

# Participant Survey Y5b

Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_

Name/Code: \_\_\_\_\_

**Instructions: Mark only one answer for each question. Select the answer that best fits you.**

- 01. How often do you stop to think about your options before you make a decision?**
- ☐ Never
  - ☐ Sometimes, but not often
  - ☐ Often
  - ☐ All the time
- 02. How often do you stop to think about how your decisions may affect others' feelings?**
- ☐ Never
  - ☐ Sometimes, but not often
  - ☐ Often
  - ☐ All the time
- 03. How often do you stop and think about all of the things that may happen as a result of your decisions?**
- ☐ Never
  - ☐ Sometimes, but not often
  - ☐ Often
  - ☐ All the time
- 04. I make good decisions.**
- ☐ Never
  - ☐ Sometimes, but not often
  - ☐ Often
  - ☐ All the time