Norwegians' understanding of the key concepts, attitudes, and intended behaviors

			Post-stratified
	Sample		Estimate (95% CI)
Increasing the amount of a treatment does not	191/	(91%)	92% (88% to 96%)
necessarily increase its benefits and may cause harm	211		
The people being compared should be cared for	186 /	(88%)	87% (81% to 93%)
similarly apart from the treatments being studied	211		
Competing interests may result in misleading claims	176 /	(84%)	84% (77% to 91%)
	210		
Weigh the benefits and savings against the harms and	179 /	(85%)	83% (77% to 90%)
costs of acting or not	210		
Personal experiences or anecdotes alone are an	182 /	(87%)	82% (74% to 90%)
unreliable basis for most claims	210		
If possible, people should not know which of the	178/	(85%)	78% (69% to 86%)
treatments being compared they are receiving	210		
Attention should focus on all important effects of	141 /	(79%)	76% (67% to 85%)
treatments, and not surrogate outcomes	178		
Small studies may be misleading	176 /	(84%)	74% (66% to 83%)
	210		
Treatments that are new or technologically impressive	156 /	(74%)	70% (62% to 79%)
may not be better than available alternatives	210		
Opinions alone are not a reliable basis for claims	159 /	(76%)	68% (59% to 77%)
	210		
Fair comparisons of treatments in animals or highly	111/	(65%)	67% (57% to 77%)
selected groups of people may not be relevant	172		
It is important to assess outcomes in all (or nearly all)	139 /	(66%)	64% (56% to 72%)
the people in a study	211		
The treatments compared should be similar to those of	107 /	(62%)	56% (44% to 68%)
interest	172		

Identifying effects of treatments depends on making	143 /	(68%)	56% (47% to 65%)
comparisons	210		
An outcome may be associated with a treatment but not	490 /	(64%)	56% (50% to 61%)
caused by it‡	771		
Reviews of studies comparing treatments should use	120 /	(57%)	51% (42% to 59%)
systematic methods	211		
Outcomes should be assessed in the same way in all the	116 /	(55%)	50% (42% to 58%)
groups being compared	211		
Earlier detection of 'disease' is not necessarily better	75 / 178	(42%)	39% (30% to 48%)
Relative effects of treatments alone can be misleading	52 / 178	(29%)	34% (25% to 43%)
Deeming results to be "statistically significant" or	49 / 178	(28%)	33% (24% to 42%)
"nonsignificant" can be misleading			
Average differences between treatments can be	50 / 178	(28%)	30% (20% to 39%)
misleading			
Large, dramatic effects are rare	63 / 211	(30%)	28% (20% to 36%)
Consider how certain you can be about each advantage	49 / 172	(28%)	22% (13% to 31%)
and disadvantage			
Widely used treatments or those that have been used	164 /	(21%)	20% (15% to 25%)
for decades are not necessarily beneficial or safe [‡]	771		
The use of p-values may be misleading; confidence	33 / 178	(19%)	18% (10% to 25%)
intervals are more informative			
Beliefs alone about how treatments work are not	39 / 211	(18%)	17% (12% to 23%)
reliable predictors of the presence or size of effects			
Comparison groups should be as similar as possible‡	149 /	(19%)	15% (12% to 19%)
	771		
The results of one study considered in isolation can be	90 / 771	(12%)	12% (8% to 16%)
misleading‡			
People's outcomes should be counted in the group to	14 / 178	(7.9%)	10% (3.4% to 17%)
which they were allocated			
Results for a selected group of people within a study can	17 / 178	(9.6%)	6.5% (3.1% to 9.8%)
be misleading			

‡ Confidence intervals have been Bonferroni-corrected.		

			Post-stratified Estimate
	Sample		(95% CI)
Willing to challenge claims?	140 /	(81%)	75% (66% to 85%)
	172		
Likely to research the basis of claims?	130 /	(76%)	70% (59% to 81%)
	172		
Willing to take part in research?	541/	(70%)	67% (63% to 72%)
	771		
Easy to assess the relevance of study results?	35 / 172	(20%)	21% (9.1% to 33%)
Easy to assess if claims are based on research that	42 / 172	(24%)	18% (12% to 25%)
compares treatments?			
Easy to find research based on studies that compare	36 / 172	(21%)	18% (8.7% to 28%)
treatments?			
Easy to assess the credibility of results of studies	32 / 172	(19%)	16% (5.7% to 26%)
that compare treatments?			

Table 2. Attitudes and intended behaviors.

The above results are presented graphically in the figure below.

Comparisons to Ugandans

Figure 1. The mean test scores of the Norwegian and Ugandan samples



Figure 2. The compared probability of passing in the Norwegian and Ugandan samples



Figure 3. The compared probability of mastery in the Norwegians and Ugandan samples



Exploratory analyses

Table 3. Associations betweer	n demographic	covariates	and	Norwegians'	understanding	of the	key
concepts							

					Resear	Researc			
					ch	h	ISCED	ISCED	Medical
	Samp		Interce	Mal	trainin	participa	Levels	Levels	educati
	le		pt	e	g	nt	3-4	5-8	on
Treatments	156 /	(74%	1.3	1.6	1.4 (0.5	1.4 (0.51	1.1	1.6	1.3
that are new	210)	(0.38	(0.66	to 3.8)	to 3.8)	(0.31	(0.44	(0.43 to
or			to 4.4)	to			to 4)	to 5.7)	3.7)
technologica				3.7)					
lly									
impressive									
may not be									
better than									
available									
alternatives									

Competing	176/	(84%	7 (1.5	1	2 (0.82	0.45	0.74	0.75	0.95
interests	210)	to 33)	(0.39	to 5)	(0.13 to	(0.14	(0.15	(0.29 to
may result in				to		1.6)	to 3.9)	to 3.9)	3.1)
misleading				2.7)					
claims									
Opinions	159 /	(76%	1.4	1.3	2.6 (1.1	0.77	0.84	2 (0.5	1.2
alone are	210)	(0.42	(0.53	to 6.3)	(0.26 to	(0.22	to 8.3)	(0.37 to
not a			to 4.5)	to 3)		2.3)	to 3.2)		3.7)
reliable basis									
for claims									
Personal	182 /	(87%	4.4 (1.1	0.22	5.6 (1.2	0.63	2.7	4.3	0.72
experiences	210)	to 17)	(0.06	to 26)	(0.17 to	(0.62	(1.2 to	(0.15 to
or anecdotes				1 to		2.3)	to 12)	16)	3.3)
alone are an				0.76)					
unreliable									
basis for									
most claims									
Weigh the	179/	(85%	3.3	0.95	1.5	1.3 (0.31	1.4	1.4	1.7
benefits and	210)	(0.78	(0.35	(0.54	to 5.4)	(0.33	(0.34	(0.48 to
savings			to 14)	to	to 4.3)		to 6.3)	to 5.8)	5.8)
against the				2.5)					
harms and									
costs of									
acting or not									
Widely used	164 /	(21%	0.23	0.99	1.8 (1	0.95	1 (0.45	0.98	0.71
treatments	771)	(0.11	(0.61	to 3.1)	(0.58 to	to 2.3)	(0.45	(0.4 to
or those that			to	to		1.6)		to 2.1)	1.3)
have been			0.52)	1.6)					
used for									
decades are									
not									
necessarily									

beneficial or									
safe									
An outcome	490 /	(64%	0.55	1.1	2.4 (1.5	1.4 (0.83	1.7	2.5	1.2
may be	771)	(0.29	(0.69	to 4)	to 2.2)	(0.83	(1.3 to	(0.69 to
associated			to 1.1)	to			to 3.3)	4.8)	1.9)
with a				1.6)					
treatment									
but not									
caused by it									
Small studies	176/	(84%	1.3	0.61	3.1 (1.1	0.78	2.2	6.6 (2	3.9
may be	210)	(0.38	(0.24	to 9.1)	(0.21 to	(0.61	to 22)	(0.68 to
misleading			to 4.4)	to		2.8)	to 7.6)		22)
				1.6)					
If possible,	178/	(85%	1.8	0.9	0.67	1.1 (0.32	1.8 (0.5	7.3	0.82
people	210)	(0.58	(0.32	(0.19	to 3.8)	to 6.4)	(1.9 to	(0.23 to
should not			to 5.6)	to	to 2.4)			28)	3)
know which				2.5)					
of the									
treatments									
being									
compared									
they are									
receiving									
The results	90 /	(12%	0.16	0.79	1.2 (0.7	1.3 (0.61	1 (0.39	0.85	0.48
of one study	771)	(0.061	(0.43	to 2.2)	to 2.6)	to 2.6)	(0.35	(0.22 to
considered			to	to				to 2.1)	1)
in isolation			0.41)	1.5)					
can be									
misleading									
Identifying	143 /	(68%	0.73	0.74	5.4 (1.9	1.7 (0.54	0.8	3.2 (1	0.58
effects of	210)	(0.23	(0.32	to 15)	to 5.2)	(0.24	to 10)	(0.18 to
treatments			to 2.3)	to			to 2.6)		1.9)
depends on				1.7)					

making									
comparisons									
Comparison	149 /	(19%	0.045	1.2	1.8 (1.1	1.1 (0.68	3.7	4.1 (1	0.95
groups	771)	(0.0094	(0.72	to 2.9)	to 1.8)	(0.85	to 17)	(0.56 to
should be as			to	to			to 16)		1.6)
similar as			0.21)	1.9)					
possible									
Increasing	191/	(91%	11 (1.2	1.6	1.1	2.3 (0.68	1.1	0.45	0.9
the amount	211)	to 110)	(0.47	(0.36	to 7.5)	(0.11	(0.065	(0.27 to
of a				to	to 3.1)		to 11)	to 3.2)	3)
treatment				5.5)					
does not									
necessarily									
increase its									
benefits and									
may cause									
harm									
Beliefs alone	39 /	(18%	0.043	1.7	1.5	1.7 (0.65	4.4	2.9	1.1
about how	211)	(0.0065	(0.64	(0.57	to 4.2)	(0.52	(0.4 to	(0.38 to
treatments			to	to	to 3.7)		to 38)	22)	3.4)
work are not			0.28)	4.3)					
reliable									
predictors of									
the presence									
or size of									
effects									
Large,	63 /	(30%	0.42	0.8	1.3	3 (1.3 to	0.64	0.99	0.47
dramatic	211)	(0.14	(0.36	(0.46	6.9)	(0.2 to	(0.3 to	(0.17 to
effects are			to 1.3)	to	to 3.5)		2.1)	3.3)	1.3)
rare				1.8)					
The people	186 /	(88%	5.9 (1.8	0.93	3.2	1.1 (0.43	1.5	1.2	0.31
being	211)	to 19)	(0.32	(0.85	to 2.8)	(0.26	(0.23	(0.086
compared					to 12)		to 8)	to 6.3)	to 1.1)

should be				to					
cared for				2.7)					
similarly									
apart from									
the									
treatments									
being									
studied									
Outcomes	116 /	(55%	0.3 (0.1	1.6	2.4	1.3 (0.61	2.9 (0.9	3 (0.98	0.58
should be	211)	to	(0.77	(0.97	to 2.8)	to 9.7)	to 9)	(0.24 to
assessed in			0.88)	to	to 6.2)				1.4)
the same				3.2)					
way in all									
the groups									
being									
compared									
It is	139/	(66%	1.6	0.76	0.77	0.98	1.4	1.5	0.93
It is important to	139 / 211	(66%)	1.6 (0.54	0.76 (0.34	0.77 (0.33	0.98 (0.44 to	1.4 (0.44	1.5 (0.48	0.93 (0.34 to
It is important to assess	139 / 211	(66%)	1.6 (0.54 to 4.8)	0.76 (0.34 to	0.77 (0.33 to 1.8)	0.98 (0.44 to 2.2)	1.4 (0.44 to 4.8)	1.5 (0.48 to 4.9)	0.93 (0.34 to 2.5)
It is important to assess outcomes in	139 / 211	(66%)	1.6 (0.54 to 4.8)	0.76 (0.34 to 1.7)	0.77 (0.33 to 1.8)	0.98 (0.44 to 2.2)	1.4 (0.44 to 4.8)	1.5 (0.48 to 4.9)	0.93 (0.34 to 2.5)
It is important to assess outcomes in all (or nearly	139 / 211	(66%)	1.6 (0.54 to 4.8)	0.76 (0.34 to 1.7)	0.77 (0.33 to 1.8)	0.98 (0.44 to 2.2)	1.4 (0.44 to 4.8)	1.5 (0.48 to 4.9)	0.93 (0.34 to 2.5)
It is important to assess outcomes in all (or nearly all) the	139 / 211	(66%)	1.6 (0.54 to 4.8)	0.76 (0.34 to 1.7)	0.77 (0.33 to 1.8)	0.98 (0.44 to 2.2)	1.4 (0.44 to 4.8)	1.5 (0.48 to 4.9)	0.93 (0.34 to 2.5)
It is important to assess outcomes in all (or nearly all) the people in a	139 / 211	(66%	1.6 (0.54 to 4.8)	0.76 (0.34 to 1.7)	0.77 (0.33 to 1.8)	0.98 (0.44 to 2.2)	1.4 (0.44 to 4.8)	1.5 (0.48 to 4.9)	0.93 (0.34 to 2.5)
It is important to assess outcomes in all (or nearly all) the people in a study	139/ 211	(66%	1.6 (0.54 to 4.8)	0.76 (0.34 to 1.7)	0.77 (0.33 to 1.8)	0.98 (0.44 to 2.2)	1.4 (0.44 to 4.8)	1.5 (0.48 to 4.9)	0.93 (0.34 to 2.5)
It is important to assess outcomes in all (or nearly all) the people in a study Reviews of	139 / 211 120 /	(66%) (57%	1.6 (0.54 to 4.8) 0.53	0.76 (0.34 to 1.7) 1.7	0.77 (0.33 to 1.8) 1.2	0.98 (0.44 to 2.2) 1.8 (0.82	1.4 (0.44 to 4.8)	1.5 (0.48 to 4.9) 2 (0.69	0.93 (0.34 to 2.5) 0.64
It is important to assess outcomes in all (or nearly all) the people in a study Reviews of studies	139 / 211 120 / 211	(66%) (57%)	1.6 (0.54 to 4.8) 0.53 (0.18	0.76 (0.34 to 1.7) 1.7 (0.84	0.77 (0.33 to 1.8) 1.2 (0.53	0.98 (0.44 to 2.2) 1.8 (0.82 to 3.8)	1.4 (0.44 to 4.8) 1.1 (0.36	1.5 (0.48 to 4.9) 2 (0.69 to 6.1)	0.93 (0.34 to 2.5) 0.64 (0.27 to
It is important to assess outcomes in all (or nearly all) the people in a study Reviews of studies comparing	139 / 211 120 / 211	(66%) (57%)	1.6 (0.54 to 4.8) 0.53 (0.18 to 1.6)	0.76 (0.34 to 1.7) 1.7 (0.84 to	0.77 (0.33 to 1.8) 1.2 (0.53 to 2.6)	0.98 (0.44 to 2.2) 1.8 (0.82 to 3.8)	1.4 (0.44 to 4.8) 1.1 (0.36 to 3.5)	1.5 (0.48 to 4.9) 2 (0.69 to 6.1)	0.93 (0.34 to 2.5) 0.64 (0.27 to 1.5)
It is important to assess outcomes in all (or nearly all) the people in a study Reviews of studies comparing treatments	139 / 211 120 / 211	(66%) (57%)	1.6 (0.54 to 4.8) 0.53 (0.18 to 1.6)	0.76 (0.34 to 1.7) 1.7 (0.84 to 3.6)	0.77 (0.33 to 1.8) 1.2 (0.53 to 2.6)	0.98 (0.44 to 2.2) 1.8 (0.82 to 3.8)	1.4 (0.44 to 4.8) 1.1 (0.36 to 3.5)	1.5 (0.48 to 4.9) 2 (0.69 to 6.1)	0.93 (0.34 to 2.5) 0.64 (0.27 to 1.5)
It is important to assess outcomes in all (or nearly all) the people in a study Reviews of studies comparing treatments should use	139 / 211 120 / 211	(66%) (57%)	1.6 (0.54 to 4.8) 0.53 (0.18 to 1.6)	0.76 (0.34 to 1.7) 1.7 (0.84 to 3.6)	0.77 (0.33 to 1.8) 1.2 (0.53 to 2.6)	0.98 (0.44 to 2.2) 1.8 (0.82 to 3.8)	1.4 (0.44 to 4.8) 1.1 (0.36 to 3.5)	1.5 (0.48 to 4.9) 2 (0.69 to 6.1)	0.93 (0.34 to 2.5) 0.64 (0.27 to 1.5)
It is important to assess outcomes in all (or nearly all) the people in a study Reviews of studies comparing treatments should use systematic	139 / 211 120 / 211	(66%) (57%)	1.6 (0.54 to 4.8) 0.53 (0.18 to 1.6)	0.76 (0.34 to 1.7) 1.7 (0.84 to 3.6)	0.77 (0.33 to 1.8) 1.2 (0.53 to 2.6)	0.98 (0.44 to 2.2) 1.8 (0.82 to 3.8)	1.4 (0.44 to 4.8) 1.1 (0.36 to 3.5)	1.5 (0.48 to 4.9) 2 (0.69 to 6.1)	0.93 (0.34 to 2.5) 0.64 (0.27 to 1.5)

Fair	111/	(65%	3.9	2.5	0.77	0.37	0.31	0.86	0.33
comparisons	172)	(0.76	(0.94	(0.3 to	(0.12 to	(0.05	(0.13	(0.14 to
of			to 20)	to	2)	1.1)	to 2)	to 5.6)	0.79)
treatments				6.4)					
in animals or									
highly									
selected									
groups of									
people may									
not be									
relevant									
The	107 /	(62%	1.4	0.78	0.88	0.63	0.95	2 (0.3	0.66
treatments	172)	(0.27	(0.28	(0.38	(0.22 to	(0.15	to 13)	(0.28 to
compared			to 7.4)	to	to 2.1)	1.8)	to 5.8)		1.6)
should be				2.2)					
similar to									
those of									
interest									
Consider	49 /	(28%	0.21	1.6	0.94	0.74	0.41	2.6	0.62
how certain	172)	(0.036	(0.52	(0.42	(0.27 to	(0.039	(0.34	(0.2 to
you can be			to 1.2)	to	to 2.1)	2.1)	to 4.5)	to 20)	1.9)
about each				4.9)					
advantage									
and									
disadvantag									
e									
Deeming	49 /	(28%	0.57	3.2	0.51	1.1 (0.43	0.3	0.38	1.9
results to be	178)	(0.14	(1.2	(0.21	to 3.1)	(0.07	(0.11	(0.52 to
"statistically			to 2.3)	to	to 1.3)		to 1.3)	to 1.3)	7.1)
significant"				8.4)					
or									
"nonsignifica									

nt" can be									
misleading									
The use of p-	33 /	(19%	0.25	1.1	1 (0.4	0.52	0.53	1.3	1.4
values may	178)	(0.036	(0.36	to 2.7)	(0.17 to	(0.085	(0.29	(0.39 to
be			to 1.7)	to		1.6)	to 3.3)	to 6)	4.9)
misleading;				3.6)					
confidence									
intervals are									
more									
informative									
Relative	52 /	(29%	0.95	1.1	0.73	0.35	0.72	0.35	3.1
effects of	178)	(0.25	(0.42	(0.27	(0.13 to	(0.17	(0.096	(0.86 to
treatments			to 3.6)	to	to 1.9)	0.95)	to 2.9)	to 1.3)	11)
alone can be				2.7)					
misleading									
Average	50 /	(28%	0.76	0.7	0.87	0.97	0.75	0.73	0.25
differences	178)	(0.19	(0.28	(0.33	(0.33 to	(0.17	(0.2 to	(0.063
between			to 3.1)	to	to 2.2)	2.8)	to 3.3)	2.7)	to 1)
treatments				1.7)					
can be									
misleading									
Results for a	17 /	(9.6	2.3e-09	1.4	1.1	2 (0.54	1.1e+0	3.7e+0	2.2
selected	178	%)	(8.2e-	(0.39	(0.28	to 7.3)	7	7	(0.34 to
group of			10 to	to	to 3.9)		(27000	(1.6e+	14)
people			6.2e-	5.2)			00 to	07 to	
within a			09)				4.3e+0	8.5e+0	
study can be							7)	7)	
misleading									
Earlier	75 /	(42%	0.69	0.64	1.3	2 (0.89	0.72	1.1	0.68
detection of	178)	(0.2 to	(0.27	(0.52	to 4.4)	(0.19	(0.29	(0.22 to
'disease' is			2.4)	to	to 3.3)		to 2.8)	to 4.3)	2.1)
not				1.5)					

necessarily									
better									
People's	14 /	(7.9	0.1	1.4	0.6	3.8 (1 to	0.44	0.37	1.3
outcomes	178	%)	(0.029	(0.29	(0.16	14)	(0.071	(0.071	(0.17 to
should be			to	to	to 2.3)		to 2.7)	to 2)	9.5)
counted in			0.37)	7.2)					
the group to									
which they									
were									
allocated									
Attention	141/	(79%	2.4	1	0.88	0.73	1.2 (0.3	1.8	2.1
should focus	178)	(0.72	(0.4	(0.32	(0.24 to	to 5)	(0.48	(0.49 to
on all			to 8.3)	to	to 2.5)	2.2)		to 6.8)	9.2)
important				2.5)					
effects of									
treatments,									
and not									
surrogate									
outcomes									

Figure 4. Associations between demographic covariates and Norwegians' understanding of the key concepts

Consider how certain you can be about each advantage and disadvantage	•				-	•	•	
Weigh the benefits and savings against the harms and costs of acting or not				-				-
The treatments compared should be similar to those of interest				-	-	-	-	-
Fair comparisons of treatments in animals or highly selected groups of people may not be relevant			•	-	•	•	-	
Attention should focus on all important effects of treatments, and not surrogate outcomes	•			-	-			
Deeming results to be "statistically significant" or "nonsignificant" can be misleading			•	-		•	•	
The use of p-values may be misleading: confidence intervals are more informative	•				-	•		
Results for a selected group of people within a study can be misleading				•				•
Small studies may be misleading	-			•		•	•	•
Average differences between treatments can be misleading								•
Relative effects of treatments alone can be misleading	•		•				•	•
Reviews of studies comparing treatments should use systematic methods					-			-
People's outcomes should be counted in the group to which they were allocated	•		•	-		•	•	-
It is important to assess outcomes in all (or nearly all) the people in a study	-							
Outcomes should be assessed in the same way in all the groups being compared	•		•	•		•	•	
If possible, people should not know which of the treatments being compared they are receiving				•			•	
The people being compared should be cared for similarly apart from the treatments being studied				•	•			•
Comparison groups should be as similar as possible	•		•		-+	•	•	-+
Opinions alone are not a reliable basis for claims	-		•	•			•	
Personal experiences or anecdotes alone are an unreliable basis for most claims	•	•		•		•	•	
Competing interests may result in misleading claims	•			•	•	•	•	
Earlier detection of 'disease' is not necessarily better					•		•	
Increasing the amount of a treatment does not necessarily increase its benefits and may cause harm	-		•		•	•	•	•
Treatments that are new or technologically impressive may not be better than available alternatives	-		•		-	•	-	
Widely used treatments or those that have been used for decades are not necessarily beneficial or safe	•				+	•	•	-
The results of one study considered in isolation can be misleading	•	•		•		•		•
Identifying effects of treatments depends on making comparisons	•			•			•	•
An outcome may be associated with a treatment but not caused by it	•			•		•	•	•
Beliefs alone about how treatments work are not reliable predictors of the presence or size of effects	•		•		•	•	•	•
Large, dramatic effects are rare	•			•	•		•	•
	0.111	010² 0.11	1010²	0.11 10102	0.1110102	0.1110102	0.111010 ²	0.1110102
	Interce	ept Ma	ale F	training	Research participant	ISCED 3-4	ISCED 5-8	Medical
				ig	part apparte		`	

Table 4. Associations between demographic covariates and Norwegians' attitudes and intended behaviours

					Researc	Research	ISCED	ISCED	Medical
	Sampl		Interce	Mal	h	participa	Levels	Levels	educati
	e		pt	e	training	nt	3-4	5-8	on
Willing to	541/	(70	1.6	1.1	1.1	1.4 (0.8	0.96	1.3	1.1 (0.64
take part	771	%)	(0.83 to	(0.7	(0.71 to	to 2.3)	(0.47 to	(0.67	to 1.8)
in			3.1)	2 to	1.8)		1.9)	to 2.6)	
research?				1.7)					
Willing to	140 /	(81	4.7	1.9	1.7	1 (0.31 to	0.16	1 (0.11	1.8 (0.44
challenge	172	%)	(0.42 to	(0.6	(0.49 to	3.3)	(0.021	to 9.3)	to 7.5)
claims?			52)	3 to	5.9)		to 1.2)		
				5.7)					
Likely to	130/	(76	1.2 (0.2	3	1.3	1.5 (0.42	0.53	1.8	2.8 (0.65
research	172	%)	to 6.9)	(1.1	(0.45 to	to 5)	(0.1 to	(0.33	to 12)
the basis				to	4)		2.8)	to 10)	
of claims?				8.2)					

Easy to	42 /	(24	5.4e-09	1.3	2.1	1.5 (0.49	2.3e+07	4.5e+0	0.96
assess if	172	%)	(3.3e-	(0.5	(0.83 to	to 4.8)	(89000	7	(0.33 to
claims are			09 to	2 to	5.4)		00 to	(2e+07	2.8)
based on			8.8e-	3.1)			6e+07)	to	
research			09)					9.9e+0	
that								7)	
compares									
treatment									
s?									
Easy to	36 /	(21	0.15	0.9	1.6	5.7 (1.9	0.59	0.7	1 (0.24
find	172	%)	(0.031	(0.3	(0.47 to	to 17)	(0.095	(0.11	to 4.1)
research			to 0.75)	6 to	5.2)		to 3.7)	to 4.7)	
based on				2.3)					
studies									
that									
compare									
treatment									
s?									
Easy to	32 /	(19	0.18	3.8	4.4 (1.4	1.2 (0.25	0.057	0.32	0.94
assess the	172	%)	(0.032	(1	to 14)	to 5.7)	(0.0049	(0.041	(0.19 to
credibility			to 0.97)	to			to 0.68)	to 2.5)	4.7)
of results				14)					
of studies									
that									
compare									
treatment									
s?									
Easy to	35 /	(20	0.26	1.8	1.7	1.4 (0.48	0.36	0.44	2.4 (0.71
assess the	172	%)	(0.044	(0.5	(0.58 to	to 4.2)	(0.032	(0.048	to 8.1)
relevance			to 1.6)	8 to	4.8)		to 4)	to 4)	
			-		1				
of study				5.9)					
of study results?				5.9)					

Figure 5. Associations between demographic covariates and Norwegians' attitudes and intended behaviours

