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.

**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
ID Code:

Information about you:

1. What year are you in school? Yr 1 ____ Yr 2 ____ Yr3 ____ Graduate Program. ____
2. What is your intended or declared area of specialization? __________________________
3. What is your age? ______
4. What is your gender? Female ____ Male ____
5. What is your height? Feet ____ Inches ____
6. Are you a smoker? Yes ____ No ____
7. What is your birth order? Only Child ____ Oldest child in your family? ____
   Youngest child? ____ Middle child? ____