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## Paternalistic interventions: Determinants of demand and supply

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# **Paternalistic Interventions: Determinants of Demand and Supply**

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# Paternalistic Interventions: Determinants of Demand and Supply\*

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## Abstract

This study investigates the determinants of individuals' demand for and supply of paternalistic interventions—measures intended to help others avoid mistakes. Based on data from an incentivized experiment conducted with a large U.S. sample, we find that both demand and supply are higher for informational interventions than for those that restrict choice, and when targeted individuals perceive themselves or are perceived as more error-prone. Moreover, granting targets the right to withhold consent increases demand. These behavioral patterns, supported by participants' free-text responses, suggest that both receiving and supplying interventions entail utility costs, particularly when interventions infringe upon personal autonomy. Our findings inform policy design by highlighting the importance of autonomy-preserving features such as choice options and consent rights in securing public support for paternalistic interventions.

**Keywords:** Paternalism, interventions, consent rights, policy design

**JEL Classification:** C91, D60, D91

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# 1 Introduction

Individuals sometimes make mistakes. They may select dominated insurance contracts (Bhargava et al., 2017), make suboptimal investment decisions (Choi et al., 2011), claim social security benefits at the wrong time (Bronshtein et al., 2020), or overpay for consumer products (Grubb, 2015). Such behaviors create opportunities for paternalistic interventions by governments, experts, employers, or parents—interventions such as nudges or choice restrictions intended to help individuals avoid mistakes (Akerlof, 1991; Camerer et al., 2003; Thaler and Sunstein, 2003).

In light of the extensive evidence on deviations from rational behavior, Akerlof (1991) concluded that “Individuals may be made better off if their options are limited and their choices constrained” (p. 2). Yet, despite their potential to improve decision outcomes, paternalistic interventions may be met with resistance—whether as reluctance to receive them or hesitation to impose them on others—possibly due to utility costs associated with an intervention, such as experiences of shame or negative feelings stemming from perceived infringements on autonomy (e.g., Loewenstein and O’Donoghue, 2006; Allcott and Kessler, 2019; Butera et al., 2022; Bronchetti et al., 2023). By providing evidence on the existence and sources of such utility costs, our paper contributes to a deeper understanding of individuals’ attitudes toward paternalistic interventions—an important factor in evaluating the acceptability of government policies, independent of their substantive content or objectives.

We study determinants of both the demand for and the supply of paternalistic interventions through an incentivized experiment with a large general-population sample in the U.S. ( $N = 8000$ ). Do individuals prefer to make their own decisions—accepting the risk of error—or do they favor intervention by another person to help them avoid such mistakes? Likewise, when given the opportunity to intervene, do individuals choose to help others avoid errors, or do they prefer to respect others’ autonomy, even if this results in suboptimal decisions?

In our experiment, participants are randomly assigned to one of two roles—Chooser or Choice Architect—and matched into pairs. Choosers select between two monetary bonus options, where the option with the higher monetary value might not be immediately apparent to them, creating a risk of choosing the lower bonus. This design reflects real-life situations with no ambiguity about which option maximizes the targeted individual’s welfare—that is, where individuals may make objective mistakes, such as selecting a dominated insurance contract (Bhargava et al., 2017). Choice Architects can supply an intervention that helps Choosers receive the higher bonus, while Choosers can express their demand for such an intervention after making their initial choice.

Choosers and Choice Architects are randomly assigned to treatments designed to generate exogenous variation in the utility costs associated with paternalistic interventions. In particular, we manipulate the restrictiveness of the intervention. In the Soft treatment arm, the Choice Architect can inform the Chooser of the higher bonus and give them the opportunity to revise their initial choice. In the Hard treatment arm, the Choice Architect can select the bonus for the Chooser, thereby overriding the Chooser's initial choice. Moreover, we vary whether a Chooser's preference for receiving an intervention is communicated to the Choice Architect, and whether Choosers have the right to deny consent to an intervention. We also exploit natural variation in beliefs—such as Choosers' confidence in their own decisions and Choice Architects' beliefs about Choosers' decision-making—and generalized trust in others, to examine how these factors influence the demand for and supply of interventions. Across all treatments, it is common knowledge that Choice Architects are unaware of the Chooser's initial bonus selection but are explicitly informed which option yields the higher value, and that they can either provide only truthful information (Soft treatment arm) or select the higher-value bonus (Hard treatment arm).

We find that demand for interventions is low: averaged across all treatments, only one-third of Choosers demand one. However, demand is higher among less confident individuals than among those with high confidence, suggesting that Choosers trade off the expected monetary gains from an intervention—higher for less confident Choosers—against the utility costs of being subjected to one. Given that an intervention cannot decrease a Chooser's earnings, demand should effectively be universal in the absence of such costs. Demand is also higher for soft interventions than for hard interventions, consistent with the hypothesis that more restrictive interventions impose greater utility costs. In addition, granting Choosers consent rights increases demand. Since consent rights might be perceived as preserving autonomy by allowing individuals to retain control over whether an intervention is applied to them, this finding supports the hypothesis that autonomy-preserving features enhance the acceptability of interventions. Finally, we find that more trusting Choosers are more likely to demand an intervention.

Our analysis of open-ended text responses, in which Choosers explain why they either demanded or did not demand an intervention, reveals that confidence in one's own abilities (or the lack thereof), the desire for autonomy, and trust in the Choice Architect (or the lack thereof) are the most frequently cited reasons for demand decisions, with concerns about autonomy being more prevalent in the Hard treatment arm. These findings are consistent with the choice patterns and reinforce our interpretation that being subjected to an intervention—particularly a restrictive one—incurs utility costs.

The supply of interventions generally exceeds demand, with about 70% of Choice Architects choosing to intervene, averaged across all treatments. Supply is lower for hard interventions than for soft ones, and it also decreases when beliefs about Choosers' ability are higher—mirroring the demand patterns. Choice Architects respond to Choosers' intervention preferences, with supply increasing when Choosers explicitly express a desire for intervention. Nevertheless, the supply–demand gap remains large even when preferences are known, primarily because many Choice Architects intervene despite the Chooser indicating a preference against intervention.

Analysis of open-ended text responses, in which Choice Architects explain their supply decisions, reveals that respect for the Chooser's autonomy, adherence to the Chooser's stated preferences, and (lack of) confidence in the Chooser's ability to make the correct choice are frequently cited reasons for these decisions, with respect for autonomy more commonly invoked by Choice Architects who choose not to intervene. Intrinsic factors are also frequently mentioned, including, on the one hand, a reluctance to assume responsibility and, on the other hand, a perceived moral obligation to help. These findings align with observed choice patterns and support our interpretation that interventions entail utility costs for Choice Architects—such as infringing on autonomy or assuming responsibility. At the same time, the text analysis suggests that some Choice Architects may experience utility costs from *not* intervening, due to a perceived obligation to help—offering an explanation for why many intervene even when the matched Chooser prefers no intervention.

As with any experimental study, concerns about external validity naturally arise. To address this, we elicit participants' broader policy views. We find that behavior in the experiment correlates with these views: participants who demand or supply interventions in the experiment are more likely to support government paternalism. This alignment, observed in both the Hard and Soft treatment arms, lends support to the external validity of our findings. Interestingly, while political affiliation does not predict demand for or supply of interventions in the experiment, the elicited policy views reveal that Republicans are significantly less supportive of both hard and soft government paternalism than non-Republicans. This suggests that their skepticism is directed more toward government involvement broadly than toward paternalism specifically.

Our findings align with the prominence of *libertarian paternalism* (Thaler and Sunstein, 2003), which entails interventions—such as nudges—that preserve individual choice, in contrast to policy tools like bans or taxes. Specifically, we provide evidence suggesting that the appeal of libertarian paternalism lies in its capacity to reduce the utility costs associated with infringements on autonomy. Additionally, we find that coupling inter-

ventions with consent rights—an approach that may be labeled *consensual paternalism*—appears to reduce their utility costs. The term consensual paternalism—like libertarian paternalism—may appear oxymoronic, given that some definitions of paternalism emphasize the absence of consent for an intervention (e.g., Dworkin, 2020). Even so, our findings show that granting consent rights increases receptiveness to interventions.

Taken together, our results have implications for policy by advancing our understanding of the conditions under which paternalistic interventions, e.g., by governments, are accepted or rejected. Our data suggest that successful policy design may depend not only on the objective and effectiveness of an intervention, but also on how it is perceived in terms of infringements on autonomy, consent rights, and trust. Specifically, interventions that are perceived as undermining personal agency by reducing choice option or imposed without granting veto rights are more likely to be resisted, even if they are otherwise beneficial. Conversely, interventions that preserve a sense of choice, emphasize voluntary participation, and are implemented by trusted actors are more readily accepted.

The remainder of the paper is structured as follows. Section 2 discusses related literature. Section 3 outlines the experimental design, and Section 4 describes the procedures and data. Section 5 presents results on determinants of Choosers’ demand for interventions, while Section 6 examines determinants of Choice Architects’ supply. Section 7 compares Choosers’ demand to Choice Architects’ supply. Section 8 relates the experimental decisions to support for government paternalistic interventions. Section 9 concludes.

## **2 Related Literature**

Our study contributes to several strands of the literature. First, it adds to a body of theoretical and empirical research on the welfare effects of soft paternalistic interventions (Caplin, 2003; Glaeser, 2006; Loewenstein and O’Donoghue, 2006; Allcott and Taubinsky, 2015; Beiermann et al., 2017; Allcott and Kessler, 2019; Butera et al., 2022; Bronchetti et al., 2023; Allcott et al., 2025). These papers argue that such interventions, despite their potential benefits, may impose utility costs on targeted individuals—referred to, for example, as “moral utility” (Allcott and Kessler, 2019) or “psychic costs” (Loewenstein and O’Donoghue, 2006; Allcott et al., 2025). Proposed sources of these costs include shame (Butera et al., 2022), nuisance or hassle costs (Bronchetti et al., 2023), and fear (Caplin, 2003). Related experimental work shows that individuals often prefer to choose without intervention, as demonstrated by Lusk et al. (2013) in food selection and Lübbecke and Schnedler (2020) in logical reasoning tasks. In addition, Uhl (2011) and Kataria et al. (2014) show that individuals may punish intervening actors when imposed restrictions lead to worse outcomes. Our study advances this literature by providing direct evidence on

the utility costs of interventions through an experimental design that exogenously varies their restrictiveness and the presence of consent rights—features that we hypothesized to influence utility costs while holding potential benefits constant.

A growing body of research examines when and how individuals choose to intervene in others’ decisions. Laboratory studies with student samples show that individuals prefer providing donations in-kind rather than in-cash when they disagree with recipients’ spending choices (Jacobsson et al., 2007; Gangadharan et al., 2018); are more likely to impose commitment devices on others when they self-commit (Uhl, 2011); select healthier options for others than for themselves (Lusk et al., 2013); and project their own time preferences onto others when deciding whether to restrict impatient choices (Ambuehl et al., 2021). Doerrenberg et al. (2025) find that interventions made by groups are more autonomy-preserving than those made by individuals. Evidence from field experiments shows that parents override their children’s impatient choices (Kiessling et al., 2021), money managers impose their own risk preferences on clients (Buckle and Luhan, 2023), and employers avoid hiring women for jobs perceived as unsafe (Buchmann et al., 2024). Closely related to our paper is the study by Bartling et al. (2024), which examines how the nature of intervention (hard vs. soft) and the perceived reasons for individuals’ potential mistakes influence people’s willingness to intervene. They also classify paternalistic types in a U.S. general-population sample, finding that about half are welfarists and one-third are libertarian paternalists. Our study differs from the existing literature by focusing on a context in which an intervention helps prevent objective mistake (not choosing a strictly dominant option), thereby fully eliminating ambiguity about what constitutes the optimal choice for the target. Moreover, we explore three novel factors hypothesized to influence intervention decisions: the presence of consent rights, the target’s demand for intervention, and beliefs about the target’s ability to choose optimally.

Our paper also contributes to the literature on public support for government interventions, including “nudges” (Pedersen et al., 2014; Reisch and Sunstein, 2016; Jung and Mellers, 2016; Sunstein et al., 2018; Hagman et al., 2022; König and Schmacker, 2022; Treger, 2023; Villalba and Konrad, 2024; Konrad and Simon, 2025), which generally finds broad support for soft measures, lower support for more restrictive measures, and an effect of trust on support for these measures. Arad and Rubinstein (2018) find higher support for soft government paternalistic interventions relative to hard interventions among student samples, while fixing beliefs about the effectiveness of the interventions.

Finally, our findings are related to a series of experimental papers documenting an intrinsic value of decision-rights (Fehr et al., 2013; Bartling et al., 2014; Owens et al., 2014; Dykstra et al., 2022).



## 3 Experimental Design

### 3.1 Overview

The experiment involves two types of participants: Choosers and Choice Architects. Participants are assigned to one of these two roles and then matched into pairs, with each pair consisting of one Chooser and one Choice Architect. Choosers receive a monetary bonus for participating in the experiment and must choose between two bonus options. These options are presented such that it may not be immediately clear to a Chooser which option has the higher monetary value. As a result, a Chooser might select the lower bonus. Choice Architects can intervene in the Choosers' choice to help them secure the higher bonus. Do Choosers demand such interventions, and do Choice Architects choose to supply them? We outline the details of our experimental design in the following sections to address these questions.<sup>1</sup>

### 3.2 Choosers' Initial Choice of Bonus

A Chooser learns that they can earn an additional bonus with a 1 in 5 chance, and they are asked to choose between two bonus options. Bonus A is worth \$5 and Bonus B is worth \$10, but the value of the latter option is not explicitly spelled out to the Choosers. Rather, the two bonus options are presented to them as follows:

- *Bonus A is worth \$5.*
- *Bonus B has an initial value of 8 cents, but its value would be doubled 7 times and rounded down to the nearest whole dollar amount before you receive it.*

Given the description of Bonus B, a Chooser susceptible to exponential growth bias may mistakenly perceive Bonus B as being worth less than Bonus A<sup>2</sup>. As a result, the Chooser might select Bonus A, despite it being the dominated option.

### 3.3 Treatments

We first briefly outline the treatment arms and then describe the specific decisions made by Choosers and Choice Architects in Section 3.4.

We randomize the study participants into one of six treatments in a 2×3 factorial design. Table 1 provides an overview of the treatments.

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<sup>1</sup>The full text of the experimental instructions is in Appendix Section E.

<sup>2</sup>Exponential growth bias is a well-documented driver of decision-making errors in contexts such as borrowing, saving, consumption, and investment (see, e.g., Stango and Zinman, 2009; Levy and Tasoff, 2016), lending ecological validity to our setting by grounding it in a realistic source of error.

Table 1: Overview of Treatments

	Soft	Hard
No Info	Soft $\times$ No Info	Hard $\times$ No Info
Preference Info	Soft $\times$ Preference Info	Hard $\times$ Preference Info
Consent Rights	Soft $\times$ Consent Rights	Hard $\times$ Consent Rights

### 3.3.1 Restrictiveness of the Intervention

The first treatment dimension varies the restrictiveness of the intervention: information provision versus choice restriction. In the Soft treatment arm, the intervention involves the Choice Architect informing the Chooser about which bonus is higher and providing them with the opportunity to revise their choice. In the Hard treatment arm, the intervention involves the Choice Architect overriding the Chooser’s initial choice and selecting the higher bonus on their behalf. In both treatment arms, if no intervention occurs, the Chooser’s initial choice determines their bonus.

### 3.3.2 Preference Communication and Consent Rights

The second treatment dimension varies whether the Choice Architect is informed of the Chooser’s preference for or against an intervention, and whether the Chooser has the right to withhold consent to an intervention. In the Preference Info treatment arm, the Choice Architect is informed of the Chooser’s preference regarding an intervention before deciding whether to intervene. In contrast, in the No Info treatment arm, the Choice Architect does not receive any information about the Chooser’s preference. Finally, in the Consent Rights treatment arm, the Choice Architect can intervene only if the Chooser explicitly consents to the intervention.

## 3.4 Demand and Supply Decisions

We now turn to the details of the Choosers’ demand decisions and the Choice Architects’ supply decisions.<sup>3</sup>

### 3.4.1 Choosers’ Demand for Interventions

After making their initial bonus choice, a Chooser is informed that they have been matched with another participant (a Choice Architect). The Chooser is informed that the Choice Architect knows the final value of both bonus options but does not know which option they initially selected. Additionally, they learn that the Choice Architect can intervene to help them secure the higher bonus. The description of the intervention—hard or soft—

<sup>3</sup>Appendix Figures A1 to A4 present screenshots of the Choosers’ and Choice Architects’ decision screens, using the Preference Info treatment arm as an example.

depends on their treatment assignment. Finally, the Chooser indicates—depending on their treatment assignment—their preference for or consent to an intervention.

Importantly, a Chooser in the Hard treatment arm is informed that the Choice Architect can only select the higher bonus on their behalf. A Chooser in the Soft treatment arm is informed that the Choice Architect can only provide truthful information about which bonus is higher. This information is saliently presented to the participants when they indicate their preference for or consent to an intervention.

In the No Info treatment arm, a Chooser indicates their preference for or against an intervention, knowing that this preference will not be disclosed to the matched Choice Architect. In contrast, in the Preference Info treatment arm, a Chooser knows that their preference is communicated to the matched Choice Architect prior to the Choice Architect’s intervention decision. In both treatment arms, Choosers are aware that, regardless of their stated preference, Choice Architects have full discretion to decide whether to intervene. In the Consent Rights treatment arm, a Chooser indicates whether they consent to an intervention, knowing that their consent decision will be communicated to the Choice Architect. Choosers are informed that if they provide consent, the matched Choice Architect’s decision to intervene (or not) will be implemented. However, if they withhold consent, no intervention can occur, and their initial bonus choice will determine their bonus.

The key outcome variable for Choosers is their demand for interventions, defined as their stated preference for or consent to interventions. Random assignment to treatment allows us to study how Choosers’ demand for interventions is causally influenced by two factors: (i) the restrictiveness of the intervention (Hard vs. Soft) and (ii) the presence of consent rights (Preference Info vs. Consent Rights).<sup>4</sup>

### **3.4.2 Choice Architects’ Supply of Interventions**

A Choice Architect is informed that they have been matched with another participant (a Chooser) who receives a bonus with a 1 in 5 chance. They are also informed (i) that the matched Chooser has made a choice between two bonus options, though the specific choice remains unknown to the Choice Architect, (ii) how the bonus options were presented to the Chooser, and (iii) about the final values of both bonus options.

In the No Info treatment arm, a Choice Architect decides whether to intervene without knowing the matched Chooser’s preference regarding the intervention. In contrast, in the

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<sup>4</sup>We pre-registered to disregard the demand data in the No Info treatment arm because Choosers’ preferences were not communicated to Choice Architects, meaning they lacked extrinsic incentives to report them truthfully. We included the No Info treatment arm in our design to study the supply of interventions when Choice Architects lack information about demand.

Preference Info treatment arm, the Choice Architect makes their intervention decision after learning whether the matched Chooser prefers an intervention. In the Consent Rights treatment arm, a Choice Architect matched with a Chooser who consented to an intervention makes their decision after being informed of this consent. For a Choice Architect matched with a Chooser who does not consent, we employ the strategy method: before informing them of the Chooser’s consent decision, we ask them whether they would intervene if the Chooser were to consent.

The key outcome variable for Choice Architects is their supply of interventions, that is, their decisions to intervene or not. Random assignment to treatment, as well as to Choosers who either prefer or do not prefer an intervention in the Preference Info treatment arm, allow us to study how supply is causally influenced by (i) the restrictiveness of the intervention (Hard vs. Soft), (ii) Choosers’ demand for interventions (stated preference for vs. against an intervention in the Preference Info treatment arm), and (iii) Choosers’ consent rights (stated preference for an intervention in the Preference Info treatment arm vs. consent given in the Consent Rights treatment arm).

### **3.5 Questionnaire Data**

After making their decisions in the experiment but before receiving feedback, participants completed a brief questionnaire containing the items outlined below.

#### **3.5.1 Beliefs about Ability**

Choosers were asked how confident they were that they initially chose the higher bonus. Confidence was measured using a 5-point scale, ranging from “Not confident at all” to “Extremely confident.” We use this information to study how Choosers’ beliefs about their own ability relate to their demand for an intervention.

Choice Architects were asked to guess how many out of 100 Choosers would choose the higher bonus without intervention. Since these beliefs may depend on a Choice Architect’s treatment, the question was conditioned on their treatment assignment.<sup>5</sup> Responses were collected on a 10-point scale, divided into successive intervals: 0–10, 11–20, ..., up to 91–100. To incentivize the belief elicitation, Choice Architects received a \$1 bonus if their guess was correct. We use this information to study how Choice Architects’ beliefs about Choosers’ abilities relate to their supply of interventions.

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<sup>5</sup>In the No Info treatment arm, Choice Architects guessed the share of Choosers who would choose the higher bonus without intervention. In the Preference Info arm, they guessed this share conditional on their matched Chooser’s intervention preference. In the Consent Rights arm, they guessed it among Choosers who consented to an intervention.

### **3.5.2 Beliefs about Demand**

In the No Info treatment arm, we elicited the Choice Architects' beliefs about the Choosers' demand for interventions. Choice Architects were asked to guess how many out of 100 Choosers would prefer an intervention, using a 10-point scale, divided into successive intervals: 0–10, 11–20, ..., up to 91–100. To incentivize the belief elicitation, Choice Architects received a \$1 bonus if their guess was correct. We use this information to study how Choice Architects' beliefs about Choosers' demand relate to their supply of interventions.

### **3.5.3 Open-Ended Question**

After the belief elicitation, participants were asked an open-ended question: Choosers in the Preference Info and No Info arms were asked to explain their preference for or against the intervention, while those in the Consent Rights arm were asked to explain their consent decision. Choice Architects were asked to explain their decision to intervene or not. We use these responses to conduct an exploratory analysis of participants' self-reported reasons for their demand and supply decisions.

### **3.5.4 Attitudes Toward Government Interventions**

Finally, we elicited participants' support for paternalistic government interventions. In the Soft treatment arm, we describe a soft intervention (information provision) while in the Hard treatment arm, we describe a hard intervention (choice restriction). We use these data to study whether the participants' paternalistic preferences in the experiment relate to their support for paternalistic government interventions.

### **3.5.5 Demographics, Political Affiliation, and Trust**

At the beginning of the study, we also collected background information on participants. Specifically, we recorded age, gender, state of residence, income, education, political affiliation (Republican, Democrat, Independent, or Other), and a measure of trust.<sup>6</sup>

## **4 Procedural Details and Data**

### **4.1 Pre-Registration**

The experimental design, sample restrictions, analysis, and hypotheses were pre-registered at the AEA RCT Registry: <https://doi.org/10.1257/rct.7108-1.0>. We closely adhered to the plan, with three minor deviations listed in Appendix Section A.

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<sup>6</sup>Trust was measured using a question from the World Values Survey: "Generally speaking, would you say that most people can be trusted, or that you need to be very careful in dealing with people?" The response options were "Most people can be trusted" and "Need to be very careful."

## 4.2 Data Collection

We recruited participants from the general U.S. population using the online research platform Prolific. Choosers were recruited first, followed by Choice Architects. This sequential recruitment approach allowed us to inform Choice Architects of the matched Choosers' intervention preferences in the Preference Info and Consent Rights treatment arms. Since Choosers were recruited first, they could only be informed of the matched Choice Architects' intervention decisions (via a message on Prolific) after we collected the Choice Architects' decisions.<sup>7</sup> The data collection began on February 23, 2024 and lasted 10 days.

Our sample consists of 4,000 Choosers and 4,000 Choice Architects, with 500 pairs assigned to Treatments Soft $\times$ No Info and Hard $\times$ No Info, and 750 pairs in each of the other four treatments. Participants were required to pass an attention check to proceed with the study; those who failed were excluded. To ensure proper matching, quotas were implemented to only recruit Choice Architects who could be paired with Choosers. The final sample includes responses from all participants who completed the study and did not attempt to take it more than once.<sup>8</sup> We pre-registered to exclude the Choosers in the No Info treatment arm from our analysis, as their preferences were not communicated to Choice Architects, meaning they lacked extrinsic incentives to report them truthfully. Our analysis thus focuses on the 3,000 Choosers in the Preference Info and Consent Rights treatment arms.

## 4.3 Summary Statistics

Table 2 provides summary statistics of our sample and compares them with those of the U.S. population. While the sample averages for background characteristics are broadly similar to population averages, our sample is slightly younger, more educated, has a smaller proportion of very high-income earners, and has fewer Republicans. These characteristics are controlled for in our regression analyses.

Table 2 also presents the background characteristics separately for Choosers and Choice Architects. Although statistically significant differences are observed in several background characteristics between the two types of participants, these differences are small, with the exception of a seven-percentage-point lower proportion of male participants and

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<sup>7</sup>For Choosers in the Soft treatment arm (except those who did not consent in Treatment Soft $\times$ Consent Rights), we used the strategy method to pre-record their decision on whether to revise their initial bonus choice if the matched Choice Architect intervened.

<sup>8</sup>We initially recruited 4,152 Choosers and 4,154 Choice Architects. Following the pre-analysis plan, we excluded participants who (i) provided multiple responses, (ii) failed the attention check, (iii) did not complete the study, or (iv) were Choice Architects who could not be matched. After these exclusions, our final sample consisted of 4,000 Choosers and 4,000 Choice Architects.

a lower average age among Choice Architects.<sup>9</sup>

Table 2: Summary Statistics

Variable	Sample	Population	Choosers	Architects
Male	0.44	0.49	0.48	0.41
Income < 30,000	0.17	0.13	0.17	0.16
Income 30–59,999	0.25	0.18	0.26	0.24
Income 60–99,999	0.28	0.23	0.28	0.29
Income 100–149,999	0.18	0.20	0.18	0.19
Income ≥ 150,000	0.12	0.26	0.11	0.12
Edu: Up to Highschool	0.11	0.37	0.11	0.11
Edu: Some college	0.19	0.20	0.18	0.19
Edu: Bachelor or Associate	0.52	0.30	0.54	0.50
Edu: Masters or above	0.18	0.13	0.17	0.19
Age 18–24	0.10	0.11	0.09	0.12
Age 25–34	0.31	0.17	0.30	0.32
Age 35–44	0.25	0.17	0.26	0.24
Age 45–54	0.17	0.16	0.18	0.16
Age 55–64	0.11	0.16	0.12	0.10
Age 65+	0.06	0.23	0.07	0.05
Republican	0.19	0.28	0.20	0.19
High Trust	0.41	0.37	0.42	0.40

*Notes:* The table compares the background characteristics of our sample with those of the U.S. population. The second column includes the full sample of the 8,000 participants. The fourth and fifth columns show the characteristics of Choosers and Choice Architects, respectively. The U.S. population demographics were computed using the 2023 American Community Survey 1-year estimates for individuals aged 18 and older (Ruggles et al., 2025). The population share of individuals identifying as Republicans is obtained from the Cooperative Election Study (CES) 2023 sample (Schaffner et al., 2024). The variable High Trust indicates the share of individuals responding “Most people can be trusted,” as opposed to “Need to be very careful,” to the generalized trust question from the World Values Survey (WVS) included in our questionnaire. The share for the U.S. population is obtained from the WVS 2017-2022 wave.

## 5 Results: Choosers’ Demand for Interventions

Across all treatments, only a minority of one-third of the Choosers demand an intervention. This finding persists despite a majority reporting a confidence level below the highest category, revealing that they believe the intervention had a potential monetary benefit. Indeed, 42% of the Choosers made a mistake, initially selecting the lower bonus when making the decision independently. These aggregate findings—low demand for interventions despite a widespread belief in their monetary benefits—are consistent with the idea that being subjected to an intervention incurs a utility cost.

<sup>9</sup>Appendix Tables A1 and A2 indicate that the background characteristics are balanced across treatments for Choosers, except for the proportion of very low-income earners, and for Choice Architects, except for the proportion of males.

In the following sections, we provide further evidence that Choosers trade off the monetary benefits of an intervention against its associated utility cost. In Section 5.1, we exploit variation in Choosers' confidence that they independently selected the higher bonus to examine how the expected monetary benefit of an intervention relates to demand. In Sections 5.2 and 5.3, we report the effects of our treatments, designed to introduce exogenous variation in the utility costs associated with an intervention. Finally, in Section 5.4, we analyze Choosers' open-ended explanations for their choices.

### 5.1 Confidence in One's Own Ability and Demand for Interventions

Figure 1 shows, pooling over the Preference Info and Consent Rights treatment arms, the demand for interventions—that is, the stated preference for or consent to an intervention, respectively—as a function of the Choosers' level of confidence that they independently selected the higher bonus. To measure confidence, we asked Choosers (prior to receiving feedback) to rate how confident they were that they had selected the higher bonus on a 5-point scale, ranging from “Not confident at all” (1) to “Extremely confident” (5).<sup>10</sup>

We hypothesized that demand for interventions would be lower among more confident Choosers compared to those who are less confident. The figure confirms this relationship in the data. While a slight majority of the least confident Choosers—those who are “Not at all” or only “Slightly” confident—demand an intervention, only about 20% of “Extremely” confident Choosers do.

The observed relation between confidence and demand is confirmed by regression analysis. Column (1) in Table 3 shows that the demand for interventions is more than 20 percentage points lower among Choosers with above-median confidence than among Choosers with below-median confidence, a statistically highly significant difference.<sup>11</sup> We summarize these observations in our first result.

**Result 1.** *Demand for interventions is lower among individuals with high confidence in their own ability than among those with low confidence in their own ability.*

Result 1 supports the idea that Choosers trade off the expected financial benefits of the intervention—greater for those with lower confidence in their abilities—against the utility cost of an intervention. Moreover, the observation that even among the least confident

<sup>10</sup>We observe considerable variation in confidence, which is sensibly related to the Choosers' revealed ability. The average confidence level among the 42% of Choosers who selected the lower bonus is 3.6, which is significantly lower than the average confidence level of 4.4 among those who selected the higher bonus (t-test,  $p < 0.01$ ). Appendix Figure A5 shows the full distribution of Choosers' confidence, split by those who selected the lower or higher bonus.

<sup>11</sup>Appendix Figure A6 and Column (1) of Tables A3 and A4 show that the relationship between confidence and demand is equally pronounced across the different treatment arms.



Figure 1: Confidence in Own Ability and Demand for Interventions



*Notes:* The figure shows Choosers' demand for interventions at the different levels of confidence in having independently selected the higher bonus. Black bars indicate the 95% confidence intervals of the means.

Choosers, only a slight majority demand an intervention further suggests the presence of a disutility associated with being subjected to an intervention.

Table 3 presents additional correlates of Choosers' demand for interventions. We hypothesized that a high level of trust, measured using the generalized trust question from the World Values Survey, is positively associated with demand for interventions. Low-trust Choosers may be more reluctant to demand an intervention due to distrust in the matched participant (or the experimenter), doubting that the intervention can only increase their earnings. Column (2) of Table 3 shows that high-trust Choosers have a four percentage point higher demand for interventions than low-trust Choosers.<sup>12</sup> This difference is statistically significant, suggesting that trust plays a role in the demand for interventions.

Although we did not state hypotheses about the relationship between other background characteristics and demand for interventions, our large general-population sample allows us to explore whether different subgroups—defined by political affiliation, education, income, age, and gender—differ in their demand. Table 3 shows that above-median-educated Choosers are more likely to demand an intervention, while above-median-aged and male Choosers are less likely. Income and political affiliation are unrelated to demand.<sup>13</sup>

<sup>12</sup>In our sample, 42% of Choosers exhibit a high level of trust, a proportion comparable to the 37% reported in the U.S. sample of the 2017–2022 World Values Survey.

<sup>13</sup>To assess the reliability of self-reported political preferences, we correlate the state-level share of par-

Table 3: Demand by Background Characteristics

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
High Confidence	-0.216*** (0.017)							-0.213*** (0.017)
High Trust		0.041** (0.017)						0.058*** (0.017)
Republican			-0.014 (0.021)					0.004 (0.021)
High Education				0.044* (0.024)				0.059** (0.023)
High Income					-0.019 (0.019)			-0.009 (0.019)
High Age						-0.050*** (0.017)		-0.052*** (0.017)
Male							-0.069*** (0.017)	-0.039** (0.017)
Constant	0.429*** (0.012)	0.313*** (0.011)	0.333*** (0.010)	0.323*** (0.009)	0.336*** (0.010)	0.355*** (0.012)	0.363*** (0.012)	0.440*** (0.018)
Observations	3000	3000	3000	3000	3000	3000	3000	3000

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Chooser demands an intervention and 0 otherwise. The analysis uses the data from the Preference Info and Consent Rights treatment arms. High Confidence is an indicator variable equal to 1 if a Chooser reports above-median confidence in choosing the higher bonus, and 0 otherwise. High Trust equals 1 for Choosers who indicate that “Most people can be trusted” and 0 otherwise. Republican is an indicator variable equal to 1 for Choosers who self-identify as Republicans and 0 otherwise. High Education, High Income, and High Age are indicator variables equal to 1 if a Chooser’s education, income, or age, respectively, is above the median and 0 otherwise. Male is an indicator variable equal to 1 for males and 0 otherwise. HC3 standard errors in parentheses. \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

## 5.2 Role of the Restrictiveness of the Intervention

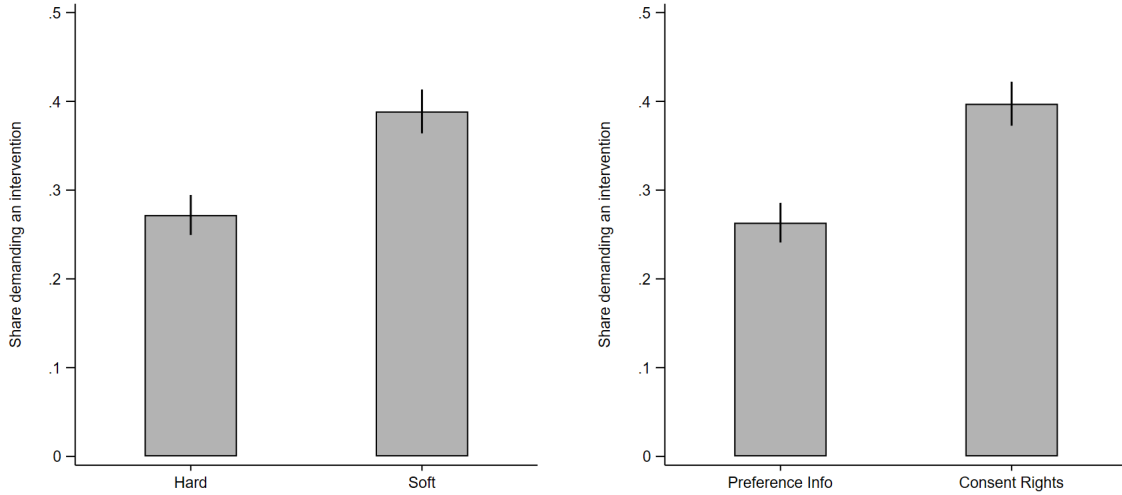
In the previous section, we showed how naturally occurring variation in Choosers’ confidence levels—and consequently, in the expected monetary benefit from an intervention—relates to their demand for interventions. We now examine how our treatments, which were designed to influence the utility cost of an intervention, affected demand. Specifically, we hypothesized that being subjected to a soft intervention is associated with a lower disutility than being subjected to a hard intervention because the former does not restrict the freedom to choose.

The left panel of Figure 2 displays the share of Choosers who demand an intervention across the Hard and Soft treatment arms, averaged over the Preference Info and Consent Rights treatment arms. The data reveal that demand for soft interventions exceeds demand for hard interventions. Specifically, only 27% of Choosers demand a hard

participants identifying as Republicans in our sample with the 2020 state-level Republican vote share (Federal Election Commission data), finding a significant correlation ( $\rho = 0.6$ ,  $p < 0.01$ ). We also find that Republicans in our sample are older, more likely to be male, less educated, and have higher incomes, consistent with Republican voter demographics; see Appendix Table A11.

intervention, which overrides their initial decision and ensures they receive the higher bonus, while 39% demand a soft intervention, which provides information about the higher bonus and allows them to revise their choice.

Figure 2: Demand for Interventions



*Notes:* The left panel shows the share of Choosers demanding an intervention in the Hard and Soft treatment arms, pooling over the Preference Info and Consent Rights treatment arms. The right panel shows the share of Choosers demanding an intervention in the Preference Info and Consent Rights treatment arms, pooling over the Hard and Soft treatment arms. Black bars indicate the 95% confidence intervals of the means.

The observation is confirmed by the regression analysis reported in Table 4. The dependent variable takes a value of 1 if a Chooser demands an intervention and 0 otherwise. In column (1), averaging over the Preference Info and Consent Rights treatment arms, we estimate the causal effect of the restrictiveness of the intervention on the Choosers' demand: the share of Choosers demanding an intervention in the Soft treatment arm is 12 percentage points higher than the share of Choosers demanding an intervention in the Hard treatment arm, a difference that is highly statistically significant. Column (2) shows that the estimated effect is virtually unchanged when we include the Choosers' background variables as controls in the regression.

In column (5) of Table 4, we estimate the effect of the restrictiveness of the intervention on demand for Choosers separately in the Preference Info and Consent Rights treatment arms. Demand for the soft intervention is significantly higher than demand for the hard intervention within both treatment arms, with no significant difference in effect sizes. This finding prevails in column (6), where we control for background characteristics.<sup>14</sup>

<sup>14</sup>Recall that we pre-registered the exclusion of the non-incentivized demand data from the No Info arm. Nevertheless, demand does not differ significantly between the No Info and Preference Info treatment arms in either Treatment Hard (19.8% vs. 19.7%,  $p = 0.98$ ; t-tests) or Soft (35.8% vs. 32.9%,  $p = 0.29$ ; t-tests).

Table 4: Demand for Interventions

	(1)	(2)	(3)	(4)	(5)	(6)
Soft	0.117*** (0.017)	0.112*** (0.017)			0.132*** (0.023)	0.124*** (0.022)
Consent Rights			0.134*** (0.017)	0.134*** (0.017)	0.149*** (0.023)	0.146*** (0.022)
Soft x Consent Rights					-0.031 (0.034)	-0.024 (0.033)
Constant	0.272*** (0.011)	0.380*** (0.020)	0.263*** (0.011)	0.374*** (0.020)	0.197*** (0.015)	0.309*** (0.022)
Observations	3000	3000	3000	3000	3000	3000
Demographic controls	No	Yes	No	Yes	No	Yes

*Notes:* The table shows coefficient estimates from linear regressions. The dependent variable equals 1 if a Chooser demands an intervention and 0 otherwise. The analysis uses the data from the Preference Info and Consent Rights treatment arms. Treatment Hard  $\times$  Preference Info serves as the omitted category, with Soft and Consent Rights included as treatment indicators. The linear combinations of the coefficients Soft + Soft  $\times$  Consent Rights and Consent Rights + Soft  $\times$  Consent Rights are highly statistically significant ( $p < 0.01$ ) in Columns (5) and (6). The demographic controls are High Confidence, High Trust, Republican, High Education, High Income, High Age, and Male, as defined in Table 3. HC3 standard errors in parentheses. \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

Moreover, a heterogeneity analysis demonstrates that the restrictiveness of the intervention has a highly significant effect across all population subgroups, except in the subgroup of individuals with above-median education, where the treatment effect is smaller but still at a level of a six percentage points higher demand for the soft than for the hard intervention.<sup>15</sup> We interpret the heterogeneity analysis as evidence supporting the robustness of the impact of the restrictiveness of an intervention on Choosers' demand. Our findings are summarized in the following result.

**Result 2.** *Demand for hard interventions, which restrict choice, is lower than demand for soft interventions, which provide information without restricting choice.*

### 5.3 Role of Consent Rights

We now compare the Preference Info and Consent Rights treatments. We hypothesized that granting consent rights reduces the utility cost of being subjected to an intervention because individuals retain the right to deny consent.

The right panel of Figure 2 shows the share of Choosers demanding an intervention across the Preference Info and Consent Rights treatment arms, averaged over the Hard and Soft treatment arms. The results show that demand for interventions is higher when

<sup>15</sup>Appendix Table A3 presents regression results in which we include Choosers' background characteristics, treatment indicators, and the interactions between the characteristics and the treatment indicators as control variables.

Choosers have consent rights compared to when Choice Architects can intervene regardless of a Chooser's preference. Specifically, only 26% of Choosers indicate that they prefer an intervention in the Preference Info treatment arm, while 40% consent to an intervention in the Consent Rights treatment arm. The option to deny consent to an intervention thus leads to greater acceptance.

Table 4 reports the corresponding regression results. In column (3), averaging over the Hard and Soft treatment arms, we estimate the causal effect of granting consent rights to Choosers on their demand for an intervention. The share of Choosers who demand (i.e., consent to) an intervention in the Consent Rights treatment arm is 13 percentage points higher than the share of Choosers who demand (i.e., state a preference for) an intervention in the Preference Info treatment arm—a difference that is highly statistically significant. Column (4) shows that the estimated effect is unchanged when we include the Choosers' background variables as controls in the regression. Columns (5) and (6) of Table 4 show that the effect of Consent Rights holds both for hard and for soft interventions, with no significant difference in effect sizes.

Finally, a heterogeneity analysis reveals that the effect of consent rights on Choosers' demand is highly significant in all population subgroups, corroborating the robustness of the effect of consent rights on the demand for interventions.<sup>16</sup> We summarize these findings in our next result.

**Result 3.** *Demand for interventions is lower among individuals without consent rights than among those with the right to deny consent.*

The treatment effects reported in Results 2 and 3 further support the hypothesis that individuals incur a utility cost when subjected to an intervention and trade off its costs against its benefits. Specifically, our results on the causal effect of the restrictiveness of an intervention on the demand for interventions align with the concept of *libertarian paternalism* (Thaler and Sunstein, 2003), which posits that interventions like nudges should be acceptable because they preserve the individual freedom to choose. Consistent with this notion, our data demonstrate that individuals value their freedom to choose, even when a choice-restricting intervention can only result in higher earnings.

Additionally, our data reveal that consent rights exert a similarly pronounced effect on the demand for interventions, an observation that might be termed *consensual paternalism*. Like *libertarian paternalism*, this concept may seem to be an oxymoron, as some definitions of paternalism (e.g., Dworkin, 2020) characterize paternalistic interventions

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<sup>16</sup>Appendix Table A4 presents the regression results.

as those enacted without explicit consent. Nonetheless, our findings suggest that granting consent rights enhances the demand for interventions, indicating that individuals are more receptive to such measures when they retain the ability to veto them.<sup>17</sup>

#### **5.4 Choosers' Stated Reasons for Their Demand Decisions**

In this section, we analyze Choosers' open-ended text responses from the Preference Info and Consent Rights treatment arms, collected after Choosers indicated their demand for interventions when participants were asked to explain their decisions. The length of the participants' responses varied: the 25<sup>th</sup> percentile was 9 words, the median was 14 words, and the 75<sup>th</sup> percentile was 22 words. We used a Large Language Model (LLM) developed by OpenAI to analyze these responses. The LLM was instructed to identify the most important reason provided by each Chooser for demanding or not demanding an intervention, group similar reasons based on underlying concerns, and generate a consolidated list of reasons.<sup>18</sup>

##### **5.4.1 Demand vs. No Demand**

The most common theme among Choosers who did not demand an intervention is confidence in their own decision: about 55% of responses in this subgroup indicate a belief that they had selected the higher bonus or highlight the simplicity of the calculations involved. The second most common theme, found in about 25% of responses, is a desire for autonomy—expressed as a preference for relying on one's own judgment and making decisions independently, without external influence. The third most frequent theme, present in about 20% of responses, pertains to trust-related concerns regarding the competence or intentions of the other participant (the Choice Architect).

In contrast, among Choosers who demanded an intervention, the most common theme was a lack of confidence in their own decision-making, which appeared in nearly two-thirds of the responses. This lack of confidence was reflected in expressions of a desire for a higher bonus, desire for additional information and uncertainty about the calculations. The second most frequent theme was trust in the other participant's ability to make the correct decision and a perceived absence of risk—based on the belief that the other participant could only choose the higher bonus. This theme appeared in more than 20% of responses. Finally, some participants cited curiosity or a preference for collaboration as motivations for demanding an intervention.

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<sup>17</sup>This result aligns with findings from the psychology literature, which indicate that compliance with requests increases when individuals are explicitly told they can refuse. For a review, see Carpenter (2013).

<sup>18</sup>The methodological details, prompts, and model outputs are reported in Appendix Section D. For a recent survey of economics research using open-ended text responses to investigate the mechanisms behind beliefs and behavior, see Haaland et al. (2025).

We interpret these findings as supporting our analysis of the role of confidence in shaping the demand for interventions: Choosers who demand an intervention generally report being confident, while those who do not tend to express a lack of confidence. Moreover, the responses provide direct evidence that utility costs associated with interventions exist, as indicated by the expressed desire for autonomy—particularly among Choosers who did not demand an intervention. At the same time, we also find evidence that some Choosers derive utility from interventions in the form of satisfying curiosity or valuing cooperation. Additionally, the differing levels of trust—greater skepticism among Choosers who did not demand an intervention and higher trust among those who did—are consistent with the finding that generalized trust is positively associated with demand for interventions.

#### **5.4.2 Differences between Treatment Arms**

Analyzing responses by treatment arm reveals similar thematic patterns, with some differences in frequency across conditions. In both the Hard and Soft treatment arms, the most frequent theme is confidence in one’s decision—or a lack thereof. While this theme appears in approximately two-thirds of responses in the Soft treatment arm, it is present in only about 40-45% of responses in the Hard treatment arm. This difference arises because a second major theme—desire for control and autonomy—emerges more prominently in the Hard treatment arm, where it occurs in approximately one-quarter of responses. In contrast, the autonomy theme is far less prevalent in the Soft treatment arm, appearing in fewer than 10% of responses. Distrust in others is another common theme in both treatment arms, occurring in approximately 20% of responses. These findings suggest that while confidence and trust are consistently important determinants of demand for interventions, hard interventions may elicit greater concerns about autonomy. This latter observation aligns with the idea that being subjected to an intervention—particularly a hard one—may carry utility costs, which could help explain the lower demand for hard interventions relative to soft ones.

A separate analysis of responses from the Preference Info and Consent Rights treatment arms confirms that confidence, autonomy, and trust are the primary themes among Choosers, consistently emerging in this order. However, this analysis does not yield additional conclusive insights into the reasons underlying the differences in demand between these two treatment arms.

## **6 Results: Choice Architects’ Supply of Interventions**

Across all treatments, approximately 70% of Choice Architects supply an intervention. This indicates that, on average, supply exceeds demand. However, the supply of inter-

ventions remains far from ubiquitous, despite their potential to increase Choosers' earnings without any risk of monetary loss. In the following sections, we show that the supply of interventions by Choice Architects follows a similar pattern observed among Choosers.

In Section 6.1, we leverage variation in Choice Architects' beliefs about Choosers' ability to independently select the higher bonus to investigate how the expected monetary benefits of an intervention for a Chooser relate to supply. In Sections 6.2 to 6.4, we analyze the effects of the restrictiveness of the intervention, Choosers' revealed demand, and Choosers' consent rights on supply. Finally, in Section 6.5, we examine Choice Architects' open-ended explanations for their choices.

### 6.1 Role of Beliefs about Choosers' Ability

Figure 3 illustrates the supply of interventions as a function of Choice Architects' beliefs about Choosers' ability to independently select the higher bonus. The figure presents results separately for the No Info, Preference Info, and Consent Rights treatment arms. In the Preference Info condition, results are further disaggregated by Choosers' stated preference for or against an intervention, while in the Consent Rights condition, they are shown conditional on Choosers granting consent. To measure these beliefs, we asked the Choice Architects to estimate the proportion of Choosers who would select the higher bonus in the absence of an intervention. We measured these beliefs on a 10-point scale, ranging from 0–10% to 91–100%; the median belief is that 41–50% of Choosers would select the higher bonus in the absence of an intervention.<sup>19</sup> The figure illustrates that the supply of interventions is lower among Choice Architects with higher beliefs about Choosers' ability compared to those with lower beliefs.

The relationship between beliefs about ability and supply of interventions is confirmed by regression analysis. Column (1) of Table 5 reveals that in the No Info treatment arm, Choice Architects with above-median beliefs supply interventions approximately 11 percentage points less frequently than those with below-median beliefs, a difference that is highly statistically significant.<sup>20</sup> We summarize these findings in our next result.

**Result 4.** *The supply of interventions is higher among individuals with low beliefs in others' abilities than among those with high beliefs in them.*

Result 4 mirrors Result 1 on the relation between Choosers' confidence and demand. It is consistent with the idea that Choice Architects trade off expected monetary benefits of an intervention for Choosers—greater for those with lower beliefs about Choosers'

<sup>19</sup>Appendix Figure A7 displays the full distribution of Choice Architects' beliefs about Choosers' abilities across the No Info, Preference Info (disaggregated by Choosers' demand), and Consent Rights treatments.

<sup>20</sup>Appendix Table A5 shows that the result holds in the Preference Info (both cases) and Consent Rights treatments, with highly statistically significant point estimates ranging from 10 to 14 percentage points.



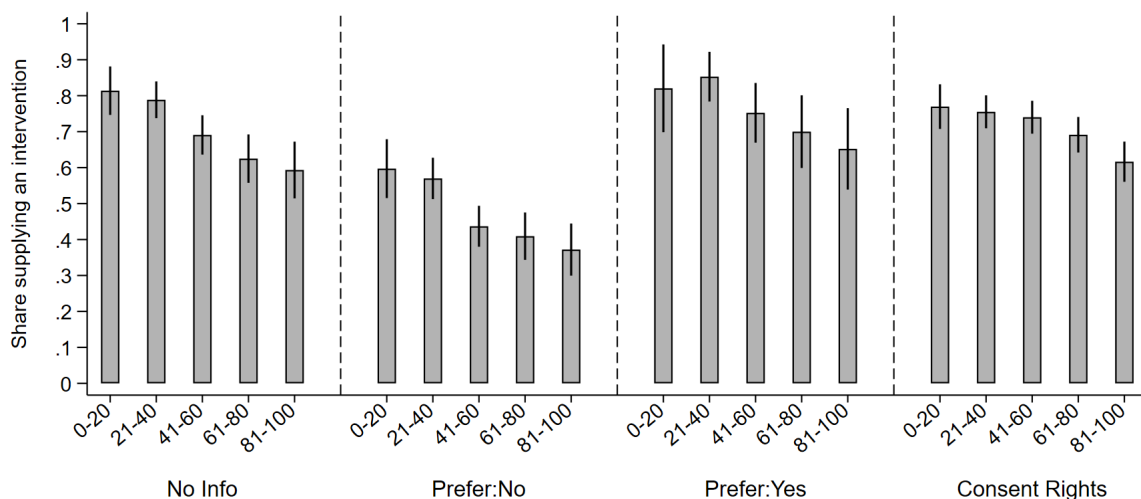


Figure 3: Supply by Beliefs about Ability

*Notes:* The figure shows how the Choice Architects' supply of interventions relates to their beliefs about Choosers' ability, measured as the proportion of Choosers who would select the higher bonus in the absence of an intervention. Black bars indicate the 95% confidence intervals of the means.

abilities—against non-monetary costs of intervening. These costs may arise from a desire to respect Choosers' autonomy, particularly when the matched Chooser prefers or consents to an intervention, or from an intrinsic reluctance to intervene.

Although we did not state hypotheses, our large general-population sample allows us to explore the relationship between additional background characteristics and the supply of interventions. Table 5 shows that Choice Architects with a high level of trust (40% of our sample) are more than 8 percentage points more likely to supply an intervention—a highly statistically significant effect. This relationship follows the same direction as that observed for Choosers, potentially reflecting a role of trust in the experimenters that an intervention can only increase a Chooser's earnings. The table also shows that male Choice Architects are less likely to supply an intervention, mirroring our finding that male Choosers are less likely to demand one. As with Choosers, we find no significant effects of political affiliation or income. Unlike for Choosers, education and age also show no significant effects.<sup>21</sup>

<sup>21</sup>Appendix Table A5 presents the analysis for the other treatment arms. We find a highly significant 10-percentage-point effect of trust in the Consent Rights treatment arm and a smaller, at best marginally significant 4–5 percentage point effect in the Preference Info treatment arm. Moreover, Table A5 confirms the gender-supply relationship in the Consent Rights but not the Preference Info treatment arm. All other background variables are unrelated to supply across treatment arms.

Table 5: Supply by Background Characteristics

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
High Belief Ability	-0.108*** (0.029)							-0.106*** (0.029)
High Trust		0.084*** (0.029)						0.089*** (0.029)
Republican			-0.004 (0.037)					0.008 (0.037)
High Education				0.038 (0.037)				0.033 (0.037)
High Income					0.032 (0.031)			0.022 (0.031)
High Age						-0.017 (0.029)		-0.027 (0.029)
Male							-0.075*** (0.029)	-0.079*** (0.029)
Constant	0.753*** (0.020)	0.668*** (0.019)	0.704*** (0.016)	0.696*** (0.016)	0.693*** (0.018)	0.711*** (0.020)	0.738*** (0.020)	0.750*** (0.030)
Observations	1000	1000	1000	1000	1000	1000	1000	1000

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. The analysis uses the data from the No Info treatment arm. High Belief Ability is an indicator variable equal to 1 if a Choice Architect reports an above-median belief about the share of Choosers choosing the higher bonus, and 0 otherwise. High Trust equals 1 for Choice Architects who indicate that “Most people can be trusted” and 0 otherwise. Republican is an indicator variable equal to 1 for Choice Architects who self-identify as Republicans and 0 otherwise. High Education, High Income, and High Age are indicator variables equal to 1 if a Choice Architect’s education, income, or age, respectively, is above the median and 0 otherwise. Male is an indicator variable equal to 1 for males and 0 otherwise. HC3 standard errors in parentheses. \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

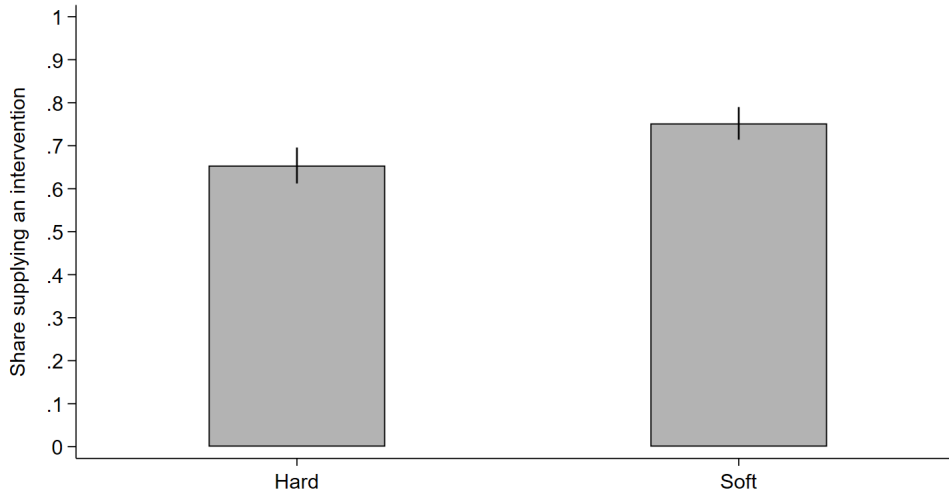
## 6.2 Role of the Restrictiveness of the Intervention

In the previous section, we showed how naturally occurring variation in Choice Architects’ beliefs about Choosers’ ability—and consequently, in the expected monetary benefit of an intervention for a Chooser—relates to the supply of interventions. We now turn to examining how our treatments affected supply. Specifically, we hypothesized that supply is higher in Treatment No Info  $\times$  Soft than in Treatment No Info  $\times$  Hard.

Figure 4 displays the share of Choice Architects supplying an intervention across Treatments No Info  $\times$  Hard and No Info  $\times$  Soft, in which Choice Architects do not have information about Choosers’ demand for an intervention. The results indicate that supply of soft interventions exceeds supply of hard interventions: 65% of Choice Architects supply a hard intervention, while 75% of Choice Architects supply a soft intervention.

Table 6 reports regression results. The dependent variable takes a value of 1 if a Choice Architect supplies an intervention and 0 otherwise. In column (1), we estimate the causal effect of the restrictiveness of the intervention on the Choice Architects’ supply: the share

Figure 4: Supply of Hard and Soft Interventions



*Notes:* The figure presents the share of Choice Architects supplying an intervention in the No Info treatment arm, separately by the type of intervention. Black bars indicate the 95% confidence intervals of the means.

of Choice Architects supplying a soft intervention is about 10 percentage points higher than the share of Choice Architects supplying a hard intervention, a difference that is highly statistically significant. Column (2) shows that the estimated effect is very similar when we include the Choice Architects' background variables as controls in the regression.<sup>22</sup> We summarize these findings in our next result.

**Result 5.** *The supply of hard interventions, which restrict choice, is lower than the supply of soft interventions, which provide information without restricting choice.*

The treatment effect may indicate that Choice Architects aim to supply what Choosers demand, irrespective of the restrictiveness of the intervention, and that they believe demand to be higher in Treatment No Info  $\times$  Soft than in Treatment No Info  $\times$  Hard. The treat-

<sup>22</sup>We pre-registered to study the impact of the restrictiveness of the intervention in the No Info treatment arm, but also assess its robustness in the other treatment arms. Appendix Table A6 shows that the impact is highly significant and of similar or even higher magnitude in the Consent Rights and Preference Info treatment arms when Choosers demand an intervention. In the Preference Info treatment arm when Choosers do not demand an intervention, the impact is positive, but smaller and not statistically significant. In Table A7, we analyze heterogeneous treatment effects. Supply is generally higher in the Soft than in the Hard treatment arm across all pre-registered subgroups in the No Info, Preference Info when Choosers demand an intervention and Consent Rights treatment arms, though not consistently statistically significantly so. In the Preference Info treatment arm when Choosers do not demand an intervention—where the average causal impact of Soft is not significant—we find a highly significant positive effect for below-median-aged and marginally significant positive effects for above-median-trusting and female Choice Architects. In some sub-groups, we observe a negative effect of Soft, but these effects are not statistically significant.

Table 6: Supply by Restrictiveness of Intervention

	(1)	(2)	(3)	(4)
Soft	0.098*** (0.029)	0.095*** (0.029)	0.079*** (0.028)	0.074*** (0.028)
High Belief Demand			0.266*** (0.026)	0.256*** (0.027)
Constant	0.654*** (0.021)	0.699*** (0.033)	0.559*** (0.024)	0.604*** (0.034)
Observations	1000	1000	1000	1000
Demographic controls	No	Yes	No	Yes

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. The analysis uses the data from the No Info treatment arm. Treatment Hard $\times$ No Info serves as the omitted category, with Soft included as treatment indicator. High Belief Demand takes a value of 1 if a Choice Architect's beliefs about the share of Chooser's demanding an intervention is above the median belief and 0 otherwise. The demographic controls are High Belief Ability, High Trust, Republican, High Education, High Income, High Age, and Male, as defined in Table 5. HC3 standard errors in parentheses.

\*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

ment effect may also reflect Choice Architects' aversion to supplying hard rather than soft interventions, as the former more strongly infringes on a Chooser's autonomy. To disentangle these two explanations, we control for beliefs about demand in columns (3) and (4) of Table 6. The variable "High Belief Demand" takes a value of 1 if a Choice Architect's belief about the share of Choosers demanding an intervention is above the median belief and 0 otherwise. Choice Architects expressed their beliefs on a scale divided into ten successive intervals, each representing a 10% range. The median belief category among all Choice Architects in the No Info treatment arm is the 71-80% interval. In Treatment No Info $\times$ Soft, 43% of the Choice Architects are above the median category, while in Treatment No Info $\times$ Hard, only 36% are above the median category.<sup>23</sup>

The large and highly significant coefficient on "High Belief Demand" reveals that the Choice Architects' beliefs about Choosers' demand are a key determinant of their supply of interventions (a topic we revisit in the next section). When controlling for beliefs about demand, the coefficient estimate on the treatment indicator drops from about ten percentage points to about eight percentage points, showing that beliefs about demand explain part of the treatment effect. Importantly, however, even after controlling for beliefs about demand, the coefficient on the treatment indicator remains highly significant. These results suggest that the treatment effect of the restrictiveness of the intervention is

<sup>23</sup>Using the midpoints of the intervals, the average belief about the share of Choosers demanding an intervention is 63% in Treatment No Info $\times$ Hard, compared to 70% in Treatment No Info $\times$ Soft. These findings not only reveal that the Choice Architects' beliefs about demand are higher in Treatment No Info $\times$ Soft than in No Info $\times$ Hard but also that they substantially overestimate demand in both treatments; recall from Footnote 14 that the respective fractions are 19.8% and 35.8%.

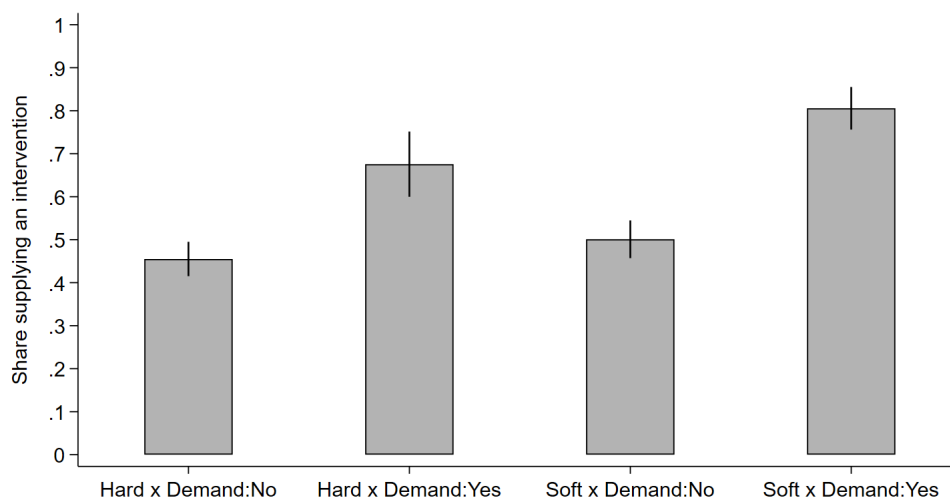
driven by both, Choice Architects' beliefs about Choosers' demand and their aversion to supplying hard rather than soft interventions.

### 6.3 Role of Choosers' Demand

In this section, we examine how Choosers' stated preference for or against an intervention affects Choice Architects' supply. While the previous section presented correlational evidence on this relationship, we now exploit random variation in Choosers' demand within the Preference Info treatment arm, where Choice Architects are randomly matched with a Chooser who either demands an intervention or does not.

Figure 5 shows the share of Choice Architects supplying an intervention, separately by the matched Chooser's demand and the restrictiveness of the intervention. The figure shows that Choice Architects are significantly more likely to supply an intervention when the matched Chooser demands it, regardless of whether the intervention is hard or soft.

Figure 5: Supply by Choosers' Demand



*Notes:* The figure presents the share of Choice Architects supplying an intervention in the Preference Info treatment arm, separately by the matched Chooser's demand and the restrictiveness of the intervention. Black bars indicate the 95% confidence intervals of the means.

Table 7 reports regression results. The dependent variable takes a value of 1 if a Choice Architect supplies an intervention and 0 otherwise. In Column (1), we estimate the causal effect of the matched Chooser's demand on the Choice Architects' supply: averaged over Treatments Hard and Soft, the share of Choice Architects supplying an intervention is about 28 percentage points higher when the matched Chooser demands an intervention, a difference that is highly statistically significant. Column (2) shows that the estimated effect is very similar when we include the Choice Architects' background variables as controls in the regression.

Table 7: Supply by Choosers' Demand

	(1)	(2)	(3)	(4)
Soft			0.046 (0.030)	0.031 (0.030)
Demand	0.281*** (0.026)	0.272*** (0.026)	0.221*** (0.044)	0.210*** (0.044)
Soft x Demand			0.084 (0.055)	0.090 (0.055)
Constant	0.476*** (0.015)	0.525*** (0.027)	0.455*** (0.020)	0.511*** (0.030)
Observations	1500	1500	1500	1500
Demographic controls	No	Yes	No	Yes

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. The analysis uses the data from the Preference Info treatment arm. Choice Architects in Treatment Hard  $\times$  Preference Info who are matched to a Chooser who prefers not to receive an intervention serve as the omitted category. Demand takes a value of 1 if a Choice Architect is matched to a Chooser who demands an intervention and 0 otherwise. Soft is a treatment indicator. The demographic controls are High Belief Ability, High Trust, Republican, High Education, High Income, High Age, and Male, as defined in Table 5. HC3 standard errors in parentheses. \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

Columns (3) and (4) estimate the impact of the Choosers' demand in Treatments Hard and Soft separately. The estimated causal effect of Choosers' demand on supply is highly significant in both treatments. In Treatment Soft, the effect is approximately 8 to 9 percentage points larger; however, this difference is not statistically significant.<sup>24</sup> We summarize these findings in our next result.

**Result 6.** *The supply of interventions is higher when targeted individuals demand them than when they do not.*

#### 6.4 Role of Choosers' Consent Rights

Next, we examine how Choosers' consent rights affect Choice Architects' supply of interventions. Specifically, we compare supply in the Consent Rights treatment arm when the matched Chooser consents to an intervention with supply in the Preference Info treatment arm when the matched Chooser states a preference for an intervention. In both cases, the Chooser expresses demand—either by consenting to or by indicating a preference for an intervention. However, only in the Consent Rights treatment can the Chooser prevent the intervention. We are interested in the impact of this consent right on the Choice Architects' supply decisions, while holding demand constant.

<sup>24</sup>In Appendix Table A8, we analyze heterogeneous treatment effects and find that the effect of Choosers' demand on the Choice Architects' supply is highly significant across all pre-registered subgroups and does not differ significantly between them.

Table 8 reports regression results. The dependent variable takes a value of 1 if a Choice Architect supplies an intervention and 0 otherwise. In Column (1), we estimate the causal effect of the Choosers' consent rights on supply: the share of Choice Architects supplying an intervention is almost identical in both treatment arms, and not significantly different.<sup>25</sup> Column (2) shows that the estimated effect is virtually unchanged when we control for the Choice Architects' background variables in the regression. Columns (3) and (4) estimate the impact of Choosers' consent rights on the Choice Architects' supply of interventions in Treatments Hard and Soft separately. The estimated causal effect of consent rights on supply is very small and not statistically significant in either treatment.<sup>26</sup> These findings, which contrast with our hypothesis that the supply of interventions would be higher when Choosers have consent rights, are summarized in our next result.

**Result 7.** *We find no evidence that the supply of interventions is higher when targeted individuals have consent rights than when they can only state their preferences.*

## 6.5 Choice Architects' Stated Reasons for Their Supply Decisions

In this section, we analyze Choice Architects' open-ended text responses, in which they were asked to explain their decisions. Choice Architects provided slightly longer responses than Choosers, with a 25<sup>th</sup> percentile of 11 words, a median of 17 words, and a 75<sup>th</sup> percentile of 27 words. We applied the same analytical methods to these responses as those used for the Choosers.<sup>27</sup>

### 6.5.1 Supply vs. No Supply

We analyze the response data from all treatments to examine the Choice Architects' responses separately for those who supplied an intervention and those who did not.

The most common reason given by Choice Architects for not providing an intervention is respect for the Chooser's autonomy, emphasizing that individuals should be free to make their own decisions without interference. This theme appeared in about 35% of responses. The second most common theme, mentioned in about 25% of responses, is

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<sup>25</sup>As outlined in Section 3.4.2, the Consent Rights treatment arm uses the strategy method when Choice Architects are matched with non-consenting Choosers. Before informing Choice Architects of their Chooser's non-consent, we ask whether they would intervene if consent were given. When Choice Architects are matched with consenting Choosers, the direct response method is used (as in all other treatments). To account for this, we control for the strategy method in the regression analysis. Table 8 reveals that the intervention rate is five to six percentage points lower under the strategy method than the direct response method. Failing to control for this would misattribute the lower intervention rate to Choosers' consent rights.

<sup>26</sup>In Appendix Table A9, we analyze heterogeneous treatment effects. The effect of consent rights on the Choice Architects' supply is small and statistically insignificant across all pre-registered subgroups.

<sup>27</sup>The methodological details are provided in Appendix Section D.

Table 8: Supply of Interventions by Consent Rights

	(1)	(2)	(3)	(4)
Consent Rights	-0.010 (0.028)	-0.009 (0.028)	0.021 (0.043)	0.022 (0.045)
Soft			0.130*** (0.046)	0.122*** (0.046)
Soft x Consent Rights			-0.042 (0.052)	-0.042 (0.052)
Strategy Method	-0.057** (0.024)	-0.061*** (0.024)	-0.048** (0.024)	-0.053** (0.024)
Constant	0.757*** (0.022)	0.784*** (0.028)	0.676*** (0.037)	0.709*** (0.042)
Observations	1895	1895	1895	1895
Demographic controls	No	Yes	No	Yes

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. The analysis uses data from the Preference Info and Consent Rights treatment arms. For the Preference Info treatment arm, the sample is restricted to observations where the matched Chooser prefers an intervention. For the Consent Rights treatment arm, all observations are included, as the strategy method was employed when a Chooser did not consent to an intervention. Treatment Hard  $\times$  Preference Info serves as the omitted category, with Soft and Consent Rights included as treatment indicators. The variable Strategy Method equals 1 for observations in the Consent Rights treatment arm where the matched Choosers did not consent to an intervention (where the strategy method was employed) and 0 otherwise. The demographic controls include High Belief Ability, High Trust, Republican, High Education, High Income, High Age, and Male, as defined in Table 5. HC3 standard errors in parentheses. \*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

the Chooser's expressed preference for no intervention, leading the Choice Architects to comply with the request; these responses can arise only from the Preference Info treatment arm. The third most frequent theme is confidence in the Chooser's ability to make the right decision, reported in about 15% of responses. Other themes include a desire to avoid responsibility, the belief that individuals should learn from their own choices, and general indifference to the outcome for the other participant, each mentioned in about 5-10% of responses.

In contrast, the most common theme among Choice Architects who provided an intervention is the desire to help, reflecting a low level of confidence in the matched Chooser's ability. Concerns about the Chooser's ability appear in approximately 50% of responses. The second most common theme, mentioned in about 30% of responses, involves ethical reasons for intervening. These responses emphasized fairness and transparency or expressed the view that intervening was a moral obligation. Finally, approximately 15% of responses noted that the intervention incurred no cost, making it an easy decision, and 10% of responses indicated that they would appreciate an intervention if the roles were reversed.



We interpret these findings as supporting our analysis of the importance of beliefs about the Chooser’s ability—a concern that features prominently among both those who intervene and those who do not, albeit with differing valence. Respect for the Chooser’s autonomy also emerges as a central theme, particularly among Choice Architects who chose not to intervene. Additionally, the Chooser’s stated preference appears to play a substantial role in shaping decisions. Finally, intrinsic factors—such as reluctance to assume responsibility and a sense of moral obligation to help—also influence intervention decisions. Together, these findings support our interpretation of the choice data, indicating potential utility costs associated with intervening, such as those imposed by infringing upon the Choosers’ autonomy or taking on responsibility. At the same time, the text analysis suggests that some Choice Architects may also derive a utility cost from not intervening because of a moral obligation to help.

### **6.5.2 Differences between Treatment Arms**

An analysis of responses by Soft versus Hard treatment arms reveals similar thematic patterns. Beliefs about the Chooser’s ability are cited in approximately 50-60% of responses in both conditions. Respect for autonomy appears in about 25% of responses across both arms, while ethical considerations—such as fairness and transparency—are mentioned in around 20%. This analysis confirms the relevance of these themes across treatment arms but does not yield additional conclusive insights into the reasons for the observed differences in intervention rates between them.

Likewise, the Preference Info and Consent Rights arms show similar reasoning patterns among Choice Architects. In the Preference Info arm, we consider cases where the Chooser explicitly requests intervention, while the Consent Rights arm includes all cases—those involving consent or decisions made under the strategy method. In both treatments, beliefs about the Chooser’s ability are the most prominent theme, cited in about 50–60% of responses. Ethical considerations, such as fairness and transparency, also appear in both arms but are more common in Consent Rights. Moreover, in the Consent Rights treatment arm condition, respect for the Chooser’s autonomy is mentioned in about 10% of responses, while in Preference Info, the Chooser’s stated preference for intervention is more salient, being mentioned in about 15% of responses.

## **7 Choosers’ Demand and Choice Architects’ Supply**

In this section, we directly compare the demand and supply of interventions. Panel A of Figure 6 presents the share of Choosers demanding an intervention and the share of Choice Architects supplying an intervention across treatments. In the No Info treatment arm, where Choosers’ demand is not communicated to Choice Architects, we observe a

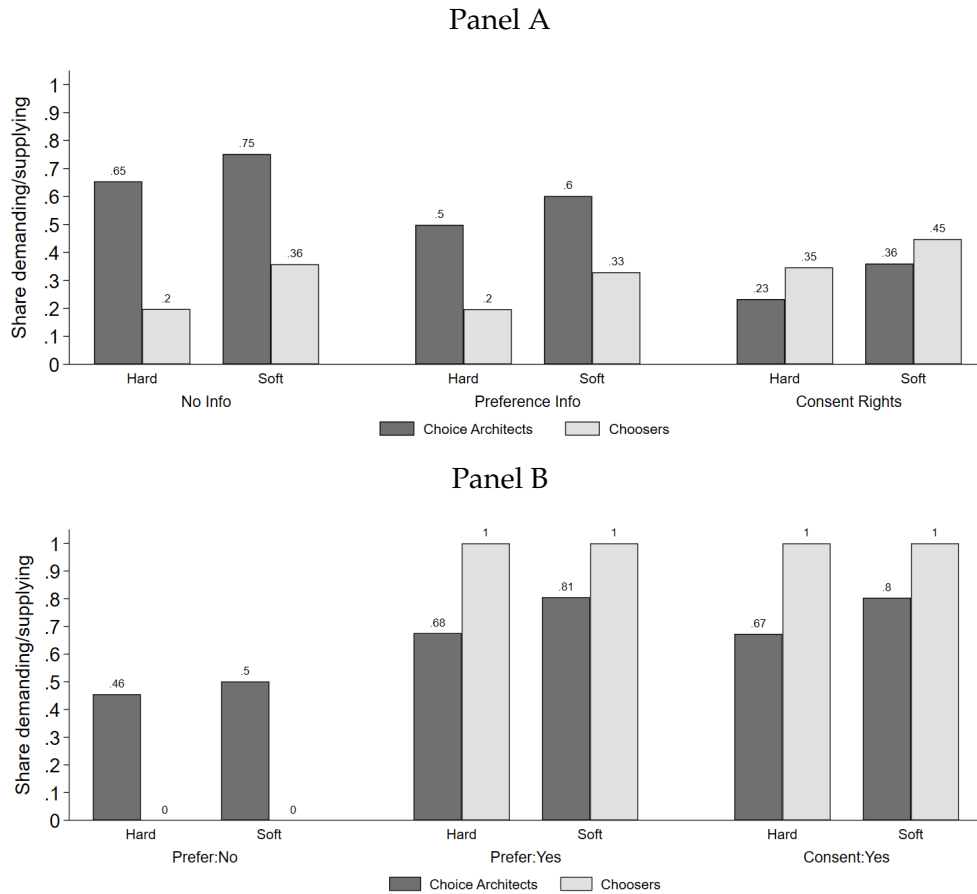
substantial mismatch: Supply exceeds demand by 45 percentage points in Treatment No Info×Hard and by 39 percentage points in Treatment No Info×Soft. One possible explanation for the oversupply of interventions in the No Info treatment arm is that Choice Architects aim to provide what Choosers demand but overestimate the share of Choosers who seek an intervention. Consistent with this explanation, we find that 68% of Choice Architects in Treatment No Info×Hard and 77% in Treatment No Info×Soft believe that the majority of Choosers demand an intervention. Thus, at the aggregate level, the data support the possibility that Choice Architects who believe a majority of Choosers demand an intervention supply one.

A comparison of demand and supply in the Preference Info treatment arm reveals that Choice Architects' knowledge of Choosers' demand does not eliminate the supply-demand gap. At the aggregate level, supply still exceeds demand by 30 percentage points in Preference Info×Hard and by 27 percentage points in Preference Info×Soft. Examining cases separately based on whether Choosers demand an intervention helps explain why demand information fails to close the gap. Panel B of Figure 6 shows that about 50% of Choice Architects matched with a Chooser who does not demand an intervention supply one anyway. Conversely, only about 70% to 80% of those matched with a Chooser who demands an intervention choose to supply one.

The fact that about half of Choice Architects matched with a Chooser who does not demand an intervention still supply one helps explain why the supply-demand mismatch is smallest in the Consent Rights treatment arm: if a Chooser does not consent to an intervention, it cannot be provided. However, since not all Choice Architects supply an intervention even when a Chooser consents, supply falls short of demand in the aggregate—though only by about 10 percentage points, as shown in Panel A of Figure 6. Panel B of Figure 6 illustrates that when Choosers consent to an intervention, supply falls short of demand by nearly the same margin as in the Preference Info treatment arm when Choosers indicate a preference for one.

While a supply-demand gap may not be unexpected in the No Info treatment arm, where Choice Architects lack information about demand, the fact that many Choice Architects do not comply with Choosers' demand warrants closer examination. To better understand why many Choice Architects act against Choosers' intervention preferences, we analyze their text responses in the Preference Info treatment arm, focusing on two subgroups: (1) those who do not intervene despite Choosers' demand, and (2) those who intervene despite no demand.

Figure 6: Demand and Supply of Interventions



*Notes:* The figure presents the share of Choosers who demand an intervention and the share of Choice Architects who supply an intervention, by treatments. In the Consent Rights treatment arm, the figure presents data from the Choice Architects who responded under the direct response method.

The most common theme among Choice Architects who refrain from intervening, despite being matched with Choosers who demand it, is confidence in the Choosers' ability. This is expressed in about 35% of responses. The second most common theme is respect for autonomy, mentioned in about 30% of responses. Ethical considerations—such as adherence to a principle of non-intervention—appear in approximately 15% of responses. Other reasons, including personal indifference to the Chooser's outcome, a desire to let chance determine the result, or fear of negative consequences associated with intervening, each appear in approximately 5–10% of responses.

In contrast, the most common theme among Choice Architects who intervene despite being matched with Choosers who do not demand it is a lack of confidence in the Chooser's ability, appearing in about 60% of responses. Ethical considerations also play a significant role within this subgroup: around 20% of responses refer to the importance

of fairness and transparency, emphasizing the unfairness of a participant missing out on a higher bonus as a result of insufficient understanding or information. Other reasons include empathy for the financial situation of the Chooser and that intervening poses no risk or cost, each appearing in approximately 10–15% of responses.

This analysis supports the findings from the text analysis in Section 6.5, which highlighted the importance of beliefs about Choosers’ ability and respect for autonomy. It also underscores the role of ethical considerations in overriding the Chooser’s stated intervention preferences, thereby contributing to the observed demand–supply gap.

## 8 Attitudes toward Government Interventions

We now turn to an analysis of the relationship between the participants’ decisions in the experiment and their views on real-world government paternalistic interventions. To investigate this, we incorporated a specific questionnaire item into our study. In the Soft treatment arm, we elicited participants’ agreement with the statement *“The government should protect people from themselves if that can be achieved by providing them with information.”* In the Hard treatment arm, we elicited agreement with the statement *“The government should protect people from themselves if that can be achieved by limiting their freedom to choose.”*

Figure 7 illustrates the distribution of the participants’ support for both types of government interventions.<sup>28</sup> We find that participants show substantially higher support for soft interventions compared to hard interventions. While 72% of the responds either “strongly” or “slightly agree” with the statement on soft government paternalism, the respective share for hard paternalism is only 18%. These observations align with the higher aggregate demand and supply of soft interventions compared to hard interventions observed in our experiment.

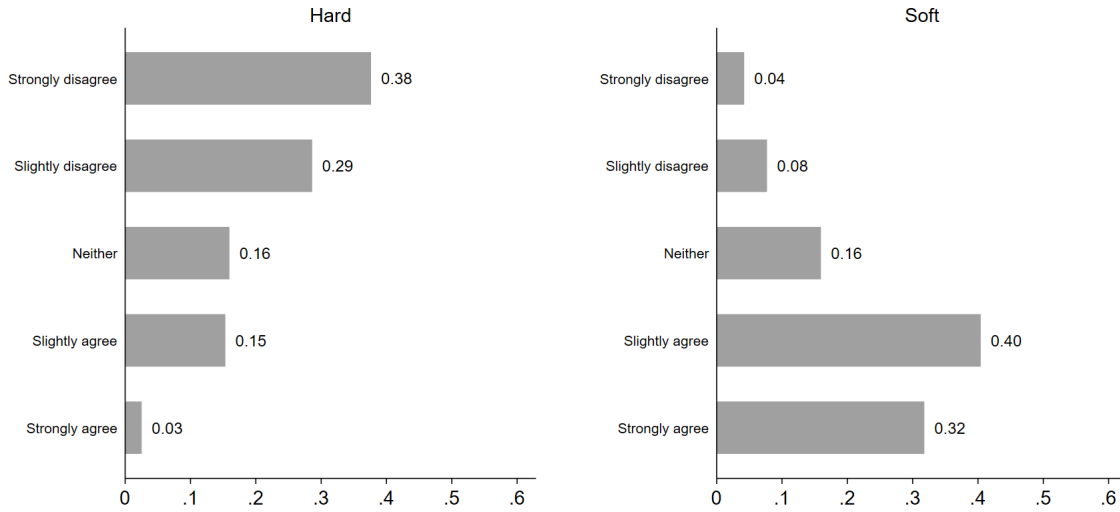
To examine the relationship between behavior in the experiment and attitudes toward government paternalistic interventions, we regress support for such interventions on the demand and supply of interventions, along with the full set of demographic background variables. The data reveal that Choosers who demand an intervention and Choice Architects who supply one in the experiment also express statistically highly significantly stronger support for government paternalistic interventions.<sup>29</sup> This finding suggests that demand and supply decisions in our experiment are predictive of attitudes toward government policies, corroborating the external validity of our results.

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<sup>28</sup>The figure aggregates the responses from 7,000 Choosers and Choice Architects; the 1000 Choosers in the No Info treatment arm, whose demand decisions are not incentivized, were pre-registered not to be included in our analyses; including these data does not affect our results.

<sup>29</sup>Appendix Table A10 presents the full regression results.

Figure 7: Support for Government Interventions



Notes: The figure illustrates the distribution of participants' support for government interventions. In the Soft treatment, participants were asked to indicate their agreement with the statement: *"The government should protect people from themselves if that can be achieved by providing them with information."* In the Hard treatment, we elicited participants' agreement with the statement: *"The government should protect people from themselves if that can be achieved by limiting their freedom to choose."*

Interestingly, while we found no relationship between political affiliation and the demand for or supply of interventions within the experiment, the regression analysis reveals that Republicans are significantly less supportive of both hard and soft government paternalistic interventions than non-Republicans. This finding suggests that Republicans are not more skeptical of paternalistic interventions than non-Republicans but rather exhibit broader skepticism toward government activity in general.

## 9 Conclusion

In this paper, we examined both the demand for paternalistic interventions by Choosers and the supply of such interventions by Choice Architects. Specifically, we asked whether Choosers prefer to make decisions independently, accepting the risk of making a mistake, or whether they prefer an intervention to avoid mistakes. Likewise, we explored whether Choice Architects choose to intervene to improve outcomes for Choosers, or whether they defer to the Choosers' autonomy, even at the risk that Choosers make mistakes.

To address these questions, we investigated the determinants of both the demand for and the supply of paternalistic interventions in an incentivized experiment with a large representative sample of the U.S. population. Our findings indicate that individuals weigh the benefits of interventions—a monetary benefit in our experimental setting, where interventions increase the likelihood of receiving a higher bonus payment—against

utility costs associated with either being subjected to or enacting such interventions.

In particular, we find that both demand and supply are influenced by perceived ability. Individuals with lower confidence in their decision-making are more likely to demand an intervention, while Choice Architects are more inclined to intervene when they believe that Choosers are less competent. This pattern is consistent with the notion that individuals weigh the benefits of an intervention—greater when confidence is low or ability is perceived to be limited—against the utility costs associated with interventions.

Moreover, our treatment comparisons reveal that the decisions of both Choosers and Choice Architects are shaped by the restrictiveness of the intervention. Interventions that provide information without limiting choice—soft interventions—receive significantly more support than hard interventions that override individual decisions. Analysis of Choosers' open-ended responses supports the interpretation that hard interventions are perceived as more autonomy-infringing, reflecting an associated utility cost. Choosers express a strong preference for maintaining autonomy, and Choice Architects demonstrably respect that preference. These findings help explain the behavioral differences observed between the Soft and Hard treatment arms and are consistent with the concept of *libertarian paternalism* (Thaler and Sunstein, 2003), which posits that interventions are acceptable so long as they preserve freedom of choice.

Demand for interventions is further shaped by the presence of consent rights: granting individuals the ability to withhold consent increases their willingness to accept interventions. This preference for veto power may be viewed as evidence of what could be termed *consensual paternalism*: allowing individuals to prevent an intervention increases demand relative to settings in which they may express a preference but lack the authority to enforce it.

We also find that trust plays a consistent role in shaping the decisions of both Choosers and Choice Architects. Higher levels of generalized trust are associated with greater openness to interventions, a pattern corroborated by the analysis of participants' open-ended responses. These findings suggest that social context—particularly beliefs about the intentions and competence of others—plays a central role in shaping attitudes toward paternalistic interventions.

Taken together, these findings advance our understanding of the conditions under which paternalistic interventions are accepted or rejected. They suggest that successful policy design may depend not only on the necessity and effectiveness of an intervention but also on how it is perceived in terms of autonomy, whether it entails consent rights, and the targeted individuals' level of trust in the intervening actor.

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# ONLINE APPENDIX

## Paternalistic Interventions: Determinants of Demand and Supply

Björn Bartling and Krishna Srinivasan

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## **A Deviations from the Pre-Analysis Plan**

The pre-analysis plan was uploaded to the AEA RCT Registry on February 16, 2024, and it is available at <https://doi.org/10.1257/rct.7108-1.0>. We closely adhered to this plan in both the design and analysis, with three minor deviations:

1. In our analysis of the causal impact of consent rights on the supply of interventions in Table 8 (Section 6.4), we control for the use of the strategy method, which we did not pre-register. The strategy method is used only in the Consent Rights treatment arm if Choosers do not consent to an intervention. We find that the intervention rate is about six percentage points lower under the strategy method than the direct response method. Failing to control for this would misattribute the lower intervention rate to Choosers' consent rights.
2. In the heterogeneity analysis in Table 3 (Section 5.1) and Table 5 (Section 6.1), we include multivariate regressions that control for all background characteristics simultaneously (model 8 in both tables), even though our pre-registration specified only univariate regressions. None of our results depend on the inclusion of these additional specifications.
3. In Section 7, we compare demand and supply in the No Info treatment arm; that is, we report the demand data for this treatment arm, even though our pre-registration specified restricting the analysis of demand data to the Preference Info and Consent Rights treatment arms. We find it informative to include these demand data, although none of our results depend on their inclusion.

## B Additional Figures

Figure A1: Choosers' Decision Screen in Hard  $\times$  Preference Info

You will be matched to **another participant** in this study. The other participant is **informed about the final values of Bonus A and Bonus B**. However, the other participant is not informed that you chose **Bonus A** on the previous screen.

We now ask you what you would prefer the other participant to do:

- **I prefer an intervention:** I prefer the other participant to determine that my own choice does not count and to choose the higher bonus for me. (Importantly, the other participant can only choose the higher bonus.)
- **I do not prefer an intervention:** I prefer my own choice on the previous screen to determine my bonus.

The other participant will learn whether you prefer an intervention. Knowing your preference, the other participant will decide whether to intervene or not and this decision will be implemented.

We now ask you to indicate your preference:

I prefer an intervention

I do not prefer an intervention

Figure A2: Choosers' Decision Screen in Soft  $\times$  Preference Info

You will be matched to **another participant** in this study. The other participant is **informed about the final values of Bonus A and Bonus B**. However, the other participant is not informed that you chose **Bonus A** on the previous screen.

We now ask you what you would prefer the other participant to do:

- **I prefer an intervention:** I prefer the other participant to inform me which bonus is higher and to provide me with the opportunity to revise my choice. (Importantly, the other participant can only provide truthful information.)
- **I do not prefer an intervention:** I prefer my own choice on the previous screen to determine my bonus.

The other participant will learn whether you prefer an intervention. Knowing your preference, the other participant will decide whether to intervene or not and this decision will be implemented.

We now ask you to indicate your preference:

I prefer an intervention

I do not prefer an intervention

Figure A3: Choice Architects' Decision Screen in Hard  $\times$  Preference Info

In this study, you are matched to another study participant. **We ask you to make a choice that may have a real consequence for this other participant.**

There is a 1 in 5 chance that the other participant will receive an additional bonus in the next days. **The other participant made a choice (unknown to you) between two options for the additional bonus.**

The options were presented to the other participant as follows:

- *Bonus A is worth \$5.*
- *Bonus B has an initial value of 8 cents, but its value would be doubled 7 times and rounded down to the nearest whole dollar amount before you receive it.*

It turns out that **Bonus B is worth \$10**. However, the other participant was not explicitly informed about this fact when they made their choice.

To see why Bonus B is worth \$10, you can click [here](#).

---

We now ask you to make the following decision:

- **I want to intervene:** I want to determine that the other participant's own choice does not count and to choose the higher bonus for them.
- **I do not want to intervene:** In this case, the other participant's own choice will determine their bonus.

The other participant will learn your intervention decision. Additionally, they will be explicitly informed of the value of both bonus options. However, this information will only be provided after their bonus is finalized (based on your intervention decision or their own choice).

The other participant could indicate whether they (i) prefer an intervention or (ii) do not prefer an intervention. They know that you would be informed about their preference. Irrespective of their preference, you can decide whether to intervene, and your decision will be implemented.

---

**The other participant does not prefer an intervention.**

Please make your decision:

I want to intervene

I do not want to intervene

*Notes:* The screenshot shows a case in which the matched Chooser does not prefer an intervention.

Figure A4: Choice Architects' Decision Screen in Soft×Preference Info

In this study, you are matched to another study participant. **We ask you to make a choice that may have a real consequence for this other participant.**

There is a 1 in 5 chance that the other participant will receive an additional bonus in the next days. **The other participant made a choice (unknown to you) between two options for the additional bonus.**

The options were presented to the other participant as follows:

- *Bonus A is worth \$5.*
- *Bonus B has an initial value of 8 cents, but its value would be doubled 7 times and rounded down to the nearest whole dollar amount before you receive it.*

It turns out that **Bonus B is worth \$10**. However, the other participant was not explicitly informed about this fact when they made their choice.

To see why Bonus B is worth \$10, you can click [here](#).

---

We now ask you to make the following decision:

- **I want to intervene:** I want to inform the other participant which bonus is higher and to provide them with the opportunity to revise their choice.
- **I do not want to intervene:** In this case, the other participant's initial choice will determine their bonus.

The other participant will learn your intervention decision. Additionally, they will be explicitly informed about the value of both bonus options. However, in case of no intervention this information will only be provided after their bonus is finalized (based on their initial choice).

The other participant could indicate whether they (i) prefer an intervention or (ii) do not prefer an intervention. They know that you would be informed about their preference. Irrespective of their preference, you can decide whether to intervene, and your decision will be implemented.

---

**The other participant prefers an intervention.**

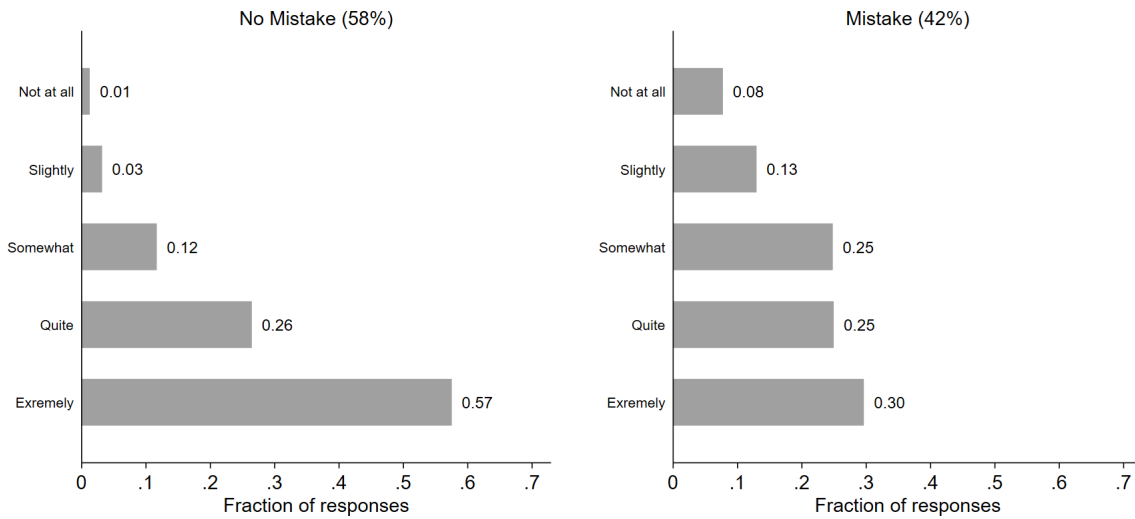
Please make your decision:

I want to intervene

I do not want to intervene

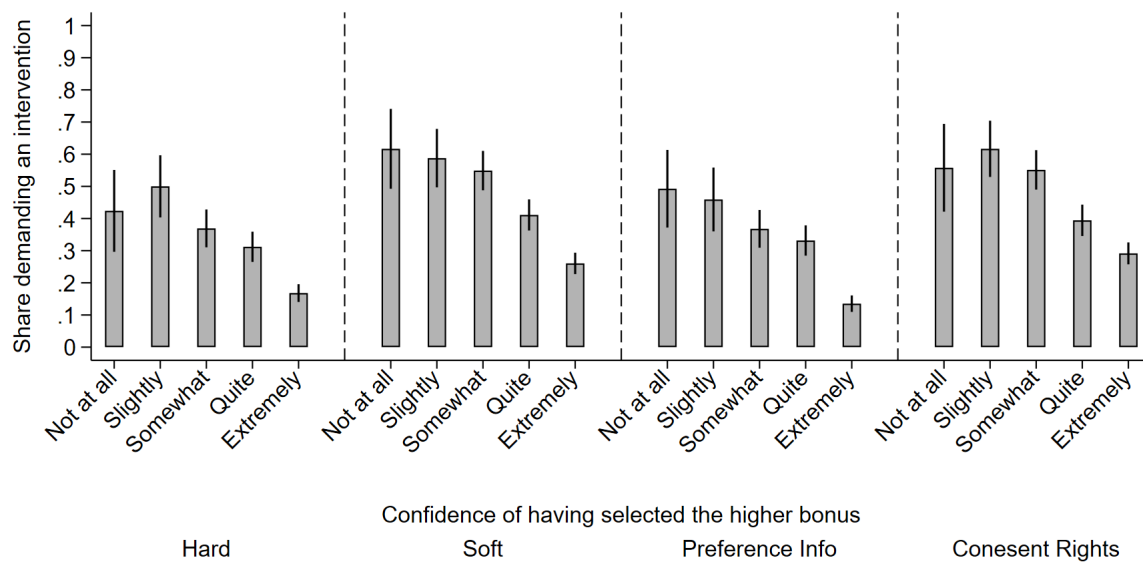
*Notes:* The screenshot shows a case in which the matched Chooser prefers an intervention.

Figure A5: Choosers' Confidence in their Own Ability



Notes: The figure shows the distribution of Choosers' confidence in selecting the higher bonus, categorized based on whether or not they made a mistake in their initial choice between the two bonus options. Combined data from treatment arms Preference Info and Consent Rights.

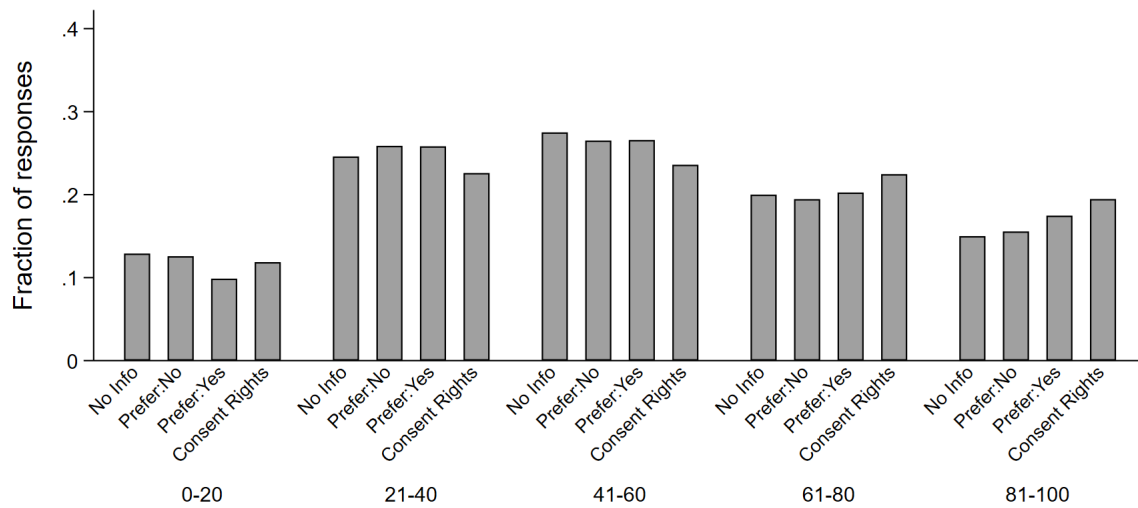
Figure A6: Confidence in Own Ability and Demand for Interventions



Notes: The figure shows how Choosers' demand for interventions relates to their confidence in choosing the higher bonus. Treatment arm Hard includes Treatments Preference Info×Hard and Consent Rights×Hard, Soft includes Treatments Preference Info×Soft and Consent Rights×Soft, Preference Info includes Treatment Preference Info×Hard and Preference Info×Soft, and Consent Rights includes Treatments Consent Rights×Hard and Consent Rights×Soft. Black bars indicate the 95% confidence intervals of the means.



Figure A7: Distribution of Beliefs about Ability



*Notes:* The figure presents the distribution of Choice Architects' beliefs about the share of Choosers choosing the higher bonus, pooling over the Hard and Soft treatment arms. To smooth variation, we present the data in larger bins by merging every two consecutive ones.

## C Additional Tables

Table A1: Randomization Check for Choosers

Variable	Hard x Consent Rights	Hard x Pref Info	Soft x Consent Rights	Soft x Pref Info	p-val
Male	0.45	0.49	0.50	0.47	0.20
Income < 30,000	0.18	0.15	0.16	0.21	0.02
Income 30–59,999	0.25	0.26	0.28	0.26	0.64
Income 60–99,999	0.27	0.29	0.29	0.27	0.68
Income 100–149,999	0.17	0.19	0.17	0.17	0.78
Income >= 150,000	0.12	0.11	0.09	0.10	0.15
Edu: Up to Highschool	0.11	0.12	0.12	0.12	0.95
Edu: Some college	0.16	0.18	0.19	0.20	0.21
Edu: Bachelor or Associate	0.57	0.54	0.52	0.53	0.20
Edu: Masters or above	0.16	0.16	0.17	0.15	0.87
Age 18–24	0.10	0.09	0.09	0.10	0.83
Age 25–34	0.29	0.30	0.31	0.32	0.58
Age 35–44	0.23	0.26	0.25	0.25	0.73
Age 45–54	0.18	0.17	0.19	0.17	0.71
Age 55–64	0.11	0.12	0.10	0.11	0.72
Age 65+	0.08	0.06	0.06	0.05	0.07
Republican	0.20	0.23	0.21	0.19	0.23
High Trust	0.44	0.42	0.42	0.42	0.78

*Notes:* The table presents the average sample characteristics across treatments for Choosers. The last column presents the p-value from an F-test from a regression of the particular characteristic on treatment indicators.

Table A2: Randomization Check for Choice Architects

Variable	Hard x		Hard x		Soft x		Soft x		p-val
	Consent Rights	No Info	Pref Info	Consent Rights	No Info	Pref Info	Soft x	Soft x	
Male	0.38	0.45	0.41	0.39	0.47	0.41			0.01
Income < 30,000	0.16	0.14	0.16	0.15	0.17	0.17			0.68
Income 30–59,999	0.25	0.25	0.23	0.23	0.25	0.24			0.70
Income 60–99,999	0.31	0.26	0.27	0.31	0.27	0.27			0.08
Income 100–149,999	0.17	0.21	0.21	0.19	0.19	0.19			0.36
Income ≥ 150,000	0.10	0.14	0.13	0.12	0.12	0.13			0.47
Edu: Up to Highschool	0.12	0.12	0.12	0.09	0.10	0.13			0.24
Edu: Some college	0.20	0.20	0.18	0.20	0.19	0.18			0.90
Edu: Bachelor or Associate	0.49	0.49	0.51	0.51	0.52	0.49			0.94
Edu: Masters or above	0.19	0.18	0.19	0.21	0.18	0.20			0.92
Age 18–24	0.13	0.14	0.13	0.10	0.12	0.12			0.33
Age 25–34	0.33	0.31	0.31	0.31	0.31	0.33			0.95
Age 35–44	0.24	0.23	0.22	0.26	0.26	0.23			0.47
Age 45–54	0.14	0.15	0.17	0.19	0.15	0.16			0.23
Age 55–64	0.11	0.10	0.10	0.10	0.10	0.11			0.94
Age 65+	0.05	0.06	0.07	0.05	0.05	0.05			0.54
Republican	0.18	0.17	0.18	0.20	0.21	0.19			0.52
High Trust	0.39	0.43	0.36	0.42	0.40	0.43			0.09

*Notes:* The table presents the average sample characteristics across treatments for Choice Architects. The last column presents the p-value from an F-test from a regression of the particular characteristics on treatment indicators.

Table A3: Heterogeneous Treatment Effects of Restrictiveness of Intervention on Demand

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Soft	0.129*** (0.024)	0.114*** (0.022)	0.114*** (0.019)	0.127*** (0.018)	0.102*** (0.020)	0.135*** (0.024)	0.137*** (0.024)
High Confidence	-0.195*** (0.022)						
Soft x High Confidence	-0.037 (0.033)						
High Trust		0.038 (0.023)					
Soft x High Trust		0.007 (0.035)					
Republican			-0.016 (0.028)				
Soft x Republican			0.010 (0.042)				
High Education				0.076** (0.033)			
Soft x High Education				-0.066 (0.048)			
High Income					-0.039 (0.025)		
Soft x High Income					0.052 (0.038)		
High Age						-0.026 (0.023)	
Soft x High Age						-0.041 (0.034)	
Male							-0.050** (0.023)
Soft x Male							-0.040 (0.034)
Constant	0.363*** (0.017)	0.256*** (0.015)	0.276*** (0.013)	0.260*** (0.012)	0.284*** (0.014)	0.285*** (0.017)	0.296*** (0.016)
Soft +	0.092*** (0.022)	0.121*** (0.027)	0.125*** (0.037)	0.061 (0.044)	0.154*** (0.032)	0.094*** (0.024)	0.097*** (0.024)
Soft x Group Indicator							
Observations	3000	3000	3000	3000	3000	3000	3000

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Chooser demands an intervention and 0 otherwise. The analysis uses demand data from Choosers in the Preference Info and Consent Rights treatment arms. The Hard treatment arm serves as the omitted category, with Soft included as treatment indicator. High Confidence is an indicator variable equal to 1 if a Chooser reports above-median confidence in choosing the higher bonus, and 0 otherwise. High Trust equals 1 for Choosers who indicate that “Most people can be trusted” and 0 otherwise. Republican is an indicator variable equal to 1 for Choosers who self-identify as Republicans and 0 otherwise. High Education, High Income, and High Age are indicator variables equal to 1 if a Chooser’s education, income, or age, respectively, is above the median and 0 otherwise. Male is an indicator variable equal to 1 for males and 0 otherwise. HC3 standard errors in parentheses.

\* p < 0.10, \*\* p < 0.05, \*\*\* p < 0.01

Table A4: Heterogeneous Effects of Consent Rights on Demand

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Consent Rights (CR)	0.115*** (0.024)	0.145*** (0.022)	0.127*** (0.019)	0.129*** (0.018)	0.125*** (0.020)	0.149*** (0.024)	0.164*** (0.024)
High Confidence	-0.237*** (0.021)						
CR x High Confidence	0.042 (0.033)						
High Trust		0.053** (0.023)					
CR x High Trust		-0.027 (0.035)					
Republican			-0.031 (0.027)				
CR x Republican			0.033 (0.042)				
High Education				0.028 (0.032)			
CR x High Education				0.027 (0.047)			
High Income					-0.036 (0.025)		
CR x High Income					0.034 (0.038)		
High Age						-0.040* (0.023)	
CR x High Age						-0.028 (0.034)	
Male							-0.037 (0.023)
CR x Male							-0.063* (0.034)
Constant	0.372*** (0.017)	0.241*** (0.015)	0.270*** (0.013)	0.259*** (0.012)	0.273*** (0.014)	0.282*** (0.016)	0.281*** (0.016)
Consent Rights (CR) + CR x Group Indicator	0.156*** (0.022)	0.118*** (0.027)	0.160*** (0.037)	0.157*** (0.043)	0.158*** (0.032)	0.121*** (0.024)	0.101*** (0.024)
Observations	3000	3000	3000	3000	3000	3000	3000

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Chooser demands an intervention and 0 otherwise. The analysis uses demand data from Choosers in the Preference Info and Consent Rights treatment arms. The Preference Info treatment arm serves as the omitted category, with Consent Rights included as treatment indicator. High Confidence is an indicator variable equal to 1 if a Chooser reports above-median confidence in choosing the higher bonus, and 0 otherwise. High Trust equals 1 for Choosers who indicate that “Most people can be trusted” and 0 otherwise. Republican is an indicator variable equal to 1 for Choosers who self-identify as Republicans and 0 otherwise. High Education, High Income, and High Age are indicator variables equal to 1 if a Chooser’s education, income, or age, respectively, is above the median and 0 otherwise. Male is an indicator variable equal to 1 for males and 0 otherwise. HC3 standard errors in parentheses.

\* p < 0.10, \*\* p < 0.05, \*\*\* p < 0.01

Table A5: Supply by Background Characteristics

	(1)	(2)	(3)	(4)
	No Info	Pref Info Prefer:No	Pref Info Prefer:Yes	Consent Rights
High Belief Ability	-0.108*** (0.029)	-0.138*** (0.030)	-0.127*** (0.044)	-0.095*** (0.024)
Constant	0.753*** (0.020)	0.541*** (0.020)	0.805*** (0.027)	0.752*** (0.015)
High Trust	0.084*** (0.029)	0.052* (0.031)	0.039 (0.045)	0.098*** (0.024)
Constant	0.668*** (0.019)	0.455*** (0.020)	0.743*** (0.027)	0.673*** (0.015)
Republican	-0.004 (0.037)	-0.037 (0.039)	-0.059 (0.056)	-0.030 (0.030)
Constant	0.704*** (0.016)	0.483*** (0.017)	0.768*** (0.024)	0.718*** (0.013)
High Education	0.038 (0.037)	0.024 (0.038)	0.057 (0.055)	-0.000 (0.029)
Constant	0.696*** (0.016)	0.471*** (0.017)	0.746*** (0.024)	0.712*** (0.013)
High Income	0.032 (0.031)	0.014 (0.032)	-0.052 (0.045)	0.024 (0.026)
Constant	0.693*** (0.018)	0.472*** (0.018)	0.776*** (0.027)	0.705*** (0.014)
High Age	-0.017 (0.029)	-0.022 (0.030)	0.009 (0.043)	-0.005 (0.023)
Constant	0.711*** (0.020)	0.487*** (0.021)	0.752*** (0.030)	0.715*** (0.017)
Male	-0.075*** (0.029)	0.006 (0.031)	-0.030 (0.044)	-0.048** (0.024)
Constant	0.738*** (0.020)	0.474*** (0.019)	0.770*** (0.029)	0.731*** (0.015)
Observations	1000	1105	395	1500

*Notes:* The table presents coefficient estimates from univariate linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. High Belief Ability is an indicator variable equal to 1 if a Choice Architect's beliefs about the share of Choosers choosing the higher bonus is above the median belief, and 0 otherwise. High Trust equals 1 for Choosers who indicate that "Most people can be trusted" and 0 otherwise. Republican is an indicator variable equal to 1 for Choosers who self-identify as Republicans and 0 otherwise. High Education, High Income, and High Age are indicator variables equal to 1 if a Chooser's education, income, or age, respectively, is above the median and 0 otherwise. Male is an indicator variable equal to 1 for males and 0 otherwise. HC3 standard errors in parentheses.

\* p < 0.10, \*\* p < 0.05, \*\*\* p < 0.01

Table A6: Supply by Restrictiveness of Intervention

Panel A: No Info		
	(1)	(2)
Soft	0.098*** (0.029)	0.095*** (0.029)
Constant	0.654*** (0.021)	0.699*** (0.033)
Observations	1000	1000
Demographics Controls	No	Yes
Panel B: Preference Info, Demand: No		
	(1)	(2)
Soft	0.046 (0.030)	0.031 (0.030)
Constant	0.455*** (0.020)	0.508*** (0.034)
Observations	1105	1105
Demographics Controls	No	Yes
Panel C: Preference Info, Demand: Yes		
	(1)	(2)
Soft	0.130*** (0.046)	0.118** (0.047)
Constant	0.676*** (0.039)	0.732*** (0.052)
Observations	395	395
Demographics Controls	No	Yes
Panel D: Consent Rights		
	(1)	(2)
Soft	0.093*** (0.023)	0.085*** (0.023)
Constant	0.665*** (0.017)	0.692*** (0.027)
Observations	1500	1500
Demographics Controls	No	Yes

*Notes:* The table shows coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. Treatment Hard×No Info serves as the omitted category, with Soft included as treatment indicator. The demographic controls are High Belief Ability, High Trust, Republican, High Education, High Income, High Age, and Male, as defined in Table A5. HC3 standard errors in parentheses.

\* p < 0.10, \*\* p < 0.05, \*\*\* p < 0.01

Table A7: Heterogeneous Treatment Effects of Soft

	(1)	(2)	(3)	(4)
	No Info	Pref Info Prefer:No	Pref Info Prefer:Yes	Consent Rights
Soft	0.019 (0.038)	0.031 (0.041)	0.160*** (0.057)	0.079*** (0.029)
High Belief Ability	-0.174*** (0.042)	-0.138*** (0.040)	-0.062 (0.080)	-0.098*** (0.035)
Soft x High Belief Ability	0.150*** (0.058)	0.006 (0.060)	-0.095 (0.098)	0.019 (0.048)
Constant	0.743*** (0.028)	0.525*** (0.029)	0.701*** (0.050)	0.710*** (0.023)
Soft + Soft x Group Indicator	0.169*** (0.044)	0.038 (0.044)	0.065 (0.080)	0.098*** (0.038)
Soft	0.101*** (0.039)	-0.001 (0.040)	0.152*** (0.059)	0.118*** (0.031)
High Trust	0.088** (0.043)	-0.001 (0.042)	0.076 (0.080)	0.129*** (0.034)
Soft x High Trust	-0.001 (0.057)	0.103* (0.062)	-0.064 (0.096)	-0.067 (0.046)
Constant	0.617*** (0.029)	0.455*** (0.026)	0.649*** (0.049)	0.615*** (0.023)
Soft + Soft x Group Indicator	0.100** (0.042)	0.102** (0.047)	0.088 (0.076)	0.051 (0.034)
Soft	0.105*** (0.032)	0.038 (0.033)	0.134*** (0.051)	0.095*** (0.026)
Republican	0.011 (0.057)	-0.060 (0.053)	-0.040 (0.103)	-0.032 (0.046)
Soft x Republican	-0.037 (0.075)	0.046 (0.078)	-0.027 (0.126)	-0.004 (0.061)
Constant	0.652*** (0.023)	0.466*** (0.022)	0.683*** (0.043)	0.671*** (0.019)
Soft + Soft x Group Indicator	0.068 (0.068)	0.084 (0.071)	0.107 (0.115)	0.091 (0.055)
Soft	0.098*** (0.032)	0.041 (0.034)	0.110** (0.052)	0.088*** (0.026)
High Education	0.038 (0.054)	0.014 (0.052)	-0.011 (0.103)	-0.016 (0.045)
Soft x High Education	-0.000	0.023	0.101	0.025

*Continued on next page*



Table A7: Heterogeneous Treatment Effects of Soft (continued)

	(1) No Info	(2) Pref Info Prefer:No	(3) Pref Info Prefer:Yes	(4) Consent Rights
Constant	(0.073) 0.647*** (0.024)	(0.077) 0.452*** (0.023)	(0.118) 0.678*** (0.043)	(0.059) 0.668*** (0.019)
Soft + Soft x Group Indicator	0.098 (0.065)	0.065 (0.069)	0.211** (0.106)	0.114** (0.053)
Soft	0.102*** (0.035)	0.040 (0.036)	0.062 (0.057)	0.120*** (0.028)
High Income	0.040 (0.045)	0.006 (0.044)	-0.157* (0.081)	0.070* (0.038)
Soft x High Income	-0.007 (0.061)	0.021 (0.065)	0.177* (0.097)	-0.096* (0.051)
Constant	0.640*** (0.027)	0.453*** (0.025)	0.736*** (0.047)	0.647*** (0.020)
Soft + Soft x Group Indicator	0.095* (0.050)	0.061 (0.054)	0.239*** (0.078)	0.024 (0.043)
Soft	0.072* (0.040)	0.111*** (0.042)	0.143** (0.064)	0.103*** (0.033)
High Age	-0.045 (0.043)	0.040 (0.041)	0.020 (0.078)	-0.001 (0.035)
Soft x High Age	0.053 (0.058)	-0.133** (0.060)	-0.028 (0.093)	-0.019 (0.047)
Constant	0.676*** (0.029)	0.435*** (0.029)	0.667*** (0.053)	0.666*** (0.024)
Soft + Soft x Group Indicator	0.125*** (0.041)	-0.023 (0.043)	0.115* (0.068)	0.085** (0.033)
Soft	0.058 (0.038)	0.066* (0.039)	0.041 (0.060)	0.108*** (0.029)
Male	-0.122*** (0.043)	0.029 (0.042)	-0.153* (0.078)	-0.030 (0.036)
Soft x Male	0.091 (0.058)	-0.052 (0.062)	0.203** (0.093)	-0.038 (0.048)
Constant	0.709*** (0.027)	0.444*** (0.026)	0.744*** (0.049)	0.677*** (0.022)
Soft + Soft x Group Indicator	0.148*** (0.044)	0.015 (0.048)	0.244*** (0.072)	0.070* (0.039)

*Continued on next page*

Table A7: Heterogeneous Treatment Effects of Soft (continued)

	(1)	(2)	(3)	(4)
	No Info	Pref Info Prefer:No	Pref Info Prefer:Yes	Consent Rights
Observations	1000	1105	395	1500

The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. Soft is a treatment indicator. High Belief Ability, High Trust, Republican, High Education, High Income, High Age, and Male are as defined in Table A5. HC3 standard errors in parentheses.

\* p < 0.10, \*\* p < 0.05, \*\*\* p < 0.01

Table A8: Heterogeneous Effects of Choosers' Demand on Supply

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Demand	0.264*** (0.033)	0.288*** (0.034)	0.285*** (0.029)	0.275*** (0.030)	0.304*** (0.032)	0.266*** (0.037)	0.296*** (0.034)
High Belief Ability	-0.138*** (0.030)						
Demand x High Belief Ability	0.011 (0.055)						
High Trust		0.052* (0.031)					
Demand x High Trust		-0.013 (0.054)					
Republican			-0.037 (0.039)				
Demand x Republican			-0.022 (0.071)				
High Education				0.024 (0.038)			
Demand x High Education				0.032 (0.065)			
High Income					0.014 (0.032)		
Demand x High Income					-0.066 (0.056)		
High Age						-0.022 (0.030)	
Demand x High Age						0.031 (0.053)	
Male							0.006 (0.031)
Demand x Male							-0.036 (0.054)
Constant	0.541*** (0.021)	0.455*** (0.019)	0.483*** (0.017)	0.471*** (0.017)	0.472*** (0.018)	0.487*** (0.021)	0.474*** (0.019)
Demand +	0.276***	0.275***	0.263***	0.307***	0.239***	0.297***	0.260***
Demand x Group Indicator	(0.044)	(0.042)	(0.065)	(0.058)	(0.046)	(0.038)	(0.041)
Observations	1500	1500	1500	1500	1500	1500	1500

Notes: The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. The analysis uses data from Choice Architects in the Preference Info treatment arm. Demand takes a value of 1 if a Choice Architect is matched to a Chooser who demands an intervention and 0 otherwise. High Belief Ability, High Trust, Republican, High Education, High Income, High Age, and Male are as defined in Table A5. HC3 standard errors in parentheses.

\* p < 0.10, \*\* p < 0.05, \*\*\* p < 0.01

Table A9: Heterogeneous Effects of Consent Rights on Supply

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Consent Rights (CR)	-0.020 (0.032)	-0.033 (0.034)	-0.015 (0.030)	0.001 (0.031)	-0.036 (0.033)	-0.001 (0.037)	-0.006 (0.034)
High Belief Ability	-0.127*** (0.046)						
CR x High Belief Ability	0.033 (0.052)						
High Trust		0.039 (0.044)					
CR x High Trust		0.063 (0.050)					
Republican			-0.059 (0.059)				
CR x Republican			0.029 (0.067)				
High Education				0.057 (0.052)			
CR x High Education				-0.056 (0.060)			
High Income					-0.052 (0.046)		
CR x High Income					0.074 (0.052)		
High Age						0.009 (0.043)	
CR x High Age						-0.018 (0.049)	
Male							-0.030 (0.044)
CR x Male							-0.017 (0.050)
Strategy Method	-0.056** (0.023)	-0.064*** (0.024)	-0.058** (0.024)	-0.057** (0.024)	-0.057** (0.024)	-0.058** (0.024)	-0.056** (0.024)
Constant	0.805*** (0.025)	0.743*** (0.028)	0.768*** (0.024)	0.746*** (0.024)	0.776*** (0.026)	0.752*** (0.031)	0.770*** (0.028)
Demand +	0.013 (0.045)	0.030 (0.041)	0.014 (0.062)	-0.056 (0.055)	0.038 (0.045)	-0.019 (0.037)	-0.023 (0.042)
Demand x Group Indicator							
Observations	1895	1895	1895	1895	1895	1895	1895

Notes: The table presents coefficient estimates from linear regressions. The dependent variable equals 1 if a Choice Architect supplies an intervention and 0 otherwise. The analysis uses data from the Preference Info and Consent Rights treatment arms. For the Preference Info treatment arm, the sample is restricted to observations where the matched Chooser prefers an intervention. For the Consent Rights treatment arm, all observations are included, as the strategy method was employed when a Chooser did not consent to an intervention. Consent Rights is a treatment indicator. The variable Strategy Method takes equals 1 for observations in the Consent Rights treatment arm where the matched Choosers did not consent to an intervention and we employed the strategy method and 0 otherwise. High Belief Ability, High Trust, Republican, High Education, High Income, High Age, and Male are as defined in Table A5. HC3 standard errors in parentheses.

\* p < 0.10, \*\* p < 0.05, \*\*\* p < 0.01

Table A10: Support for Government Interventions

	(1)	(2)	(3)	(4)
Demand	0.273*** (0.069)	0.251*** (0.058)		
Supply			0.201*** (0.053)	0.356*** (0.053)
High Confidence	-0.014 (0.061)	0.201*** (0.059)		
High Belief Ability			-0.158*** (0.052)	0.004 (0.047)
High Trust	0.051 (0.059)	0.159*** (0.058)	0.023 (0.053)	0.145*** (0.046)
Republican	-0.230*** (0.071)	-0.441*** (0.080)	-0.249*** (0.067)	-0.368*** (0.063)
High Education	0.389*** (0.088)	0.176** (0.073)	0.349*** (0.071)	0.013 (0.060)
High Income	0.161** (0.068)	-0.051 (0.063)	0.072 (0.058)	0.054 (0.051)
High Age	-0.322*** (0.059)	-0.023 (0.058)	-0.105** (0.052)	0.109** (0.046)
Male	0.140** (0.059)	0.033 (0.058)	0.151*** (0.053)	-0.013 (0.046)
Constant	-0.959*** (0.065)	0.574*** (0.062)	-0.892*** (0.062)	0.660*** (0.062)
Observations	1500	1500	2000	2000
Subset	Hard	Soft	Hard	Soft

*Notes:* The table presents coefficient estimates from linear regressions. The dependent variable is participants' support for hard government interventions in treatments Hard or for soft government interventions in treatments Soft. It ranges from  $-2$  to  $2$ , with higher values indicating stronger support for interventions. Demand takes a value of 1 if a Chooser demands an intervention and 0 otherwise. Supply takes a value of 1 if a Choice Architect supplies an intervention and 0 otherwise. High Confidence is an indicator variable equal to 1 if a Chooser reports above-median confidence in choosing the higher bonus, and 0 otherwise. High Belief Ability is an indicator variable equal to 1 if a Choice Architect's beliefs about the share of Chooser's choosing the higher bonus is above the median belief, and 0 otherwise. High Trust, Republican, High Education, High Income, High Age, and Male are as defined in Table A5. Columns (1) and (2) include Choosers in Treatments Hard and Soft, respectively, pooling over the Preference Info and Consent Rights treatment arms. Columns (3) and (4) include Choice Architects in Treatments Hard and Soft, respectively, pooling over all other treatments. HC3 standard errors in parentheses.

\*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

Table A11: Demographic Predictors of Republican Affiliation

	(1)	(2)
High Education	-0.029** (0.012)	-0.078*** (0.008)
High Income	0.032*** (0.010)	0.030*** (0.006)
High Age	0.084*** (0.009)	0.093*** (0.006)
Male	0.044*** (0.009)	0.029*** (0.006)
Constant	0.129*** (0.007)	0.201*** (0.005)
Observations	8000	24500

*Notes:* The table presents coefficient estimates from linear regressions. Equation (1) is based on the 8,000 participants in our study, while Equation (2) is based on the sample from the 2023 Cooperative Election Study (CES), the largest academic survey on U.S. elections (Schaffner et al., 2024). In both equations, the dependent variable equals 1 for those who self-identify as Republicans and 0 otherwise. In Equation (1), High Education, High Income, and High Age are indicator variables equal to 1 if a participant's education, income, or age, respectively, is above the median and 0 otherwise. In Equation (2), we implement the median splits based on the cutoff values in our sample. In both equations, Male is an indicator variable equal to 1 for males and 0 otherwise. The analysis shows that the demographics of participants who identify as Republicans in our sample are consistent with the Republican voter demographics reported by the CES. HC3 standard errors in parentheses.

\*  $p < 0.10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$

## D Analysis of Open-Ended Responses

This section details our analysis of the open-ended responses provided by Choosers and Choice Architects, in which they explain their demand and supply decisions, respectively. We employed OpenAI’s GPT-4o-mini model via the OpenAI API to analyze the responses. The exact code is part of the replication package.

### D.1 Procedures

We analyze responses from subgroups of study participants—such as Choosers who do not demand an intervention—and contrast these responses with those from other subgroups, such as Choosers who do demand an intervention.

Our analysis of each subgroup was conducted in three sequential steps. In the first step, we prompted the model to extract the primary reasons provided by each participant for their decision, report the frequency of each reason, and group similar reasons based on shared underlying concerns. To account for variability in the model’s outputs, the model was instructed to repeat this process ten times.

In the second step, the model was instructed to consolidate the ten lists of reasons generated across the ten runs into a single comprehensive list by merging similar reasons. This approach helps to produce more representative and robust results by mitigating the influence of randomness in individual outputs. The final model-generated outputs for each subgroup we analyzed, all reported below, includes the consolidated list of reasons, the average occurrence of each reason across the ten iterations, and a concise explanation of each reason.

In the final step, we manually grouped the reasons into broader thematic categories, which form the basis of our discussion of participants’ text responses in the paper.

To provide sufficient context for interpreting participants’ responses, we included the following explanations in all prompts used to analyze responses from both Choosers and Choice Architects.

#### *## Context*

*This prompt is about analyzing text responses from individuals who participated in a study.*

*Participants were randomly assigned to either the role of a **Chooser** or to the role of a **Choice Architect**.*

*Participants in the role of **Choosers** received a monetary bonus for participating in the study and were asked to choose between two bonus options, A and B, described to them as follows:*

*- Bonus A is worth \$5.*

*- Bonus B has an initial value of 8 cents, but its value is doubled seven times and then rounded down to the nearest whole dollar amount before being awarded.*

*Bonus B is worth \$10, but **Choosers** might not realize this, mistakenly believing that Bonus B is worth less than Bonus A. Consequently, they might choose the lower Bonus A.*

After making their bonus choice, but before receiving the bonus, Choosers were informed that another participant in the study, a **Choice Architect**, was matched to them and could potentially **intervene** in their decision.

The study involved two treatment dimensions in a 2x2 factorial design:

1. Intervention type treatment dimension: Participants were randomly assigned to one of two treatment arms:

- In treatment arm **Hard**, the Choice Architect could intervene by overriding the Chooser's decision and selecting the higher bonus on their behalf.

- In treatment arm **Soft**, the Choice Architect could intervene by informing the Chooser that Bonus B is worth \$10 and giving them an opportunity to revise their initial choice.

2. Consent rights treatment dimension: Participants were randomly assigned to one of the following treatment arms:

- In treatment arm **Preference Info**, the Chooser communicated their intervention preferences to the matched Choice Architect: the Chooser could indicate whether they preferred an intervention or not, but the Choice Architect retained the discretion to intervene regardless of the Chooser's stated preference.

- In treatment arm **Consent Rights**, the Chooser either consented to or withheld consent for the intervention. The matched Choice Architect could only intervene if the Chooser gave consent. In this condition, Choosers could prevent an intervention by withholding consent.

**Some Choosers indicated to prefer an intervention (in Preference Info) or consented to it (in Consent Rights), while others indicated that they prefer that the Choice Architect does not intervene (in Preference Info) or did not consent to it (in Consent Rights).**

**Some Choice Architects decided to intervene, while others opted not to.** In no treatment did the Choice Architects know whether the matched Chooser initially choose the higher bonus or not, that is, whether they would receive the higher Bonus B absent an intervention.

- In treatment arm **Preference Info**, the Choice Architects were informed of the respectively matched Chooser's intervention preference but were not obligated to follow it. A Choice Architect could choose to intervene even if the matched Chooser did not prefer intervention, or choose not to intervene even if the Chooser preferred it.

- In treatment arm **Consent Rights**, the Choice Architects could intervene only if the respectively matched Chooser had provided consent. If consent was given, the Choice Architect could then decide whether or not to intervene.

- Additionally, some Choice Architects were in a **No Info** treatment arm, in which they made their intervention decisions without being informed about the matched Chooser's intervention preference.

Finally, **Choosers were invited to provide text responses explaining their intervention preferences**, and **Choice Architects were invited to provide text responses explaining their intervention decisions**.



To obtain Choosers' and Choice Architects' reasons in Step 1, we combined the prompt providing the context described above along with the following prompt:

*## Task Instructions:*

- *[For Choosers] Identify the **Choosers' reasons for their intervention preferences in the study**.*
- *[For Choice Architects] Identify the **Choice Architects' reasons for their intervention decisions in the study**.*
- ***Identify the one most important reason in each response**.*
- *Combine similar reasons based on the underlying concerns.*
- *Calculate the **percentage of occurrence** for each combined reason.*
- ***The sum of the percentages of occurrences of all reasons should not add up to more than 100 percent**.*
- *Present your findings as a numbered list of combined reasons, each with its **percentage of occurrences** and a **concise explanation**.*
- *Do not include any additional explanations or summaries.*

*Below are the text responses:*

To obtain Choosers' and Choice Architects' consolidated reasons in Step 2, we combined the prompt providing the context described above along with the following prompt:

*Below are 10 outputs generated by GPT-4o-mini.*

*[For Choosers] Each output contains a list of Choosers' reasons for their intervention preferences in the study, their respective percentage of occurrence, and a concise summary.*

*[For Choice Architects] Each output contains a list of Choice Architects' reasons for their intervention decisions in the study, their respective percentage of occurrence, and a concise summary.*

*## Task Instructions:*

- *Combine similar reasons from the 10 outputs into a **consolidated list**.*
- ***The sum of the percentages of occurrences of all reasons in the consolidated list should not add up to more than 100 percent**.*
- *Present your findings in the following format: **Reasons (average percentage of occurrences): concise explanation**.*
- *Order the consolidated list of reasons by the average percentage of occurrences.*
- *Do not include any additional explanations or summaries.*

The following sections provide the output generated by the model and our categorization of reasons into broader topics, which is the basis for our discussion in Sections 5.4, 6.5 and 7 of the paper.

## D.2 Reasons of Choosers Who Do Not Demand an Intervention

### Reasons Provided by the Model

1. Confidence in Own Decision (45%): Many Choosers expressed confidence in their own calculations and decisions, stating they believe they chose the higher bonus and do not need external validation or intervention.
2. Desire for Autonomy (25%): A significant number of responses indicated a preference for making their own choices without outside influence, emphasizing personal responsibility and control over their decisions.
3. Distrust of Others (15%): Several Choosers expressed skepticism about the other participant's ability to make the correct choice, fearing that the intervention could lead to a lower bonus or that the other person might not have their best interests in mind.
4. Simplicity of the Math (10%): Some responses highlighted the straightforward nature of the math involved, suggesting that the calculations are simple enough that they do not require intervention.
5. Perceived Risk of Intervention (5%): A few Choosers expressed concern that allowing an intervention could lead to a worse outcome, indicating a belief that the intervention might not be beneficial.

### Our Categorization of Reasons

1. **Confidence (or lack thereof):** 1. Confidence in Own Decision (45%) and 4. Simplicity of the Math (10%)
2. **Preference for autonomy:** 2. Desire for Autonomy (25%)
3. **Trust (or lack thereof):** 3. Distrust of Others (15%) and 5. Perceived Risk of Intervention (5%)

### D.3 Reasons of Choosers Who Demand an Intervention

#### Reasons Provided by the Model

1. **Desire for Higher Bonus (25%):** Many Choosers expressed a clear preference for an intervention to ensure they receive the highest possible bonus, indicating a strong motivation to maximize their earnings.
2. **Lack of Confidence in Choice (21%):** A significant number of Choosers indicated uncertainty or lack of confidence in their initial choice, prompting them to seek confirmation or assistance through an intervention.
3. **Trust in Other Participant (15%):** Several Choosers expressed trust in the other participant's ability to make the right decision on their behalf, believing that the intervention would lead to a better outcome.
4. **Curiosity (12%):** Many Choosers were motivated by curiosity about the other participant's perspective or reasoning, indicating a desire to learn or understand more about the decision-making process.
5. **Seeking Validation (10%):** Some Choosers wanted reassurance or validation of their choice, indicating that they were confident but still open to external input to confirm their decision.
6. **Perceived No Risk (8%):** A number of Choosers noted that there was no downside to allowing an intervention, as the other participant could only choose the higher bonus, making it a risk-free option.
7. **Desire for Additional Information (5%):** A smaller group of Choosers expressed a desire for more information regarding the bonuses, indicating that they wanted to make a more informed decision.
8. **Preference for Collaboration (5%):** Some Choosers indicated a preference for collaborative decision-making, valuing the input of others in the process.
9. **Mathematical Uncertainty (3%):** A few Choosers mentioned difficulties with math or calculations, leading them to seek help through the intervention to ensure accuracy in their decision.

#### Our Categorization of Reasons

1. **Confidence (or lack thereof):** 1. Desire for Higher Bonus (25%), 2. Lack of Confidence in Choice (21%), 5. Seeking Validation (10%), 7. Desire for Additional Information (5%), and 9. Mathematical Uncertainty (3%)
2. **Trust (or lack thereof):** 3. Trust in Other Participant (15%) and 6. Perceived No Risk (8%)
3. **Other reasons:** 4. Curiosity (12%) and 8. Preference for Collaboration (5%)

## D.4 Reasons of Choosers in Treatment Hard

### Reasons Provided by the Model

1. Confidence in Own Choice (36.5%): Many Choosers expressed confidence in their own calculations and decisions, believing they had already chosen the higher bonus and therefore did not need an intervention.
2. Desire for Control (25%): A significant number of Choosers preferred to maintain control over their own decisions and outcomes, indicating a strong desire for autonomy in the decision-making process.
3. Distrust of Others (20%): Many Choosers expressed distrust in the other participant's ability to make the correct choice, fearing that the other person might choose the lower bonus or not understand the math involved.
4. Perceived Certainty of Bonuses (10%): Some Choosers noted that they believed the bonuses were essentially the same or that the intervention would not significantly change their outcome, leading them to feel that an intervention was unnecessary.
5. Willingness to Take Risks (5%): A smaller group of Choosers indicated a willingness to take risks, suggesting that they were open to the possibility of an intervention if it could lead to a better outcome.
6. Curiosity About Other's Choices (2.5%): A few Choosers expressed interest in seeing what the other participant would choose, indicating a desire for insight or collaboration in the decision-making process.
7. Concerns About Miscalculation (1%): A small number of Choosers acknowledged uncertainty in their calculations and expressed a desire for intervention to ensure they received the higher bonus.
8. Indifference to Intervention (0.5%): A very small number of Choosers indicated that they did not have a strong preference regarding intervention, suggesting a neutral stance on the matter.

### Our Categorization of Reasons

1. **Confidence (or lack thereof):** 1. Confidence in Own Choice (36.5%), 5. Willingness to Take Risks (5%), and 7. Concerns About Miscalculation (1%)
2. **Preference for autonomy:** 2. Desire for Control (25%)
3. **Trust (or lack thereof):** 3. Distrust of Others (20%)
4. **Other reasons:** 4. Perceived Certainty of Bonuses (10%), 6. Curiosity About Other's Choices (2.5%), and 8. Indifference to Intervention (0.5%)

## D.5 Reasons of Choosers in Treatment Soft

### Reasons Provided by the Model

1. Confidence in Own Choice (37%): Many Choosers expressed confidence in their initial decision, stating they believe they made the correct choice without needing external input.
2. Desire for Confirmation (23%): Some Choosers indicated a willingness to receive an intervention to confirm their calculations or choices, reflecting a desire for reassurance.
3. Skepticism of Others (17%): A significant number of Choosers expressed distrust in the other participant's ability to provide accurate information or believed that the other participant might not have their best interests in mind.
4. Curiosity (10%): Several Choosers mentioned curiosity about what the other participant would say or how the intervention would unfold, indicating a desire to explore different perspectives.
5. Preference for Independence (7%): Some Choosers preferred to make their own decisions without outside influence, emphasizing their desire for autonomy in the decision-making process.
6. Uncertainty About Math (4%): A few Choosers expressed uncertainty about their calculations and indicated a willingness to seek help to ensure they made the right choice.
7. Perceived Lack of Need for Intervention (2%): A small number of Choosers felt that an intervention was unnecessary, believing that the information provided was sufficient for making their decision.

### Our Categorization of Reasons

1. **Confidence (or lack thereof):** 1. Confidence in Own Choice (37%), 2. Desire for Confirmation (23%), 6. Uncertainty About Math (4%), and 7. Perceived Lack of Need for Intervention (2%)
2. **Trust (or lack thereof):** 3. Skepticism of Others (17%)
3. **Preference for autonomy:** 5. Preference for Independence (7%)
4. **Other reasons:** 4. Curiosity (10%)

## D.6 Reasons of Choosers in Treatment Preference Info

### Reasons Provided by the Model

1. Confidence in Own Choice (37%): Many Choosers expressed confidence in their own calculations and decisions, stating they believe they chose the higher bonus and do not need an intervention.
2. Desire for Control (25%): A significant number of Choosers indicated a preference for making their own decisions and maintaining control over their choices, expressing discomfort with outside influence.
3. Skepticism of Others (17%): Some Choosers expressed distrust in the other participant's ability to make the correct choice or provide accurate information, leading them to prefer not to have an intervention.
4. Desire for Confirmation (10%): A portion of Choosers indicated a willingness to have an intervention to confirm their choice or to ensure they are making the right decision, reflecting a need for reassurance.
5. Curiosity (5%): A smaller group of Choosers expressed curiosity about the other participant's thoughts or choices, indicating a willingness to hear another perspective.
6. Indifference to Intervention (4%): Some Choosers felt that whether or not an intervention occurred would not significantly impact their outcome, leading to a neutral stance on the matter.
7. Concern About Misleading Information (2%): A few Choosers mentioned concerns that the other participant might provide misleading information, which influenced their decision to decline an intervention.

### Our Categorization of Reasons

1. **Confidence (or lack thereof):** 1. Confidence in Own Choice (37%) and 4. Desire for Confirmation (10%)
2. **Preference for autonomy:** 2. Desire for Control (25%)
3. **Trust (or lack thereof):** 3. Skepticism of Others (17%) and 7. Concern About Misleading Information (2%)
4. **Other reasons:** 5. Curiosity (5%) and 6. Indifference to Intervention (4%)

## D.7 Reasons of Choosers in Treatment Consent Rights

### Reasons Provided by the Model

1. Confidence in Own Choice (35%): Many Choosers expressed confidence in their initial decision, believing they had chosen the higher bonus and did not require any intervention.
2. Desire for Autonomy (25%): A significant number of Choosers preferred to make their own decisions without outside influence, emphasizing their desire for control over their choices.
3. Trust Issues (20%): Several Choosers indicated a lack of trust in the other participant's ability to make the correct choice, fearing that the intervention could lead to a lower bonus.
4. Curiosity About the Intervention (10%): Some Choosers were curious about what the other participant would say or do, expressing a willingness to hear another perspective even if they were confident in their choice.
5. Perceived Lack of Need for Intervention (5%): Some Choosers felt that the intervention was unnecessary, believing that the bonuses were straightforward and that they had already made the best choice.
6. Willingness to Take Risks (3%): A few Choosers indicated a willingness to take risks, suggesting that they were open to the possibility of intervention as a way to potentially increase their bonus.
7. Interest in Collaboration (2%): A few Choosers expressed a desire to collaborate or hear another opinion, indicating that they valued input from others in decision-making processes.
8. Concerns About Math Skills (2%): A minor percentage of Choosers expressed doubts about the other participant's math skills, fearing that they might not understand the calculations involved in determining the higher bonus.

### Our Categorization of Reasons

1. **Confidence (or lack thereof):** 1. Confidence in Own Choice (35%), 5. Perceived Lack of Need for Intervention (5%), and 6. Willingness to Take Risks (3%)
2. **Preference for autonomy:** 2. Desire for Autonomy (25%)
3. **Trust (or lack thereof):** 3. Trust Issues (20%) and 8. Concerns About Math Skills (2%)
4. **Other reasons:** 4. Curiosity About the Intervention (10%) and 7. Interest in Collaboration (2%)

## D.8 Reasons of Choice Architects Who Do Not Intervene

### Reasons Provided by the Model

1. **Respect for Autonomy (35%):** Many Choice Architects emphasized the importance of respecting the other participant's autonomy and decision-making, stating that it is not their place to intervene in someone else's choices.
2. **Preference for No Intervention (25%):** A significant number of responses indicated that the other participant explicitly requested no intervention, and the Choice Architects chose to honor that request.
3. **Trust in Decision-Making (15%):** Several Choice Architects expressed trust in the other participant's ability to make the right decision, believing that they could figure out the value of the bonuses on their own.
4. **Desire to Avoid Responsibility (10%):** Some responses highlighted a reluctance to take responsibility for the outcome of the other participant's choice, indicating a preference to let them face the consequences of their decisions.
5. **Belief in Natural Consequences (8%):** A few responses reflected a belief in allowing natural consequences to unfold, suggesting that individuals should learn from their choices without external interference.
6. **Indifference to Outcome (5%):** A few responses reflected a general indifference to the outcome of the other participant's choice, indicating that the Choice Architects did not feel personally invested in the decision.
7. **Simplicity of the Math (2%):** A small number of responses noted that the math involved in determining the higher bonus was simple enough that the other participant should be able to figure it out without help.
8. **Desire for Fairness (1%):** A few responses indicated a belief in fairness, suggesting that intervening could disrupt the integrity of the decision-making experience.

### Our Categorization of Reasons

1. **Respect for Choosers' autonomy:** 1. Respect for Autonomy (35%)
2. **Choosers' demand:** 2. Preference for No Intervention (25%)
3. **Beliefs about Choosers' ability:** 3. Trust in Decision-Making (15%) and 7. Simplicity of the Math (2%)
4. **Ethical reasons:** 5. Belief in Natural Consequences (8%) and 8. Desire for Fairness (1%)
5. **Other reasons:** 4. Desire to Avoid Responsibility (10%) and 6. Indifference to Outcome (5%)



## D.9 Reasons of Choice Architects Who Intervene

### Reasons Provided by the Model

1. **Desire to Help Others (30%):** Many Choice Architects expressed a strong desire to assist the other participant in maximizing their bonus, reflecting a general altruistic attitude towards helping others succeed.
2. **Fairness and Transparency (25%):** A significant number of responses highlighted the importance of fairness and transparency in decision-making, emphasizing that the other participant should have all relevant information to make an informed choice.
3. **Assumption of Misunderstanding (20%):** Many Choice Architects believed that the other participant might not fully understand the value of Bonus B, leading them to choose the lower Bonus A. This assumption motivated their intervention to clarify the situation.
4. **No Cost to Intervene (15%):** Several responses indicated that intervening posed no risk or cost to the Choice Architect, making it an easy decision to help the other participant.
5. **Personal Experience and Empathy (10%):** Some Choice Architects reflected on their own experiences, stating that they would want someone to intervene for them if they were in a similar situation, indicating a sense of empathy and shared experience.
6. **Moral Obligation (5%):** A few responses articulated a sense of moral duty to intervene, believing it was the right thing to do to ensure the other participant received the higher bonus.

### Our Categorization of Reasons

1. **Beliefs about Choosers' ability:** 1. Desire to Help Others (30%) and 3. Assumption of Misunderstanding (20%)
2. **Ethical reasons:** 2. Fairness and Transparency (25%) and 6. Moral Obligation (5%)
3. **Other reasons:** 4. No Cost to Intervene (15%) and 5. Personal Experience and Empathy (10%)

## D.10 Reasons of Choice Architects in Treatment Hard

### Reasons Provided by the Model

1. Desire to Help Others (30%): Many Choice Architects expressed a strong desire to assist the other participant in receiving the higher bonus, often citing a personal philosophy of helping others or a belief in kindness.
2. Respect for Autonomy (25%): A significant number of responses indicated a preference to respect the other participant's choice, especially when they explicitly stated a desire for no intervention. This reflects a belief in individual autonomy and decision-making.
3. Concern for Fairness (20%): Some Choice Architects highlighted the importance of fairness, noting that the other participant should have access to all relevant information to make an informed decision, particularly regarding the value of Bonus B.
4. Assumption of Mathematical Understanding (15%): Several responses indicated a belief that most participants would be able to calculate the value of Bonus B and make an informed choice, leading some to refrain from intervening.
5. Perceived Lack of Need for Intervention (10%): A smaller group of responses reflected the belief that the intervention was unnecessary, either because the other participant had made a good choice or because the potential financial gain was not significant enough to warrant intervention.
6. Curiosity About Outcomes (5%): A few Choice Architects expressed curiosity about the outcomes of the choices made by the other participant, indicating a desire to see how the situation would unfold without intervention.

### Our Categorization of Reasons

1. **Beliefs about Choosers' ability:** 1. Desire to Help Others (30%), 4. Assumption of Mathematical Understanding (15%), and 5. Perceived Lack of Need for Intervention (10%)
2. **Respect for Choosers' autonomy:** 2. Respect for Autonomy (25%)
3. **Ethical reasons:** 3. Concern for Fairness (20%)
4. **Other reasons:** 6. Curiosity About Outcomes (5%)

## **D.11 Reasons of Choice Architects in Treatment Soft**

### **Reasons Provided by the Model**

1. **Desire to Help Others (30%):** Many Choice Architects expressed a strong desire to assist the other participant in maximizing their bonus, indicating a general inclination towards altruism and kindness.
2. **Respect for Autonomy (25%):** A significant number of responses highlighted the importance of respecting the other participant's choice, especially when they explicitly stated a preference against intervention.
3. **Belief in Fairness and Transparency (20%):** Several Choice Architects emphasized the ethical obligation to ensure that the other participant had all the necessary information to make an informed decision, promoting fairness in the process.
4. **Assumption of Others' Math Skills (15%):** Some responses reflected a belief that the other participant would likely be able to calculate the value of Bonus B on their own, leading to a decision not to intervene.
5. **Perceived Lack of Need for Intervention (10%):** A smaller group of responses indicated that they felt intervention was unnecessary, either because they believed the other participant had made a good choice or that the potential difference in bonuses was not significant enough to warrant intervention.
6. **No Personal Cost to Intervene (10%):** Some Choice Architects noted that intervening posed no risk or cost to themselves, making it an easy decision to help the other participant.
7. **Concerns About Misunderstanding (5%):** A few responses indicated worries that the other participant might misunderstand the value of Bonus B, leading them to choose the lower bonus without realizing the potential for a higher payout.
8. **Personal Gain Considerations (5%):** A few responses mentioned the potential for personal benefit from intervening, suggesting that some Choice Architects were motivated by the possibility of influencing the outcome in their favor.

### **Our Categorization of Reasons**

1. **Beliefs about Choosers' ability:** 1. Desire to Help Others (30%), 4. Assumption of Others' Math Skills (15%), 5. Perceived Lack of Need for Intervention (10%), and 7. Concerns About Misunderstanding (5%)
2. **Respect for Choosers' autonomy:** 2. Respect for Autonomy (25%)
3. **Ethical reasons:** 3. Belief in Fairness and Transparency (20%)
4. **Other reasons:** 6. No Personal Cost to Intervene (10%) and 8. Personal Gain Considerations (5%)

## **D.12 Reasons of Choice Architects in Treatment Preference Info When Matched Chooser Demands an Intervention**

### **Reasons Provided by the Model**

1. **Desire to Help Others (30%):** Many Choice Architects expressed a strong desire to assist the other participant in receiving the highest bonus possible, indicating a general inclination to help others when they can.
2. **Informed Decision-Making (25%):** A significant number of responses highlighted the importance of ensuring that the other participant had all the necessary information to make an informed choice, particularly regarding the true value of Bonus B.
3. **No Personal Cost (20%):** Several Choice Architects noted that intervening did not negatively impact them and that it was an easy decision to help someone else without any personal consequences.
4. **Respect for Participant's Preference (15%):** Some responses indicated that the Choice Architects chose to intervene because the other participant explicitly requested an intervention, reflecting respect for their preferences.
5. **Ethical Considerations (10%):** A smaller group of responses emphasized ethical principles, such as fairness and transparency, as motivations for their intervention decisions.
6. **Assumption of Misunderstanding (5%):** A few Choice Architects believed that the other participant might not fully understand the value of Bonus B, leading them to intervene to clarify this misunderstanding.

### **Our Categorization of Reasons**

1. **Beliefs about Choosers' ability:** 1. Desire to Help Others (30%), 2. Informed Decision-Making (25%), and 6. Assumption of Misunderstanding (5%)
2. **Choosers' demand:** 4. Respect for Participant's Preference (15%)
3. **Ethical reasons:** 5. Ethical Considerations (10%)
4. **Other reasons:** 3. No Personal Cost (20%)

## D.13 Reasons of Choice Architects in Treatment Consent Rights

### Reasons Provided by the Model

1. **Desire to Help Others (30%):** Many Choice Architects expressed a strong desire to assist the other participant in maximizing their bonus, indicating a general inclination towards altruism and kindness.
2. **Fairness and Transparency (25%):** A significant number of responses highlighted the importance of fairness and transparency in decision-making, with many Choice Architects feeling it was their duty to inform the other participant about the true value of Bonus B.
3. **Assumption of Lack of Understanding (20%):** Many Choice Architects assumed that the other participant might not fully understand the value of Bonus B or the math involved, leading them to intervene to ensure the participant had the necessary information to make an informed choice.
4. **No Personal Cost to Intervene (15%):** Several responses indicated that intervening posed no risk or cost to the Choice Architect, making it an easy decision to help the other participant.
5. **Respect for Autonomy (10%):** Some Choice Architects chose not to intervene out of respect for the other participant's autonomy, believing that individuals should make their own decisions without external influence.
6. **Curiosity About Outcomes (5%):** A few responses reflected a curiosity about the outcomes of the intervention, with Choice Architects expressing interest in how their actions might influence the other participant's decision.

### Our Categorization of Reasons

1. **Beliefs about Choosers' ability:** 1. Desire to Help Others (30%) and 3. Assumption of Lack of Understanding (20%)
2. **Respect for Choosers' autonomy:** 5. Respect for Autonomy (10%)
3. **Ethical reasons:** 2. Fairness and Transparency (25%)
4. **Other reasons:** 4. No Personal Cost to Intervene (15%) and 6. Curiosity About Outcomes (5%)

## **D.14 Reasons of Choice Architects Who Do Not Intervene Despite Being Matched to Choosers Who Demand an Intervention**

### **Reasons Provided by the Model**

1. **Respect for Autonomy (30%):** Many Choice Architects expressed a belief that participants should make their own decisions and respect the choices made by others, emphasizing the importance of individual autonomy.
2. **Trust in Decision-Making (20%):** Several Choice Architects indicated trust in the Choosers' ability to make the right decision, believing that they had the necessary information to choose the better bonus.
3. **Ethical Considerations (15%):** Some responses highlighted ethical principles, such as non-interference and the integrity of the study, as reasons for not intervening.
4. **Perceived Sufficiency of Information (15%):** A number of Choice Architects felt that the information provided was clear enough for Choosers to make an informed decision, thus seeing no need for intervention.
5. **Desire for Randomness or Chance (10%):** Some Choice Architects preferred to let the situation unfold naturally without intervention, indicating a belief in allowing luck to determine the outcome.
6. **Personal Disinterest or Indifference (10%):** A few responses reflected a lack of personal interest in the outcome or a belief that it was not worth their involvement, leading to a decision not to intervene.
7. **Concerns About Influence (5%):** A small number of Choice Architects mentioned concerns about influencing the Chooser's decision or the potential negative consequences of intervening.

### **Our Categorization of Reasons**

1. **Respect for Choosers' autonomy:** 1. Respect for Autonomy (30%)
2. **Beliefs about Choosers' ability:** 2. Trust in Decision-Making (20%) and 4. Perceived Sufficiency of Information (15%)
3. **Ethical reasons:** 3. Ethical Considerations (15%)
4. **Other reasons:** 5. Desire for Randomness or Chance (10%), 6. Personal Disinterest or Indifference (10%), and 7. Concerns About Influence (5%)

## **D.15 Reasons of Choice Architects Who Intervene Despite Being Matched to Choosers Who Do Not Demand an Intervention**

### **Reasons Provided by the Model**

1. **Desire to Help Others (30%):** Many Choice Architects expressed a strong moral obligation to help the other participant maximize their bonus, believing it was the right thing to do.
2. **Concern for Lack of Information (25%):** A significant number of responses indicated that the Choice Architects believed the other participant might not fully understand the value of Bonus B, leading them to choose the lower Bonus A.
3. **Perceived Fairness (20%):** Several Choice Architects emphasized the importance of fairness, stating that it was unjust for someone to miss out on a higher bonus due to a lack of understanding or information.
4. **No Personal Cost to Intervene (15%):** Many responses highlighted that intervening posed no risk or cost to the Choice Architects, making it an easy decision to help the other participant.
5. **Empathy for Financial Needs (10%):** Some Choice Architects expressed empathy for the financial situations of the participants, suggesting that they understood the importance of maximizing earnings.
6. **Mathematical Misunderstanding (5%):** A few responses specifically mentioned the belief that many participants would struggle with the math involved in calculating the value of Bonus B, leading them to choose the lower amount.

### **Our Categorization of Reasons**

1. **Beliefs about Choosers' ability:** 1. Desire to Help Others (30%), 2. Concern for Lack of Information (25%), and 6. Mathematical Misunderstanding (5%)
2. **Ethical reasons:** 3. Perceived Fairness (20%)
3. **Other reasons:** 4. No Personal Cost to Intervene (15%) and 5. Empathy for Financial Needs (10%)

## **E Experimental Instructions**

### **E.1 Instructions for Choosers**

#### **Introduction**

Welcome to this research study. We appreciate your participation. This study is conducted by the University of Zurich, Switzerland.

#### **The present study**

This study contains real choices and questions regarding your demographic characteristics.

#### **Time required**

**5 minutes.**

#### **Compensation**

You will receive \$1 for completing the survey. If you fail the attention check in the survey, you will not receive the payment.

#### **Confidentiality**

All data obtained from you will be used for research purposes only. Researchers will at no point have access to any information that could be used to personally identify you. The collected data will be used and shared for research purposes and stored in open-access repositories.

#### **Voluntary participation**

Participation in this study is voluntary, and you may withdraw your consent at any time without providing a reason.

#### **Questions about the survey**

If you have questions about this study or your rights, please get in touch with us at [krishna.srinivasan@econ.uzh.ch](mailto:krishna.srinivasan@econ.uzh.ch)

#### **Consent**

I confirm that I have read the above information and agree to participate in the study.

[Yes; No]

What is your Prolific ID?

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Screen Break

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[If participant does not provide consent]

### End of survey

You did not give your consent to continue with the study.

**Please submit this survey and return your submission on Prolific by selecting the “Stop without completing” button.**

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Screen Break

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How old are you?

[18, 19, ..., 80 or older]

What is your gender?

[Woman; Man; Non-binary; Prefer to self-describe]

In which state do you currently reside?

[Alabama; ... Wyoming; I do not reside in the U.S.]

What is the highest level of education you have completed?

[Less than High School; High School/GED; Some College; Associate's Degree; Bachelor's degree; Master's degree; Doctoral or Professional Degree (PhD, EdD, JD, DVM, DO, MD, DDS, or similar)]

What is your household's annual income (gross income before taxes are deducted)?

[Less than \$30,000; \$30,000-\$59,999; \$60,000-\$99,999; \$100,000-\$149,999; \$150,000 and over]

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Screen Break

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As of today, do you consider yourself a Republican, a Democrat, or an Independent?

[Republican; Democrat; Independent; Other; I prefer not to answer]

Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?

[Most people can be trusted; Need to be very careful]

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Screen Break

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[Attention check]

In surveys like ours, some participants do not carefully read the questions. This means that there are a lot of random answers that can compromise the results of research studies. To show that you read our questions carefully, please choose both “Extremely interested” and “Not at all interested” below:

[Extremely interested; Very interested; A little bit interested; Almost not interested; Not at all interested]

————— Screen Break —————

[If participant passed the attention check]

Your answer to the previous question shows that you read the text carefully. Thank you for paying attention and taking this study seriously.

You will now proceed to the main part of the study.

[If participant failed the attention check]

**End of survey**

Sorry, you failed the attention check.

You cannot continue the study and will not receive a payment.

**Please submit this survey and return your submission on Prolific by selecting the “Stop without completing” button.**

————— Screen Break —————

[Screen 1]

You will receive a payment of \$1 for completing this survey.

In addition, there is a 1 in 5 chance you will receive an additional bonus. **The following instructions are written assuming that you are among the 1 in 5 winners who will receive the additional bonus. However, you will only learn whether you are among the winners at the end of the survey.** If you are among the winners, we will transfer the additional bonus to you in the following days.

There are two options (A and B) for the additional bonus. We ask you to choose your preferred option.

- Bonus A is worth \$5.
- Bonus B has an initial value of 8 cents, but its value would be doubled 7 times and rounded down to the nearest whole dollar amount before you receive it.

Please choose your preferred option:

[Bonus A; Bonus B]

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Screen Break

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How confident are you that you are choosing the higher bonus?

Please provide your answer on a scale of 1 to 5. A 1 indicates "Not confident at all," and a 5 indicates "Extremely confident."

[1: Not confident at all; 2: Slightly confident; 3: Somewhat confident; 4: Quite confident; 5: Extremely confident]

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Screen Break

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[Screen 2 - top]

You will be matched to **another participant** in this study. The other participant is **informed about the final values of Bonus A and Bonus B**. However, the other participant is not informed that you chose Bonus [A/B] on the previous screen.

[If T:Consent Rights x T:Hard]

We now ask you to make the following decision:

- **I consent to an intervention:** I allow the other participant to determine that my own choice does not count and to choose the higher bonus for me. (Importantly, the other participant can only choose the higher bonus.)
- **I do not consent to an intervention:** My own choice on the previous screen will determine my bonus.

[If T:Consent Rights x T:Soft]

We now ask you to make the following decision:

- **I consent to an intervention:** I allow the other participant to inform me which bonus is higher and to provide me with the opportunity to revise my choice. (Importantly, the other participant can only provide truthful information.)
- **I do not consent to an intervention:** My own choice on the previous screen will determine my bonus.

[If (T:Preference Info or T:No Info) x T:Hard]

We now ask you what you would prefer the other participant to do:

- **I prefer an intervention:** I prefer the other participant to determine that my own choice does not count and to choose the higher bonus for me. (Importantly, the other participant can only choose the higher bonus.)
- **I do not prefer an intervention:** I prefer my own choice on the previous screen to determine my bonus.

[If (T:Preference Info or T:No Info) x T:Soft]

We now ask you what you would prefer the other participant to do:

- **I prefer an intervention:** I prefer the other participant to inform me which bonus is higher and to provide me with the opportunity to revise my choice. (Importantly, the other participant can only provide truthful information.)
- **I do not prefer an intervention:** I prefer my own choice on the previous screen to determine my bonus.

[Screen 2 - bottom]

[If T:Consent Rights]

The other participant will learn whether you consent to an intervention. If you consent to an intervention, the other participant will decide whether to intervene or not and this decision will be implemented. If you do not consent to an intervention, your choice on the previous screen will determine your bonus.

We now ask you to make your decision:

[I consent to an intervention; I do not consent to an intervention]

[If T:Preference Info]

The other participant will learn whether you prefer an intervention. Knowing your preference, the other participant will decide whether to intervene or not and this decision will be implemented.

We now ask you to indicate your preference:

[I prefer an intervention; I do not prefer an intervention]

[If T:No Info]

The other participant will not learn whether you prefer an intervention. Without knowing your preference, the other participant will decide whether to intervene and this decision will be implemented.

We are interested in your views and now ask you to indicate your preference:

[I prefer an intervention; I do not prefer an intervention]

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— Screen Break —

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[Screen 3]

Please use the text box below and write as much as you like. Your opinions and thoughts are important to us.

[If T:Consent Rights and consented to an intervention] Please explain why you indicated that you consent to an intervention.

[If T:Consent Rights and did not consent to an intervention] Please explain why you indicated that you do not consent to an intervention.

[If (T:Preference Info or T:No Info) and preferred an intervention] Please explain why you indicated that you prefer an intervention.

[If (T:Preference Info or T:No Info) and did not prefer an intervention] Please explain why you indicated that you do not prefer an intervention.

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Screen Break

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[Screen 4]

Our last question:

How strongly do you agree or disagree with the statement below?

[If T:Soft] *The government should protect people from themselves if that can be achieved by providing them with information.*

[If T:Hard] *The government should protect people from themselves if that can be achieved by limiting their freedom to choose.*

Please provide your answer on a scale of -2 to 2. A -2 indicates “Strongly disagree,” and a +2 indicates “Strongly agree.”

[-2: Strongly disagree; -1: Slightly disagree; 0: Neither agree nor disagree; +1: Moderately agree; +2: Strongly agree]

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Screen Break

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[Screen 5]

[If T:Soft unless consent was not given]

We will send you a message via Prolific in the following days to inform you whether the other participant decided to intervene. In case of an intervention, the other participant informs you which bonus is higher and provides you with the opportunity to revise your choice.

You still have to decide what you would do in that case.

The following is true: **Bonus A is worth \$5, and Bonus B is worth \$10.** [To see why, click [here](#).]

You chose **Bonus [A/B]**.

If you get the opportunity to revise your choice, what would you do? (If the other participant intervenes, the below choice will be implemented.)

[I want to stick with Bonus [A/B], worth [\$5/\$10]; I want to change my choice to Bonus [A/B], worth [\$5/\$10]]

[If T:Consent Rights and consent not given]

It turns out that **Bonus A is worth \$5, and Bonus B is worth \$10.** [To see why, click [here](#).]

You chose **Bonus [A/B]**.

**Based on your choice, you will receive a bonus of [\$5/\$10].**

[All cases except the two above]

We will send you a message via Prolific in the following days to inform you about the other participant's decision.

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Screen Break

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[If participant clicks the link to get more information on the answer, the following screen opens in a new tab]

*Bonus A is worth \$5. Bonus B has an initial value of 8 cents, but its value would be doubled 7 times and rounded down to the nearest whole dollar amount before you receive it.*

Here is the explanation of why Bonus B is worth \$10:

Initial value	\$0.08
After doubling once	\$0.16
After doubling twice	\$0.32
After doubling three times	\$0.64
After doubling four times	\$1.28
After doubling five times	\$2.56
After doubling six times	\$5.12
After doubling seven times	\$10.24
Rounding down to the nearest whole dollar amount	\$10.00

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Screen Break

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## End of survey

Thank you for your time!

Your payment of \$1 will be processed in the following days.

[If among the winners excluding those who do not consent] Furthermore, we would like to inform you that you are among the 1 in 5 winners who will receive a bonus. We will inform you about the other participant's intervention decision and your resulting bonus in the following days. **Your bonus will also be transferred to you in the following days.**

[If among the winners and consent not given] Furthermore, we would like to inform you that you are among the 1 in 5 winners who will receive a bonus. **Your [\$5/\$10] bonus will be transferred to you in the following days.**

[If not among the winners and excluding those who do not consent] Furthermore, we would like to inform you that, unfortunately, you are not among the 1 in 5 winners who will receive a

bonus. Nevertheless, we will inform you about the other participant's intervention decision in the following days.

[If not among the winners and consent not given] Furthermore, we would like to inform you that, unfortunately, you are **not** among the 1 in 5 winners who will receive a bonus.

**Please click the submit button to finish the survey.** You will be automatically redirected to Prolific (with completion code #CODE).

---

Screen Break

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[The following information is sent to the participants a few days later. Participants who did not consent to an intervention do not receive a message]

[If participant takes the survey multiple times]

Thank you for participating in our study "Academic Study - Decision Making."

Our records show that you took the survey multiple times. Therefore, we were unable to match you with another participant. Your bonus will be determined based on your choice.

[If not among the winners] However, recall that you were not among the 1 in 5 winners who will receive a bonus. Therefore, you will not receive any additional bonus.

[If among the winners] Furthermore, recall that you were among the 1 in 5 winners who will receive a bonus. Based on your choice, you will receive a bonus of [\$5/\$10].

[If matched participant does not intervene]

Thank you for participating in our study "Academic Study - Decision Making." In this study, you were matched to another participant who could decide to intervene in your choice.

The other participant decided not to intervene in your choice.

It turns out that Bonus A is worth \$5 and Bonus B is worth \$10. [To see why, follow this link <http://bit.ly/prolificinfo>.]

You chose Bonus [A/B].

[If not among the winners] However, recall that you were not among the 1 in 5 winners who will receive a bonus. Therefore, you will not receive any additional bonus.

[If among the winners] Furthermore, recall that you were among the 1 in 5 winners who will receive a bonus. Based on your choice, you will receive a bonus of [\$5/\$10].

[If T:Hard and matched participant intervenes]

Thank you for participating in our study "Academic Study - Decision Making." In this study, you were matched to another participant who could decide to intervene in your choice.



The other participant decided to determine that your own choice does not count and to choose the higher bonus for you.

It turns out that Bonus A is worth \$5 and Bonus B is worth \$10. [To see why, follow this link <http://bit.ly/prolificinfo>.]

The other participant chose Bonus B for you.

[If not among the winners] However, recall that you were not among the 1 in 5 winners who will receive a bonus. Therefore, you will not receive any additional bonus.

[If among the winners] Furthermore, recall that you were among the 1 in 5 winners who will receive a bonus. Based on the choice made by the other participant, you will receive a bonus of \$10.

[If T:Soft and matched participant intervenes]

Thank you for participating in our study “Academic Study - Decision Making.” In this study, you were matched to another participant who could decide to intervene in your choice.

The other participant decided to inform you which bonus is higher and to provide you with the opportunity to revise your choice.

The following is true: Bonus A is worth \$5 and Bonus B is worth \$10. [To see why, follow this link <http://bit.ly/prolificinfo>.]

[If not among the winners] However, recall that you were not among the 1 in 5 winners who will receive a bonus. Therefore, you will not receive any additional bonus.

[If among the winners] Furthermore, recall that you were among the 1 in 5 winners who will receive a bonus. You were asked what you would do if you had the opportunity to revise your choice. Based on your decision, you will receive a bonus of [\$5/\$10].

## E.2 Instructions for Choice Architects

[The following pages are identical to the ones used for Choosers: introduction page, demographics page, attention check pages, and the page providing information on the value of Bonus B]

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Screen Break

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[If participant is randomized into a treatment whose quota is full]

### End of survey

Thank you for your time!

We just reached the number of participants needed for this study, which means that you cannot participate.

Nevertheless, your payment of \$1 will be processed in the following days.

**Please click the submit button to finish the survey.** You will be automatically redirected to Prolific (with completion code #CODE).

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Screen Break

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[Screen 1 - top]

In this study, you are matched to another study participant. **We ask you to make a choice that may have a real consequence for this other participant.**

There is a 1 in 5 chance that the other participant will receive an additional bonus in the next days. **The other participant made a choice (unknown to you) between two options for the additional bonus.**

The options were presented to the other participant as follows:

- *Bonus A is worth \$5.*
- *Bonus B has an initial value of 8 cents, but its value would be doubled 7 times and rounded down to the nearest whole dollar amount before you receive it.*

It turns out that **Bonus B is worth \$10**. However, the other participant was not explicitly informed about this fact when they made their choice.

To see why Bonus B is worth \$10, you can click [here](#).

---

[If T:Hard]

We now ask you to make the following decision:

- **I want to intervene:** I want to determine that the other participant's own choice does not count and to choose the higher bonus for them.
- **I do not want to intervene:** In this case, the other participant's own choice will determine their bonus.

The other participant will learn your intervention decision. Additionally, they will be explicitly informed of the value of both bonus options. However, this information will only be provided after their bonus is finalized (based on your intervention decision or their own choice).

[If T:Soft]

We now ask you to make the following decision:

- **I want to intervene:** I want to inform the other participant which bonus is higher and to provide them with the opportunity to revise their choice.
- **I do not want to intervene:** In this case, the other participant's initial choice will determine their bonus.

The other participant will learn your intervention decision. Additionally, they will be explicitly informed about the value of both bonus options. However, in case of no intervention this information will only be provided after their bonus is finalized (based on their initial choice).

[Screen 1 - bottom]

[If T:Consent Rights]

The other participant could either decide (i) to consent to an intervention or (ii) not to consent to an intervention. They know that you would be informed about their decision. If they consent to an intervention, you can decide whether to intervene, and your decision will be implemented. If they do not consent to an intervention, their [If T:Hard] own choice [If T:Soft] initial choice will determine their bonus.

---

[If T:Consent Rights and matched participant consents to an intervention]

**The other participant consents to an intervention.**

[If T:Consent Rights and matched participant does not consent to an intervention]

Before we inform you whether the matched participant consents to an intervention or not, we ask you to decide whether to intervene. **Only if the matched participant consents to an intervention, your decision will be implemented.**

[If T:Preference Info]

The other participant could indicate whether they (i) prefer an intervention or (ii) do not prefer an intervention. They know that you would be informed about their preference. Irrespective of their preference, you can decide whether to intervene, and your decision will be implemented.

---

[If T:Preference Info and matched participant prefers an intervention]

**The other participant prefers an intervention.**

[If T:Preference Info and matched participant does not prefer an intervention]

**The other participant does not prefer an intervention.**

[If T:No Info]

You can decide whether to intervene, and your decision will be implemented.

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[In all cases]

Please make your decision:

[I want to intervene; I do not want to intervene]

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Screen Break

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[Screen 2]

We now ask you to make a guess. You can earn a \$1 bonus if your guess is correct.

[If T:Preference Info and matched Chooser prefers an intervention]

Suppose there are 100 other participants who **prefer** an intervention. **If there was no intervention**, how many of these 100 participants do you think would choose the higher bonus (Bonus B)?

[0-10; 11-20; 21-30; 31-40; 41-50; 51-60; 61-70; 71-80; 81-90; 91-100]

[If T:Preference Info and matched Chooser does not prefer an intervention]

Suppose there are 100 other participants who do **not prefer** an intervention. **If there was no intervention**, how many of the 100 participants do you think would choose the higher bonus (Bonus B)?

[0-10; 11-20; 21-30; 31-40; 41-50; 51-60; 61-70; 71-80; 81-90; 91-100]

[If T:Consent Rights]

Suppose there are 100 other participants who **consent** to an intervention. **If there was no intervention**, how many of the 100 participants do you think would choose the higher bonus (Bonus B)?

[0-10; 11-20; 21-30; 31-40; 41-50; 51-60; 61-70; 71-80; 81-90; 91-100]

[If T:No Info]

Suppose there are 100 other participants. **If there was no intervention**, how many of the 100 participants do you think would choose the higher bonus (Bonus B)?

[0-10; 11-20; 21-30; 31-40; 41-50; 51-60; 61-70; 71-80; 81-90; 91-100]

---

We now ask you to make another guess. You can earn another \$1 bonus if your guess is correct.

Suppose there are 100 other participants. How many of the 100 participants do you think would prefer an intervention?

[0-10; 11-20; 21-30; 31-40; 41-50; 51-60; 61-70; 71-80; 81-90; 91-100]

————— Screen Break —————

[Screen 3]

Please use the text box below and write as much as you like. Your opinions and thoughts are important to us.

[If participant intervened]

Please explain why you chose to intervene.

[If participant did not intervene]

Please explain why you chose not to intervene.

————— Screen Break —————

[Screen 4]

[The question on support for government interventions is the same as the one shown to Choosers.]

————— Screen Break —————

[Screen 5: If matched participant does not consent to an intervention]

The other participant did not consent to an intervention.

Thus, your intervention decision will not affect the other participant.

————— Screen Break —————

## **End of survey**

Thank you for your time!

Your payment of \$1 will be processed in the following days.

[If T:No Info and guess is correct] Furthermore, [one/both] of your guesses in this survey [turns/turn] out to be correct. We will pay your [\$1/\$2] bonus in the following days.

[If T:No Info and guess is incorrect] Furthermore, none of your guesses in this survey turn out to be correct. You will not receive an additional bonus.

[If all other treatments and guess is correct] Furthermore, your guess in this survey turns out to be correct. We will pay your \$1 bonus in the following days.

[If all other treatments and guess is incorrect] Furthermore, your guess in this survey turns out to be incorrect. You will not receive an additional bonus.

**Please click the submit button to finish the survey.** You will be automatically redirected to Prolific (with completion code #CODE).