ID Code:

Experiment Questionnaire

Thank you very much for participating in our decision experiment. We would like to ask you a few questions. Your privacy is protected because your name will not appear on this questionnaire or on your decision tables.

Information about you:

1. What is your occupation or (if a student) major field of study? __________________________
2. What is your age? ______
3. What is your gender? Female ____ Male _____
4. What is your race? White _____ Asian _____ Black/African _____ Other ____
   Prefer not to respond _____
5. What is your height? ____
6. Are you a smoker? Yes ____ No _____
7. What is your birth order? Only child in your family? ____ Oldest child in your family? ____
   Youngest child? ____ Middle child? ____

General Questions: Please answer the following questions on a scale of 1-10, where 1 is Strongly Disagree and 10 is Strongly Agree. Please circle the number that represents your best answer.

1. I seek opportunities for doing things that I never did before.
   1  2  3  4  5  6  7  8  9  10
   Strongly disagree                      Strongly agree

2. I don’t worry about the consequences of what I do.
   1  2  3  4  5  6  7  8  9  10
   Strongly disagree                      Strongly agree

3. I never get lucky breaks.
   1  2  3  4  5  6  7  8  9  10
   Strongly disagree                      Strongly agree
4. I frequently get jittery and worry about things.

1  2  3  4  5  6  7  8  9  10

Strongly disagree          Strongly agree

5. I proceed with care in most endeavors.

1  2  3  4  5  6  7  8  9  10

Strongly disagree          Strongly agree

6. I always assess the prospects and risks before starting a new activity.

1  2  3  4  5  6  7  8  9  10

Strongly disagree          Strongly agree

7. I tend to do dangerous things without adequate precautions.

1  2  3  4  5  6  7  8  9  10

Strongly disagree          Strongly agree