

Supplementary material – “Strategic Ignorance of Health Risk—Its Causes and Policy Consequences”

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[The below is a translation from the language used in the study – Danish.]

Welcome to this survey about consumers attitudes to food and meals.

This survey is part of a research project. Your participation is very valuable for us and we would like to thank you for participating in our survey.

Results from the study will be published in anonymized form and on group levels. Statistics on individuals will not be published.

If you have any questions, feel free to ask them today or contact us later.

Best wishes,
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[Meal-choice form – Informed control group]

Today you can choose between two meals: chicken and pasta or roast beef and quinoa. Please state how good you believe these meals taste on a scale 1-5, where 1=very bad and 5=very good.

(1) Chicken and pasta:

1	2	3	4	5

Tastes very bad Tastes very good

(2) Roast beef and quinoa:

1	2	3	4	5

Tastes very bad Tastes very good

(3) Please state your choice of meal:

Chicken and pasta

Roast beef and quinoa

[Page break]

(4) Do you want to revise your choice of meal? Tick the box in front of your final choice of meal.

Chicken and pasta

Roast beef and quinoa

(4a) How full are you at the moment? Please state how full you are by putting a mark (x) on the scale below from 1 to 7. Where 1 is very hungry and 7 is very full.

1	2	3	4	5	6	7

Very hungry Very full

[Meal-choice form – Uninformed control group]

Today you can choose between two meals: chicken and pasta or roast beef and quinoa. Please state how good you believe these meals taste on a scale 1-5, where 1=very bad and 5=very good.

(1) Chicken and pasta:

1	2	3	4	5

Tastes very bad Tastes very good

(2) Roast beef and quinoa:

1	2	3	4	5

Tastes very bad Tastes very good

(3) Please state your choice of meal:

Chicken and pasta

Roast beef and quinoa

(3a) How full are you at the moment? Please state how full you are by putting a mark (x) on the scale below from 1 to 7. Where 1 is very hungry and 7 is very full.

1	2	3	4	5	6	7

Very hungry Very full

[Meal-choice form – treatment group]

Today you can choose between two meals: chicken and pasta or roast beef and quinoa. Please state how good you believe these meals taste on a scale 1-5, where 1=very bad and 5=very good.

(1) Chicken and pasta:

1	2	3	4	5
Tastes very bad			Tastes very good	

(2) Roast beef and quinoa:

1	2	3	4	5
Tastes very bad			Tastes very good	

(3) Please state your choice of meal:

Chicken and pasta

Roast beef and quinoa

[Page break]

(4) Did you choose to find out the nutritional information of the meals?

Yes

No

(5) Do you want to revise your choice of meal? Tick the box in front of your final choice of meal.

Chicken and pasta

Roast beef and quinoa

(5a) How full are you at the moment? Please state how full you are by putting a mark (x) on the scale below from 1 to 7. Where 1 is very hungry and 7 is very full.

1 2 3 4 5 6 7

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Very hungry

Very full

[Survey questions used in the analysis]

Q1. Which year are you born?

Year of birth _____

Q2. What is your gender?

(1) Female (2) Male

Q3. What is your highest level of education?

- (1) Elementary school: 7 years or less
- (2) Elementary school: 8-9 years
- (3) Elementary school: 10 years or less
- (4) Graduate school
- (5) Basic Vocational Education
- (6) Final vocational training (e.g. social assistant, carpenter, mason and the like)
- (7) Other post-high school education (1-2 years) (e.g. dental hygienist/electrician/police)
- (8) University education 3-4 years
- (9) University education 5 years or more.
- (10) Other education: _____

Q4. What is your monthly salary (pre-tax)?

- (1) Less than DKK 10 000
- (2) DKK 10 001 – 20 000
- (4) DKK 20 001 – 25 000
- (5) DKK 25 001 – 30 000
- (6) DKK 30 001 – 35 000
- (7) DKK 35 001 – 40 000
- (8) DKK 40 001 – 50 000
- (9) DKK 50 001 – 60 000
- (10) DKK 60 001 – 80 000
- (11) DKK 80 001 – 100 000
- (12) More than DKK 100 001

(13) Do not know

(14) Do not want to state the amount

Exercise

Q5 We ask you to think of an average week over an entire year, i.e., not a particular winter or summer week, and state your exercise habits.

We have divided exercise into three levels: sport, active exercise and light exercise

Sport is for instance running, swimming, playing soccer, badminton or other sports that raise your heart rate

Active exercise is for instance riding your bike to work and walking the dog

Light exercise is for instance walking stairs, cleaning the house and gardening

Please state the average number of minutes for each activity during an average week

(1) Sport (number of minutes per day)

(2) Active exercise (number of minutes per day)

(3) Light exercise (number of minutes per day)

[...]

Mark how well the below statements describe you, where 1 means “totally disagree” and 7 means “fully agree.”

Q19. I am very concerned about the food I eat being healthy.

1 2 3 4 5 6 7

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Totally disagree

Fully agree

[...]

Q27. Using the scale provided, please indicate how much each of the following statements reflects how you typically are

	Not at all	Very much
1. I am good at resisting temptation.	1-----2-----3-----4-----5	
2. I have a hard time breaking bad habits.	1-----2-----3-----4-----5	
3. I am lazy.	1-----2-----3-----4-----5	
4. I say inappropriate things.	1-----2-----3-----4-----5	
5. I do certain things that are bad for me, if they are fun	1-----2-----3-----4-----5	
6. I refuse things that are bad for me.	1-----2-----3-----4-----5	
7. I wish I had more self-discipline.	1-----2-----3-----4-----5	
8. People would say that I have iron self-discipline.	1-----2-----3-----4-----5	
9. Pleasure and fun sometimes keep me from getting work done	1-----2-----3-----4-----5	
10. I have trouble concentrating.	1-----2-----3-----4-----5	
11. I am able to work effectively toward long-term goals.	1-----2-----3-----4-----5	
12. Sometimes I can't stop myself from doing something, even if I know it is wrong	1-----2-----3-----4-----5	
13. I often act without thinking through all the alternatives	1-----2-----3-----4-----5	

[...]

Risk preferences

Below are six different games. Each game has two possible outcomes, High or Low. In each game, the probability of High is 50% and the probability of Low is 50%.

Your potential benefit from this question is determined by:

- which of the six games you choose; and
- whether the outcome is High or Low

For example, if you select Gamble 4 and the outcome is High, you will receive DKK 325. If the outcome is Low, you will receive DKK 100.

At the end of the session a lottery will be carried out among all invited participants in the session to find a winner. The winner of the lottery will participate in the gamble and will earn an extra amount, (everyone thus has a 10% probability of being selected - if the winner is not present the gamble ends). The winner throws a six-sided dice to determine if the outcome is High or Low. If the dice shows 1, 2 or 3, the result is Low. If the cube shows 4, 5 or 6 the result is High.

- Choose one (and only one) of these gambles
- Mark the selected gamble with an X

	Roll	Payoff	Chances	Your selection Mark only one
Gamble 1	Low	175 kr	50%	
	High	175 kr	50%	
Gamble 2	Low	150 kr	50%	
	High	225 kr	50%	
Gamble 3	Low	125 kr	50%	
	High	275 kr	50%	
Gamble 4	Low	100 kr	50%	
	High	325 kr	50%	
Gamble 5	Low	75 kr	50%	
	High	375 kr	50%	
Gamble 6	Low	15 kr	50%	
	High	440 kr	50%	

[Form filled out after having completed the survey and lunch]

Box: _____

Date: _____

[Treatment group only:]

(101a) Did you choose to find out the calorie information?

Yes

No

(101b) Did you read the information about the calorie content?

Yes

No

If you answered 'yes' to the above questions, proceed to question (102). If you answered 'no' to the above question, proceed to question (105).

[Treatment and control group:]

(102) Did the calorie information affect the amount of lunch you consumed?

Yes

No

If you answered 'no' to the above question, proceed to question (104). If you answered 'yes', proceed to question (103).

(103) How was your meal consumption affected by the calorie information?

I ate less than I would have if I had been unaware of the calorie content

I ate more than I would have if I had been unaware of the calorie content

(104) How much do you think you would have eaten of your lunch meal if you had been unaware of the calorie content?

ca 25%.

ca 50%

ca 70%.

ca 85%

ca 100%

Continue to question (107)

(105) Imagine that you had said “yes” to get information about the calorie content in the meals. How do you think that information about a low calorie content in the meal you chose would have affected your intake?

- I would have eaten less
- I would have eaten more
- I would have eaten the same amount

- I would have chosen the other dish instead

(106) Imagine that you had said “yes” to get information about the calorie content in the meals. How do you think that information about a high calorie content in the meal you chose would have affected your intake?

- I would have eaten less
- I would have eaten more
- I would have eaten the same amount

- I would have chosen the other dish instead

(107) How much did you eat of your lunch meal?

- ca 25%.
- ca 50%
- ca 70%.
- ca 85%
- ca 100%

(108) How many calories do you think it was in the meal you chose?

Number of calories: _____

(109) How many calories do you think that you have eaten?

Number of calories: _____

(110) In your own opinion, how many calories do you think you should generally eat for lunch?

Number of calories: _____

(111) Below you see a list of words describing different feelings and emotions. Please indicate how intensively you experience each of them now

(a) Happy

- not at all,
- a little bit,
- to some extent,
- pretty much,
- very much

(b) Guilty

- not at all,
- a little bit,
- to some extent,
- pretty much,
- very much

(c) Proud

- not at all,
- a little bit,
- to some extent,
- pretty much,
- very much

Information filled out by the instructor for each subject after the session

Date _____

Box number _____

Weight of meal _____

Weight of meal leftovers _____

Body height _____

Body weight _____

Waist circumference _____

Winner: Risk preference exercise Yes No

If Yes, winners name: _____

Winner: Time preference exercise Yes No

If Yes for time preference exercise: e-mail address: _____

Name: _____

Date for payments: _____

