

**ID Code:**

**Experiment Questionnaire, Page 1**

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

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**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? \_\_\_\_