

Attachment E
Demographic Questionnaire

Description of Demographic Questionnaire

The experiment will include a brief demographic questionnaire for subjects to complete at the end of the experiment. The questionnaire will be administered electronically as part of the experiment software. Responses will be recorded along with subjects' experimental ID in order to link decisions within the experiment to subjects' demographic characteristics.

Questions

1. Are you: ___ male or ___ female
2. What is your age? _____
3. Are you a (circle one)?

Freshman Sophomore Junior Senior Graduate Student
4. What is your major? _____
5. What is your cumulative GPA? _____
6. What was the highest score you obtained on your ACT _____ or SAT _____?
7. What is the zip-code of the home you lived in during high school? _____
8. Including today, how many economics experiments have you participated in? _____

Please indicate if you have any coursework or organized training in:

- | | | | | |
|--|-------|-----|-------|----|
| 9. Undergraduate-level economics | _____ | Yes | _____ | No |
| 10. Undergraduate-level statistics or econometrics | _____ | Yes | _____ | No |
| 11. Graduate-level economics | _____ | Yes | _____ | No |
| 12. Graduate-level statistics or econometrics | _____ | Yes | _____ | No |

Please circle your responses to the following statements:

- | | Strongly Agree | | | | | | | | | | | Strongly disagree | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 13. The instructions for the experiment were clear and easy to follow. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I enjoy participating in experiments like the one today regardless of the amount of money I make. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. It is easy for me to afford to go out to dinner once per week. 0 1 2 3 4 5 6 7 8 9 10

Please choose one of the possible responses for the following questions:

16. Do you have a savings account (excluding any retirement savings accounts)?
 ___ Yes ___ No ___ Not Sure

17. Do you have a retirement savings account? ___ Yes ___ No ___ Not Sure

18. Do you have a credit card? ___ Yes ___ No ___ Not Sure

19. Do you invest in stocks, bonds, or other financial assets? ___ Yes ___ No ___ Not Sure

20. Do you have motor vehicle insurance? ___ Yes ___ No ___ Not Sure

21. Do you have renter's or home owner's insurance? ___ Yes ___ No ___ Not Sure

22. How often do you purchase a lottery ticket?
 ___ Never ___ A Few Times Per Year ___ Monthly ___ Weekly

Please mark a box on the scale, where the value 0 means: "don't like to take risks" and the value 10 means: "fully prepared to take risks". **What is your attitude towards risk:**

	Don't like to take risks	0	1	2	3	4	5	6	7	8	9	10	Fully prepared to take risks
23. In general?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. When it comes to your career?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. When it comes to operating a motor vehicle?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. When it comes to making financial decisions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. When it comes to sports and leisure activities?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. When it comes to making health decisions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	