PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Early perceptions and behavioural responses during the COVID-19 pandemic: A cross-sectional survey of UK Adults
AUTHORS	Atchison, Christina; Bowman, Leigh; Vrinten, Charlotte; Redd, Rozlyn; Pristerà, Philippa; Eaton, Jeffrey; Ward, Helen

VERSION 1 – REVIEW

REVIEWER	Rahim Moineddin University of Toronto Canada
REVIEW RETURNED	14-Sep-2020

GENERAL COMMENTS	Comments on "Perceptions and behavioural responses of the general public during the early phase of the COVID-19 pandemic: A cross-sectional survey of UK Adults".
	Authors used data from a cross-sectional survey to examine risk perceptions and behavioural responses during the early phase of the COVID-19 epidemic in the UK. The survey was conducted on 17th and 18th of March 2020. Descriptive statistics and logistic regression was conducted.
	Authors wrote "The overall sample was designed to be representative of the UK adult population and is described in Table 1. The responding sample was weighted to be representative of the UK adult population." Authors did not provide any explanations on how the weights are calculated. Including demographics and SES characteristics of UK adult population will confirm representativeness of their sample.
	Authors wrote "Participants identified for the sample were sent an email with a survey link." Clearly those without email and non-English speaking were excluded. Weighting cannot correct for these missing sectors of UK population.
	Using logistic regression for high prevalent outcomes (for example: Overall, perceived ability (87·0%) and willingness (87·6%) to self-isolate for 7 days if asked by a healthcare professional were high.) will artificially inflate the estimated odds ratios. Using log-binomial regression or robust Poisson regression will produce adjusted relative risk which are not inflated and are easy to interpret.
	Authors analyzed more than one outcomes therefore the reported results must be corrected for multiple comparisons to avoid type I inflation.

REVIEWER	Jonathan Noel Johnson & Wales University, USA
REVIEW RETURNED	05-Oct-2020

GENERAL COMMENTS	This article on the responses to the COVID-19 recommendations in the UK remains timely and informative. There is merit to the findings, although I have several concerns, which are outlined below.
	Introduction:
	1) Overall - The Introduction was informative and well-written. I recognized that it is incredibly early for substantial publications to be available on this topic, but it is worth summarizing any other findings that have been published on this topic, including those in the grey literature.
	Methods:
	1) Study design, paragraph 1 - Was there enough time between the government's announcement and survey administration to see an effect? Particularly regarding people actually implementing the recommendations, some time is needed for the public to digest the situation. This should be addressed in the limitations.
	2) Study design, paragraph 2 - Briefly describe the omnibus survey so that readers are not required to find and read through an outside reference.
	3) Study design, paragraph 2 - What characteristics were used to select panelists to receive the survey invitation?
	4) Study design, paragraph 2 - To clarify, participants were randomly selected to fill pre-specified quotas? That doesn't appear to be a truly representative sample, which is typically recruited through a probability-based process. This is a quota sampling procedure that uses statistical weights to make the sample appear representative. If I have interpreted this incorrectly, please clarify in the text, and address the possibility of selection bias in the limitations.
	5) Study design, paragraph 2 - On what characteristics was the sample weighted?
	6) Survey instrument, throughout - Include the possible response categories and any collapsing of data into fewer categories for all variables included in the survey. For example, it was surprising to see Age collapsed into defined categories rather than maintained as a continuous variable.
	7) Survey instrument, willingness and ability - What were the two questions used to measure willingness and ability to self-isolate? Or at least, what were the response options?
	8) Data Collection - Given the method of sample recruitment, please describe any incentives that were provided to participants upon study completion.
	9) Data Analysis, paragraph 3 - How were the outcomes coded in the logistic regression? What were the referents? This is needed to help readers better understand and interpret the reported ORs.
	10) Data Analysis, paragraph 4 - Why were variables removed from the analysis? Even if there is no significant effect on the outcome measure, it may still be important to control for non-significant variables due to the potential for confounding variable interactions (e.g., males are older on average than females; younger participants are more likely to be lower SES).
	11) Patient/Public Involvement - Was this done before or after survey administration? It is not clear solely based on the text.
	Results:
	1) Paragraph 1 - Is the sample representative? How do the proportions compare to the UK adult population?

2) Paragraph 2 - Given that there were 2108 participants and the denominator for the "not previously tested for COVID" is 2108, is it fair to say that none of the participants were previously tested for COVID? Please clarify.
3) Table 2 & 3 - Perhaps it is a formatting issue, but these are very large tables. Consider methods of reducing their size to improve interpretability.

Discussion:
1) Overall - This discussion is rather disappointing. There is an amazingly good story here about the impact of COVID across socioeconomic strata but that story is almost completely looked over. Those discussion points are only briefly mentioned and there is very little interpretation and integration of the actual results of the survey. Much of the implications discussed relay on behavioral patterns which were not yet measured at the time of survey administration.
2) Paragraph 1, "Notably, the most-adopted measures, washing hands more frequently with soap and water, using hand sanitiser, and covering nose and mouth when sneezing or coughing, prominently featured in national public health campaigns from relatively early on in the epidemic" - I think this sentence speaks to the fact that the survey was administered so close to the new social distancing recommendations. It is not clear if you are measuring previous advice to protect against COVID or the more recent advice.
3) Paragraph 2 - This paragraph largely reiterates the findings of the Results. While some of this is naturally needed in a Discussion, this paragraph seems redundant.
4) Paragraph 3 - The study has several more limitations than those mentioned by the authors. The authors should explicitly discuss what biases are involved. Recall bias is alluded to here. Selection bias could have occurred, which statistical weights may not completely cure (and did occur since this was an online only survey). Social desirability bias may be at play. Plus, a limitation is that there was so little time between guidance publication and survey administration. How confident can we be that all participants were aware of the new guidance?
5) Paragraph 5, "And as the epidemic evolves, it is likely that compliance with preventive behaviours will continue to evolve too. NPI compliance," - While this may be true, the study isn't on the evolution of the pandemic. It's on the immediate uptake of NPIs. It's not appropriate to include this speculation within the context of the current study.

REVIEWER	Martin Lindström Lund University Sweden
REVIEW RETURNED	24-Oct-2020

| GENERAL COMMENTS | Manuscript: "Perceptions and behavioural responses of the general public during the early phase of the cOVID-19 pandemic: A cross-sectional survey of UK adults"

This cross-sectional study from the UK conducted between March 17 and 18 2020 investigates risk perceptions and behavioural responses of the UK adult population during the early phase of the COVID-19 pandemic. The results suggest that fewer adopted and complied with restrictions and recommendations among younger respondents, low socioeconomic status respondents and ethnic |

minority respondents. The introduction, hypotheses, methods, results and discussion sections are generally sound, and the references seem adequate. Only few amendments are needed, and they are given together with other comments below.

There is no need for professional English language examination of this manuscript.

Title
The first part of the title is long and should be shortened.
The title in the second of the title correctly states the study design of the study, which is very good.

Abstract
The participation rate (%) may be given in the abstract.
The concept NPI should be defined, and not only abbreviated in the abstract.

Introduction
Short, concise and relevant introduction.

Methods
The participation rate (%) should be given in the methods section.
The variables (items) seem relevant and sufficiently valid.
Logistic regression analysis, unadjusted and adjusted, is relevant in a cross-sectional study design.

Results
The table texts should contain full information regarding time (when was the study conducted?), place (where was the study conducted?), and person (characteristics in terms of age and sex of population, or acronym for population).

Discussion
Relevant discussion.
Authos should shortly discuss risk of selection bias following the online approach and the fact that those without internet access were under-represented.

VERSION 1 – AUTHOR RESPONSE

REVIEWER 1	
Authors wrote "The overall sample was designed to be representative of the UK adult population and is described in Table 1. The responding sample was weighted to be representative of the UK adult population." Authors did not provide any explanations on how the weights are calculated. Including demographics and SES characteristics of UK adult population will confirm representativeness of their sample.	**We have provided a supplementary file with further details of our weighting approach and population profile compared to the sample profile, and have included the following sentence in the METHODS:** Percentages were weighted for age, sex, region and ethnicity to account for variation in response rates, so as to be representative of the population (18+ years) of the UK. Details of the weighting approach used and the sample population profile are in the Supplement, S1.

Authors wrote "Participants identified for the sample were sent an email with a survey link." Clearly those without email and non-English speaking were excluded. Weighting cannot correct for these missing sectors of UK population.	**We have included additional text in the DISCUSSION:** In addition, our sampling approach is prone to selection bias, for example by excluding participants without internet access and non-English speakers, and sampling from a panel of individuals who have specifically opted in to participate in online research activities. As in almost all population surveys, our study had unequal participation, with lower response among people from minority ethnic groups and older age groups. We re-weighted the sample to account for such differential response, although this may not have overcome unknown participation biases.
Using logistic regression for high prevalent outcomes (for example: Overall, perceived ability (87·0%) and willingness (87·6%) to self-isolate for 7 days if asked by a healthcare professional were high.) will artificially inflate the estimated odds ratios. Using log-binomial regression or robust Poisson regression will produce adjusted relative risk which are not inflated and are easy to interpret.	We reanalysed the data using robust Poisson regression and have amended the methods, tables and results sections accordingly.
Authors analyzed more than one outcomes therefore the reported results must be corrected for multiple comparisons to avoid type I inflation.	**Whether or not to adjust for multiple testing is not clear cut. We argue that adjustments for multiple comparisons increase type II errors which may not be desirable in the study context. The following text has been added to the METHODS:** We did not adjust our p-values for multiple comparisons to reduce type I errors for null associations because this increases type II errors for those associations that are not null [27,28]. Not adjusting for multiple comparisons in the context of this study is preferable because it will result in less errors of interpretation as the data under examination are not random numbers but actual observations on people. Furthermore, in the context of a global pandemic caused by an emerging infectious disease it may be better to explore leads that may turn out to be wrong than risk missing possibly important findings that could provide insights for control of the virus.
REVIEWER 2	

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Overall - The Introduction was informative and well-written. I recognized that it is incredibly early for substantial publications to be available on this topic, but it is worth summarizing any other findings that have been published on this topic, including those in the grey literature.	**We have included additional text in the INTRODUCTION:** Protective behaviours are not uniformly adopted throughout a population during an epidemic. Evidence from influenza outbreaks suggests that females are more likely to adopt NPIs than males [8,9]. In the UK, during the H1N1 pandemic, non-white ethnic groups were more likely to adopt hygiene and social distancing behaviours compared to white [10,11]. Employment status has also been associated with NPI adoption [12,13]. Evidence from Australia during the H1N1 pandemic found those who were self-employed and who were unable to work from home were most likely to report intentions to not comply with preventative measures [13], suggesting that without support, it may be challenging for individuals who are unable to work from home to comply with certain public health recommendations. During the current COVID-19 pandemic, public risk perceptions and knowledge has been explored in various countries [14-20]. However, only few have identified the factors associated with greater adoption of preventative measures, or how these associations vary by context. In Hong Kong, both greater understanding of COVID-19 and increased anxiety were associated with greater adoption of social distancing behaviours [18].
Study design, paragraph 1 - Was there enough time between the government's announcement and survey administration to see an effect? Particularly regarding people actually implementing the recommendations, some time is needed for the public to digest the situation. This should be addressed in the limitations.	**We have included additional text in the DISCUSSION:** However, social distancing measures were only brought in two days before the survey. Therefore, there may have not been enough time for people to fully implement these measures prior to their participation in the study.
Study design, paragraph 2 - Briefly describe the omnibus survey so that readers are not required to find and read through an outside reference.	**YouGov's Omnibus Survey is its UK panel of 800,000+ individuals. But the term Omnibus Survey is not necessary to understand the panel or how it is recruited to. Therefore, we have removed the term and provided some additional information in the METHODS instead:** This panel includes individuals who have specifically opted in to participate in online research activities. YouGov actively recruits hard-to-reach individuals to this panel (such as

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	younger people and those from ethnic minorities) via a network of partners with specific experience in recruiting these audiences for online activities or with access to a wide range of online sources that cater to these groups.
Study design, paragraph 2 - What characteristics were used to select panelists to receive the survey invitation?	**We have included the additional information in the METHODS section:** Emails were sent to panellists from the base sample, randomly selecting panellists with particular age, sex, ethnicity and UK geographical region of residence characteristics to achieve quotas that matched the proportions of people with those characteristics in the UK 2011 census data.
Study design, paragraph 2 - To clarify, participants were randomly selected to fill pre-specified quotas? That doesn't appear to be a truly representative sample, which is typically recruited through a probability-based process. This is a quota sampling procedure that uses statistical weights to make the sample appear representative. If I have interpreted this incorrectly, please clarify in the text, and address the possibility of selection bias in the limitations.	**We have clarified this in the METHODS:** A sample of 2,108 adults was achieved through non-probabilistic quota sampling. **We have explicitly mentioned selection bias in relation to our sampling approach in the DISCUSSION:** In addition, our sampling approach is prone to selection bias, for example by excluding participants without internet access and non-English speakers, and sampling from a panel of individuals who have specifically opted in to participate in online research activities.
Study design, paragraph 2 - On what characteristics was the sample weighted?	**We have included additional information in the METHODS:** The responding sample was weighted by age, sex, region and ethnicity to be representative of the UK adult population.
Survey instrument, throughout - Include the possible response categories and any collapsing of data into fewer categories for all variables included in the survey. For example, it was surprising to see Age collapsed into defined categories rather than maintained as a continuous variable.	**Given that we have provided a link to the survey questionnaire, which is freely available online, we do not feel it is necessary to outline all response categories for every question. We have included information in the METHODS on variables for which we collapsed response categories for the analysis:** For analysis, age, collected as discrete count in years, was collapsed into four age bands routinely used in the UK to report COVID-19

	related data. Ethnicity data were collected using the 18 response categories used in the UK 2011 Census [23] but were collapsed into two categories (white / Black, Asian and minority ethnic (BAME)) because of small numbers of respondents in BAME groups.

Survey instrument, willingness and ability - What were the two questions used to measure willingness and ability to self-isolate? Or at least, what were the response options?	**We have included additional information in the METHODS:**
	
	Ability and willingness to self-isolate were asked with the following questions:
	
	• If you were advised to do so by a healthcare professional, would you be:
	   a. able to self-isolate? (Yes, I would / No, I wouldn't / Don't know)
	   b. willing to self-isolate? (Yes, I would / No, I wouldn't / Don't know)

Data Collection - Given the method of sample recruitment, please describe any incentives that were provided to participants upon study completion.	**We have included additional information in the METHODS:** No incentive was given to participate in the survey.
Data Analysis, paragraph 3 - How were the outcomes coded in the logistic regression? What were the referents? This is needed to help readers better understand and interpret the reported ORs.	**As we have changed our analysis to measure relative risk based on a Reviewer 1 previous comment we have included additional information in the METHODS:** The relative (RR) is a relative measure of effect, which allows the comparison of a dependant variable (outcome) in one group relative to a reference group within the independent variable (exposure). For our outcomes of interest, an OR>1 would indicate that the group was more likely to (1) adopt social distancing measures, (2) be able to work from home, and (3) be willing and (4) able to self-isolate relative to the reference group for that independent variable.
Data Analysis, paragraph 4 - Why were variables removed from the analysis? Even if there is no significant effect on the outcome measure, it may still be important to control for non-significant variables due to the potential for confounding variable interactions (e.g., males are older on average than females; younger participants are more likely to be lower SES).	**We have included additional information in the METHODS to justify our approach:** Age and sex were retained in all the regression models as they are considered important confounders. Including as many explanatory variables as possible can dilute true associations and lead to large standard errors with wide and imprecise confidence intervals, or, conversely, identify spurious associations. The conventional technique is to first run the univariate analyses and then use only those

	variables which meet a pre-set cut-off for significance to run a multivariable model. This cut-off is often more liberal than the conventional cut-off for significance (e.g., P < 0.20, instead of the usual P < 0.05) since its purpose is to identify potential predictor variables rather than to test a hypothesis [26].
Patient/Public Involvement - Was this done before or after survey administration? It is not clear solely based on the text.	**This was done prior to conducting our study. We have added some wording in the METHODS to make this clear.**
Paragraph 1 - Is the sample representative? How do the proportions compare to the UK adult population?	**We have provided a supplementary file with further details of the UK population profile compared to the sample profile. We have added information to the METHODS section:** There was lower response among people from minority ethnic groups and older age groups compared to the UK population profile (Supplement, S1 for full details of the sample profile compared to UK population profile).
Paragraph 2 - Given that there were 2108 participants and the denominator for the "not previously tested for COVID" is 2108, is it fair to say that none of the participants were previously tested for COVID? Please clarify.	**Correct, participants were asked whether they had been tested previously for COVID19. None of the participants had, and therefore were subsequently asked "Under the UK 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?" This is not surprising as COVID19 testing in the UK was limited to hospitalised patients during the early stages of the UK epidemic.** **We have provided additional text in the METHODS to clarify:** None of the 2,108 respondents had previously tested positive for COVID-19, and 47·5% (979/2,108) believed that it was likely they would be infected at some point in the future under the UK Government's preventive measures.
Table 2 & 3 - Perhaps it is a formatting issue, but these are very large tables. Consider methods of reducing their size to improve interpretability.	We accept these are large tables. However, no larger than reported in other manuscripts reporting similar analyses. We feel that it is important to provide readers with N, %, RR and aRR (including 95% Cis) within the tables along

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	with summarising the most important results in the manuscript text.
Overall - This discussion is rather disappointing. There is an amazingly good story here about the impact of COVID across socioeconomic strata but that story is almost completely looked over. Those discussion points are only briefly mentioned and there is very little interpretation and integration of the actual results of the survey. Much of the implications discussed relay on behavioral patterns which were not yet measured at the time of survey administration.	We have presented a good argument for the impact of COVID-19 across socioeconomic strata. Discussion, paragraph 2 summarises the results highlighting the association with socioeconomic deprivation. In paragraph 4 we go further by bringing in similar findings from the existing literature relating to previous pandemics and in describing how our findings represent social inequalities in the impact of the epidemic which can, and should, be mitigated against by government policy. We conclude with a powerful statement backed by our findings calling on governments to do more during the COVID-19 pandemic to support those most economically disadvantaged in society. We accept that social distancing measures were only brought in two days before the survey. Therefore, there may have not been enough time for people to fully implement these measures prior to their participation in the study. But many employers had already begun allowing staff to work from home in the week prior to the UK Government's announcement, and willingness and ability to self-isolate do not measure behaviour change directly but intent. So, we believe our study does indeed mostly measure attitudes and behaviours based on the most recent advice at the time of the survey.
Paragraph 1, "Notably, the most-adopted measures, washing hands more frequently with soap and water, using hand sanitiser, and covering nose and mouth when sneezing or coughing, prominently featured in national public health campaigns from relatively early on in the epidemic" - I think this sentence speaks to the fact that the survey was administered so close to the new social distancing recommendations. It is not clear if you are measuring previous advice to protect against COVID or the more recent advice.	**We have added information on the limitations of the survey in the DISCUSSION to address this point:** However, social distancing measures were only brought in two days before the survey. Therefore, there may have not been enough time for people to fully implement these measures prior to their participation in the study. But many employers had already begun allowing staff to work from home in the week prior to the UK Government's announcement, and willingness and ability to self-isolate do not measure behaviour change directly but intent. So, we believe our study does indeed measure attitudes and behaviours based on the most recent advice at the time of the survey.

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Paragraph 2 - This paragraph largely reiterates the findings of the Results. While some of this is naturally needed in a Discussion, this paragraph seems redundant.	**We feel this short paragraph summarises the findings in the Results in narrative form appropriate for a discussion. We have shortened the paragraph to focus on the main findings in terms of the associations of preventive behaviours by socioeconomic strata.**
Paragraph 3 - The study has several more limitations than those mentioned by the authors. The authors should explicitly discuss what biases are involved. Recall bias is alluded to here. Selection bias could have occurred, which statistical weights may not completely cure (and did occur since this was an online only survey). Social desirability bias may be at play. Plus, a limitation is that there was so little time between guidance publication and survey administration. How confident can we be that all participants were aware of the new guidance?	**We have expanded on the limitations of the survey in the DISCUSSION:** However, social distancing measures were only brought in two days before the survey. Therefore, there may have not been enough time for people to fully implement these measures prior to their participation in the study. Social desirability bias is also possible given that participants were asked whether they were complying with government restrictions. However, this is less of an issue with online surveys where respondents are assured anonymity and answer questions in the privacy of their own home without any live human interaction. In addition, our sampling approach is prone to selection bias, for example by excluding participants without internet access and non-English speakers, and sampling from a panel of individuals who have specifically opted in to participate in online research activities. As in almost all population surveys, our study had unequal participation, with lower response among people from minority ethnic groups and older age groups. We re-weighted the sample to account for such differential response, although this may not have overcome unknown participation biases.
Paragraph 5, "And as the epidemic evolves, it is likely that compliance with preventive behaviours will continue to evolve too. NPI compliance," - While this may be true, the study isn't on the evolution of the pandemic. It's on the immediate uptake of NPIs. It's not appropriate to include this speculation within the context of the current study.	**The sentence has been removed.**
REVIEWER 3	
The first part of the title is long and should be shortened. The title in the second of the title correctly states the study design of the study, which is very good.	**We have shortened the title:** Early perceptions and behavioural responses during the COVID-19 pandemic: A cross-sectional survey of UK Adults
The participation rate (%) may be given in the abstract.	**Included in the abstract:**

	Response rate was 84.3% (2,108/2,500).
The concept NPI should be defined, and not only abbreviated in the abstract.	**NPI defined in abstract as non-pharmaceutical interventions**
The participation rate (%) should be given in the methods section.	**Included in the METHODS:** The response rate was 84.3% (2,108/2,500).
The table texts should contain full information regarding time (when was the study conducted?), place (where was the study conducted?), and person (characteristics in terms of age and sex of population, or acronym for population).	This information is available in the METHODS and RESULTS sections. Adding this to the table legends or footnotes would add unnecessary additional text to already large and busy tables.
Authors should shortly discuss risk of selection bias following the online approach and the fact that those without internet access were under-represented.	**We have expanded on the limitations of the survey in the DISCUSSION:** In addition, our sampling approach is prone to selection bias, for example by excluding participants without internet access and non-English speakers, and sampling from a panel of individuals who have specifically opted in to participate in online research activities.

VERSION 2 – REVIEW

REVIEWER	Rahim Moineddin University of Toronto Canada
REVIEW RETURNED	06-Nov-2020

GENERAL COMMENTS	Authors addressed my concerns.

REVIEWER	Jonathan Noel Johnson & Wales University, USA
REVIEW RETURNED	05-Nov-2020

GENERAL COMMENTS	Thank you to the authors for being responsive to the reviewers comments. After reading through again, here are a few additional concerns, which are largely minor. 1) Introduction, 4th paragraph - Please review the grammar in the paragraph. There are some minor errors (e.g., the 5th sentence is a run-on; "have been explored" instead of "has been"; "only a few" instead of "only few"). 2) Methods, ability and willingness to self-isolate - It is appreciated that the question for this variable is now included in the Methods but the question and responses should be in paragraph form. It looks like it was quite literally copied and pasted from the survey itself, which feels inappropriate. 3) Methods - There are 2 places in the Methods where how the sample was weighted is described. Only 1 description is needed.

	4) Methods, Data Analysis, 3rd paragraph - While the explanation of how to interpret the RRs is helpful, including the definition of RRs is not necessary. 5) Methods, Data Analysis, 4th paragraph - There needs to be a citation associated with the statements regarding diluting true associations, larger standard errors, and particularly the sentence on conventional techniques. Conventions are often different in different fields and content experts from one field with have different conventions than experts in another. Given the potential for readers of the manuscript to come from a wide variety of fields, the authors "conventions" should be supported by an authoritative source. 6) Discussion - The Discussion reads well. Additional discussion on the role of socioeconomic status on adoption of NPIs in the context of the study would improve the impact of the manuscript.

VERSION 2 – AUTHOR RESPONSE

REVIEWER	
Introduction, 4th paragraph - Please review the grammar in the paragraph. There are some minor errors (e.g., the 5th sentence is a run-on; "have been explored" instead of "has been"; "only a few" instead of "only few").	**The paragraph has been reviewed and minor errors corrected.**
Methods, ability and willingness to self-isolate - It is appreciated that the question for this variable is now included in the Methods but the question and responses should be in paragraph form. It looks like it was quite literally copied and pasted from the survey itself, which feels inappropriate.	**We have revised the text to describe the questions re: ability and willingness to self-isolate in paragraph form.**
Methods - There are 2 places in the Methods where how the sample was weighted is described. Only 1 description is needed.	**We have removed the information from the Study design and sample section and kept the information in the Data analysis section in the Methods**
Methods, Data Analysis, 3rd paragraph - While the explanation of how to interpret the RRs is helpful, including the definition of RRs is not necessary.	**Definition of RR has been removed**
Methods, Data Analysis, 4th paragraph - There needs to be a citation associated with the statements regarding diluting true associations, larger standard errors, and particularly the sentence on conventional techniques. Conventions are often different in different fields and content experts from one field with have different conventions than experts in another. Given the potential for readers of the manuscript to come from a wide variety of fields, the authors "conventions" should be supported by an authoritative source.	**Additional citation added: Ranganathan P, Pramesh CS, Aggarwal R. Common pitfalls in statistical analysis: Logistic regression. Perspect Clin Res. 2017;8(3):148-51.**

Discussion - The Discussion reads well. Additional discussion on the role of socioeconomic status on adoption of NPIs in the context of the study would improve the impact of the manuscript.	**Additional text has been added to the second paragraph in the discussion to highlight the specific role of lack of financial savings (as a specific component of socio-economic status) on lower adoption of NPIs in the context of our study.**