

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