Appendix A: Questionnaire

Student Background and Victimization Study

Start of Block: Informed Consent

Q1

Welcome to the research study!

Principal Investigator: Angelene Bowser (Green)
Faculty Advising P.I.: Dr. Whitney DeCamp
Title of Study: Student Background and Victimization Study

You have been invited to participate in a research project titled “Student Background and Victimization Study.” This consent document will explain the purpose of this research project, all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions for more clarification.

What are we trying to find out in this study?
This study aims to understand possible consequences of victimization.

Who can participate in this study?
Students of Western Michigan University ages 18 or older may participate in this study.

Where will this study take place?
The study is online-based.

What is the time commitment for participating in this study?
It is expected that this online-based survey will take approximately 10-15 minutes to complete.

What will you be asked to do if you choose to participate in this study?
You will be asked to anonymously complete the electronic questionnaire. Nothing further will be asked of you, and the decision to stop participating at any time is entirely up to you.

What information is being measured during the study?
The survey will ask about how you deal with unpleasant situations, your involvement in substance use...
and deviance, how you make decisions, and any experienced childhood trauma. All of the answers you provide are anonymous.

What are the risks of participating in this study and how will these risks be minimized? Because this survey asks personal information regarding your involvement in criminal activity and any experienced childhood trauma, the risk of participation may be the experience of discomfort. All responses will be anonymous, and the datasets used to analyze responses will not include any names or identifiers that could connect your responses back to you. You are not required to answer anything that you aren’t comfortable answering.

What are the benefits of participating in this study? While there is no direct benefit for participating in this study, your responses may potentially benefit the discipline. Your participation and responses may help us better understand possible consequences of victimization.

Are there any costs or compensation associated with participating in this study? There are no direct costs to you. There is no compensation for participation at this time.

Who will have access to the information collected during this study? Only the principal investigator will have access to the dataset. Future studies and uses may necessitate sharing of the data with other approved researchers, however, only datasets without any identifying information will be shared. No one will learn your personal responses or identity.

What if you want to stop participating in this study? You can choose to stop participating in the study at any time for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences either academically or personally if you choose to withdraw from this study.

Should you have any questions prior to or during the study, you can contact the primary investigator, Dr. Whitney DeCamp at (269) 387-3597 or whitney.decamp@wmich.edu. You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study. If you agree with these statements, please click the button below to continue onto the survey.

Q2 Are you male or female?

- Female (1)
- Male (2)
Q3 How old are you? 

Q4 Which best describes your race/ethnicity?

- Alaska Native / American Indian (1)
- Asian (2)
- Black / African American (3)
- Middle Eastern (4)
- Native Hawaiian or other Pacific Islander (5)
- White / Caucasian (6)
- Other or biracial/multiracial (please specify): (7)

Q5 Are you Hispanic or Latino/a?

- Yes (1)
- No (2)
Q6 Which best describes your marital status?

- Single (1)
- Married (2)
- Divorced (3)
- Widowed (4)
- Other (please specify): (5) ________________________________________________

Q7 Which of the following best describes your religious/spiritual beliefs or affiliation?

- Catholic Christianity (1)
- Protestant Christianity (2)
- Other Christianity (please specify): (3) _________________________________________
- Muslim (4)
- Jewish (5)
- Hinduism (6)
- Buddhist (7)
- Atheist (8)
- Agnostic (9)
- No religious affiliation (10)
- Other religion (please specify): (11) ___________________________________________
Q8 Please answer these questions about yourself currently.
<table>
<thead>
<tr>
<th></th>
<th>Never True (1)</th>
<th>Very Seldom True (2)</th>
<th>Seldom True (3)</th>
<th>Sometimes True (4)</th>
<th>Frequently True (5)</th>
<th>Almost Always True (6)</th>
<th>Always True (7)</th>
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<td>My painful experiences</td>
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<td>difficult for me to live</td>
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<td>my worries and feelings.</td>
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<td>a fulfilling life.</td>
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<td>Emotions cause problems</td>
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<td>in my life.</td>
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<td>I am.</td>
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<td>Worries get in the way</td>
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<td>of my success.</td>
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</table>
Q9 Please answer these questions about yourself currently.
<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>Moderately Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Moderately Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I won’t do something if I think it will make me uncomfortable. (1)</td>
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<td>If I could magically remove all of my painful memories, I would. (2)</td>
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<td>I tend to put off unpleasant things that need to get done. (3)</td>
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<td>People should face their fears. (4)</td>
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<td>I avoid activities if there is even a small possibility of getting hurt. (5)</td>
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<td>When negative thoughts come up, I try to fill my head with something else. (6)</td>
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<td>Even when I feel uncomfortable, I don’t give up working toward things I value. (7)</td>
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</tbody>
</table>
I rarely do something if there is a chance that it will upset me. (8)

I usually try to distract myself when I feel something painful. (9)

I am able to "turn off" my emotions when I don’t want to feel. (10)

I am willing to put up with pain and discomfort to get what I want. (11)

I work hard to avoid situations that might bring up unpleasant thoughts and feelings in me. (12)

I prefer to stick to what I am comfortable with, rather than try new activities. (13)

I work hard to keep out upsetting feelings. (14)

Fear or anxiety won’t stop me from doing something important. (15)
If I have any doubts about doing something, I just won’t do it. (16)

When unpleasant memories come to me, I try to put them out of my mind. (17)

Others have told me that I suppress my feelings. (18)

I try to put off unpleasant tasks for as long as possible. (19)

When I am hurting, I still do what needs to be done. (20)

If I am starting to feel trapped, I leave the situation immediately. (21)

When a negative thought comes up, I immediately try to think of something else. (22)

I don’t let pain and discomfort stop me from getting what I want. (23)
I go out of my way to avoid uncomfortable situations. (24)

I can numb my feelings when they are too intense. (25)

I continue working toward my goals even if I have doubts. (26)

I wish I could get rid of all of my negative emotions. (27)

I avoid situations if there is a chance that I’ll feel nervous. (28)

I don’t let gloomy thoughts stop me from doing what I want. (29)

People have told me that I’m not aware of my problems. (30)

When working on something important, I won’t quit even if things get difficult. (31)
Q10 Did you ever experience the loss of a loved one?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did you ever experience the loss of a loved one? = Yes

Q11 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q12 Did your parents get divorced or separate?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did your parents get divorced or separate? = Yes
Q13 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q14 Did you ever have a traumatic emotional experience (name calling, degrading, verbal abuse, etc.) at home?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:

If Did you ever have a traumatic emotional experience (name calling, degrading, verbal abuse, etc.)... = Yes

Q15 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)
Q16 Did you ever have a traumatic sexual experience (rape, molestation, etc.) prior to the age of 18?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
if Did you ever have a traumatic sexual experience (rape, molestation, etc.) prior to the age of 18? = Yes

Q17 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q18 Did you ever have a traumatic physical experience (parental abuse, child abuse, child neglect, etc.) at home?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
if Did you ever have a traumatic physical experience (parental abuse, child abuse, child neglect, et... = Yes
Q19 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q20 Did you ever suffer from an illness or injury that significantly changed your life?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did you ever suffer from an illness or injury that significantly changed your life? = Yes

Q21 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q22 Did you ever witness a situation of sexual, emotional, or physical abuse at home to someone other than yourself?
Display This Question:
If Did you ever witness a situation of sexual, emotional, or physical abuse at home to someone other... = Yes

Q23 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Display This Question:
If Did you ever witness a situation of sexual, emotional, or physical abuse outside of home to someone other than yourself... = Yes

Q24 Did you ever witness a situation of sexual, emotional, or physical abuse outside of home to someone other than yourself?

- Yes (1)
- No (2)
- I prefer not to answer (3)
Q25 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q26 Were you ever the victim of bullying in school?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:

If Were you ever the victim of bullying in school? = Yes

Q27 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)
Q28 Have you ever feared for your safety?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Have you ever feared for your safety? = Yes

Q29 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q30 Have you ever been threatened with a weapon?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Have you ever been threatened with a weapon? = Yes
Q31 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q32 Have you ever been left out of activities on purpose?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Have you ever been left out of activities on purpose? = Yes

Q33 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q34 Has anyone ever spread rumors or lies about you?

- Yes (1)
- No (2)
- I prefer not to answer (3)
Q35 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q36 Did you ever have to care for someone that suffered from a severe illness?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Q37 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)
Q38 Did you ever experience intentional, ongoing isolation at home from your parent(s) or guardian(s)?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did you ever experience intentional, ongoing isolation at home from your parent(s) or guardian(s)? = Yes

Q39 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q40 Did your parent(s) or guardian(s) explain what you did wrong prior to punishing you?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did your parent(s) or guardian(s) explain what you did wrong prior to punishing you? = Yes
Q41 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q42 Did you ever feel that you went without (food, clean water, heat, money, clothes, etc.)?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did you ever feel that you went without (food, clean water, heat, money, clothes, etc.)? = Yes

Q43 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q44 Did you ever have to support a sibling or yourself (financially, emotionally, academically, etc.)

- Yes (1)
- No (2)
- I prefer not to answer (3)
Q45 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q46 Have you ever been pressured into doing something that you didn’t want to do?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Q47 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)
Q48 Did you ever experience thoughts of or behavior related to suicide or homicide?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did you ever experience thoughts of or behavior related to suicide or homicide? = Yes

Q49 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q50 Have you ever made a decision that made you dislike yourself then and now?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Have you ever made a decision that made you dislike yourself then and now? = Yes
Q51 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q52 Did you ever experience an event that you consider to have shaped your personality significantly?

- Yes (1)
- No (2)
- I prefer not to answer (3)

Display This Question:
If Did you ever experience an event that you consider to have shaped your personality significantly? = Yes

Q53 How traumatic was this?

- Not at all (1)
- Somewhat Traumatic (2)
- Extremely Traumatic (3)

Q54 Were you ever homeless?

- Yes (1)
- No (2)
- I prefer not to answer (3)
Display This Question:
If Were you ever homeless? = Yes

Q55 How traumatic was this?
   - Not at all (1)
   - Somewhat Traumatic (2)
   - Extremely Traumatic (3)

Q56 Have you ever...
<table>
<thead>
<tr>
<th>Activity</th>
<th>Never (1)</th>
<th>Before, but not in the past year (2)</th>
<th>Once or twice in the past year (3)</th>
<th>Three or four times in the past year (4)</th>
<th>Five or more times in the past year (5)</th>
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<tbody>
<tr>
<td>Taken a weapon to school or event where it was not permitted?</td>
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<td>Stolen anything from a store without paying for it?</td>
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<td>Engaged in a physical fight?</td>
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<td>Broken into a vehicle, house, or other property?</td>
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<td>Been arrested?</td>
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<td>Cheated on a test?</td>
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<td>Driven a vehicle while legally intoxicated?</td>
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<td>Driven a vehicle while high?</td>
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<td>Stolen money from another person or organization?</td>
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<td>Been questioned by police regarding something that you did?</td>
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<td>Skipped or missed class without permission (high school)?</td>
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<td>Question</td>
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<td>Participated in gang activities / been a part of a gang? (12)</td>
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<td>Damaged or destroyed property that did not belong to you? (13)</td>
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<td>Smoked cigarettes? (14)</td>
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<td>Used tobacco? (15)</td>
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<td>Used marijuana without a prescription? (16)</td>
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<td>Used marijuana with a prescription? (17)</td>
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<td>Used over the counter medication to get high? (18)</td>
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<td>Sold illegal drugs? (19)</td>
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<td>Supplied someone under the age of 21 with alcohol? (20)</td>
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<td>Been high or drunk at school or public event? (21)</td>
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<td>Harassed someone through social media? (22)</td>
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<td>Harassed someone face to face? (23)</td>
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<td><strong>Been pulled over for suspected drug/alcohol use? (24)</strong></td>
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<tr>
<td>Had a hangover that interfered with accomplishing your daily tasks? (25)</td>
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<tr>
<td>Felt addicted to a drug or alcohol? (26)</td>
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<tr>
<td>Relied on a drug in order to accomplish a task? (27)</td>
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<tr>
<td>Attempted to hurt someone with the intention of impairing or killing them? (28)</td>
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<tr>
<td>Stolen vehicles? (29)</td>
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<td>Been to court for charges against you? (30)</td>
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<td>Been charged with a felony? (31)</td>
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<tr>
<td>Been charged with a misdemeanor? (32)</td>
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<td>Engaged in intercourse without protection? (33)</td>
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</tbody>
</table>
Q57 Have you ever used any of the following illegally?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Never (1)</th>
<th>Before, but not in the past year (2)</th>
<th>Once or twice in the past year (3)</th>
<th>Three or four times in the past year (4)</th>
<th>Five or more times in the past year (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ecstasy (1)</td>
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<tr>
<td>Ritalin/Adderall/Strattera or equivalent without a prescription (2)</td>
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<td>Heroin (3)</td>
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<td>Cocaine (4)</td>
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<td>Inhalants (5)</td>
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<td>LSD / Acid (6)</td>
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<td>Methamphetamine (meth) without a prescription (7)</td>
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<td>Other (please specify): (8)</td>
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</tbody>
</table>

Q58
DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate circle on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely / never (1)</th>
<th>Occasionally (2)</th>
<th>Often (3)</th>
<th>Almost Always / Always (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I plan tasks carefully</td>
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<td>I do things without thinking.</td>
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<td>I make-up my mind quickly.</td>
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<td>I am happy-go-lucky.</td>
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<td>I don’t “pay attention.”</td>
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<td>I have “racing” thoughts.</td>
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<td>I plan trips well ahead of time.</td>
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<td>I am self controlled.</td>
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<td>I concentrate easily.</td>
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<td>I save money regularly.</td>
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<td>I “squirm” at plays or lectures.</td>
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<tr>
<td>I am a careful thinker.</td>
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<tr>
<td>I plan for job security.</td>
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<tr>
<td>I say things without thinking.</td>
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<tr>
<td>I like to think about complex problems.</td>
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</tbody>
</table>
I change jobs. (16)

I act “on impulse.” (17)

I get easily bored when solving thought problems. (18)

I act on the spur of the moment. (19)

I am a steady thinker. (20)

I change residences. (21)

I buy things on impulse. (22)

I can only think about one thing at a time. (23)

I change hobbies. (24)

I spend or charge more than I earn. (25)

I often have unrelated thoughts when thinking. (26)

I am more interested in the present than the future. (27)

I am restless at the theater or lectures. (28)

I like puzzles. (29)

I am future oriented. (30)
I complete a task before moving onto another. (31)

End of Block: Informed Consent