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Working Paper

COVID-19 and pro-sociality: How do donors respond to local pandemic severity, increased salience, and media coverage?

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Online Appendix for

COVID-19 and pro-sociality: How do donors respond to local pandemic severity, increased salience, and media coverage?

Contents

\mathbf{G}	Screenshots from the additional survey experiment	25
\mathbf{F}	Screenshots from the main experiment	7
\mathbf{E}	Additional survey experiment E.1 Design	
D	Additional analysis	3
\mathbf{C}	Prolific pre-screening criteria	2
В	Exclusion criteria	2
A	Timeline of the main experiment	2

A Timeline of the main experiment

After the development of the idea and programming of the experiment, we ran a technical pilot with six participants on June 5, 2020, followed by a first rough preregistration on June 8, 2020 (https://osf.io/23sc4/). This was followed by two pilots with 25 and 26 participants on the afternoons of June 8 and 10, 2020, to calibrate the payments. A final preregistration with a pre-analysis plan was completed on June 15, 2020 (https://osf.io/h5syz/). Following this, we ran several waves of the experiment on Monday evenings until the end of August 2020, starting with a larger initial sample and reducing the sample over time. Further sessions were run in October and November 2020 in order to capture the second wave of the pandemic.

B Exclusion criteria

We excluded participants who fulfilled three or more of the following criteria:

- Time taken for completing the experiment below 5 minutes or above 25 minutes,
- Estimated number of COVID-19 cases in UK below 30,000 or more than 30,000,000,
- Estimated number of cases in local area larger than the estimated number of cases in the UK/10.
- Number of household members (children plus adults) more than 8,
- Expectation that the poverty rate in the UK or in developing countries will decrease below 10%,
- Expectation that the GDP growth rate in the UK or in developing countries will increase above 10%,
- Inconsistencies between the answers reported to Prolific and answers in our survey: 1
 - Area of residence,
 - Household income,
 - Number of household members,
 - Employment status.

C Prolific pre-screening criteria

Our only pre-screening criterion was the current area of residence, which needed to be in England. However, in order to secure baseline sociodemographic information, we required that the following variables have no missing values: gender, age, country of birth, household size, household income (including "prefer not to say" category for sample size reasons), and socioeconomic status, see Table C1. We chose those variables for their relevance, but excluded other variables that would result in a large reduction of the available Prolific subject pool.

Table C1: Pre-screening variables

Pre-screening	Exclusion criteria	Available subject pool size (10.06.2020)
Current UK area of residence	not England	34,650
Age	missing values	34,307
Gender	missing values and	33,921
	"prefer not to say"	
Socioeconomic Status	missing values	$32,\!568$
Household Size	missing values	32,407
Household Income (GBP)	missing values	31,968
Country of Birth	missing values	31,902

¹We did not treat those inconsistencies as direct exclusion criteria, because, for example, the inconsistencies between our survey and Prolific could have occurred due to differences in question formulation or changes to an individual's situation between Prolific's data collection and our survey.

D Additional analysis

In the preregistration, we specified a number of supporting hypotheses and tests on which we comment here. As pre-specified, we apply Bonferroni correction for multiple hypothesis testing, assuming 20 tests. In the following, barely any test is confirmed. Many of the tests concern, however, the outcome being the share of donations to the UK program and interactions with the treatment dummy for which the direct effect has been shown not to be significant in the main analysis. The score variables were created following a preregistered protocol.

- SH0 Interaction effects of the two main explanatory variables: The coefficient on the interaction between treatment dummy and local severity is not significant (and very small) (see Table A7 in the main article).
- SH1 COVID-19 skeptics will decrease giving in the treatment condition: The interaction term (as well as the direct coefficient on COVID-19 skeptics score) is not significant.
- SH2 Those who follow rules and recommendations regarding COVID-19 will increase their giving in the treatment condition: The interaction term (as well as the direct coefficient on rule followers score) is not significant.
- SH3a-c Regarding the impact of reporting in the media on giving to the local program versus the global program, there was not enough variation across sessions to test those hypotheses.
- SH4a-c The relative amount of giving to the UK program versus the global program will reflect the perception of how negatively the UK will be impacted relative to developing countries. In a regression analysis, the following explanatory variables are looked at: GDP growth in the UK versus developing countries, poverty in the UK versus in developing countries, dummy UK more affected by COVID-19 (subjective statement), and the interactions with the treatment. For the direct effects, see Table 5 and description in the main text. Regarding the interaction effects, only the coefficient on the interaction between the dummy UK more affected by COVID-19 and the treatment is positive and significant.
 - SH5 a Individuals whose economic situations have been negatively affected since the spread of COVID-19 and those fearing such negative consequences will donate less than others: We confirm this hypothesis.
 - b Individuals whose health status has been negatively affected since the spread of COVID-19 and those fearing health deterioration will donate less than others. The coefficient on the health score is not significant (the reason is likely an inverted u-shaped pattern of giving in health, on which we comment in the main text and which seems to not be well reflected in the created health score variable).
 - c Individuals with less distancing opportunities will donate less than others. The coefficient on the distancing score is not significant.
- SH-Other Individuals might donate less in the treatment condition if they think that they have contributed sufficiently to prevention and mitigation of the consequences of COVID-19: Coefficient is not significant.
- SH-Other COVID-19 individual contribution and level of empathy: We confirm a positive correlation between empathy and giving in the experiment.

E Additional survey experiment

E.1 Design

We designed an additional survey experiment to better understand the mechanism behind the results of our main experiment, where we found higher giving in the treatment group compared to the control group. In addition, the survey aimed at informing us about a potential experimenter demand effect arising in the main experiment. Following the design of the original experiment, we recruited 220 participants on Prolific who indicated their area of residence to be in England. We used the same pre-screening (see Section C) and exclusion (see Section B) criteria as for the main experiment. The latter resulted in the final sample of 172 participants used in the analysis. The survey was not incentivized, and the participants received a fixed amount of £2 after the completion of the survey. Similar to the main experiment, in the control group, the participants read a donation ask for Save the Children. In the treatment group, the participants read the same donation ask with the additional paragraph about COVID-19. Next, on each page, participants were asked to "think of an average

Prolific participant from the UK who might receive this donation appeal" and answered a number of questions regarding how they think the donation appeal would affect such a person. The additional survey experiment was preregistered on OSF (https://osf.io/rw86z/) prior to the experimental sessions at the end of April, 2021. The preregistration contains further details of the survey experiment, the hypotheses, and screenshots of the experimental instructions.

E.2 Results

Next, we show the results of various tests of differences between treatments. First, we asked participants to answer how strongly they expected the appeal to evoke different emotions in the average Prolific participant. We asked the question separately for all 20 emotions that are part of the Geneva Emotional Wheel (GEW, see Scherer, 2005; Scherer et al., 2013). We took the average over the positive and over the negative emotions. Both variables range from 0 to 100. Table E1 shows results from OLS regressions. We see that the treatment evokes less positive emotions (marginally significant at p<0.1)² and more negative emotions (not significant).

Table E1: AddH1a/b: The COVID-19 reference evokes more positive/negative emotions in the reader.

Outcome variable	Positive emotions	Negative emotions
COVID-19 reference Baseline controls	-5.586* (2.917) Yes	3.177 (2.487) Yes
Observations R^2	172 0.053	172 0.029

Note: OLS regressions; robust errors. Baseline controls include age, UK birth dummy, female dummy, socioeconomic status dummies, and household size. * p < 0.10, ** p < 0.05, *** p < 0.01.

Next, we tested, whether participants expect the money to be spent sooner in the treatment condition. Table E2 presents the results which show no significant differences in the expected timing of relief in both treatments.

Table E2: AddH2: Participants expect their donation to be spent sooner in the treatment with COVID-19 reference.

Outcome variable	Time money spent
COVID-19 reference Baseline controls	-0.146 (0.111) Yes
Observations R^2	172 0.055

Note: See note to Table E1. * p < 0.10, ** p < 0.05, *** p < 0.01.

We asked participants to name the goals that they expected the donations collected in the appeal to be spent on. They entered text into an open text field. We opted against providing a multiple-choice list as this could have influenced their responses. We classified the words used in the responses into major categories including COVID-19 (participants having included words such as pandemic, corona, or coronavirus). While in the control treatment, no one mentioned COVID-19, 16% in the treatment condition did so, and the difference is statistically significant, as can be seen in Table E3. However, this compares to, altogether, 51% mentioning education, 38% protection, 29% health, 22% support, 16% poverty, and 13% hunger.³ This means that COVID-19 relief was not perceived as the main goal of the project. On the other hand, mentions of COVID-19 confirm that the treatment condition made the pandemic more salient.

Next, we asked participants to compare the perceived importance, effectiveness, and urgency of the donation to Save the Children's appeal with a donation to (i) Transparency International, (ii) the World Wildlife Fund, and (iii) the Alzheimer's Society. The participants answered by using a slider on a scale from less important/effective/urgent to more important/effective/urgent. For each participant, we computed an average over

²In the text and in the tables, we do not correct for multiple hypothesis testing. However, Bonferroni corrections are easily implemented if we multiply the p-value by the number of tests (9). The difference in positive emotions does not survive such comparisons, and the only test that survives is AddH3.

³This sums to more than 100% since participants were allowed to name multiple goals.

Table E3: AddH3: Participants expect the money to be (more often) spent on COVID-19 relief in the treatment with COVID-19 reference.

Outcome variable	COVID-19 relief
COVID-19 reference Baseline controls	0.158*** (0.038) Yes
Observations R^2	172 0.110

Note: See note to Table E1. * p < 0.10, ** p < 0.05, *** p < 0.01.

the three charities and used this score for the final comparisons. The score ranges from 0 to 100. The results are presented in Table E4. There are no significant differences in how important, effective, or urgent participants perceive giving to Save the Children in the treatment versus the control condition.

Table E4: AddH4–6: In the treatment with COVID-19 reference, giving to the appeal is perceived to be more effective/important/urgent.

Outcome variable	Relative effectiveness	Relative importancy	Relative urgency
COVID-19 reference	-0.032 (2.003)	0.699 (1.875)	1.671 (2.011)
Baseline controls	Yes	Yes	Yes
Observations R^2	172	172	172
	0.012	0.019	0.024

Note: See note to Table E1. * p < 0.10, ** p < 0.05, *** p < 0.01.

Next, we studied whether the treatment condition might exert on participants more pressure to give. In the literature, it has been long recognized that more (social) pressure results in higher giving (see, among others, Andreoni et al., 2017; DellaVigna et al., 2012). Moreover, anecdotal evidence suggests that fundraisers actively use such techniques. We asked a randomly chosen 50% of our sample (equally distributed among the treatments) to judge the following statement: "The person would feel pressure to donate when receiving such a donation request in a letter by the Royal Mail." Participants answered by using a slider on a scale from "not at all" to "a lot," coded 0–100. The results in Table E5 show that the difference is not significant.

Table E5: H7: The COVID-19 reference results in more pressure to donate.

Outcome variable	Pressure to donate
COVID-19 reference Baseline controls	1.349 (5.822) Yes
Observations R^2	81 0.057

Note: See note to Table E1. * p < 0.10, ** p < 0.05, *** p < 0.01.

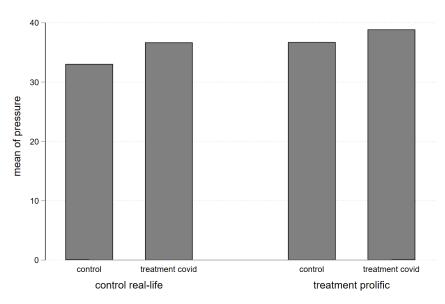
Next, we checked for a potential unintended experimenter demand effect in our main experiment. We asked the remaining 50% of the sample the following question: "The person would feel pressure to donate when receiving such a donation request in a study on Prolific." The participants answer using a slider on a scale from "not at all" to "a lot." Using a difference-in-difference approach, we study whether the additional pressure in the treatment condition in our experiment is different from that which the participants believe to experience in real life. Table E6 shows coefficients on treatment, dummy for the group that judged the pressure to give on Prolific (versus real life), and the interaction between the two. The coefficient on the interaction term is not significant, meaning that the pressure in the treatment condition is not different from that which would arise in real life (level coefficients are also not significant). In Figure E1, we present the averages in perceived pressure by treatments.

Table E6: H8: The participants in our initial experiment on Prolific feel higher pressure to donate in the treatment with COVID-19 reference that one would expect to arise in real life.

Outcome variable	Pressure to donate
COVID-19 reference x Prolific COVID-19 reference Prolific Baseline controls	-3.062 (7.727) 5.129 (5.337) 4.368 (5.244) Yes
Observations R^2	$172 \\ 0.037$

Note: See note to Table E1. * p < 0.10, ** p < 0.05, *** p < 0.01.

Figure E1: Perceived pressure to donate in the experiment and in real life, by treatment condition



Note: Own data.

F Screenshots from the main experiment

Figure F2: Introduction

Introduction

Thank you for signing up. This study consists of two parts. In the first part, we ask you to make two decisions. In the second part, you are supposed to answer some survey questions.

This research is very important to us. We therefore ask you to pay attention and try to answer as precise as you can. Thank you!

Payment

If you complete both parts of the study, you will be paid at least £1.70.

The maximum time allowed to complete this study is 49 minutes. You will not be entitled to any payment if you exceed the maximum time allowed.

Data protection information

Hide

The Berlin Social Science Center (Wissenschaftszentrum Berlin für Sozialforschung, WZB), Reichpietschufer 50, 10785 Berlin, Germany is conducting a scientific study using Prolific today.

Your responses will be recorded on our server. The data generated in the study will be separated from the data in the Prolific system after the payment has been completed and will not allow any inference on the participation respectively the responses of individual persons. Correspondingly, the analysis and presentation of all results of this survey will be anonymized. The anonymous research data will be archived and will possibly be made available to other scientists for further use.

Participation in today's study is entirely voluntary. You have the possibility to exit the study at any time.

Figure F3: Control condition without COVID-19 reference

Please read the following information provided by the charity **Save the Children**

Save the Children - 100 Years Working With Children

At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm.

Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from.

Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation.

Please donate to our work

Your support will help transform children's lives.

On top of the fixed payment of £1.70 you will receive an **additional budget of £1** that you can divide as you wish. You can keep it for yourself, donate to Save the Children, or divide it between the two.

- Whatever you decide to keep will be added to your payment.
- Whatever you decide to donate will be donated by us to Save the Children after the end of the study.

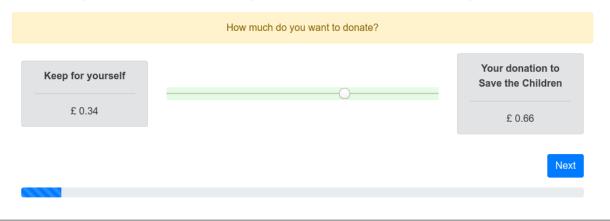


Figure F4: Treatment condition with COVID-19 reference

Please read the following information provided by the charity **Save the Children**

Save the Children - 100 Years Working With Children

At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm.

Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from.

Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation.

The coronavirus is already having devastating consequences for children and their rights. Health systems, both in poor countries and the NHS, are being overwhelmed. Children have had their education disrupted by school closures. Many face the prospect of poverty.

With the pandemic now spreading into some of the world's poorest countries and in the UK, there is a real danger that we will see a reversal of the gains made over the last 20 years. There is an alternative.

Please donate to our work

Your support will help transform children's lives.

On top of the fixed payment of £1.70 you will receive an **additional budget of £1** that you can divide as you wish. You can keep it for yourself, donate to Save the Children, or divide it between the two.

- Whatever you decide to keep will be added to your payment.
- Whatever you decide to donate will be donated by us to Save the Children after the end of the study.

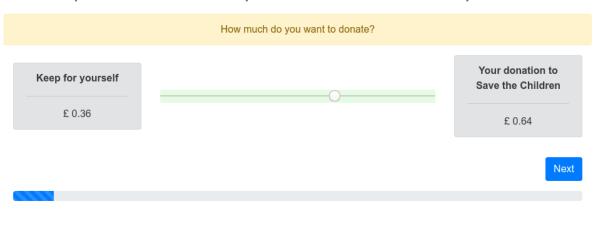


Figure F5: Second decision for donors



Figure F6: Second decision for non-donors

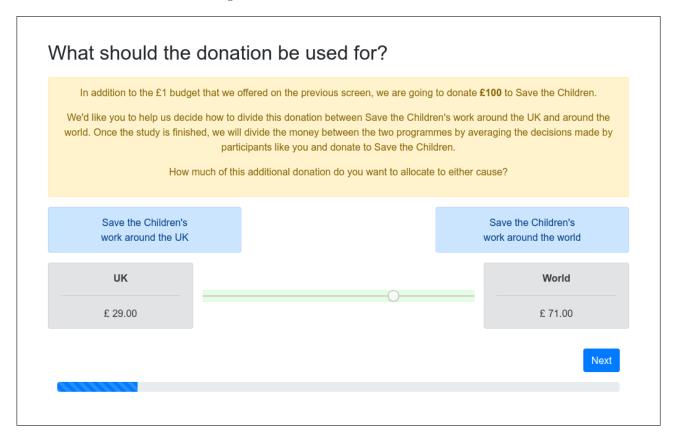


Figure F7: Introduction to survey

Survey In the second part, we ask you to answer some survey questions. The topics of the survey are your experience with and opinions regarding COVID-19* as well as your personal situation. Your participation and your sincere answers are very important for our research. Your answers will be used for research purposes only. The analysis and presentation of all results will not allow any inference on your individual person. In case you feel uncomfortable with any of the questions, you can exit the survey at any point. However, if you do not finish the survey, you will only be payed based on your decision in the first part of the study. * COVID-19 is the disease caused by SARS-CoV-2, also known as the novel coronavirus.

Figure F8: Demographics

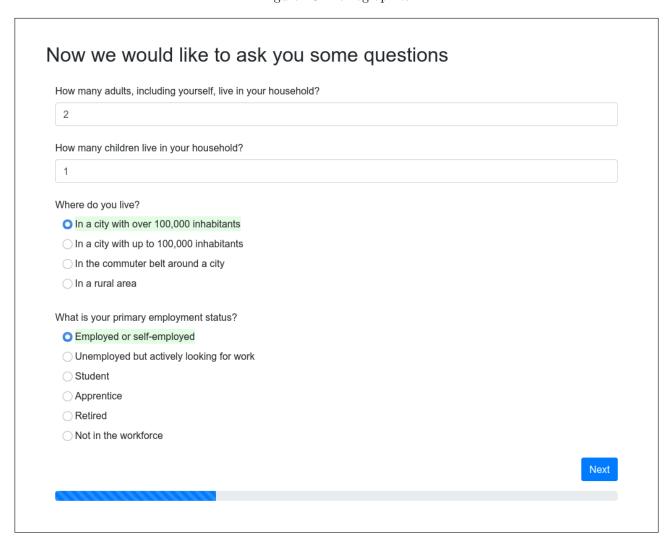


Figure F9: Location selection

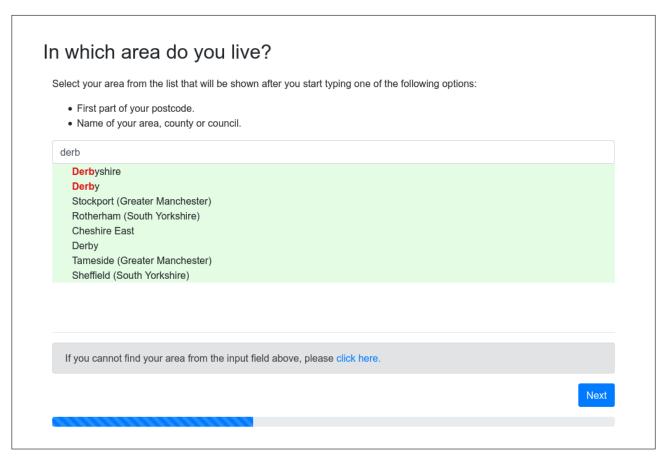


Figure F10: Location confirmation

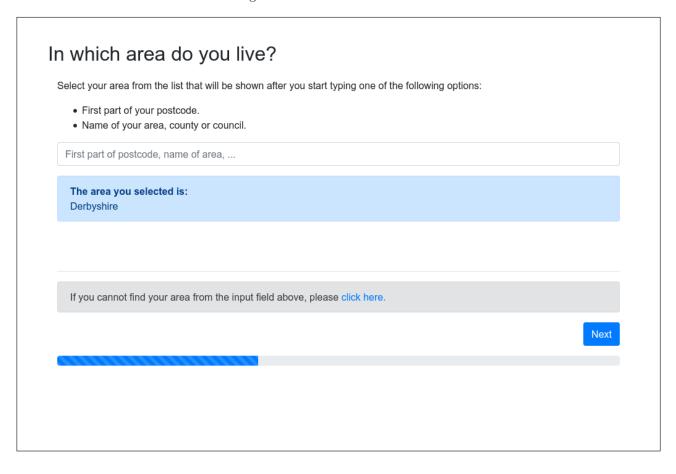


Figure F11: Experiences with COVID-19

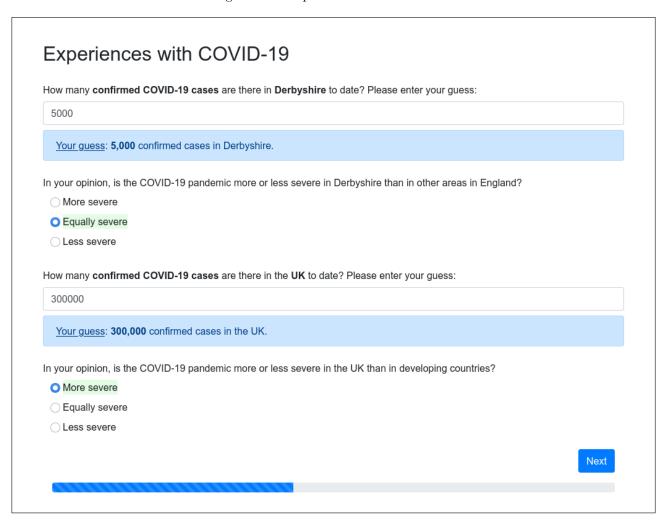


Figure F12: Health situation

Corona virus? A lot Somewhat Not at all Come people are a High risk (clini Moderate risk Neither of the NHS provi	at risk of becoming seriously ill if infected by COVID-19. What risk category do you belong to? ically extremely vulnerable)* (clinically vulnerable)** above ides following information: ple at high risk (clinically extremely vulnerable) n coronavirus include people who: have had an organ transplant are having chemotherapy or antibody treatment for cancer, including immunotherapy are having an intense course of radiotherapy (radical radiotherapy) for lung cancer are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors) have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma) have had a bone marrow or stem cell transplant in the past 6 months, or are still taking
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•	
	have had a bone marrow or stem cell transplant in the past 6 months, or are still taking
_	
	immunosuppressant medicine have been told by a doctor they you have a severe lung condition (such as cystic fibrosis, severe asthma
	or severe COPD)
	have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
	are taking medicine that makes them much more likely to get infections (such as high doses of steroids) have a serious heart condition and are pregnant
·	nave a serious near condition and are pregnant
	pple at moderate risk (clinically vulnerable)
	n coronavirus include people who:
	are 70 or older
	are pregnant have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
	have heart disease (such as heart failure)
	have diabetes
	have chronic kidney disease
	have liver disease (such as hepatitis) have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone
	disease, multiple sclerosis or cerebral palsy)
	have a condition that means they have a high risk of getting infections
	are taking medicine that can affect the immune system (such as low doses of steroids)
•	are very obese (a BMI of 40 or above)

Figure F13: Behavior since the outbreak of COVID-19

l ha	ave reduced the number of contacts with people outside my household:
) A lot
C	Somewhat
) Not at all
l ha	ave increased my stock of basic necessities, medication, or sanitary products:
	Alot
	Somewhat
•	Not at all
۱w	ear a mask when I leave the house:
	Always
C	Sometimes
	Never
Fo	r which of the following activities did you leave your house in the last 4 weeks (multiple answers possible)?
	Work
	Religious services
•	Restaurant or café
•	Basic grocery shopping
	Other shopping
	Walk a dog
	Physical activity or leisure outdoors alone or with members of own household
	Physical activity or leisure outdoors with members of other households
	Doctor or pharmacy
	Meet friends or relatives
	Help neighbours or family in need
	Social gatherings or demonstrations
Do	you follow the guidance and advice of the UK government on the COVID-19 pandemic?
	Always
C	Very Often
	Sometimes
	Rarely
	Never
То	what extent do you agree with the following statement? I have done my bit to prevent and tackle COVID-19.
	Agree totally
C	Agree partly
	Neither agree nor disagree
	Disagree partly
	Disagree totally
Ple	ase specify what have you done to prevent and tackle COVID-19:
1	have avoided anyone outside my household as much as possible, have only contacted through phone and video chat. Have

Figure F14: Work situation

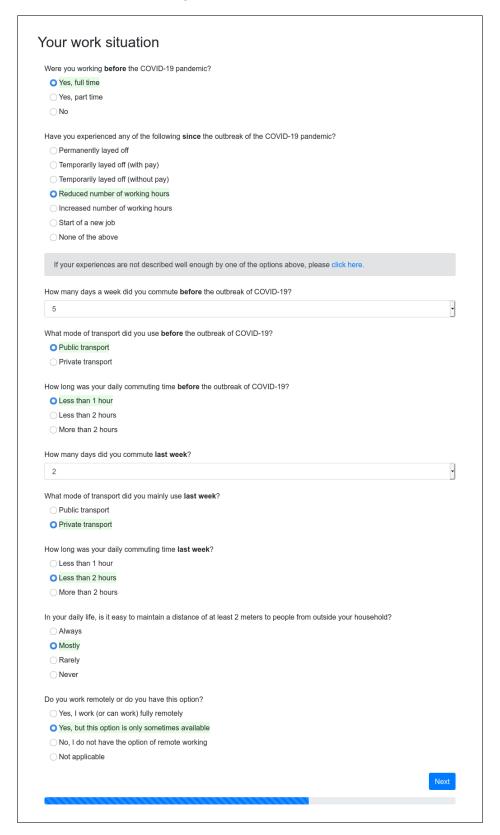


Figure F15: Financial situation

Think of the las	t 12 months before the COVID-19 pandemic
our total monthly hous	sehold income from all sources before tax was:
Oup to £2000	
O More than £2000 u	up to £5000
○ More than £5000 t	up to £10000
○ More than £10000	
our household was ab	ple to make ends meet:
○ With great difficulty	/
○ With some difficult	у
Fairly easily	
○ Easily	
las your econo	omic situation been affected by COVID-19 pandemic?
Relative to the time be	fore the COVID-19 pandemic, your household income has:
O Decreased a lot	
O Decreased somew	rhat
O Stayed the same	
O Increased somewh	nat
O Increased a lot	
our household is able	to make ends meet:
○ With great difficulty	/
With some difficult	y
Fairly easily	
○ Easily	
n the next 12 n	nonths, do you expect that your economic situation will change?
Relative to the time be	fore the COVID-19 pandemic, do you expect your household income will:
O Decrease a lot	
O Decrease somewh	at
Stay the same	
O Increase somewha	at
○ Increase a lot	

Figure F16: Economic situation

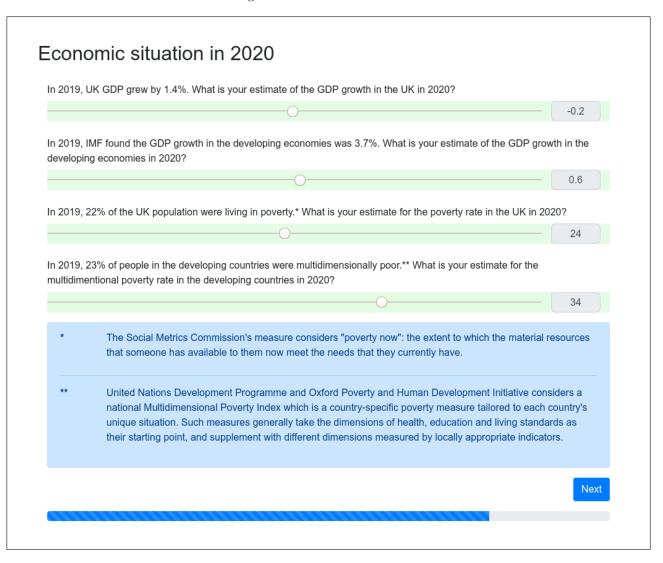


Figure F17: Main news sources

Vhich of the following have	been your main news sources in the last 4 weeks?
The BBC tv station, Cha	annel 4, ITV, Channel 5
○ The BBC radio	
Other tv stations	
Other radio stations	
OPrint or online versions	of The Guardian, The Observer, The Economist, i newspaper, Financial Times, or BBC online
OPrint or online versions	of other newspapers and magazines
O Government and officia	l news sources
Other online news	
O Search engines and oth	ner websites
○ Magazines	
OFriends and family	
O Social media	

Figure F18: COVID-19 risks and policies

mat do you think at	pout the risks from COVID-19?
Most people have	ve no symptoms or only few flu-like symptoms; otherwise COVID-19 isn't very dangerous.
Only people with	n several pre-existing conditions die after getting COVID-19 and any of those conditions could have been neir death.
Older members	of the population and risk groups can become seriously ill after infection with COVID-19.
O Anyone can bed	come seriously ill after infection with COVID-19.
Many people inf	ected with COVID-19 become seriously ill.
O Most people infe	ected with COVID-19 become seriously ill.
What do you think at	bout the lockdown to contain the spread of COVID-19?
O There shouldn't	have been any lockdown; it is not clear whether it helps at all.
The lockdown is	damaging to the economy and the health benefits of the lockdown do not outweigh the economic risks.
O The lockdown is	harming the economy the health benefits of the lockdown might not outweigh the economic risks.
O The lockdown is	necessary to contain the spread of COVID-19.
O No measure is t	oo costly to contain the spread of COVID-19.
The policies against	the spread of COVID-19 taken by the UK government are overall:
O Much too lax	
 Somewhat too la 	ax
O Just right	
 Somewhat too h 	narsh
O Much too harsh	
With which statemer	it do you agree more?
The Coronavirus	s is man-made.
The Coronavirus	s is natural in origin.
With which statemer	at do you agree more?
The Coronavirus	s was spread on purpose.
The Coronavirus	s was spread unintentionally.
When do you think th	ne COVID-19 pandemic will be overcome in the UK?
n 16 months	
When do you think the	nat a vaccination against COVID-19 will be widely available in UK?
n 12 months	
When available, will	you be willing to get vaccinated against COVID-19?
O Definitely not	·
O Probably not	
O Not sure	
Rather yes	

Figure F19: Empathy

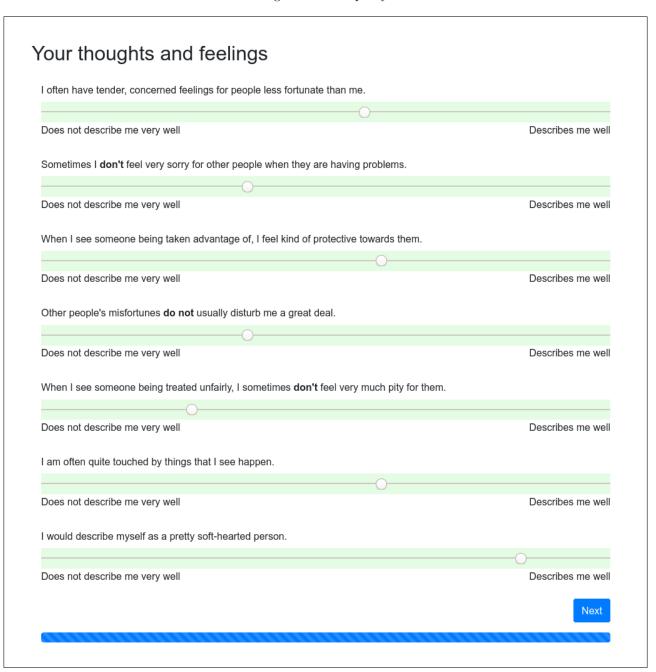


Figure F20: Payment info - Donors

Thank you for participation in this study! Payment For your participation in this study you will receive £1.70 on your Prolific account ExampleProlificID. Based on your decisions you will receive the additional £0.34 in a form of a bonus after the end of the study. The latter might take some time, so we ask you to be patient. Donation Based on your decisions we will transfer following amounts: • £0.34 to Save the Children's work around the UK. • £0.32 to Save the Children's work around the world. Comments Do you have any comments about this survey: Contact For further questions please contact us under donationstudy@wzb.eu If you send us an email or a message on Prolific we are happy to share the donation receipt for the sum of donations after the end of our study. Next

Figure F21: Payment info - Non-donors

Thank you for participation in this study! Payment For your participation in this study you will receive £1.70 on your Prolific account ExampleProlificID2. Based on your decisions you will receive the additional £1.00 in a form of a bonus after the end of the study. The latter might take some time, so we ask you to be patient. Donation We will take into account your decisions when transferring the donation: • 29% to Save the Children's work around the UK. • 71% to Save the Children's work around the world. Comments Do you have any comments about this survey: Contact For further questions please contact us under donationstudy@wzb.eu If you send us an email or a message on Prolific we are happy to share the donation receipt for the sum of donations after the end of our study. Next

G Screenshots from the additional survey experiment

Figure G22: Introduction

Introduction

Thank you for signing up. This research is very important to us. We therefore ask you to pay attention and try to answer as precise as you can.

If you complete the study, you will be paid £2.00.

The maximum time allowed to complete this study is 52 minutes. You will not be entitled to any payment if you exceed the maximum time allowed.

Data protection information

Hide

The Berlin Social Science Center (Wissenschaftszentrum Berlin für Sozialforschung, WZB), Reichpietschufer 50, 10785 Berlin, Germany is conducting a scientific study using Prolific today.

Your responses will be recorded on our server. The data generated in the study will be separated from the data in the Prolific system after the payment has been completed and will not allow any inference on the participation respectively the responses of individual persons. Correspondingly, the analysis and presentation of all results of this survey will be anonymized. The anonymous research data will be archived and will possibly be made available to other scientists for further use.

Participation in today's study is entirely voluntary. You have the possibility to exit the study at any time.

Figure G23: Control condition without COVID-19 frame

Please read the following information provided by the charity **Save the Children**

On the following pages we will ask you some questions pertaining to the text below. Wherever relevant, the information will be displayed again.

Save the Children - 100 Years Working With Children

At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm.

Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from.

Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation.

Please donate to our work

Your support will help transform children's lives.

Please read the following information provided by the charity **Save the Children**

On the following pages we will ask you some questions pertaining to the text below. Wherever relevant, the information will be displayed again.

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At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm.

Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from.

Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation.

The coronavirus is already having devastating consequences for children and their rights. Health systems, both in poor countries and the NHS, are being overwhelmed. Children have had their education disrupted by school closures. Many face the prospect of poverty.

With the pandemic now spreading into some of the world's poorest countries and in the UK, there is a real danger that we will see a reversal of the gains made over the last 20 years. There is an alternative.

Please donate to our work

Your support will help transform children's lives.

Figure G25: Emotion elicitation

Please think of an average Prolific participant from the UK who might receive this donation appeal. Save the Children - 100 Years Working With Children Toggle text At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm. Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from. Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation. Please donate to our work Your support will help transform children's lives. How strongly would this appeal evoke the following emotions in such a person? Compassion: Not at all A lot Contentment: Not at all A lot Sadness: Not at all A lot Contempt: Not at all A lot Guilt: Not at all A lot Joy: Not at all A lot

Figure G26: Expected use of donations

Please think of an average Prolific participant from the UK who might receive this donation appeal. Save the Children - 100 Years Working With Children Toggle text At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm. Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from. Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation. Please donate to our work Your support will help transform children's lives. How might such a person respond to the following questions? How fast will the money collected in this appeal reach people in need? In 6 What causes will be primarily supported by the money that is now being collected? childcare, education, medication, disaster relief Next

Figure G27: Perceived pressure when receiving donation appeal via Royal Mail

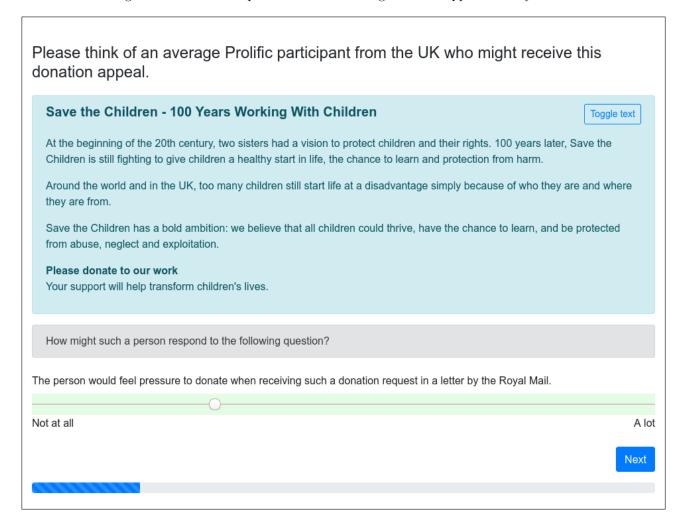


Figure G28: Perceived pressure when receiving donation appeal on Prolific

Please think of an average Prolific participant from the UK who might receive this donation appeal. Save the Children - 100 Years Working With Children Toggle text At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm. Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from. Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation. The coronavirus is already having devastating consequences for children and their rights. Health systems, both in poor countries and the NHS, are being overwhelmed. Children have had their education disrupted by school closures. Many face the prospect of poverty. With the pandemic now spreading into some of the world's poorest countries and in the UK, there is a real danger that we will see a reversal of the gains made over the last 20 years. There is an alternative. Please donate to our work Your support will help transform children's lives. How might such a person respond to the following question? The person would feel pressure to donate when receiving such a donation request in a study on Prolific. Not at all A lot Next

Figure G29: Information about Transparency International

Please read the following information about Transparency International

Transparency International

Transparency International envisions a world in which government, politics, business, civil society and the daily lives of people are free of corruption. Transparency International's mission is to stop corruption and promote transparency, accountability and integrity at all levels and across all sectors of society.

Figure G30: Comparison between charities: Transparency International

Please think of an average Prolific participant from the UK who might receive this donation appeal. Save the Children - 100 Years Working With Children Toggle text At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm. Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from. Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation. Please donate to our work Your support will help transform children's lives. How might such a person respond to the following questions? Giving to the above appeal by Save the Children is more or less important than giving to an appeal by Transparency International? less important more important Giving to the above appeal by Save the Children is more or less effective than giving to an appeal by Transparency International? less effective more effective Giving to the above appeal by Save the Children is more or less urgent than giving to an appeal by Transparency International? less urgent more urgent

Figure G31: Information about Alzheimer's Society

Please read the following information about the Alzheimer's Society

Alzheimer's Society

The Alzheimer's Society envisions a world without dementia. Alzheimer's Society aims at transforming the landscape of dementia by finding a cure and create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice.

Figure G32: Comparison between charities: Alzheimer's Society

Please think of an average Prolific participant from the UK who might receive this donation appeal. Save the Children - 100 Years Working With Children Toggle text At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm. Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from. Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation. Please donate to our work Your support will help transform children's lives. How might such a person respond to the following questions? Giving to the above appeal by Save the Children is more or less important than giving to an appeal by the Alzheimer's Society? less important more important Giving to the above appeal by Save the Children is more or less effective than giving to an appeal by the Alzheimer's Society? less effective more effective Giving to the above appeal by Save the Children is more or less urgent than giving to an appeal by the Alzheimer's Society? less urgent more urgent Next

Figure G33: Information about World Wildfire Fund

Please read the following information about WWF (World Wildlife Fund)

WWF (World Wildlife Fund)

WWF is an independent conservation organization. Its mission is to create a world where people and wildlife can thrive together. WWF aims at finding ways to help transform the future for the world's wildlife, rivers, forests and seas; pushing for a reduction in carbon emissions that will avoid catastrophic climate change; and pressing for measures to help people live sustainably, within the means of our one planet.

Next

Figure G34: Comparison between charities: World Wildfire Fund

Please think of an average Prolific participant from the UK who might receive this donation appeal. Save the Children - 100 Years Working With Children Toggle text At the beginning of the 20th century, two sisters had a vision to protect children and their rights. 100 years later, Save the Children is still fighting to give children a healthy start in life, the chance to learn and protection from harm. Around the world and in the UK, too many children still start life at a disadvantage simply because of who they are and where they are from. Save the Children has a bold ambition: we believe that all children could thrive, have the chance to learn, and be protected from abuse, neglect and exploitation. Please donate to our work Your support will help transform children's lives. How might such a person respond to the following questions? Giving to the above appeal by Save the Children is more or less important than giving to an appeal by WWF? less important more important Giving to the above appeal by Save the Children is more or less effective than giving to an appeal by WWF? less effective more effective Giving to the above appeal by Save the Children is more or less urgent than giving to an appeal by WWF? less urgent more urgent Next

Figure G35: Introduction to the personal survey

Your personal experience

We ask you to answer some additional survey questions. The topics of the survey are your experience with and opinions regarding COVID-19* as well as your personal situation.

Your answers will be used for research purposes only. The analysis and presentation of all results will not allow any inference on your individual person.

* COVID-19 is the disease caused by SARS-CoV-2, also known as the novel coronavirus.

Nex

Figure G36: Demographics

Figure G37: Location confirmation

In which area do you live? Select your area from the list that will be shown after you start typing one of the following options: • First part of your postcode. • Name of your area, county or council. derb Derbyshire Derby Stockport (Greater Manchester) Rotherham (South Yorkshire) Cheshire East Derby Tameside (Greater Manchester) Sheffield (South Yorkshire) If you cannot find your area from the input field above, please click here.

Figure G38: Experiences with COVID-19 $\,$

Experiences with COVID-19	
How many confirmed COVID-19 cases are there in Derbyshire to date? Please enter your guess:	
50000	
Your guess: 50,000 confirmed cases in Derbyshire.	
In your opinion, is the COVID-19 pandemic more or less severe in Derbyshire than in other areas in England? More severe Equally severe Less severe	
How many confirmed COVID-19 cases are there in the UK to date? Please enter your guess:	
Your guess: 4,000,000 confirmed cases in the UK.	
In your opinion, is the COVID-19 pandemic more or less severe in the UK than in developing countries? More severe Equally severe Less severe	
	Next

Your health situation since the outbreak of COVID-19	
Has your health or the health of your family members been negatively affected by the COVID-19 pandemic? • A lot • Somewhat • Not at all	
In the next 12 months, do you expect that your health or the health of your family members will be negatively affected by Corona virus? A lot Somewhat Not at all	/ the
Some people are at risk of becoming seriously ill if infected by COVID-19. What risk category do you belong to? High risk (clinically extremely vulnerable)* Moderate risk (clinically vulnerable)** Neither of the above	
NHS provides following information:	
 People at high risk (clinically extremely vulnerable) from coronavirus include people who: have had an organ transplant are having chemotherapy or antibody treatment for cancer, including immunotherapy are having an intense course of radiotherapy (radical radiotherapy) for lung cancer are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors) have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma) have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine have been told by a doctor they you have a severe lung condition (such as cystic fibrosis, severe ast or severe COPD) have a condition that means they have a very high risk of getting infections (such as SCID or sickle center of the past of the p	cell)
People at moderate risk (clinically vulnerable) from coronavirus include people who: are 70 or older are pregnant have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis) have heart disease (such as heart failure) have diabetes have chronic kidney disease have liver disease (such as hepatitis) have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy) have a condition that means they have a high risk of getting infections are taking medicine that can affect the immune system (such as low doses of steroids) are very obese (a BMI of 40 or above)	
	Next

Figure G40: Behavior since the outbreak of COVID-19

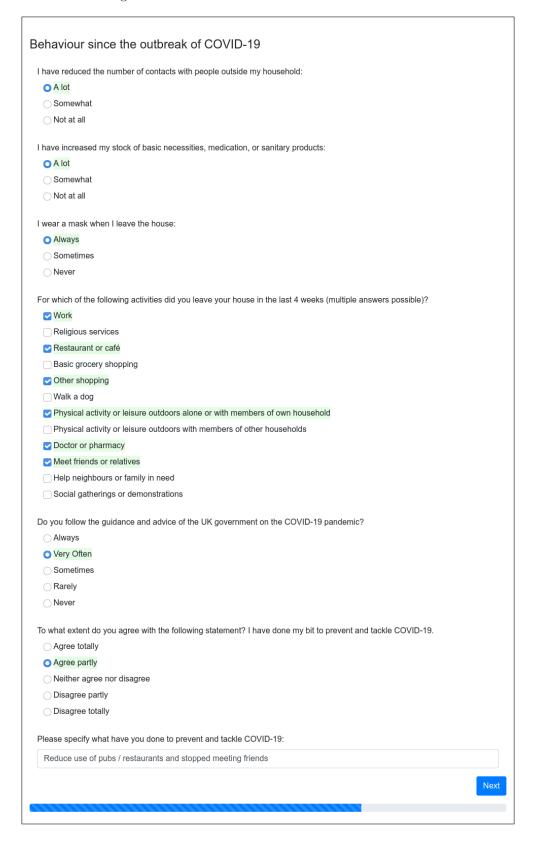
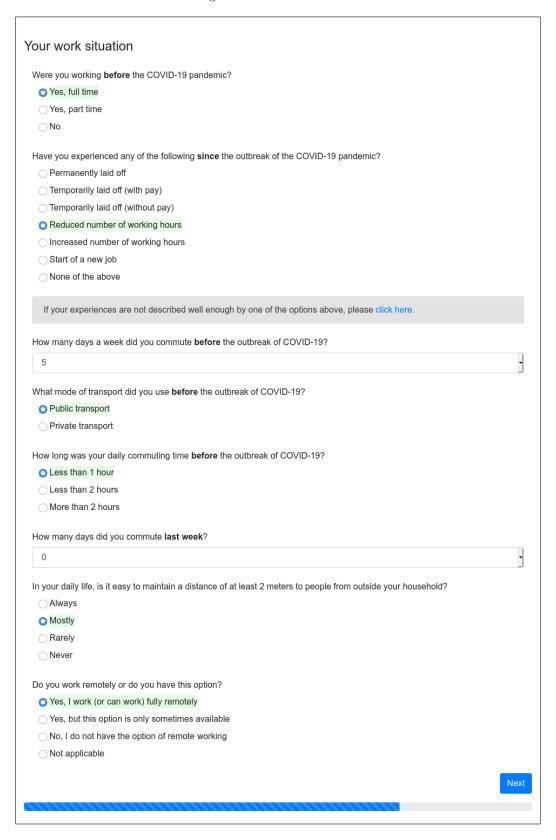


Figure G41: Work situation



Your financial situation
Tour infancial situation
Think of the last 12 months before the COVID-19 pandemic
Your total monthly household income from all sources before tax was:
○ Up to £2000
○ More than £2000 up to £5000
More than £5000 up to £10000
○ More than £10000
Your household was able to make ends meet:
○ With great difficulty
○ With some difficulty
 Fairly easily
○ Easily
Has your economic situation been affected by the COVID-19 pandemic?
Relative to the time before the COVID-19 pandemic, your household income has:
Oecreased a lot
 Decreased somewhat
○ Stayed the same
○ Increased somewhat
○ Increased a lot
Your household is able to make ends meet:
○ With great difficulty
○ With some difficulty
○ Fairly easily
○ Easily
In the next 12 months, do you expect that your economic situation will change?
Relative to the time before the COVID-19 pandemic, do you expect your household income will:
O Decrease a lot
O Decrease somewhat
○ Stay the same
 Increase somewhat
○ Increase a lot
Next
Next

Figure G43: Economic situation

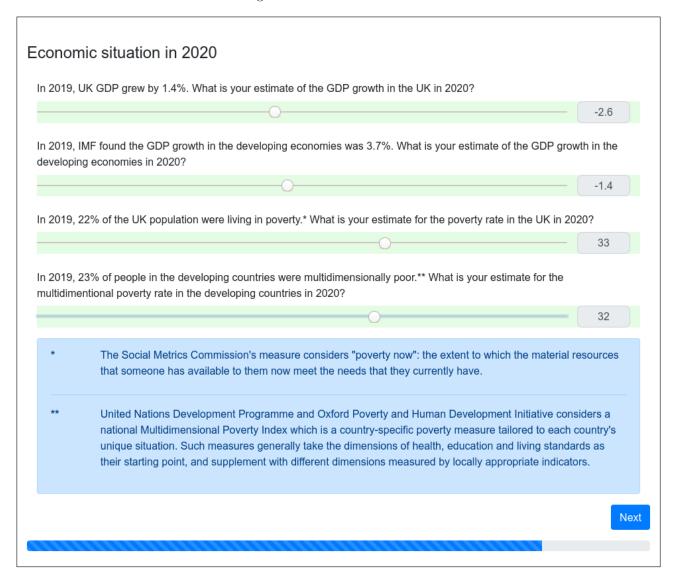


Figure G44: Main news sources

Your main news sources	
Which of the following have been your main news sources in the last 4 weeks?	
The BBC tv station, Channel 4, ITV, Channel 5	
○ The BBC radio	
Other tv stations	
Other radio stations	
OPrint or online versions of The Guardian, The Observer, The Economist, i newspaper, Financial Times, or BBC online	
OPrint or online versions of other newspapers and magazines	
Government and official news sources	
Other online news	
Search engines and other websites	
○ Magazines	
○ Friends and family	
○ Social media	
Next	

Figure G45: COVID-19 risks and policies

COVID-19 risks and policies to counteract the pandemic
What do you think about the risks from COVID-19?
Most people have no symptoms or only few flu-like symptoms; otherwise COVID-19 isn't very dangerous.
Only people with several pre-existing conditions die after getting COVID-19 and any of those conditions could have been the reason for their death.
Older members of the population and risk groups can become seriously ill after infection with COVID-19.
Anyone can become seriously ill after infection with COVID-19.
Many people infected with COVID-19 become seriously ill.
○ Most people infected with COVID-19 become seriously ill.
What do you think about the lockdown to contain the spread of COVID-19?
There shouldn't have been any lockdown; it is not clear whether it helps at all.
The lockdown is damaging to the economy and the health benefits of the lockdown do not outweigh the economic risks.
The lockdown is harming the economy and the health benefits of the lockdown might not outweigh the economic risks.
The lockdown is necessary to contain the spread of COVID-19.
○ No measure is too costly to contain the spread of COVID-19.
The policies against the spread of COVID-19 taken by the UK government are overall:
○ Much too lax
Somewhat too lax
○ Just right
○ Somewhat too harsh
○ Much too harsh
With which statement do you agree more?
○ The Coronavirus is man-made.
The Coronavirus is natural in origin.
With which statement do you agree more?
The Coronavirus was spread on purpose.
The Coronavirus was spread unintentionally.
When do you think the COVID-19 pandemic will be over in the UK?
In 3 months
Have you received a COVID-19 vaccination yet?
○ No
Yes, one shot
○ Yes, two shots
Are you worried that new variants of COVID-19 will make it difficult to end the pandemic?
○ Yes, very worried
Yes, somewhat worried
○ Not sure
○ No, not very worried
○ No, not worried at all
Next

Figure G46: Empathy

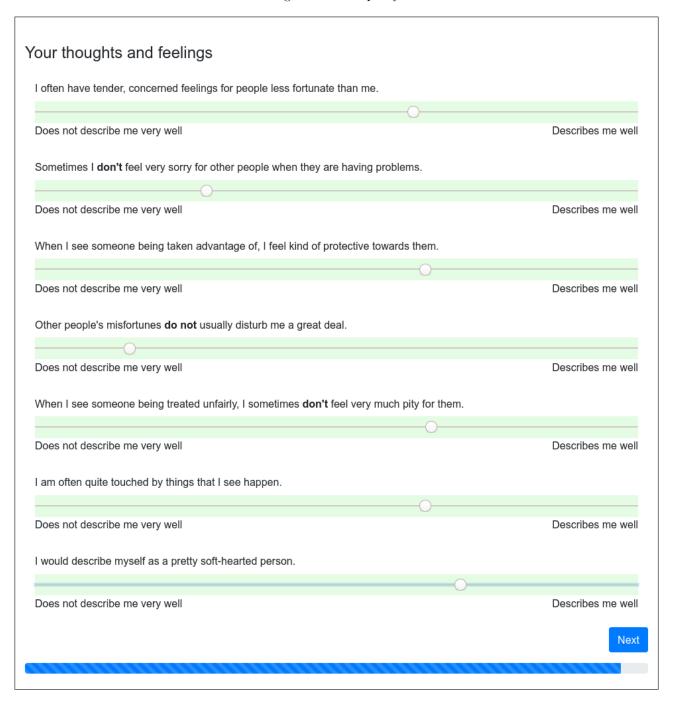


Figure G47: Payment info

Payment					
For your particip	ation in this study you wil	I receive £2.00 on	your Prolific accou	nt None .	
Comments					
Do you have an	comments about this su	ırvey:			
					li .
Contact					
or further ques	ions please contact us u	nder donationstud	y@wzb.eu		

References

- Andreoni, J., Rao, J. M., & Trachtman, H. (2017). Avoiding the ask: A field experiment on altruism, empathy, and charitable giving. *Journal of Political Economy*, 125(3), 625–653. https://doi.org/10.1086/691703
- Della Vigna, S., List, J. A., & Malmendier, U. (2012). Testing for altruism and social pressure in charitable giving. The quarterly journal of economics, 127(1), 1–56. https://doi.org//10.1093/qje/qjr050
- Scherer, K. R. (2005). What are emotions? And how can they be measured? Social science information, 44(4), 695-729. https://doi.org/10.1177/0539018405058216
- Scherer, K. R., Shuman, V., Fontaine, J., & Soriano Salinas, C. (2013). The GRID meets the Wheel: Assessing emotional feeling via self-report. Components of emotional meaning: A sourcebook. https://doi.org/10. 1093/acprof:oso/9780199592746.003.0019