the degree of connection was assessed using a visual scale consisting of two circles. The left circle "J" (self) and the right circle "D" (others), with varying degrees of overlap, illustrate the strength of the connection, with circles above the mark 1 indicating a complete lack of connection and circles above the mark 7 indicating a complete connection.

Most respondents rate their sense of connection to the country as shown by the circles above mark 3 (20.9%) or 4 (18.1%), with an average of 3.6 (out of 7). Similarly, most people rate their connection to the region as shown by the circles above mark 3 (19.7%) or 4 (20.9%), with an average of 3.9. Connection to the neighbourhood received the highest rating, with an average of 4.2 and responses

were evenly distributed among the middle and higher levels of connection (marks 3, 4, 5 and 6). The majority of respondents described their connection to the neighbourhood using mark 3 (16.7%) or 6 (16.6%) (Figure 12). Men feel more connected to the country, region and neighbourhood (average rating: country = 3.83; region = 4.03; neighbourhood = 4.37) compared to women (average rating: country = 3.41; region = 3.74; neighbourhood = 4.09). On average, older adults aged 65 to 74 feel more connected to the country, region, and neighbourhood than younger adults aged 18 to 29. People living in rural areas feel more connected to the neighbourhood (average rating of 4.44) compared to those living in urban areas (average rating of 4.08). People without mental health problems also feel more connected to the country (average rating 3.74), the region (average rating of 4.02), and the neighbourhood (average rating of 4.44), compared to those at risk of depressive disorder (average rating: country = 3.23; region = 3.24; neighbourhood = 3.33).

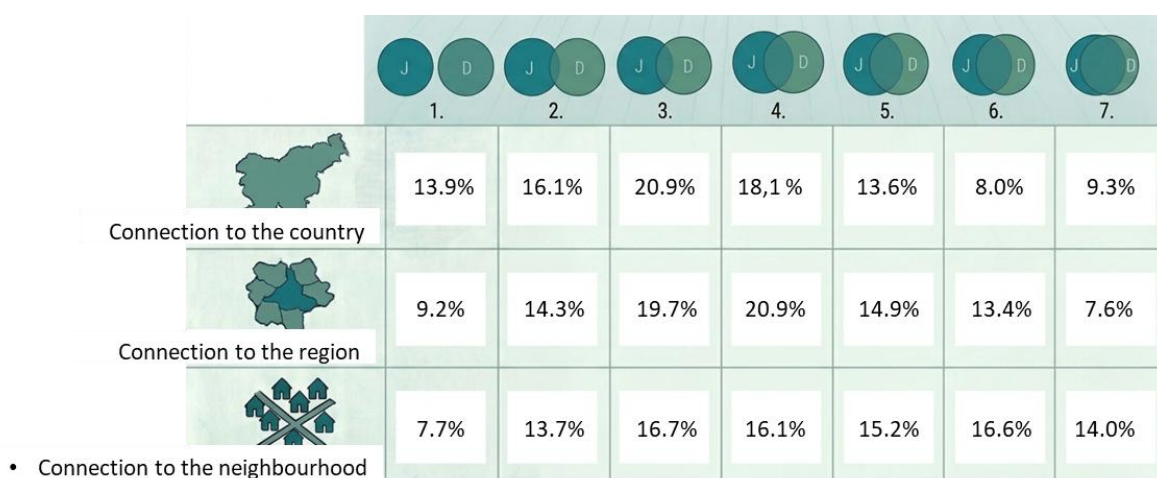


Figure 12: Connection to the country, region and neighbourhood, total.

Health

On a scale of 0 to 100, where 0 means the worst possible health and 100 means the best possible health, respondents assessed their current health with an average rating of 75 (Figure 13). Health ratings decline with the age of the respondents. In terms of education, respondents with higher education rated their health more favourably (average rating of 77) compared to those with secondary education or lower (average rating of 73). In terms of employment status, those who were employed rated their health higher (average rating of 76) compared to those who were unemployed (average rating of 63) or economically inactive (average rating of 73). Significant differences in self-rated health were observed based on the respondents' mental health. People without mental health problems rated their health more positively (average rating of 78), while those with a likelihood of depressive disorder (average rating of 71) and those at risk of depressive disorder (average rating of 59) rated their health more negatively.

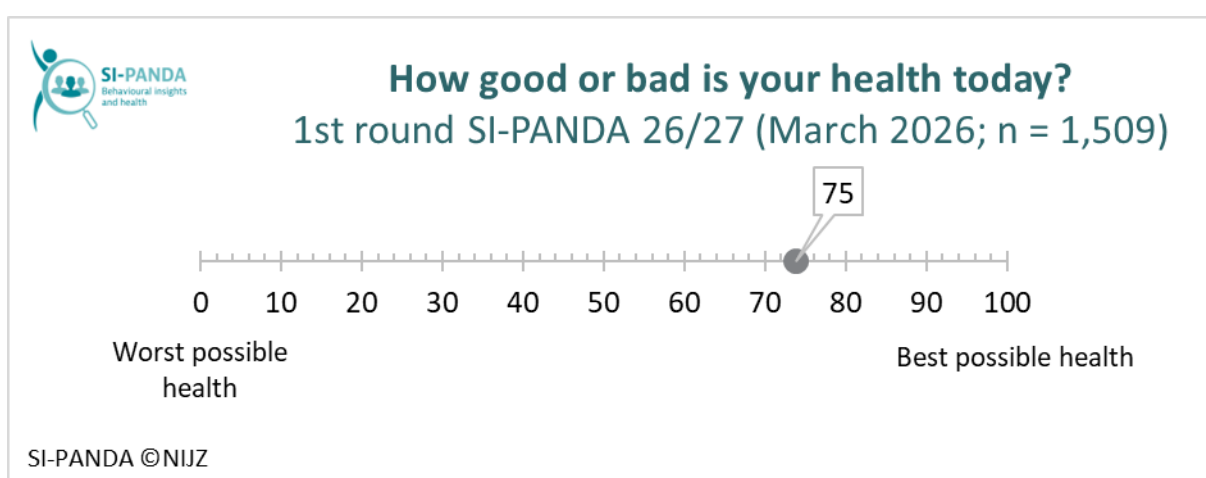


Figure 13: Self-rated health on a scale of 0 to 100, total.

More than half of respondents have no chronic illnesses (58.8%) and 41.2% have at least one chronic illness (Figure 14), among them, more persons aged 65–74 (61.5%) compared to persons aged 18–64 (24.5%–48.7%).

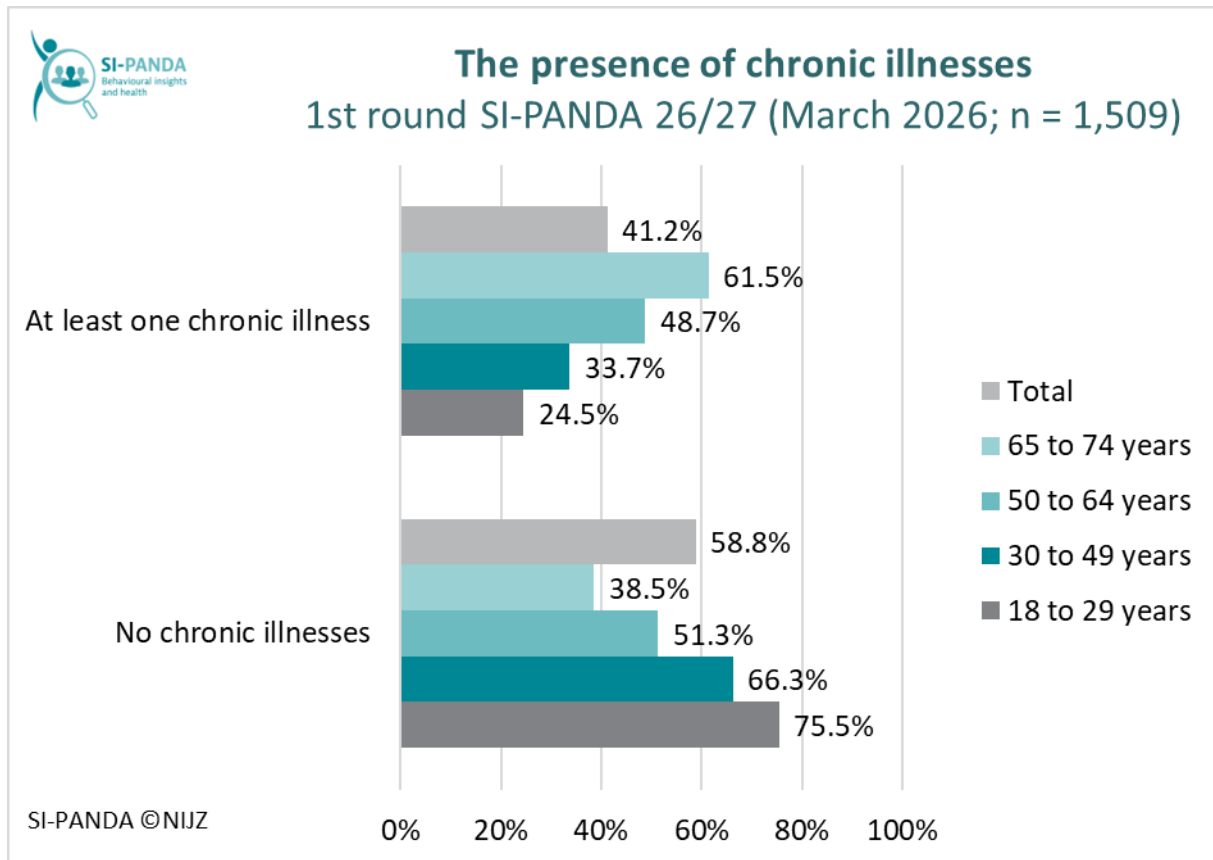


Figure 14: The presence of chronic illnesses, total and by age groups.

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 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 71.7% of respondents aged 18 to 74 do not have mental health problems, 17.2% have mental health problems, and 11.2% are at risk of a depressive disorder. Mental health problems or poorer mental health is more common among younger adults, aged 18 to 29 (27.0%), compared to those aged 30 to 74 (9.8%–19.0%). The highest proportion of people without mental health problems or with good health is found among the oldest respondents, namely in the 65–74 age group (82.6%), compared to other age groups, where the proportion of respondents with good mental health ranges between 59.1% and 75.6% (Figure 15).

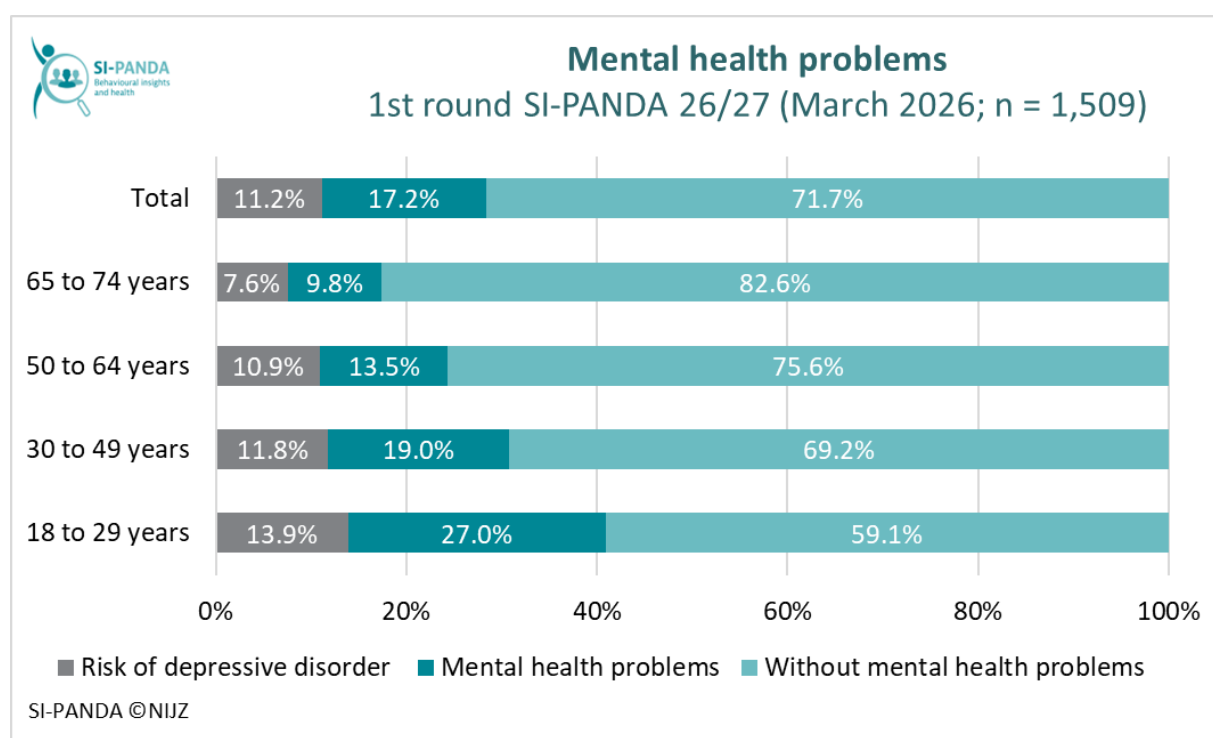


Figure 15: Mental health problems, total and by age groups.

The percentage of people at risk of a depressive disorder equalled 14.9% in December 2020, however in the last survey round, carried out in March 2026, it equalled 11.2%. The lowest proportion of people at risk of a depressive disorder was recorded in September 2022 (7.2%), and the highest in April 2021 (16.7%), which 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 16).

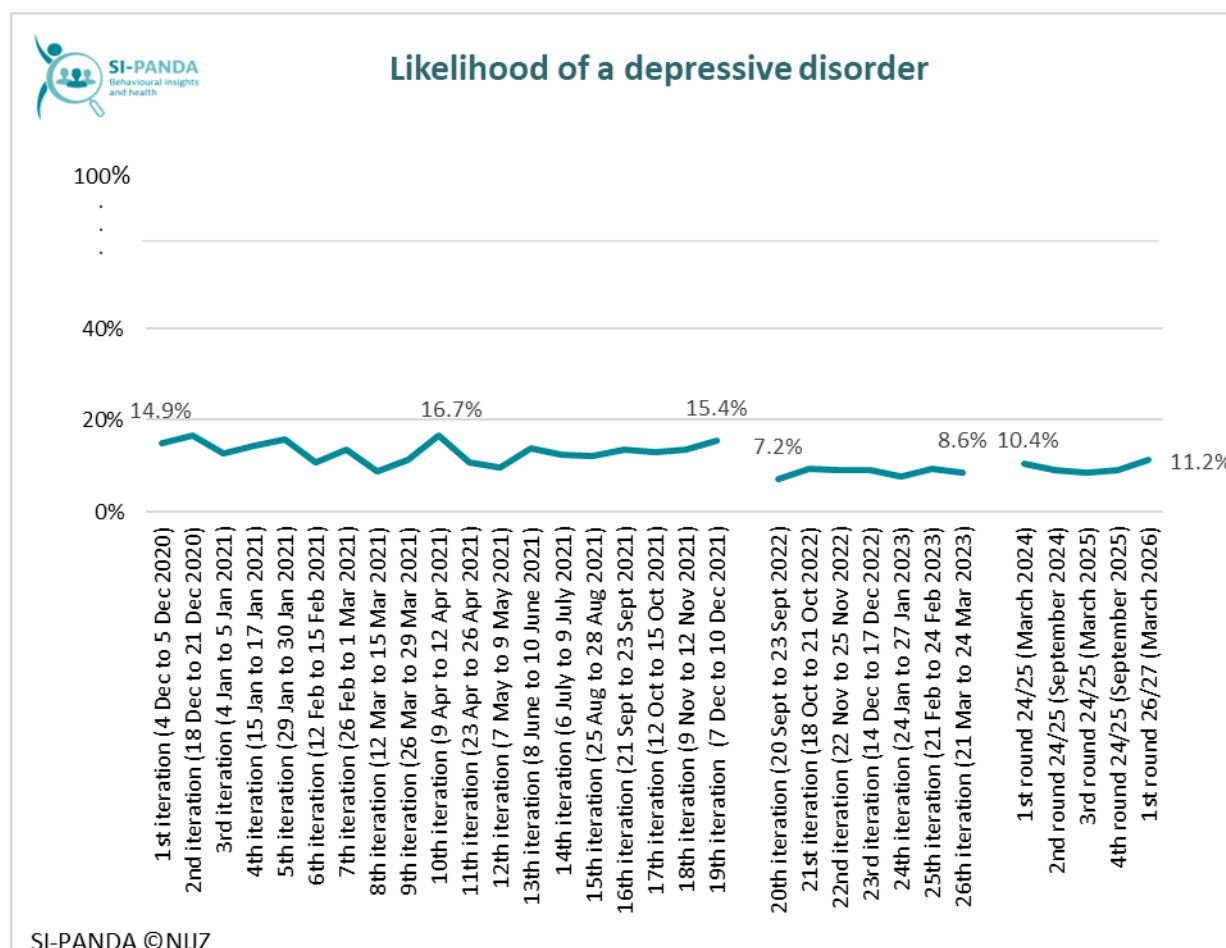


Figure 16: Likelihood of a depressive disorder from 1st to 26th SI-PANDA iteration and from 1st to 4th round SI-PANDA 24/25, as well as the 1st round SI-PANDA 26/27, total.

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 (86.7%) did not report any anxiety symptoms. However, 13.3% 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 the highest among people aged 18 to 29 (20.7%) and the lowest among people aged 65 to 74 years (7.2%) (Figure 17). People with at least one chronic illness (18.1%) have higher levels of anxiety symptoms compared to those without chronic illnesses (10.0%). Risk of anxiety disorder is also higher among people with weak social support (22.8%) compared to those with moderate (10.2%) or strong social support (9.7%)

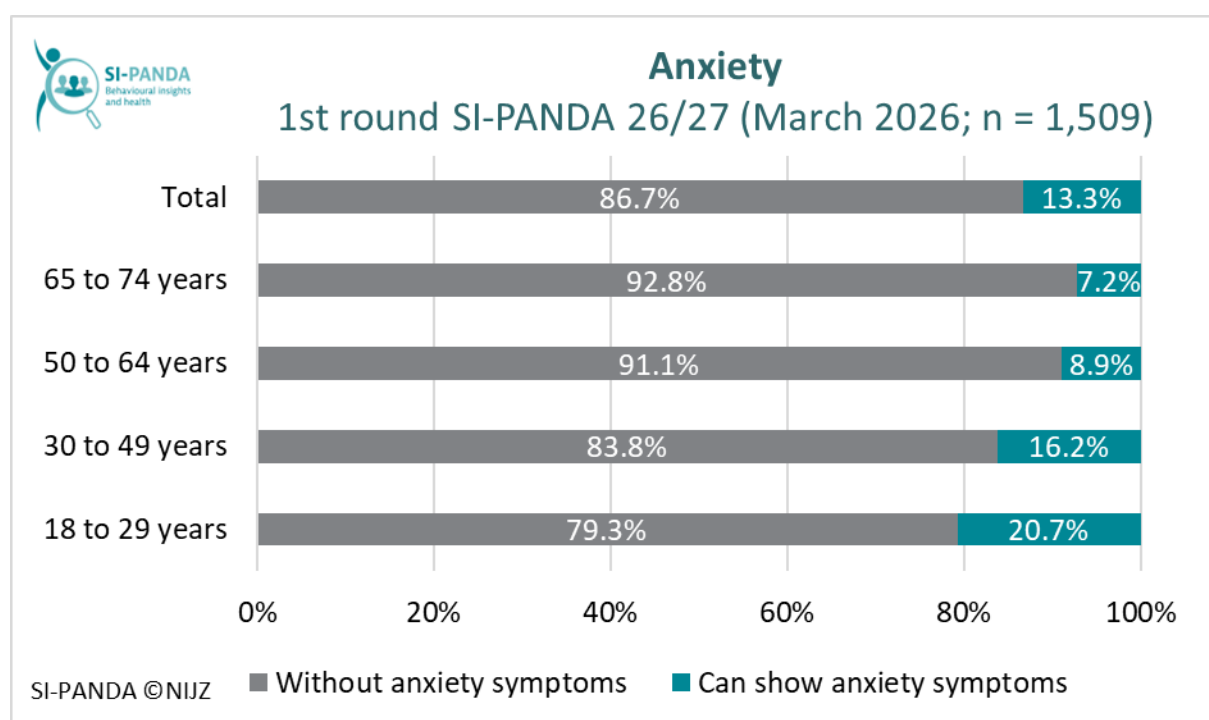


Figure 17: Presence of anxiety symptoms, total and by age groups.

Conclusion

The completion of SI-PANDA survey in March 2026 marks the continuation of a new series of surveys that will take place in 2026 and 2027.

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 about good basic preparedness, which indicates that their households are well prepared for possible emergency situations.

Data about physical and mental health indicate that most respondents assess their health as good. However, a certain percentage of respondents have anxiety issues, depressive symptoms and feelings of loneliness, especially younger respondents.

The results of the latest round of the SI-PANDA survey underscore the importance of long-term monitoring of physical and mental health, social circumstances, and preparedness for emergency situations.



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