



**UNIVERSIDAD DE TALCA
FACULTAD DE CIENCIAS DE LA SALUD
DEPARTAMENTO DE SALUD PÚBLICA
ESCUELA DE ODONTOLOGÍA**

**Instrumentos para medir la percepción de riesgo de Covid-19 en población adulta,
revisión de alcance.**

Instruments to measure risk perception of Covid -19 in adult population, scoping review

Memoria presentada a la Escuela de Odontología de la Universidad de Talca
como parte de los requisitos científicos exigidos para la obtención del título
de Cirujano Dentista.

**ESTUDIANTE: FERNANDA NICOLE RODRIGUEZ MUÑOZ
PROFESOR GUÍA: DRA. MARIA LORETO NUÑEZ FRANZ**

TALCA - CHILE

2021

CONSTANCIA

La Dirección del Sistema de Bibliotecas a través de su unidad de procesos técnicos certifica que el autor del siguiente trabajo de titulación ha firmado su autorización para la reproducción en forma total o parcial e ilimitada del mismo.



Talca, 2021

INFORMACIONES CIENTÍFICAS

Nombre del profesor guía
DRA. MARIA LORETO NUÑEZ FRANZ
ORCID del profesor guía
https://orcid.org/0000-0001-5397-2506
Google Scholar del profesor guía
https://scholar.google.com/citations?user=3MbgdT0AAAAJ&hl=es&oi=ao
Correo electrónico del profesor guía
lnunezf@utalca.cl

AGRADECIMIENTOS

Quiero agradecer primero que todo a Dios quien me ha dado todo lo que tengo y lo que soy, sin El esto no sería posible, de partida porque quizás donde estaría hasta porque ha guiado cada uno de mis pasos hasta aquí. A mis padres por guiarme a estudiar esta carrera quienes sin saber me guiaban a la voluntad de Dios para mí. A mi madre por sus esfuerzos principalmente en mis últimos años de carrera quien me apoyó con volver y terminarla así también con sus esfuerzos tremendos para ir a trabajar día a día km de distancia de casa contra toda dificultad emocional o física. A mi hermana por confiar en mí y darme ánimos cuando no tenía. A mi esposo por ser un pilar fundamental especialmente en estos meses de casados, por creer en mí y por cada detalle que ayudó a que pudiera seguir avanzando. A mi tutora que me acompañó todos estos meses, que me ayudó a trabajar en esta investigación que sin duda ha sido un arduo trabajo, gracias por su apoyo, por sus sonrisas y por su cariño. También agradecer a Alicia Aravena que me ayudó en el comienzo de mi escritura. Y a todas aquellas personas que de una u otra forma oraron por mí o me infundieron ánimos para continuar, los quiero y Dios les bendiga.

Fernanda Rodríguez Muñoz

ÍNDICE

1. RESUMEN.....	1
1.1. Palabras clave	1
1.2. Keywords	2
2. INTRODUCCIÓN.....	3
3. MÉTODOS.....	5
3.1 Criterios de elegibilidad:.....	5
3.2 Fuentes de información:.....	6
3.3 Estrategia de búsqueda:.....	6
3.4 Selección de estudios:.....	6
3.5 Formulario de extracción de datos:.....	7
3.6 Datos extraídos de las publicaciones:	7
3.7 Riesgo de sesgo en los estudios individuales	8
4. RESULTADOS	9
4.1. Selección de las fuentes de evidencia	9
4.2. Características generales de los estudios	10
4.3. Síntesis de resultados	11
5. DISCUSIÓN.....	3
6. REFERENCIAS	6
7. ANEXOS.....	14

1. RESUMEN

En el año 2019 en Wuhan, China se identificó un nuevo virus denominado SARS- COV-2 que origina la enfermedad del Coronavirus 19, la cual fue denominada pandemia por la OMS el año 2020. Esta presenta múltiple sintomatología o la ausencia de ella al cursar la enfermedad, la que puede generar la muerte. Hasta la fecha ha causado millones de pérdidas humanas a lo largo del mundo. Es en este contexto, que se hace necesario mirar más allá de lo biomédico y enfocarnos en la forma en que la población lo percibe. Es por esto que nuestro objetivo es identificar instrumentos para medir la percepción de riesgo de contraer COVID - 19 en la comunidad en población mayor de 18 años. Para esto se realizó una revisión sistemática exploratoria de 55 estudios, los cuales poseían cuestionarios o preguntas relacionadas con este tópico, los cuales fueron tabulados, analizados, caracterizados y resumidos en esta investigación. Nuestros hallazgos indican que los instrumentos utilizados son cuestionarios con preguntas predominantemente en las áreas de riesgo de enfermar, riesgo emocional y otros factores.

1.1. Palabras clave

risk perception, Covid-19, Sars-cov-2, questionnaire

ABSTRACT

In 2019 in Wuhan, China, a new virus called SARS-COV-2 was identified. This virus causes the COVID-19, which was declared pandemic by the WHO in 2020. It presents multiple symptoms or the absence of it when you have it. It also may cause the death. Until now, it has caused millions of human losses throughout the world. It is in this context that it is necessary to look beyond the biomedical perspective and focus on the way people perceives it. It is for this reason, that our objective was to identify instruments that measure the risk perception of contracting COVID - 19 in the community in a population over 18 years old. A scoping review of 55 studies was carried out. These studies had questionnaires or questions related to this topic, which were tabulated, analyzed, characterized, and summarized in this research. Our findings indicate that the instruments used are instruments with questions predominantly in the areas of risk of illness, emotional risk, and other factors.

1.2. Keywords

risk perception, Covid-19, Sars-cov-2, questionnaire

2. INTRODUCCIÓN

En el año 2019 en Wuhan, China fue identificado un nuevo virus nombrado por el Comité Internacional de Taxonomía de Virus como SARS - CoV - 2 (síndrome respiratorio agudo severo coronavirus 2) que da origen a la enfermedad por coronavirus 2019 (COVID - 19) denominado así por la Organización Mundial de la Salud (OMS). Esta enfermedad podría generar tanto múltiples síntomas como: fiebre, tos seca, disnea, fatiga, linfopenia y problemas gastrointestinales (1), como la ausencia de ellos cursando la enfermedad (1). En los casos más graves, puede causar la muerte (1). En marzo del año 2020 la OMS la denominó pandemia (2), la cual hasta el día 22 de junio del presente año, a nivel mundial, se han notificado a la OMS 178.503.429 casos confirmados, incluidas 3.872.457 muertes. En esta misma fecha en Chile, la situación es notificada a la OMS así: 1.522.223 casos confirmados y 31.645 muertes (3). A su vez en la región del Maule se han reportado 93.888 casos confirmados y 1.483 muertes (4).

Para comprender esta situación sanitaria es necesario también entender ¿qué es el riesgo percibido? Este se refiere a cómo un individuo comprende y experimenta un fenómeno específico asociado a dos formas más marcadas de pensamiento: el racional y el afecto; este último entendido como la cualidad específica de "bondad" o "maldad" experimentada como un sentimiento (con o sin conciencia) y que demarca una cualidad positiva o negativa de un estímulo (5). Conocemos hoy que es necesario que ambas estén presentes para poder evaluar de manera correcta una situación y categorizarla de manera efectiva como "riesgoso o no". De otro modo, si nos encasillamos sólo en lo racional, podemos caer en la insensibilidad al observar cifras de personas fallecidas o eventos crueles a repetición. Por otro lado, si sólo consideramos el afecto podemos considerar algo riesgoso como que no lo es o viceversa por las emociones involucradas como por ejemplo en fumadores jóvenes.

Además la percepción de riesgo puede ser influida por muchos factores, como la familiaridad con la fuente del peligro (Ittelson, 1978), el control de la situación (Rachman, 1990) y el carácter dramático de los eventos; por ejemplo, los eventos raros y sorprendentes tienden a sobreestimarse, mientras que los más frecuentes a subestimarse (Lichtenstein, Slovic, Fishcoff, Layman & Combs, 1978) (6). Según Mary Douglas (1978), la percepción del riesgo

no se rige por los rasgos de personalidad, las necesidades, las preferencias o las propiedades de los objetos de riesgo. Es un fenómeno construido social o culturalmente. Lo que se percibe como peligroso, y cuánto riesgo se debe aceptar, es una función de la adherencia cultural y el aprendizaje social de cada persona (6).

Es importante destacar la relevancia de medir la percepción de riesgo de contagiarse de la enfermedad COVID -19, puesto que esto permitirá conocer las áreas involucradas en la toma de decisiones ya sean, riesgosas o no para la salud individual o comunitaria.

Es por esto, que nuestro objetivo de investigación es identificar instrumentos para medir la percepción de riesgo de contraer COVID - 19 en el contexto comunitario en población adulta, para ello se realizó una revisión sistemática exploratoria.

Una revisión sistemática exploratoria según Grant es una síntesis de la evidencia sobre un tema relacionado con la salud que describe el conocimiento existente sobre el mismo. Sirven para generar hipótesis, establecer líneas de investigación, o como base para la elaboración de informes técnicos (7).

En esta revisión exploratoria se analizaron 55 estudios seleccionados previamente, los cuales poseían cuestionarios o preguntas relacionadas con la medición de percepción de riesgo de contraer COVID - 19, los cuales fueron tabulados, analizados, caracterizados y resumidos en esta investigación.

3. MÉTODOS

Realizamos una revisión sistemática exploratoria para encontrar instrumentos en la literatura que midan la percepción de riesgo de contraer COVID - 19 en la población mayor de 18 años. Esto permite la replicabilidad de este estudio de ser necesario; para lograr esto se utilizó la estrategia PCC para formular la pregunta de investigación: “P” para población, “C” concepto para ser investigado y “C” para contexto. Por lo que la pregunta de investigación es: ¿Existen instrumentos para medir la percepción de riesgo de contraer COVID - 19 en la población mayor de 18 años? ¿Cuáles son esos instrumentos? Se usará la metodología propuesta por PRISMA (8)

3.1 Criterios de elegibilidad:

Se aplicaron los siguientes criterios de elegibilidad:

Criterios de inclusión:

- Población: Mujeres y hombres mayores de 18 años.
- Tema en cuestión: “Instrumentos de medición de percepción de riesgo de Covid-19”.
- Años de publicación: Últimos 3 años (2019-2021).
- Idiomas: español, portugués, inglés y alemán. (además se agregó iraní y francés en los cuestionarios con el uso de traductor)
- Diseños de estudios: Cualitativos, descriptivos, observacionales y de intervención.

Criterios de exclusión:

- Investigaciones en las cuales no se pueda obtener texto completo.
- Presencia de patologías sistémicas en la población estudiada. (además se agregó pacientes con su salud mental afectada (como ansiedad o pensamientos suicidas), estudiantes o grupos específicos de población como trabajadores de algún área particular y estudiantes y trabajadores del área de la salud).

3.2 Fuentes de información:

Se eligieron 3 bases de datos: PubMed, Web of Science y Scopus*

*El acceso a estas fuentes de información se realizó mediante el sistema de bibliotecas de la Universidad de Talca.

3.3 Estrategia de búsqueda:

Respecto a la estrategia de búsqueda será realizada por la investigadora (FR) y utilizará las siguientes ecuaciones de búsqueda:

Para Pubmed:

"COVID-19"[Mesh]"risk perception"

Para Web of Science:

TEMA: ("covid19", OR "covid-19", OR "sars-cov-2") **AND TEMA:** ("risk perception") **AND TEMA:** ("questionnaire")

Para Scopus:

(TITLE-ABS-KEY ("covid-19" OR "sars- AND cov-2") AND TITLE-ABS-KEY ("risk AND perception") AND TITLE-ABS-KEY ("questionnaire"))

3.4 Selección de estudios:

Los criterios de elegibilidad fueron aplicados por la investigadora (FR). Previo a la selección de estudios, se realizó una calibración en estrategia de búsqueda en conjunto con la segunda investigadora (LN) y la bibliotecóloga del área de ciencias de la salud (AZ), con el fin de nivelar y unificar criterios de búsqueda. Luego el proceso se dividió en dos fases:

Primera fase: la investigadora (FR) evaluó los estudios leyendo sus títulos y resúmenes a través de Endnote x9 (9) y Covidence (10). Los artículos seleccionados pasaron a la segunda fase.

Segunda fase: los artículos seleccionados en fase uno, fueron sometidos a los criterios de elegibilidad (inclusión y exclusión) obteniendo la selección definitiva de estos, esto se realizará por dos investigadoras en forma independiente (FR y LN), las discrepancias producidas fueron resueltas de común acuerdo.

Se eliminaron los duplicados utilizando Endnote x9, sin embargo, al cargar los estudios a Covidence también aparecieron duplicados y fueron eliminados por este software; el manejo de referencias se realizó utilizando EndNote x9. Luego se realizó el análisis de los textos completos seleccionados tabulando la información en Excel. Es necesario destacar que durante todo el proceso se recibió orientación y guía de la investigadora (LN).

3.5 Formulario de extracción de datos:

En conjunto desarrollamos un formulario (tabla) para extraer los datos de los estudios, los cuales fueron extraídos por una revisora.

3.6 Datos extraídos de las publicaciones:

Posterior a la obtención de artículos de texto completo seleccionados, se realizó la tabulación de datos para sistematizar la información obtenida. Se consignó la siguiente información:

Con relación al artículo: Nombre del artículo

Autor

Año

País

Nombre de la revista

Volumen, issue, páginas

Doi

Fecha de realización

Objetivos

Resumen método

Conclusiones generales

Con relación al instrumento: Número de preguntas

Preguntas

Áreas involucradas, que se clasificaron en: riesgo de enfermar, riesgo de muerte, secuelas, riesgo emocional, riesgo social y otras razones.

Idioma

Número de participantes

3.7 Riesgo de sesgo en los estudios individuales

No realizaremos evaluación de riesgo de sesgo (calidad), conforme al marco propuesto por Arksey y O'Malley para revisiones sistemáticas exploratorias.(11)

4. RESULTADOS

4.1. Selección de las fuentes de evidencia

La búsqueda arrojó 660 estudios. La selección de los estudios se observa en el siguiente diagrama de flujo según (Prisma) (8)

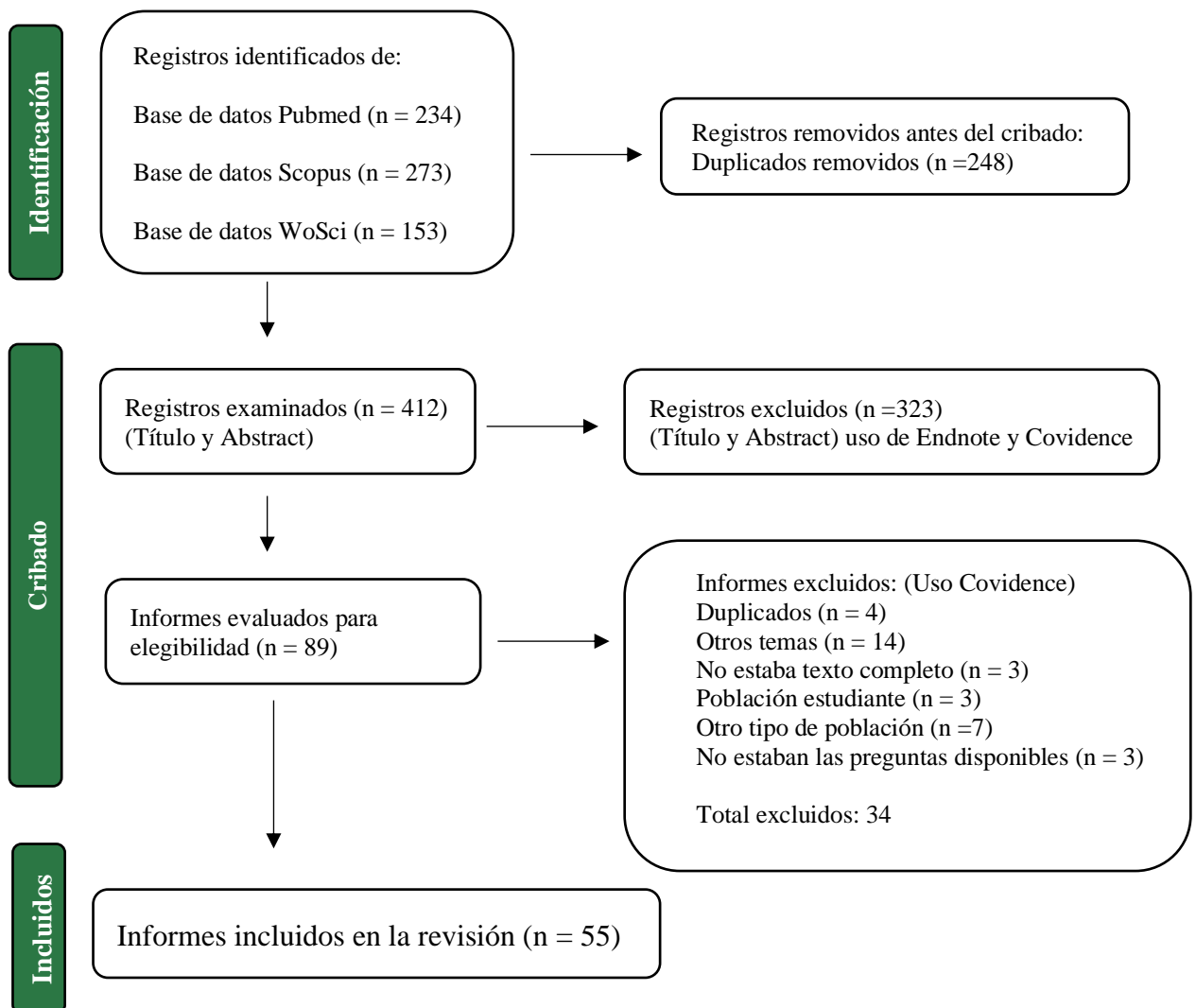


Figura 1: Diagrama de flujo de revisión exploratoria

Posterior a la lectura de estudios, se incluyeron finalmente 55 artículos en el desarrollo de esta revisión exploratoria (Tabla 1).

Artículos excluidos por duplicados por medio de Endnote fueron 248. Los artículos excluidos por título y Abstract fueron 323 debido ya que, si bien los artículos tenían las palabras clave de búsqueda, poseían otro tipo de enfoque; por ejemplo, la adherencia de la población al uso de vacunas o estudios realizados en población específica como embarazadas, adolescentes, de trabajos específicos como meseros y farmacéuticos, por mencionar algunos y finalmente, aquellos que tuviesen su salud mental afectada (personas con ansiedad o pensamientos suicidas). Luego utilizamos Covidence (10) para analizar los estudios, esta herramienta nos arrojó 4 duplicados más y otros 30 estudios fueron excluidos por las siguientes razones: la población estudiada era estudiantes en general o profesionales y estudiantes de la salud. También se eliminaron artículos que se referían a otro tema relacionado con percepción de riesgo, pero no enfocados a la medición de este. Por no encontrar el texto completo disponible, en la fuente de información, y, por último, por no estar las preguntas disponibles se eliminaron artículos, terminando con 55 artículos para analizar y tabular.

4.2. Características generales de los estudios

La moda de años de publicación de los estudios fue 2020, el tamaño muestral de los estudios fue con un mínimo de 248 y un máximo de 27.957 participantes y la media de 2.380 participantes. Los estudios se llevaron a cabo en los siguientes continentes: Asia, Europa, América (Norteamérica y Sudamérica), Medio Oriente y África (Tabla 1).

4.3. Síntesis de resultados

El 58% de los estudios eran de diseño transversal, mientras que en el 40% no se mencionaba el tipo de diseño que tenían, por último, sólo el 1.8% era de diseño longitudinal. Los estudios presentaban como instrumento de medición cuestionarios, el número de preguntas que formulaban para medir la percepción de riesgo frente al COVID-19 era en promedio 5, con un mínimo de 1 y un máximo de 18 (Tabla 2).

Las preguntas encontradas se centran en las siguientes áreas: riesgo de enfermar, riesgo de morir, presentar secuelas, riesgo emocional, riesgo social y otros (Tabla 2). Dentro del riesgo de enfermar, se consideraron las preguntas referidas a susceptibilidad, severidad y propagación de la enfermedad. Estas, enfocadas en su mayoría a la percepción de riesgo tanto personal como familiar, mientras otras se refieren al riesgo comunitario (12) o a nivel país (13). En cuanto a la categoría otras secuelas, se refiere a la peligrosidad de la enfermedad y a otro tipo de secuelas que no sean la muerte, tales como daño pulmonar (14).

En referencia al riesgo emocional, se incluyen las preguntas en relación con preocupación, sentimientos y miedo, en sus diferentes grados. En riesgo social se incluyen preguntas relacionadas con la amenaza que presenta la enfermedad y al impacto de la enfermedad en la sociedad en el día a día. En la categoría “otros” están las preguntas como: la probabilidad de controlar la enfermedad, tratamiento y cura de esta, o el conocer a alguien que este enfermo.

Los dominios con mayor cantidad de preguntas son: el riesgo de enfermar (58%) seguido por el riesgo emocional (20,7%) y en tercer lugar otros (8,8%) (Figura 1).

Tabla 1: Características de los estudios seleccionados

Autor(es) Año	País/región	Espacio de tiempo	Preguntas	Idioma del instrumento	N° Participantes
Abir, T. et al 2020	Bangladesh	26-31 Marzo de 2020 (early lockdown) 11-16 Mayo de 2020 (late lockdown)	Risk of becoming infected. Risk of becoming severely infected Risk of dying from the infection How much worried are you because of COVID-19?	Does not say	1005
Ahmad, M. et al 2021	Pakistan	Mayo a Junio 2020.	I perceive the severity of the disease (COVID-19). I understand the susceptibility of the health risk of this disease (COVID-19). I think this (COVID-19) is a fatal disease. This disease (COVID-19) does not discriminate against gender, race, ethnic groups, countries, and borders. The outbreak may persist if people are not quarantined.	English combined with Urdu	828
Alkhalidi, G. et al 2021	Arabia Saudita	22 Abril a 22 Junio de 2020	In general, how worried, if at all, are you about the current coronavirus (i.e. COVID-19) outbreak in KSA? Under the KSA government's current preventive measures, how likely or unlikely do you think it is you will be infected with the coronavirus (COVID-19) at any point in the future, For the following question, please imagine you were infected with coronavirus (i.e. COVID-19). Which of the following do you think would best apply? I would expect it to be life-threatening I would expect it to be severe (e.g. may need care and treatment in hospital) I would expect it to be moderate (e.g. may need self-care and rest in bed) I would expect it to be mild (e.g. can go about daily tasks normally) I would expect to have no symptoms Don't know	The survey was translated and adapted to the Saudi Arabian context using the WHO instrument translation process and validated by a panel of academic researchers. Agreement scores on the translation were obtained by three bilingual researchers (GA, FA and SA) with experience in survey development and methodology.	2393
Atchison, C. et al 2021	Reino Unido	17 y 18 Marzo de 2020	Under the UK government's current preventive measures (at the time of the study), how likely or unlikely do you think it is you will be infected with the coronavirus (COVID-19) at any point in the future? likely, neither likely or unlikely, unlikely and don't know †Please imagine you were infected with coronavirus (ie, COVID-19), which of the following do you think would best apply? I would expect it to be life-threatening I would expect it to be severe (eg, may need care and treatment in hospital) I would expect it to be moderate (eg, may need self-care and rest in bed) I would expect it to be mild (eg, can go about daily tasks normally) I would expect to have no symptoms and don't know	English	2108
Azene, Z. et al 2020	Gondar, Etiopia	20 al 27 Abril de 2020	Dangerousness of COVID-19- 1. dangerous, 2. Like a common flu, 3. Not Dangerous. Worrying about COVID-19. 1. worried. 2. Worried about it as if it were the common flue, 3. Not worried. Level of risk of contracting COVID-19 infection. 1. High risk, 2. Risk similar to that of the general population, 3 no risk. Group of people more at risk (possibly of choosing more than one), 1. children, 2. old people, 3. young people, 4 all people, 5 I dont know.	To assure the quality of the data, the tool was prepared first in English and then translated into the local language (Amharic) by language experts in English and Amharic languages.	623
Barattucci M. et al 2020	Italia	11 al 18 Marzo de 2020	The researchers built a tool that measures five single-item dimensions of risk infection, on a seven-point scale ranging from 1 to 7: severity, vulnerability, uncontrollability, terror, and danger for future generation (item examples: "Considering the scale below (1 'not fatal' to 7 'fatal'): in your opinion, when the virus infects a subject, how likely are the consequences of being fatal?" "Considering the scale below (1 'not exposed' to 7 'totally exposed'), in your opinion, to what extent do you think you are exposed to the coronavirus risk?" the survey wasn't able so, this are examples of the questions	Does not say	998
Birhanu, Z. et al 2021	Etiopía	22 Abril a 4 Mayo 2020	The Question's answer: Strongly disagree, Disagree Neither agree nor disagree, Agree, Strongly agree I believe that COVID-19 infection is severe disease I would rather die than getting COVID-19 infection I believe that COVID-19 has serious negative consequences on my life I believe that COVID-19 is extremely harmful It is likely that I will get COVID-19 infection I am at risk for getting COVID-19 infection It is possible that I will get COVID-19 infection In many aspects, I am less likely to acquire COVID-19	Does not say	929

Bowman, L et al 2020	Hong kong	HK: 24 enero al 13 febrero 2020 RU: 17 a 18 marzo 2020	If no preventive measure is taken, how likely do you think you will be infected with COVID-19? If no preventive measure is taken, how likely do you think your family member(s) will be infected with COVID-19? How severe do you think the illnesses caused by COVID-19 is? How high, do you think, is the chance to have COVID-19 cured? How high, do you think, is the chance of survival for COVID-19 patients?	English and Chinese	3431
Bruine de Bruin, W. 2021	USA	marzo 2020	On a scale of 0 to 100 percent, what is the chance that you will get the coronavirus in the next three months? If you're not sure, please give your best guess. If you do get the coronavirus, what is the percent chance you will die from it? If you're not sure, please give your best guess. Over the last two weeks, how often have you been bothered by any of the following problems? 1. Not at all 2. Several days 3. More than half the days 4. Nearly every day Feeling nervous, anxious, or on edge Not being able to stop or control worrying Feeling down, depressed, or hopeless Little interest or pleasure in doing things	English	6.666
Byrne, K.A et al 2021	USA	Septiembre a Diciembre 2020	Do you personally know someone who has tested positive for COVID-19? Do you personally know someone who has passed away because of COVID-19? Do you personally know someone who has become symptomatic and/or ill because of COVID-19? I am worried about getting coronavirus Uncertainty brought on by COVID-19 has caused me stress. Has your work or career been affected by COVID-19. I would visit a sick close friend who tested positive for COVID-19 if they asked me for help today	English	404
Chen, Y. Y. et al 2021	China y Corea del Sur	Febrero 2020 en China y Octubre 2020 en Corea del Sur	China: Anxiety about the epidemic situation Perceived risk of day-to-day life about Wuhan Perceived risk of day-to-day life about local community Perceived social disorder about local community Perceived social disorder about Wuhan Perceived infection about oneself Perceived infection about families South Korea: Anxiety about the epidemic situation Perceived risk of day-to-day life about Seoul Perceived risk of day-to-day life about local community Perceived social disorder about local community Perceived social disorder about Seoul Perceived infection about oneself Perceived infection about families	Does not say	897 China and 340 South Korea
Costa, M. F. 2020	Brasil	17 al 24 Marzo de 2020	Based on my overall health, my chance of catching coronavirus disease is... if I caught coronavirus disease, the chance of getting too impaired to do my daily activities would be... if I wear a mask, the chance to catch coronavirus disease by walking in the street or at work is...	Does not say	277
Cvetkovic, V. et al 2020	Serbia	abril 2020	Please indicate the degree of agreement with the statements made, where 1 stands for "I strongly disagree" and 5 for "I strongly agree". The likelihood that I will be infected with the virus is low. Most people who become infected will develop mild to moderate respiratory symptoms, from which they will recover without the need for special treatment. The elderly and those with chronic illnesses (e.g., respiratory, cardiovascular, diabetes, immunity, etc.) are at the highest risk of developing severely treatable illnesses and putting them at great risk of death. I believe that even if I do get infected I will not develop serious health problems. Although they are not at risk of developing severe illnesses, I find it good that children do not go to kindergartens and schools. I think that I am in a higher risk of being infected with the virus because of the place where I live. I believe that because of the epidemic and the declared state of emergency, I am at risk of losing my job and source of income. I believe that through my behavior (taking preventative measures) I can prevent the virus from spreading. I feel that I have a responsibility to do what I can to protect people at risk. We will not be able to stop the spread of the virus by following the introduced measures. I fear that the economic consequences of the epidemic will be great for society. I'm afraid the restriction on movement will prevent me from fulfilling my needs (take medication, make money withdrawal, buy groceries).	English	975

Dalecká, A et al 2021	República Checa	1 al 5 Abril 2020	Individual health concern (a) affected mental health (b) sufficiency of restrictions (c) efficiency of restrictions (d). a 1– not worried at all to 5 – very worried; b 1 – very good to 5 – very bad; c 1 – excessive to 5 – insufficient; d 1 – most effective to 5 – least effective	Does not say	7966
De Vries, M. et al 2021	Holanda	24 Febrero al 9 de Marzo (T1), 16 al 23 de Marzo (T2), 30 de Marzo al 5 de Abril (T3), 14 al 19 de Abril (T4), 28 de Abril al 3 de Mayo (T5) y 11 al 17 de Mayo(T6)	In your opinion, how likely is it that you will become ill due to the new coronavirus in the next 12 months? (1. very unlikely–5. very likely) How severe would it be to you if you develop one of the following diseases in the next 12 months? (1. Not severe at all–5. Very severe)† Flu/ Disease due to the novel coronavirus/ Ebola Are you concerned due to the new coronavirus ... (1. Not at all concerned–5. Very concerned) About your own health? and About the health of your family members?	Does not say	Via e- mail: 3.477 (T1), follow up 2589. Via post: 848 (T1), follow up 679.
Duan, T et al 2020	China	18–24 Febrero 2020	How seriously do you take the COVID-19 epidemic in mainland China? How seriously do you take effect of COVID-19 risk on your life? How seriously do you take the risk of fatality from COVID-19?	Does not say	3837
Führer, A. et al 2020	Alemania	marzo de 2020	Geschätztes Risiko für... ... Infektion innerhalb des nächsten Monats ... Infektion innerhalb der nächsten sechs Monate ... einen schweren Erkrankungsverlauf im Fall einer Infektion	German	1048
Gesser-Edelsburg, A. et al 2020	Israel, Haifa	marzo de 2020	To what extent if at all do you feel you are at risk of contracting the COVID-19? 1. No risk at all 2. Low risk 3. Medium risk 4. High risk 5. Very high risk, I am personally afraid of contracting the COVID-19, I'm afraid of my children contracting the COVID-19, I'm afraid of my family members (spouse, parents, brothers and sisters) contracting the COVID-19, I'm afraid of people in my immediate surroundings (friends, neighbors, work colleagues) contracting the COVID-19, I'm afraid most of the community in which I live will contract the COVID-19, How serious do you perceive COVID-19 to be? 1. No risk at all 2. Low risk 3. Moderate risk 4. High risk 5. Very high risk, How serious do you perceive COVID-19 to be? 1. No risk at all 2. Low risk 3. Moderate risk 4. High risk 5. Very high risk. Babies ages 0-2, Children up to age 18, The young adult population (19-65), The population with comorbidity (such as heart disease, diabetes, hypertension) regardless of age, The elderly population (65+), To what extent if at all do you think contagion of the following population would risk their lives? (1. No risk at all 2. Low risk 3. Medium risk 4. High risk 5. Very high risk) Babies ages 0-2, Children up to age 18, The young adult population (19-65), The population with comorbidity (such as heart disease, diabetes, hypertension) regardless of age, The elderly population (65+).	Hebrew and translated into Arabic	1056
Haque, A. et al 2021	Pakistán	20 al 27 Marzo de 2020	I think Coronavirus is more severe than flu Even if fall ill with another disease, I will not go to hospital because of risk of getting Coronavirus in hospital Novel coronavirus will inflict serious damage in my community Novel coronavirus will spread widely in Pakistan I am more likely to get coronavirus than other people I believe I can protect myself against the coronavirus I believe I can protect myself against the novel coronavirus better than other people I am very concerned about this outbreak I expect outbreak to get larger	English	737
Harapan, H. et al 2020	Indonesia	25 Marzo al 6 Abril de 2020	What do you think are the chances that you will get coronavirus in the next month?	Does not say	1379
He, S. et al 2021	China	13 al 14 febrero de 2020	Domain had four questions in 5-point Likert-type scale. Participants were asked to (1) estimate the risk of infectivity, pathogenicity and lethality of COVID-19 from 1, 'very low', to 5, 'very high', with 3 being 'moderate'; (2) rate their likelihood of being infected with COVID-19 from 1, 'extremely unlikely', to 5, 'extremely likely', with 3 being 'neither unlikely nor likely'. (No había acceso al cuestionario)	Does not say	476
Honarvar, B et al 2020	Iran	Febrero a Marzo 2020	To what extent, do you consider yourself at risk of getting COVID-19? How much do you afraid of getting COVID-19? How much do your family members are concerned about getting COVID-19? To what extent do you think COVID-19 is a dangerous and deadly disease? To what extent has COVID-19 had a negative influence on your routine life?	Does not say	1331
Iachini, T et al 2021	Italia	23 Abril al 2 Mayo 2020	"How dangerous do you consider the coronavirus to be in general in the present/in the future? How dangerous do you consider the coronavirus to be in the area where you live in the present/in the future?"	Does not say	1151

Jahangiry, L et al 2020	Iran	Marzo a Abril 2020.	I am at risk for getting Coronavirus Coronavirus is a threat, I think about it. It is possible that I will contract Coronavirus. Coronavirus is a lethal threat. Possible lung damage from Coronavirus is serious. Coronavirus is a serious and dangerous disease due to the high rate disease transmission.	Does not say	3727
Kabito, G et al 2020	Etiopía	20 al 27 Abril de 2020	Dangerousness of COVID-19 Worrying about COVID-19 Level of risk of contracting COVID-19 infection Group of people more at risk Do you agree that COVID-19 will finally be successfully controlled? Do you agree that COVID-19 is a serious disease? Do you believe that COVID-19 can be treated at home Do you agree that, if anyone get infected with COVID-19 has no any probability of recovering? Do you believe that you may get infected with COVID -19? Do you feel that older people and those with comorbid conditions are at higher risk of COVID -19 complications? Do you agree that black people are less likely to be infected with COVID-19? Do you believe that Ethiopia can fully controlled the COVID-19 pandemic?	Amharic	623
Karout, L et al 2020	USA	25 Julio al 25 Agosto 2020	My probability of getting infected with COVID-19 is... What level of threat do you think the COVID-19 represents for your work and finances? The risk of people from my neighborhood to get COVID-19 is... The risk of people living in Maryland to get COVID-19 is... The risk of people living in the USA to get COVID-19 is... The risk of my co-workers to get COVID-19 is... How worried are you about contracting COVID-19? How likely do you think you would meet someone who is infected with COVID-19? How worried are you that your family or friends might get infected with COVID-19?	Spanish or English	410
Kollamparambil, U., Oyenubi, A. 2021	South Africa	1° ola Mayo y Junio de 2020. La 2° ola Julio y Agosto de 2020	The risk perception information in the study was obtained through the 'yes' or 'no' response to the question 'Do you think you are likely to get the corona virus?'	Does not say	7073 individuals in Wave 1 and 5676 individuals in Wave 2.
Kuang, J. et al 2020	India	20 al 25 Mayo de 2020	We measured participants' perceived risk of personally contracting coronavirus. (it means people have been infected with the virus, including some who are not sure how or where they became infected). The answers were categorized as no risk, low, medium, and high risk. To measure participants' fear about coronavirus, we asked: "People in your community may fear about different aspects of how the coronavirus will affect them. What are your fears about the coronavirus?" The answers were categorized as self might get sick or die, family members might get sick or die, infecting other people, no cure for the disease, loss of job/income, crime increase in the community, food shortage, water shortage, police actions, inability to travel freely, social isolation/people avoiding me.	Tamil	2657
Lim, V. W et al 2021	Singapur	22 enero al 29 abril 2020	Virus representing a threat to Singapore, High risk of infection and High risk of death if infected	English, Mandarin and Malay	633
Mansilla, J. M. et al 2020	España	Does not say	What do you consider is your risk of infection? Where 1 is the minimum and 5 the maximum	Spanish	16.201
McFadden et al 2020	USA	Principios de febrero de 2020	My health will be severely damaged if I contract novel coronavirus. Even if I fall ill with another disease, I will not go to hospital because of risk of getting novel coronavirus in the hospital. Novel coronavirus will inflict serious damage in my community. Novel coronavirus will spread widely in the United States. I am more likely to get the novel coronavirus than other people. I believe I can protect myself against the novel coronavirus. I believe I can protect myself against the novel coronavirus better than other people. I am very concerned about this outbreak. I expect this outbreak to get larger.	English	718

Mohammadi, M. R. et al 2020	Iran	Does not say	<p>Every Question's response is from 1 to 5: To what extent do you worry about "..."? In your opinion, to what extent can "... become an epidemic in your country? In your opinion, how fast "... will spread in your country? How likely do you think you will be infected by "...? How likely do you think one of your relatives/friends will be infected by "...? In your opinion, how severe will the symptoms be if you get "...?</p>	Does not say	2000
Monge-Rodríguez, F. S et al 2021	Peru y China	8 Julio al 31 Agosto de 2020	<p>How likely do you think you will get the new coronavirus infection in the next month? How serious do you think the new coronavirus infection would be if you contracted it? How worried are you personally about the following issues at present? - Coronavirus/COVID- 19 How likely do you think it is that you will be directly and personally affected by the following in the next 6 months? - Catching the coronavirus/COVID-19 How likely do you think it is that your friends and family in the country you are currently living in will be directly affected by the following in the next 6 months? - Catching the coronavirus/COVID-19 How much do you agree or disagree with the following statements? - The coronavirus/COVID-19 will NOT affect very many people in the country I'm currently living in How much do you agree or disagree with the following statements? - I will probably get sick with the coronavirus/COVID-19 How much do you agree or disagree with the following statements? - Getting sick with the coronavirus/COVID-19 can be serious</p>	Does not say	1092
Nanda, R. O et al 2021	Indonesia	3 al 27 Marzo de 2020	<p>The perceived severity assessed the severity of COVID-19 using a 10-point Likert scale, from 1 (not severe) to 10 (very severe). The perceived vulnerability assessed the likelihood of acquiring this disease using a 5-point Likert scale, from 1 (very unlikely) to 5 (very likely). The perceived threat was used as the overall measure of risk perception. The scale from 1 (low) to 5 (high). The measure of risk perception was compared to other diseases and accidents such as SARS and MERS.</p>	English and Bahasa Indonesia	495
Ning, L. et al 2020	China	22 Enero al 14 Febrero de 2020	<p>I am very likely to be infected I will be infected if in the same room with a patient The epidemic is serious in my community The spread of COVID-19 is very wide The outbreak is very serious It has high mortality Health impact is very serious if infected It is difficult to treat The spread of COVID-19 is difficult to control I am afraid that I or my family will be infected with COVID-19 I am very worried when I know someone who is coming back from or going to Wuhan I am very nervous about the epidemic</p>	English	2845
Olapegba, P. O. et al 2020	Nigeria	28 Marzo al 4 Abril de 2020	<p>Compared to most people of my age, my risk of getting Coronavirus is (1 = extremely low, 7 = extremely high). What level of threat do you think the Coronavirus pandemic poses to your studies? (1 = no threat at all, 7 = extremely high level of threat) The likelihood of my getting Coronavirus is (1 = not at all likely, 7 = extremely likely) How likely do you think people in Nigeria are to contract the Coronavirus? (1 = not at all likely, 7 = extremely likely) How likely do you think your colleagues are to contract the Coronavirus? How likely do you think people in your present location are to contract the Coronavirus? (1 = not at all likely, 7 = extremely likely) How likely do you think people in your hometown are to contract the Coronavirus? (1 = not at all likely, 7 = extremely likely) How worried are you about contracting the Coronavirus? (1 = not at all worried, 7 = extremely worried) How likely do you think you would meet someone who is infected with Coronavirus (1 = not at all likely, 7 = extremely likely) How worried are you that your family members or friend might be infected by Corona Virus (1 = not at all worried, 7 = extremely worried) How soon do you expect the Coronavirus holiday to end /things to return to normal? (a) April-May 2020 (b) June-August 2020 (c) September-December 2020 (d) January 2021 (e) I don't know</p>	Does not say	1357

Park, T. et al 2020	USA	Does not say	Perceived susceptibility I believe I'm at risk for contracting COVID-19 (coronavirus). It's likely that I will contract COVID-19 (coronavirus). It is possible that I will contract COVID-19 (coronavirus). Perceived severity I believe that COVID-19 (coronavirus) is a severe health problem. I believe that COVID-19 (coronavirus) is a deadly virus.	English	293
Plohl, N., Musil, B. 2021	Eslovenia	Does not say	I feel vulnerable to COVID-19 infection. I believe there is a chance that my family members get infected with COVID-19. It is extremely unlikely that I will get infected with COVID-19. 4. Picturing self getting COVID-19 is something I find very hard to do. I believe that COVID-19 poses a serious threat. I worry about getting infected with COVID-19. Answer for all questions are Strongly disagree Disagree Somewhat disagree Neither agree, nor disagree Somewhat agree Agree Strongly agree	English	525
Qian, D.; Li, O. 2020	China	4 al 7 Febrero de 2020	The risk perception of COVID-19 was measured as a latent construct based on the infection and death estimates. (they were informed about the number of infected and death people, then they have to estimate, after careful reflection, how many Chinese would eventually be infected and die due to the COVID-19 crisis) Participants were presented with six causes of death in China: fire, accidental poisoning, homicide, heart disease, traffic accidents, and lung cancer. (all common in China. they were informed about the amount of people who drown and they have to: (1) estimate as accurately as possible, (2) keep the answers consistent, and (3) feel free to change answers to make the relative frequencies of the entire set consistent with their best opinions.	Does not say	351
Rattay, P. et al 2021	Alemania	The first survey started on 3 March 2020 and was repeated on a weekly basis. From 26 May 2020 to 27 October 2020 the time interval between waves was extended to 2 weeks, and set back to weekly afterwards. At the end of November 2020, data from 28 waves were available for data analysis.	Wie hoch schätzen Sie Ihre Wahrscheinlichkeit ein, dass Sie sich mit dem neuartigen Coronavirus infizieren? Extrem unwahrscheinlich...Extrem wahrscheinlichWie schätzen Sie eine Infektion mit dem neuartigen Coronavirus für sich selbst ein?Völlig harmlos...Extrem gefährlich In der jetzigen Situation eine Infektion mit dem neuartigen Coronavirus zu vermeiden ist für mich...Extrem schwierig... Extrem einfach Sie haben angegeben, dass Sie etwas oder sehr anfällig gegenüber einer Infektion mit dem neuartigen Coronavirus sind.Bitte schreiben Sie kurz auf, was Sie etwas oder sehr anfällig macht. ¿Qué tan alta estima su probabilidad de infectarse con el nuevo coronavirus? Extremadamente improbable ... Extremadamente probable ¿Cómo califica usted mismo una infección por el nuevo coronavirus? Completamente inofensivo ... Extremadamente peligroso En la situación actual, evitar una infección por el nuevo coronavirus es para mí... Extremadamente difícil ... Extremadamente simple Usted indicó que es algo o muy susceptible a una infección por el nuevo coronavirus. Por favor, escriba brevemente lo que lo hace algo o muy susceptible.	German	27.957
Rivas, D. R. Z et al 2021	La Paz, Bolivia	Abril a Mayo 2020	The COVID-19 problem is serious to me I am worried being affected by the new virus It is probable that I will be affected by COVID-19 I feel that COVID-19 is dangerous. I am fearful of COVID-19 I am frightened by COVID-19	English	886
Roma, P. et al 2020	Italia	18 al 22 Marzo de 2020	Perceived severity was assessed using four items (e.g., "If I got COVID-19, it would be severe") Perceived likelihood was assessed using two items ("How likely is it that you will get COVID-19 in this period?") Six questions were assessed on a five-point Likert scale ranging from 1 (not likely at all) to 5 (certain). sólo tenemos esas 2	Does not say	2766
Samadipour, E. et al 2020	Iran	25 Febrero al 2 Marzo de 2020	el riesgo de coronavirus no es tan alto como dicen. soy fuerte, corona no puede hacerme daño. la corona es tan peligrosa que puede destruir a todos. los iraníes creemos que podemos derrotar a corona.	Iraní (traducido)	364
Sengeh, P. et al 2020	Sierra Leona	16 al 25 Marzo 2020.	1.What level of risk do you think you have in getting Coronavirus disease (COVID-19) in the next 6 months? a.No risk → GO TO Q6 b. Small risk, c. Moderate risk, d. Great risk, e. I don't know / not sure, f. No Response. 2.Why do you believe that you are at risk? a.I have been experiencing signs and symptoms of Coronavirus disease (COVID-19) since ____ day(s) ago (if so: stop the interview, recommend that the person goes to the nearest health facility to check the health status for possible case of Coronavirus disease (COVID-19) b. I have not been keeping well lately, c. I was already affected by EVD and not been keeping well since d. I have other challenging health conditions (HIV, Diabetes, hypertension, etc.), e. The disease is in over xx countries and already in West Africa, f. A lot of Salone traders go to China, Chinese go back and forth from this country, we have students returning from there. g. Others____, h. I don't know / not sure, i. No Response. 3.Why do you believe that you are NOT at risk? a. I do not eat or hunt bush meat or bats, b. I am a clean person / Coronavirus disease (COVID-19) only affects unclean people, c. I don't live in an area where there is Coronavirus disease (COVID-19), d. I don't come in contact with someone with Coronavirus disease (COVID-19), e. God is protecting me, f. I avoid unprotected contact with bodily fluids, g. I wash my hands with soap or other disinfectants, h. I did not get EVD the last time, i. Others____, j. I don't know / not sure/, k. No Response	Despite extensive practice of the translations of the English questionnaire to local languages, the translations in practice might not have been fully consistent.	1253

Seror, V. et al 2021	Africa sub sahariana	Julio 2020 en tres oportunidades hasta mediados de 2021	Quand vous êtes arrivé(e) dans la cuisine, est-ce que vous aviez-vous peur d'être malade du Coronavirus sans le savoir ? Actuellement, êtes-vous inquiet qu'un membre de la cuisine attrape le coronavirus ? Pour vous-même, pensez-vous que votre risque d'attraper le Coronavirus est ? Par rapport aux hommes/femmes de votre âge, est-ce que vous pensez que votre risque d'attraper le Coronavirus est?	French	600
Serwaa, D. et al 2020	Ghana	12 al 20 Marzo de 2020	Dangerousness of COVID-19 (Dangerous, Like the common flu and Not dangerous) Worrying about COVID-19 (Worried, Worried about it as if it were the common flu and Not worried) Level of risk of contracting COVID-19 infection (High risk, Risk similar to that of contracting the common cold and No risk) Group of people more at risk (Children, Old age people, Young adults, All people and Not sure)	Does not say	350
Shahin, M. A. H et al 2020	Arabia Saudita, Egipto, Jordania	abril de 2020	How serious do you think COVID-19 is? How would you feel if you contracted COVID-19 in the near future? Do you think that you will contract COVID-19 in the coming year if you do not take any preventive measures? Suppose you have not been vaccinated against COVID-19 or the vaccine is not available. What do you think your chance of contracting the disease in the coming year is? How concerned are you about contracting COVID-19?	Arabic	723
Shen, F. et al 2021	China	2 al 23 de Marzo de 2020	Perceived risk of being infected (PR) R1. Self, R2. Others R3. Death if infected	Does not say	3000
Siegrist, M. et al 2021	Suiza	Marzo -Abril de 2020	The participants could indicate the level of their perceived risk on a scale ranging from 1 (no fear) to 7 (very high fear). The health risk perception scale consisted of the following items: "Related to the new coronavirus, I am afraid that I will be infected," ". . .that someone from my family or my acquaintances will be infected," ". . .that there will be fatalities in my social environment," ". . .that there will be many fatalities in Switzerland," and ". . .that the healthcare system will be overloaded."	German	1.223
Simione, L. et al 2020	Italia	10 al 12 Marzo 2020	Are you currently or have you recently been in contact with people at high infectious risk? Are you currently or have you recently been in contact with people who had a positive test for COVID-19? Have any positive cases of COVID-19 infection been detected in your area or city? Do you think you are currently at infectious risk? Did you think you were at risk when the first cases appeared in Italy in January 2020? Do you think your family members/loved ones are currently at infectious risk? Are you worried about the possibility that, in case of infection, you may have serious complications or die? Are you worried about the possibility that, in case of infection, some of your family/loved ones may have even serious complications or die? Do you think that the spread of the virus will continue at the current rate of contagion, will slow down or accelerate in the next few days? Do you think that virus spread will continue at the current rate of contagion, will slow down or accelerate in the next weeks? Are you worried about the possibility that the situation may precipitate at global level in the near future due to COVID-19? Are you worried about the possibility that, if the national health system was unable to guarantee treatment or to support the volume of hospitalized patients, episodes of violence and abuse may occur among patients or their families? Are you concerned about the possibility that other people's behavior in response to this situation could be more dangerous than the medical risks associated with COVID-19 infection? At this moment, what is it your biggest concern about COVID-19? (if you're not worried, write "no") Do you think you might have put yourself at risk of infecting yourself with your behavior? Do you think you might have put yourself at risk of infecting your family/loved ones with your behavior? If the virus spread in your living area, would you try in any way to move to an area considered safer? Do you think that the perception of risk related to COVID-19 in public opinion is greater, lesser or adequate than it should be?	Does not say	353
Sinclair, A. H 2021	USA	1° estudio 18 y 19 Mayo 2020 2° estudio 14 Septiembre al 9 de Octubre 2020	Study 1: Overall, how worried are you about how the COVID-19 pandemic may affect your health or the health of your family and friends? Overall, what do you think the COVID-19 risk level is in your current location? Rate how risky it is to do each of the following activities in your current location (the county or municipality where you live). Picking up takeout food , walking outside without a mask in an area without many people, having an outdoor picnic with friends 6+ feet away, playing a group sport (like soccer) outside without a mask, grocery shopping indoors with a mask, going to the dentist, taking a taxi, uber or lyft, dinnind outdoors at a restaurant with tables spaced 6ft apart, dining indoors at a restaurant with tables spaced 6ft apart, getting a haircut, exercising at a gym without a mask, flying on an airplane, going to an indoor bar or nightclub and going to an indoor house party. Estimate the probability that in a group of 5,10, 25, 50, 100, 250 and 500 people, someone is infected. The 2nd study has the same questions.	English	968

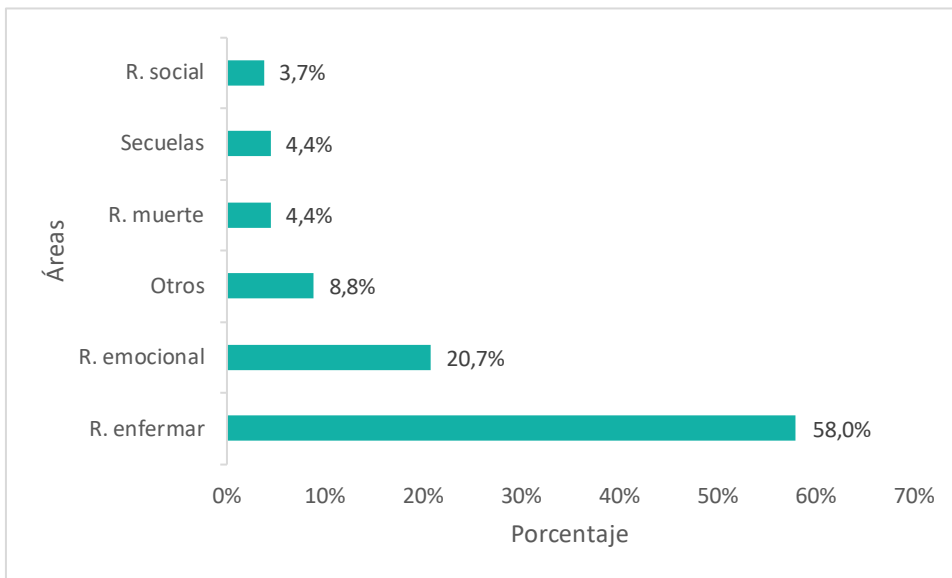
Trifiletti, E. et al 2021	Italia	It says it was made in the lockdown period (9 Marzo al 18 de Mayo 2020)	If I can't get the vaccine, I think the chance I have of contracting Covid-19 in the coming months will be... If I don't comply with the preventive measures, I think the chance I have of contracting Covid-19 in the coming months will be (1 = almost zero; 7 = almost certain). Without the vaccine, do you think you're likely to get the Covid-19 in the next months (1 = very unlikely; 7 = very likely). Compared to most people my age, my risk of getting Covid-19 is... The likelihood of me getting Covid-19 is... Compared to most people, the possibility of me getting infected with Covid-19 is... (1 = extremely low; 7 = extremely high). Covid-19 is a much more dangerous epidemic than the others. Covid-19 is more deadly than most people realize. Stopping Covid-19 will be much more difficult than other epidemics(1 = strongly disagree; 7 = strongly agree)	Does not say	248
Wang, P. W et al 2021	Taiwán	20 Marzo a 5 Mayo 2020	If you were to develop flu-like symptoms tomorrow, would you worry? In the past one week, have you ever worried about catching COVID-19? Please rate the current level of your worry towards COVID-19 How likely do you think it is that you will contract COVID-19 over the next 1 month? What do you think are your chances of getting COVID-19 over the next 1 month compared to others outside your family?	Does not say	1984
Xie, K. et al 2020	China	Durante Mayo 2020	My health is at risk during the COVID-19 pandemic. The COVID-19 pandemic is difficult to control. The coronavirus can cause serious harm to my body once infected. I think the situation of the COVID-19 pandemic is more serious than previous ones.	Does not say	317
Xiu, X. L. et al 2021	USA	29 Marzo al 20 Abril de 2020	What do you think are your chances of getting COVID-19? 0%-10%, 10%-20%, 20%-30%, 30%-40%, 40%-50%, 50%-60%, 60%-70%, 70%-80%, 80%-90%, 90%-100%	49 languages, such as English, Spanish, Portuguese, Russian, and French	24.547

Tabla 2: Número de preguntas por área

Autor(es)	N° preguntas	R. enfermar	R. muerte	Secuelas	R. emocional	R. social	Otros
		Suceptibilidad + Severidad + Propagación	Fatalidad de la enfermedad	Peligrosidad de la enfermedad	Preocupaciones + Emociones + Miedo	Threat + Impacto en la sociedad	Control de COVID-19, Tto, Cura
Abir, T. et al	4	1	1	1	1		
Ahmad, M. et al	5	1	1	1	1	1	
Alkhaldi, G. et al	3	1	1	1			
Atchison, C. et al	2	1	1				
Azene, Z. et al	4	1	1	1	1		
Barattucci M. et al	2	1	1				
Birhanu, Z. et al	8	1	1	1	1	1	1
Bowman, L et al	5	1	1	1	1	1	
Bruine de Bruin, W.	3	1	1	1			
Byrne, K.A et al	7	1	1	1	1	1	1
Chen, Y. Y. et al	14	1	1	1	1	1	1
Costa, M. F.	3	1	1	1			
Cvetkovic, V. et al	12	1	1	1	1	1	1
Dalecká, A et al	4	1	1	1	1		
De Vries, M. et al	4	1	1	1	1		
Duan, T et al	3	1	1	1			
Führer, A. et al	3	1	1	1			
Gesser-Edelsburg. et al	9	1	1	1	1	1	1
Haque, A. et al	9	1	1	1	1	1	1
Harapan, H. et al	1	1					
He, S. et al	4	1	1	1	1		
Honarvar, B et al	5	1	1	1	1	1	
Iachini, T et al	4	1	1	1	1		
Jahangiry, L	6	1	1	1	1	1	
Kabito, G et al	12	1	1	1	1	1	1
Karout, L et al	9	1	1	1	1	1	1
Kollamparambil, U., Oyenubi, A.	1	1					
Kuang, J. et al	3	1	1	1			
Lim, V. W et al	3	1	1	1			
Mansilla, J. M. et al	1	1					
McFadden et al	9	1	1	1	1	1	1
Mohammadi. et al	6	1	1	1	1	1	
Monge-Rodríguez. et al	8	1	1	1	1	1	1
Nanda, R. O et al	4	1	1	1	1		
Ning, L. et al	12	1	1	1	1	1	1
Olapegba, P. O. et al	11	1	1	1	1	1	1
Park, T. et al	5	1	1	1	1	1	
Plohl, N., Musil, B.	6	1	1	1	1	1	
Qian, D.; Li, O.	2	1	1				
Rattay, P. et al	4	1	1	1	1		
Rivas, D. R. Z et al	6	1	1	1	1	1	
Roma, P. et al	2	1	1				
Samadipour, E. et al	4	1	1	1	1		
Sengeh, P. et al	3	1	1	1			
Seror, V. et al	4	1	1	1	1	1	
Serwaa, D. et al	4	1	1	1	1	1	
Shahin, M. A. H et al	6	1	1	1	1	1	
Shen, F. et al	1	1					
Siegrist, M. et al	5	1	1	1	1	1	
Simione, L. et al	18	1	1	1	1	1	1
Sinclair, A. H	3	1	1	1			
Trifiletti, E. et al	9	1	1	1	1	1	1
Wang, P. W et al	5	1	1	1	1	1	
Xie, K. et al	4	1	1	1	1		
Xiu, X. L. et al	1	1					



Figura 1: Frecuencia de preguntas por área



5. DISCUSIÓN

Resumen de la evidencia

En esta revisión exploratoria, identificamos 55 estudios que abordan la percepción de riesgo en la población general adulta entre los años 2019 y junio de 2021. Nuestros hallazgos indican que existen instrumentos para medir la percepción de riesgo de contraer COVID-19 en población adulta; los cuales son cuestionarios con preguntas relacionadas principalmente con el riesgo de enfermar y el riesgo emocional asociado a la pandemia.

La mayoría de las preguntas estaban enfocadas en la percepción de riesgo tanto personal como familiar, mientras otras se refieren al riesgo comunitario o a nivel de país. También en esta categoría encontramos preguntas relacionadas con la severidad de la enfermedad o que tan seria es, para la persona que responde el cuestionario. La última parte de esta categoría incluye preguntas con relación a la propagación de la enfermedad, ya sea a qué tanto se ha expandido o si se podrá detener su propagación en una determinada región o país.

En cuanto al riesgo emocional, las preguntas encontradas hacen mención a las preocupaciones que genera en las personas el enfermar de Coronavirus, así como también los miedos y el terror que genera el estar contagiado. Estas preguntas están enfocadas tanto en la persona encuestada como en el grupo familiar. Según los resultados de Simione et al; muchos participantes (57%) encuestados en Italia, tenían miedo acerca de las consecuencias para su salud o incluso la muerte si se contagiaban, pero la mayoría (93%) estaban más preocupados por las consecuencias que podía traer a su entorno más cercano como su familia o seres queridos (15).

Pero el coronavirus no sólo afecta a las personas de manera física (1) (como la enfermedad propiamente tal) o psicológica (con preocupaciones, ansiedad o miedo por contraer la enfermedad) (15). Sino también, podemos ver dentro de las preguntas la afectación social: por una parte, cómo afecta a las personas de manera económica, evidenciando posibles miedos a perder el trabajo o el dinero para solventar las necesidades tanto de los individuos como de las familias (16). Esta afectación económica ha sido descrita a nivel mundial y según el informe “*Perspectivas económicas mundiales*” de junio de 2020 del banco mundial, como

que esta crisis “*sería la peor recesión desde la Segunda Guerra Mundial, y la primera vez desde 1870 en que tantas economías experimentarían una disminución del producto per cápita*” (17). Además, según el “*Informe anual 2021*” de la misma fuente indica: “*Se calcula que, en 2020, unos 100 millones de personas más cayeron en la pobreza extrema. Ese mismo año, entre 720 millones y 811 millones de personas de todo el mundo sufrieron hambre, es decir, 161 millones de personas más que en 2019*”(18).

Por otra parte, si se analiza cómo puede la pandemia afectar a los niños, más allá del tema del contagio, es un tópico relevante a nivel mundial (19) y es capturado por algunos instrumentos de medición de percepción de riesgo (16) una de las preguntas incluida en las investigaciones, hacía mención a si estaba bien que los niños no fueran a clases en el jardín o escuela durante la pandemia (16). Si bien el dejar a los niños en casa fue una medida que se tomó por miedo a posibles propagaciones de la enfermedad (20), la información entregada por el banco mundial, muestra que no sólo a los tutores/padres les ha parecido una buena medida, sino que también a los directivos escolares. Sin embargo, el cierre de escuelas dejó sin la posibilidad de recibir educación a aproximadamente 1600 millones de estudiantes, lo que trajo pérdidas significativas de aprendizaje (18), además de la falta de suministro alimenticio que muchos niños reciben en las escuelas, pudiendo desencadenar en desnutrición para estos niños y niñas. (19)

Es necesario que, tanto los clínicos como las autoridades conozcan cómo influye la percepción de riesgo en los individuos y también de forma colectiva como se menciona en el estudio de Lee, que las personas actúan como si fueran parte de una manada social donde “si las personas que me rodean” compran mascarillas y toman medidas de protección entonces “yo también lo hago”, se ve una sinergia de este efecto en el grupo, logrando mayor adherencia a las medidas sanitarias de prevención y protección personal. Además, en forma individual se sabe que aquellos individuos que perciben un nivel de riesgo más alto adhieren también más a las medidas de autocuidado (21).

Este trabajo ayudará a poder sentar una base para generar un cuestionario que pueda ser aplicable en la población chilena para conocer cuáles de todas estas áreas o dominios presentados a nivel mundial son las áreas que más afectan la percepción de riesgo en la población adulta chilena y cómo modificar las estrategias comunitarias para lograr una

adherencia mayor a las medidas de preventivas del Coronavirus, considerando que se podrían generar otras epidemias o pandemias (22).

Esta revisión tiene como limitaciones el hecho que no fue posible ver todas las preguntas de los instrumentos, puesto que no estaban disponibles de manera pública. Algunas de estas se podían inferir con la información entregada por los autores en los resultados de la investigación. A esta limitación se adiciona que algunas publicaciones se encuentran disponibles sólo en formato pagado y no están disponibles públicamente, por lo que no se accedió a ellas (3 estudios).

Además, podemos agregar, el hecho que escasas investigaciones han sido llevadas a cabo en Latinoamérica dentro del período de búsqueda, por lo que el contexto de otros países en otros continentes es diferente al de los países latinos, no sólo por infraestructura, sino también por el contexto cultural, económico y social.

En cuanto a las fortalezas está el uso de Covidence, lo que ayudó a poder trabajar la información obtenida en los estudios de una manera más estructurada y que minimiza errores entre los revisores. Una variación del protocolo fue que se extendió los idiomas de búsqueda (portugués, inglés, alemán y español), ya que también se sumó en algunos casos el francés con el uso de traductor para casos puntuales (23) o traductor de página en caso de idiomas más complejos o desconocidos como el iraní (24).

Para concluir, si existen instrumentos para medir la percepción de riesgo de contraer COVID - 19 en la población comunitaria mayor de 18 años, los cuales están disponibles en la literatura. Ellos son cuestionarios, los cuales fueron aplicados de maneras diversas: por medio de entrevistas presenciales, telefónicas o a través de cuestionarios electrónicos en páginas web determinadas previamente por el/ los investigadores y mencionadas en la sección metodología de cada estudio. Estos cuestionarios tienen una extensión variable de 1 a 18 preguntas y miden la percepción de riesgo de contraer COVID- 19, focalizándose fundamentalmente en el riesgo de contraer la enfermedad, el riesgo de muerte, las secuelas que puede dejar la enfermedad, el riesgo emocional, el riesgo social y otros factores.

6. REFERENCIAS

1. Enabulele O, Esther A. The risk perception of COVID-19 and practice of precautionary measures amongst healthcare workers in the National Health Insurance Scheme Clinic of a tertiary hospital in Nigeria. *Pan Afr Med J.* 2021;38:73. doi: 10.11604/pamj.2021.38.73.27427.
2. Organization WH. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020: World Health Organization; 2020 [22.06.21]. Available from: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
3. Organization WH. WHO Coronavirus (COVID-19) Dashboard: World Health Organization; 2021 [22.06.21]. Available from: <https://covid19.who.int/>.
4. Minsal. Casos confirmados en Chile COVID-19: Minsal; 2021 [23.06.21]. Available from: <https://www.minsal.cl/nuevo-coronavirus-2019-ncov/casos-confirmados-en-chile-covid-19/>.
5. Paul Slovic, 2* Melissa L. Finucane, 3 Ellen Peters, 1,2 and Donald G. MacGregor 1. Risk as Analysis and Risk as Feelings: Some Thoughts about Affect, Reason, Risk, and Rationality. *Risk Analysis.* 2004;24.
6. Sigve Oltedal B-EM, Hroar Klempe, Torbjørn Rundmo. Explaining risk perception. An evaluation of cultural theory c Rotunde publikasjoner 2004;Rotunde no. 85.
7. Al. RMe. Revisiones sistemáticas exploratorias. *Medicina y seguridad del trabajo.* 2009;55.
8. Tricco AC, Lillie, Erin, Zarin, Wasifa et al. (25 more authors). PRISMA Extension for Scoping Reviews (PRISMA-ScR) : Checklist and Explanation *Annals of Internal Medicine.* pp. 467-473.2018. Available from: <https://eprints.whiterose.ac.uk/136633/>.
9. Analytics C. Endnote x9. 9.2 ed: Clarivate Analytics
10. Richardson A, Lee, S. . Covidence systematic review software. Melbourne, Australia: Veritas Health Innovation; 2014.
11. H. Fernández-Sánchez 1* KK, C.B. Enríquez-Hernández 2. Revisiones Sistemáticas Exploratorias como metodología para la síntesis del conocimiento científico. *Enfermería Universitaria* 2020;Vol.17 doi: <https://doi.org/10.22201/eneo.23958421e.2020.1.697>.

12. Chen YY, Feng JH, Chen A, Lee JE, An L. Risk perception of COVID-19: A comparative analysis of China and South Korea. *International Journal of Disaster Risk Reduction*. 2021;61. doi: 10.1016/j.ijdr.2021.102373.
13. Monge-Rodríguez FS, Jiang H, Zhang L, Alvarado-Yepez A, Cardona-Rivero A, Huaman-Chulluncuy E, et al. Psychological Factors Affecting Risk Perception of COVID-19: Evidence from Peru and China. *Int J Environ Res Public Health*. 2021;18(12). doi: 10.3390/ijerph18126513.
14. Jahangiry L, Bakhtari F, Sohrabi Z, Reihani P, Samei S, Ponnet K, et al. Risk perception related to COVID-19 among the Iranian general population: an application of the extended parallel process model. *BMC Public Health*. 2020;20(1):1571. doi: 10.1186/s12889-020-09681-7.
15. Simione L, Gnagnarella C. Differences Between Health Workers and General Population in Risk Perception, Behaviors, and Psychological Distress Related to COVID-19 Spread in Italy. *Frontiers in Psychology*. 2020;11. doi: 10.3389/fpsyg.2020.02166.
16. Cvetkovic VM, Nikolic N, Nenadic UR, Ocal A, Noji EK, Zecevic M. Preparedness and Preventive Behaviors for a Pandemic Disaster Caused by COVID-19 in Serbia. *International Journal of Environmental Research and Public Health*. 2020;17(11). doi: 10.3390/ijerph17114124.
17. Mundial B. La COVID-19 (coronavirus) hunde a la economía mundial en la peor recesión desde la Segunda Guerra Mundial Washington city, USA: Banco Mundial; 2020. Available from: <https://www.bancomundial.org/es/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>.
18. Mundial B. Informe Anual 2021. Banco Mundial, 2021.
19. Hendricks CL, Green, R. J. COVID-19 in children: Should we be worried? *S Afr Med J* 2020;110(9):864-8. doi: <https://doi.org/10.7196/SAMJ.2020.v110i9.15023>.
20. Munro AA-O, Faust SN. Children are not COVID-19 super spreaders: time to go back to school. (1468-2044 (Electronic)).
21. Lee YC, Wu WL, Lee CK. How COVID-19 Triggers Our Herding Behavior? Risk Perception, State Anxiety, and Trust. *Frontiers in Public Health*. 2021;9. doi: 10.3389/fpubh.2021.587439.

22. Huremović D. Brief History of Pandemics (Pandemics Throughout History). *Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak*. 2019;7-35. doi: 10.1007/978-3-030-15346-5_2.
23. Seror V, Maradan G, Ba EH, Cortaredona S, Berenger C, L'Haridon O, et al. COVID-19-related attitudes, risk perceptions, preventive behaviours and economic impact in sub-Saharan African countries: Implementing a longitudinal phone-based survey protocol in rural Senegalese households. *BMJ Open*. 2021;11(7). doi: 10.1136/bmjopen-2021-050090.
24. Samadipour E, Ghardashi F, Aghaei N. Evaluation of Risk Perception of Covid-19 Disease: A Community-based Participatory Study. *Disaster Medicine and Public Health Preparedness*. 2020. doi: 10.1017/dmp.2020.311.
25. Abir T, Kalimullah NA, Osuagwu UL, Yazdani DMN, Mamun AA, Husain T, et al. Factors Associated with the Perception of Risk and Knowledge of Contracting the SARS-Cov-2 among Adults in Bangladesh: Analysis of Online Surveys. *Int J Environ Res Public Health*. 2020;17(14). doi: 10.3390/ijerph17145252.
26. Ahmad M, Akhtar N, Jabeen G, Irfan M, Anser MK, Wu HT, et al. Intention-Based Critical Factors Affecting Willingness to Adopt Novel Coronavirus Prevention in Pakistan: Implications for Future Pandemics. *International Journal of Environmental Research and Public Health*. 2021;18(11). doi: 10.3390/ijerph18116167.
27. Alkhaldi G, Aljuraiban GS, Alhurishi S, De Souza R, Lamahewa K, Lau R, et al. Perceptions towards COVID-19 and adoption of preventive measures among the public in Saudi Arabia: a cross sectional study. *BMC public health*. 2021;21(1):1251. doi: 10.1186/s12889-021-11223-8.
28. Atchison C, Bowman LR, Vrinten C, Redd R, Pristerà P, Eaton J, et al. Early perceptions and behavioural responses during the COVID-19 pandemic: a cross-sectional survey of UK adults. *BMJ Open*. 2021;11(1). doi: 10.1136/bmjopen-2020-043577.
29. Azene ZN, Merid MW, Muluneh AG, Geberu DM, Kassa GM, Yenit MK, et al. Adherence towards COVID-19 mitigation measures and its associated factors among Gondar City residents: A community-based cross-sectional study in Northwest Ethiopia. *PLoS One*. 2020;15(12):e0244265. doi: 10.1371/journal.pone.0244265.

30. Barattucci M, Chirico A, Kuvacic G, De Giorgio A. Rethinking the Role of Affect in Risk Judgment: What We Have Learned From COVID-19 During the First Week of Quarantine in Italy. *Frontiers in Psychology*. 2020;11. doi: 10.3389/fpsyg.2020.554561.
31. Birhanu Z, Ambelu A, Fufa D, Mecha M, Zeynudin A, Abafita J, et al. Risk perceptions and attitudinal responses to COVID-19 pandemic: an online survey in Ethiopia. *BMC Public Health*. 2021;21(1):981. doi: 10.1186/s12889-021-10939-x.
32. Bowman L, Kwok KO, Redd R, Yi Y, Ward H, Wei WI, et al. Comparing Public Perceptions and Preventive Behaviors During the Early Phase of the COVID-19 Pandemic in Hong Kong and the United Kingdom: Cross-sectional Survey Study. *J Med Internet Res*. 2021;23(3):e23231. doi: 10.2196/23231.
33. Bruine de Bruin W. Age Differences in COVID-19 Risk Perceptions and Mental Health: Evidence From a National U.S. Survey Conducted in March 2020. *J Gerontol B Psychol Sci Soc Sci*. 2021;76(2):e24-e9. doi: 10.1093/geronb/gbaa074.
34. Byrne KA, Six SG, Anaraky RG, Harris MW, Winterlind EL. Risk-taking unmasked: Using risky choice and temporal discounting to explain COVID-19 preventative behaviors. *PLoS One*. 2021;16(5):e0251073. doi: 10.1371/journal.pone.0251073.
35. Costa MF. Health belief model for coronavirus infection risk determinants. *Rev Saude Publica*. 2020;54:47. doi: 10.11606/s1518-8787.2020054002494.
36. Dalecká A, Šlachťová H, Tomášková H, Mad'Ar R. Perception of health risk and compliance with preventive measures related to COVID-19 in the Czech population: Preliminary results of a rapid questionnaire survey. *International Journal of Occupational Medicine and Environmental Health*. 2021;34(2):165-76. doi: 10.13075/IJOMEH.1896.01747.
37. De Vries M, Claassen L, te Wierik MJM, van den Hof S, Brabers AEM, de Jong JD, et al. Dynamic public perceptions of the coronavirus disease crisis, the netherlands, 2020. *Emerging Infectious Diseases*. 2021;27(4):1098-109. doi: 10.3201/eid2704.203328.
38. Duan T, Jiang H, Deng X, Zhang Q, Wang F. Government Intervention, Risk Perception, and the Adoption of Protective Action Recommendations: Evidence from the COVID-19 Prevention and Control Experience of China. *Int J Environ Res Public Health*. 2020;17(10). doi: 10.3390/ijerph17103387.

39. Führer A, Frese T, Karch A, Mau W, Meyer G, Richter M, et al. [COVID-19: Knowledge, risk perception and strategies for handling the pandemic]. *Z Evid Fortbild Qual Gesundheitswes.* 2020;153-154:32-8. doi: 10.1016/j.zefq.2020.06.002.
40. Gesser-Edelsburg A, Cohen R, Hijazi R, Shahbari NAE. Analysis of Public Perception of the Israeli Government's Early Emergency Instructions Regarding COVID-19: Online Survey Study. *Journal of Medical Internet Research.* 2020;22(5). doi: 10.2196/19370.
41. Haque A, Mumtaz S, Mumtaz R, Masood F, Buksh HA, Ahmed A, et al. Assessment of Knowledge, Perceptions and Perceived Risk Concerning COVID-19 in Pakistan. *Journal of Epidemiology and Global Health.* 2021;11(2):186-93. doi: 10.2991/jegh.k.210109.001.
42. Harapan H, Anwar S, Nainu F, Setiawan AM, Yufika A, Winardi W, et al. Perceived risk of being infected with SARS-CoV-2: A perspective from Indonesia. *Disaster Medicine and Public Health Preparedness.* 2020. doi: 10.1017/dmp.2020.351.
43. He S, Chen S, Kong L, Liu W. Analysis of Risk Perceptions and Related Factors Concerning COVID-19 Epidemic in Chongqing, China. *Journal of Community Health.* 2021;46(2):278-85. doi: 10.1007/s10900-020-00870-4.
44. Honarvar B, Lankarani KB, Kharmandar A, Shaygani F, Zahedroozgar M, Rahmanian Haghighi MR, et al. Knowledge, attitudes, risk perceptions, and practices of adults toward COVID-19: a population and field-based study from Iran. *Int J Public Health.* 2020;65(6):731-9. doi: 10.1007/s00038-020-01406-2.
45. Iachini T, Frassinetti F, Ruotolo F, Sbordone FL, Ferrara A, Arioli M, et al. Social Distance during the COVID-19 Pandemic Reflects Perceived Rather Than Actual Risk. *International Journal of Environmental Research and Public Health.* 2021;18(11). doi: 10.3390/ijerph18115504.
46. Kabito GG, Alemayehu M, Mekonnen TH, Wami SD, Azanaw J, Adane T, et al. Community's perceived high risk of coronavirus infections during early phase of epidemics are significantly influenced by socio-demographic background, in Gondar City, Northwest Ethiopia: A cross-sectional-study. *Plos One.* 2020;15(11). doi: 10.1371/journal.pone.0242654.
47. Karout L, Serwat A, El Mais H, Kassab M, Khalid F, Mercedes BR. COVID-19 Prevalence, Risk Perceptions, and Preventive Behavior in Asymptomatic Latino Population: A Cross-Sectional Study. *Cureus.* 2020;12(9). doi: 10.7759/cureus.10707.

48. Kollamparambil U, Oyenubi A. Behavioural response to the Covid-19 pandemic in South Africa. *PLoS One*. 2021;16(4):e0250269. doi: 10.1371/journal.pone.0250269.
49. Kuang J, Ashraf S, Das U, Bicchieri C. Awareness, Risk Perception, and Stress during the COVID-19 Pandemic in Communities of Tamil Nadu, India. *Int J Environ Res Public Health*. 2020;17(19). doi: 10.3390/ijerph17197177.
50. Lim VW, Lim RL, Tan YR, Soh ASE, Tan MX, Othman NB, et al. Government trust, perceptions of covid-19 and behaviour change: Cohort surveys, singapore. *Bulletin of the World Health Organization*. 2021;99(2):92-101. doi: 10.2471/BLT.20.269142.
51. Mansilla Domínguez JM, Font Jiménez I, Belzunegui Eraso A, Peña Otero D, Díaz Pérez D, Recio Vivas AM. Risk Perception of COVID-19 Community Transmission among the Spanish Population. *Int J Environ Res Public Health*. 2020;17(23). doi: 10.3390/ijerph17238967.
52. McFadden SM, Malik AA, Aguolu OG, Willebrand KS, Omer SB. Perceptions of the adult US population regarding the novel coronavirus outbreak. *PLoS One*. 2020;15(4):e0231808. doi: 10.1371/journal.pone.0231808.
53. Mohammadi MR, Zarafshan H, Bashi SK, Khaleghi A. How to assess perceived risks and safety behaviors related to pandemics; developing the pandemic risk and reaction scale during the covid-19 outbreak. *Iranian Journal of Psychiatry*. 2020;15(4):274-85.
54. Nanda RO, Lolita L, Indayati W, Rusdiyanti I, Nurjannah, Ikhsanudin A, et al. Covid-19 risk perception among Indonesians in early stage of the outbreak. *International Journal of Public Health Science*. 2021;10(2):249-57. doi: 10.11591/ijphs.v10i2.20678.
55. Ning L, Niu J, Bi X, Yang C, Liu Z, Wu Q, et al. The impacts of knowledge, risk perception, emotion and information on citizens' protective behaviors during the outbreak of COVID-19: a cross-sectional study in China. *BMC Public Health*. 2020;20(1). doi: 10.1186/s12889-020-09892-y.
56. Olapegba PO, Iorfa SK, Kolawole SO, Oguntayo R, Gandi JC, Ottu IFA, et al. Survey data of COVID-19-related Knowledge, Risk Perceptions and Precautionary Behavior among Nigerians. *Data in Brief*. 2020;30. doi: 10.1016/j.dib.2020.105685.
57. Park T, Ju I, Ohs JE, Hinsley A. Optimistic bias and preventive behavioral engagement in the context of COVID-19. *Res Social Adm Pharm*. 2021;17(1):1859-66. doi: 10.1016/j.sapharm.2020.06.004.

58. Plohl N, Musil B. Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science. *Psychol Health Med.* 2021;26(1):1-12. doi: 10.1080/13548506.2020.1772988.
59. Qian D, Li O. The Relationship between Risk Event Involvement and Risk Perception during the COVID-19 Outbreak in China. *Appl Psychol Health Well Being.* 2020;12(4):983-99. doi: 10.1111/aphw.12219.
60. Rattay P, Michalski N, Domanska OM, Kaltwasser A, De Bock F, Wieler LH, et al. Differences in risk perception, knowledge and protective behaviour regarding COVID-19 by education level among women and men in Germany. Results from the COVID-19 Snapshot Monitoring (COSMO) study. *PLoS One.* 2021;16(5):e0251694. doi: 10.1371/journal.pone.0251694.
61. Rivas DRZ, Jaldin MLL, Canaviri BN, Escalante LFP, Fernandez A, Ticona JPA. Social media exposure, risk perception, preventive behaviors and attitudes during the COVID-19 epidemic in La Paz, Bolivia: A cross sectional study. *Plos One.* 2021;16(1). doi: 10.1371/journal.pone.0245859.
62. Roma P, Monaro M, Muzi L, Colasanti M, Ricci E, Biondi S, et al. How to Improve Compliance with Protective Health Measures during the COVID-19 Outbreak: Testing a Moderated Mediation Model and Machine Learning Algorithms. *Int J Environ Res Public Health.* 2020;17(19). doi: 10.3390/ijerph17197252.
63. Sengeh P, Jalloh MB, Webber N, Ngobeh I, Samba T, Thomas H, et al. Community knowledge, perceptions and practices around COVID-19 in Sierra Leone: a nationwide, cross-sectional survey. *BMJ Open.* 2020;10(9):e040328. doi: 10.1136/bmjopen-2020-040328.
64. Serwaa D, Lamptey E, Appiah AB, Senkyire EK, Ameyaw JK. Knowledge, risk perception and preparedness towards coronavirus disease-2019 (COVID-19) outbreak among Ghanaians: a quick online cross-sectional survey. *Pan African Medical Journal.* 2020;35. doi: 10.11604/pamj.2020.35.2.22630.
65. Shahin MAH, Hussien RM. Risk perception regarding the COVID-19 outbreak among the general population: a comparative Middle East survey. *Middle East Current Psychiatry.* 2020;27(1). doi: 10.1186/s43045-020-00080-7.

66. Shen F, Min C, Lu Y, Chu Y. The effect of cognition and affect on preventive behaviors during the COVID-19 pandemic: a cross-sectional study in China. *BMC Public Health*. 2021;21(1):722. doi: 10.1186/s12889-021-10784-y.
67. Siegrist M, Luchsinger L, Bearth A. The Impact of Trust and Risk Perception on the Acceptance of Measures to Reduce COVID-19 Cases. *Risk Anal*. 2021;41(5):787-800. doi: 10.1111/risa.13675.
68. Sinclair AHH, S.; Stanley, M. L.; Adcock, R. A.; Samanez-Larkin, G. R. Pairing facts with imagined consequences improves pandemic-related risk perception. *Proc Natl Acad Sci U S A* 2021;118(32). doi: <https://doi.org/10.1073/pnas.2100970118>.
69. Trifiletti E, Shamloo SE, Faccini M, Zaka A. Psychological predictors of protective behaviours during the Covid-19 pandemic: Theory of planned behaviour and risk perception. *Journal of Community and Applied Social Psychology*. 2021. doi: 10.1002/casp.2509.
70. Wang PW, Chen YL, Chang YP, Wu CF, Lu WH, Yen CF. Sources of COVID-19-Related Information in People with Various Levels of Risk Perception and Preventive Behaviors in Taiwan: A Latent Profile Analysis. *Int J Environ Res Public Health*. 2021;18(4). doi: 10.3390/ijerph18042091.
71. Xie K, Liang B, Dulebenets MA, Mei Y. The Impact of Risk Perception on Social Distancing during the COVID-19 Pandemic in China. *Int J Environ Res Public Health*. 2020;17(17). doi: 10.3390/ijerph17176256.
72. Xiu XL, Wang AR, Qian Q, Wu SZ. The US Public's Perception of the Threat of COVID-19 During the Rapid Spread of the COVID-19 Outbreak: Cross-Sectional Survey Study. *Journal of Medical Internet Research*. 2021;23(2). doi: 10.2196/23400.

7. ANEXOS

Artículos excluidos en lectura de texto completo.

Autor	# Covidence	Title	Exclusion reason
Ahmad	6	Perception-based influence factors of intention to adopt COVID-19 epidemic prevention in China	Another Topic
Alsoghair	9	Medical Students and COVID-19: Knowledge, Preventive Behaviors, and Risk Perception	Students
Arora	11	Evaluation of Knowledge and Preparedness Among Indian Dentists During the Current COVID-19 Pandemic: A Cross-Sectional Study	Wrong patient population
Arslanca	12	Knowledge, preventive behaviors and risk perception of the COVID-19 pandemic: A cross-sectional study in Turkish health care workers	Wrong patient population
Asefa	13	Risk Perception Towards COVID-19 and Its Associated Factors Among Waiters in Selected Towns of Southwest Ethiopia	Wrong patient population
Commodari	35	Health risk perceptions in the era of the new coronavirus: are the Italian people ready for a novel virus? A cross-sectional study on perceived personal and comparative susceptibility for infectious diseases	Wrong patient population
Cruwis	39	Perceived COVID-19 risk is attenuated by ingroup trust: evidence from three empirical studies	Another Topic
Cruwis	40	A social identity perspective on COVID-19: Health risk is affected by shared group membership	Another Topic
Diotaiuti	48	Perception of Risk, Self-Efficacy and Social Trust during the Diffusion of Covid-19 in Italy	Students
Fenitra	54	Factors Influencing Preventive Intention Behavior Towards COVID-19 in Indonesia	No questions available
Girlando	60	Individual risk perceptions and behavior	No full text available
Gong	63	Authorized, clear and timely communication of risk to guide public perception and action: lessons of COVID-19 from China	Another Topic
Gul	66	Covid-19 pandemic: Current scenario and public risk perception in Pakistan	Wrong patient population
Irfán	77	Assessing public willingness to wear face masks during the covid-19 pandemic: Fresh insights from the theory of planned behavior	Another Topic
Lee	93	How COVID-19 Triggers Our Herding Behavior? Risk Perception, State Anxiety, and Trust	Students

Ma	100	COVID-19 knowledge, risk perception, and information sources among Chinese population	Another Topic
Mahajan	101	Risk perception, knowledge, social distancing measures of covid-19 pandemic among south indian population	No questions available
Majid	103	Knowledge, (mis-)conceptions, risk perception, and behavior change during pandemics: A scoping review of 149 studies	Another Topic
Min	113	Does social trust slow down or speed up the transmission of COVID-19?	Another Topic
Mondino	115	Public perceptions of multiple risks during the COVID-19 pandemic in Italy and Sweden	Another Topic
Mouchtouri	120	Nationwide survey in greece about knowledge, risk perceptions, and preventive behaviors for covid-19 during the general lockdown in april 2020	Another Topic
Rana	135	COVID-19 risk perception and coping mechanisms: Does gender make a difference?	No full text available
Reddy	138	South Africans' understanding of and response to the COVID-19 outbreak: An online survey	No questions available
Rizwan	142	Knowledge, Risk Perception and Behavioral Response of COVID-19 Among the General Population Attending Children's Hospital, Lahore	Wrong patient population
Siegrist	155	Worldviews, trust, and risk perceptions shape public acceptance of COVID-19 public health measures	Another Topic
Urbán	169	Who complies with coronavirus disease 2019 precautions and who does not?	Wrong patient population
Wang	172	A study of self-precaution against the background of the COVID-19 pandemic from the perspective of risk perception attitude theory and social support	Another Topic
Xu	175	Perception, Knowledge, Attitude, and Four Nonpharmaceutical Interventions During the Late Period	Another Topic
Ye	177	Trust, risk perception, and COVID-19 infections: Evidence from multilevel analyses of combined original dataset in China	No full text available
Zhao	180	Face mask wearing during the COVID-19 pandemic: comparing perceptions in China and three European countries	Another Topic

Tabla resumen áreas más frecuentes

		R. enfermar	R. muerte	Secuelas	R. emocional	R. social	Otros
Autor(es)	N° preguntas	Suceptibilidad +Severidad + Propagación	Fatalidad de la enfermedad	Peligrosidad de la enfermedad	Preocupaciones + Emociones + Miedo	Threat + Impacto en la sociedad	Control de COVID - 19, Tto, Cura
Abir, T. et al	4	3			1		
Ahmad, M. et al	5	3	1				1
Alkhaldi, G. et al	3	2			1		
Atchison, C. et al	2	2					
Azene, Z. et al	4	2		1	1		
Barattucci M. et al	2	1	1				
Birhanu, Z. et al	8	5		1	1		1
Bowman, L et al	5	3	1				1
Bruine de Bruin, W.	3	1	1		1		
Byrne, K.A et al	7				2	1	4
Chen, Y. Y. et al	14	8			2		4
Costa, M. F.	3	3					
Cvetkovic, V. et al	12	8			2	2	
Dalecká, A et al	4				4		
De Vries, M. et al	4	2			2		
Duan, T et al	3	2	1				
Führer, A. et al	3	3					
Gesser-Edelsburg. et al	9	4			5		
Haque, A. et al	9	6			1	1	1
Harapan, H. et al	1	1					
He, S. et al	4	4					
Honarvar, B et al	5	1	1		2	1	
Iachini, T et al	4			4			
Jahangiry, L. et al	6	4	1			1	
Kabito, G et al	12	6	1	1	1		3
Karout, L et al	9	6			3		
Kollamparambil, U., Oyenubi, A.	1	1					
Kuang, J. et al	3	1			2		
Lim, V. W et al	3	1	1			1	
Mansilla, J. M. et al	1	1					
McFadden et al	9	6			1	1	1
Mohammadi. et al	6	5			1		
Monge-Rodríguez. et al	8	4			1		3
Nanda, R. O et al	4	3				1	
Ning, L. et al	12	7	1		3		1
Olapegba, P. O. et al	11	7			2	1	1
Park, T. et al	5	4	1				
Plohl, N., Musil, B.	6	4			1	1	
Qian, D.; Li, O.	2	1	1				
Rattay, P. et al	4	3		1			
Rivas, D. R. Z et al	6	2		1	3		
Roma, P. et al	2	2					
Samadipour, E. et al	4	3		1			
Sengeh, P. et al	3	3					
Seror, V. et al	4	2			2		
Serwaa, D. et al	4	2		1	1		
Shahin, M. A. H et al	6	5			1		
Shen, F. et al	1	1					
Siegrist, M. et al	5				5		
Simione, L. et al	18	8			6		4
Sinclair, A. H	3	3					
Trifiletti, E. et al	9	7	1	1			
Wang, P. W et al	5	2			3		
Xie, K. et al	4	2		1			1