Replication and Expansion of DeSante (2013) Survey Experiment Questions and Codebook

Survey Flow

Standard: Consent (1 Question)
Standard: Age (1 Question)
Standard: Introduction (1 Question)

BlockRandomizer: 1 - Evenly Present Elements

Branch: New Branch
If
IfDevice TypeIs NotMobile

Standard: Emily blank, Laurie blank (3 Questions)
Standard: Placebo test: Emily (7 Questions)
Standard: Placebo test: Laurie (7 Questions)

Branch: New Branch
If
IfDevice TypeIs NotMobile

Standard: Emily poor, Laurie excellent (3 Questions)
Standard: Placebo test: Emily (7 Questions)
Standard: Placebo test: Laurie (7 Questions)

Branch: New Branch
If
IfDevice TypeIs NotMobile

Standard: Emily excellent, Laurie poor (3 Questions)
Standard: Placebo test: Emily (7 Questions)
Standard: Placebo test: Laurie (7 Questions)

Branch: New Branch
If
IfDevice TypeIs NotMobile

Standard: Latoya blank, Laurie blank (3 Questions)
Standard: Placebo test: Latoya (7 Questions)
Standard: Placebo test: Laurie (7 Questions)

Branch: New Branch
If
IfDevice TypeIs NotMobile

Standard: Latoya excellent, Laurie poor (3 Questions)
Standard: Placebo test: Latoya (7 Questions)
Standard: Placebo test: Laurie (7 Questions)

Branch: New Branch
If

If Device Type Is Not Mobile

Standard: Latoya poor, Laurie excellent (3 Questions)
Standard: Placebo test: Latoya (7 Questions)
Standard: Placebo test: Laurie (7 Questions)

Standard: Demographics (5 Questions)
Standard: Feedback (1 Question)
Standard: Debrief (1 Question)

Page Break

Start of Block: Consent

consent INFORMED CONSENT (IRB Policy 200) You will be asked to complete an online research survey that will take approximately 5 minutes. This survey is part of a research study conducted by researchers at Yale University. The goal of this survey is to ask you some questions about yourself and obtain your views. **You must take this survey on a laptop or desktop computer, not on a mobile device.** Findings from this study may be reported in scholarly journals, at academic seminars, and at research association meetings. The data will be stored at a secured location and retained indefinitely. No identifying information about you will be made public and any views you express will be kept completely anonymous. Your participation is voluntary. You are free to stop the survey at any time without penalty. There are no known risks associated with this study beyond those associated with everyday life. Although this study will not benefit you personally, we hope that our results will add to knowledge about different types of people and their opinions. Once you have completed the survey, you will receive $0.60. To participate in the study, you must be at least 18 years old. If you have any questions, you can contact the researchers at yalesurveyresearch@gmail.com. If you have any questions about your rights as a research participant or concerns about the conduct of this study, you may contact the Yale University Human Subjects Committee, Box 208304, New Haven, CT 06520-8304, 203-785-4688, human.subjects@yale.edu.

- ○ I agree to participate. (1)
- ○ I do not agree to participate. (2)

Skip To: End of Survey If consent = 2

End of Block: Consent

Start of Block: Age

*

age What is your age?

_____

End of Block: Age

Start of Block: Introduction

intro Researchers have been hired to consult with North Carolina Work First, that state's welfare agency. On the next page, you will find two applicants for state assistance. These forms have been redacted to hide information that may identify individual applicants. **Each applicant has a state-assessed level of need of $900 per month**. Your task is to allocate $1,500 between

the two applicants. You can allocate any amount between $0 and $900 to each applicant. Any remaining funds will be used to offset the state's budget deficit.

End of Block: Introduction

Start of Block: Emily blank, Laurie blank

EBLBp

WORK FIRST ASSISTANCE APPLICATION

Applicant Name: Emily [redacted] Date of Application: [redacted]

Address: [redacted] Telephone: [redacted]

[redacted] County: [redacted]

Case No.: [redacted] District No: [redacted]

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Data of Birth	Sex	Social Security No.	U.S. Citizen Or Qualified Immigrant	Relationship
[redacted]	06/05/2004	M	[redacted]	Y	Son
	01/17/2007	F		Y	Daughter

Does the household include a child who meets the Work First age requirement? X Yes ___ No

Is the child living with an adult who meets the Work First kinship requirement? X Yes ___ No

Has anyone listed on the EA Application ever received EA? ___ Yes X No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? ___ Yes X No

If yes, is the individual(s) a roomer/boarder? ___ Yes ___ No

[redacted]

Total assessed monthly need: $900.00

Applicant 1

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Tony Adams

Witness's Signature _____ Applicant's/Representative's Signature _____ Date

EBLB
Your task is to allocate $1,500 between the two applicants. You can allocate any amount between $0 and $900 to each applicant. Any remaining funds will be used to offset the state's budget deficit. Please enter three numbers below.
Amount allocated to Applicant 1 : _____ (1)
Amount allocated to Applicant 2 : _____ (2)
Amount allocated to reduce budget deficit : _____ (3)
Total : _____

Page Break

refer1 Next, we are going to ask you some questions about each of the applicants. CLICK HERE to view the applications in a new window so you can refer to them.

We strongly recommend you click on the link above.

End of Block: Emily blank, Laurie blank

Start of Block: Placebo test: Emily

emiintro We are going to ask you some questions about **Applicant 1: EMILY.**

emiedu How likely do you think it is that EMILY has a high school diploma or GED?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

emiwork
How likely do you think it is that EMILY has worked full-time, part-time or temporary during the previous 12 months?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

emicrime How likely do you think it is that EMILY has pending criminal charge(s) or criminal conviction(s)?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

emises How likely do you think it is that EMILY grew up in a low-income family?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

emiparent How likely do you think it is that EMILY has good parenting skills?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

emichild How likely do you think it is that EMILY will have another child in the next two years?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

End of Block: Placebo test: Emily

Start of Block: Placebo test: Laurie

lauintro We are going to ask you some questions about **Applicant 2: Laurie**.

lauedu How likely do you think it is that LAURIE has a high school diploma or GED?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

lauwork
How likely do you think it is that LAURIE has worked full-time, part-time or temporary during the previous 12 months?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

laucrime How likely do you think it is that LAURIE has pending criminal charge(s) or criminal conviction(s)?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

lauses How likely do you think it is that LAURIE grew up in a low-income family?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

lauparent How likely do you think it is that LAURIE has good parenting skills?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

lauchild How likely do you think it is that LAURIE will have another child in the next two years?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

End of Block: Placebo test: Laurie

Start of Block: Emily poor, Laurie excellent

EPLEp

WORK FIRST ASSISTANCE APPLICATION

Applicant Name: Emily [redacted] Date of Application: [redacted]

Address: [redacted] Telephone: [redacted]

[redacted] County: [redacted]

Case No.: [redacted] District No: [redacted]

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Data of Birth	Sex	Social Security No.	U.S. Citizen Or Qualified Immigrant	Relationship
[redacted]	06/05/2004	M	[redacted]	Y	Son
	01/17/2007	F		Y	Daughter

Does the household include a child who meets the Work First age requirement? X Yes ___ No

Is the child living with an adult who meets the Work First kinship requirement? X Yes ___ No

Has anyone listed on the EA Application ever received EA? ___ Yes X No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? ___ Yes X No

If yes, is the individual(s) a roomer/boarder? ___ Yes ___ No

[redacted]

Total assessed monthly need: $900.00

Applicant 1 Worker Quality Assessment (circle one):

Poor Average Excellent

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Larry Adams

Witness's Signature

Applicant's/Representative's Signature Date

EPLE

On the bottom of the form you will find a Worker Quality Assessment. This score ranges from poor to excellent and represents the applicant's work ethic as evaluated by North Carolina Work First.

Your task is to allocate $1,500 between the two applicants. You can allocate any amount between $0 and $900 to each applicant. Any remaining funds will be used to offset the state's budget deficit. Please enter three numbers below.

Amount allocated to Applicant 1 : _____ (1)
Amount allocated to Applicant 2 : _____ (2)
Amount allocated to reduce budget deficit : _____ (3)
Total : _____

Page Break

refer2 Next, we are going to ask you some questions about each of the applicants. CLICK HERE to view the applications in a new window so you can refer to them.

We strongly recommend you click on the link above.

End of Block: Emily poor, Laurie excellent

Start of Block: Emily excellent, Laurie poor

EELPp

WORK FIRST ASSISTANCE APPLICATION

Applicant Name: Emily [redacted] Date of Application: [redacted]

Address: [redacted] Telephone: [redacted]

[redacted] County: [redacted]

Case No.: [redacted] District No: [redacted]

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Data of Birth	Sex	Social Security No.	U.S. Citizen Or Qualified Immigrant	Relationship
[redacted]	06/05/2004	M	[redacted]	Y	Son
	01/17/2007	F		Y	Daughter

Does the household include a child who meets the Work First age requirement? X Yes ___ No

Is the child living with an adult who meets the Work First kinship requirement? X Yes ___ No

Has anyone listed on the EA Application ever received EA? ___ Yes X No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? ___ Yes X No

If yes, is the individual(s) a roomer/boarder? ___ Yes ___ No

[redacted]

Total assessed monthly need: $900.00

Applicant 1 Worker Quality Assessment (circle one):

Poor Average Excellent

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Larry Adams

Witness's Signature

Applicant's/Representative's Signature Date

EELP On the bottom of the form you will find a Worker Quality Assessment. This score ranges from poor to excellent and represents the applicant's work ethic as evaluated by North Carolina Work First.

Your task is to allocate $1,500 between the two applicants. You can allocate any amount between $0 and $900 to each applicant. Any remaining funds will be used to offset the state's budget deficit. Please enter three numbers below.
Amount allocated to Applicant 1 : _____ (1)
Amount allocated to Applicant 2 : _____ (2)
Amount allocated to reduce budget deficit : _____ (3)
Total : _____

Page Break

refer3 Next, we are going to ask you some questions about each of the applicants. CLICK HERE to view the applications in a new window so you can refer to them.

We strongly recommend you click on the link above.

End of Block: Emily excellent, Laurie poor

Start of Block: Latoya blank, Laurie blank

LBLBp

WORK FIRST ASSISTANCE APPLICATION

Applicant Name: Latoya [redacted] Date of Application: [redacted]

Address: [redacted] Telephone: [redacted]

[redacted] County: [redacted]

Case No.: [redacted] District No: [redacted]

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Data of Birth	Sex	Social Security No.	U.S. Citizen Or Qualified Immigrant	Relationship
[redacted]	06/05/2004	M	[redacted]	Y	Son
	01/17/2007	F		Y	Daughter

Does the household include a child who meets the Work First age requirement? X Yes ___ No

Is the child living with an adult who meets the Work First kinship requirement? X Yes ___ No

Has anyone listed on the EA Application ever received EA? ___ Yes X No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? ___ Yes X No

If yes, is the individual(s) a roomer/boarder? ___ Yes ___ No

[redacted]

Total assessed monthly need: $900.00

Applicant 1

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Larry Adams

Witness's Signature

Applicant's/Representative's Signature Date

LBLB Your task is to allocate $1,500 between the two applicants. You can allocate any amount between $0 and $900 to each applicant. Any remaining funds will be used to offset the state's budget deficit. Please enter three numbers below.
Amount allocated to Applicant 1 : _____ (1)
Amount allocated to Applicant 2 : _____ (2)
Amount allocated to reduce budget deficit : _____ (3)
Total : _____

Page Break

refer4 Next, we are going to ask you some questions about each of the applicants. CLICK HERE to view the applications in a new window so you can refer to them.

We strongly recommend you click on the link above.

End of Block: Latoya blank, Laurie blank

Start of Block: Placebo test: Latoya

latintro We are going to ask you some questions about **Applicant 1: LATOYA.**

latedu How likely do you think it is that LATOYA has a high school diploma or GED?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

latwork
How likely do you think it is that LATOYA has worked full-time, part-time or temporary during the previous 12 months?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

latcrime How likely do you think it is that LATOYA has pending criminal charge(s) or criminal conviction(s)?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

latses How likely do you think it is that LATOYA grew up in a low-income family?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

latparent How likely do you think it is that LATOYA has good parenting skills?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

latchild How likely do you think it is that LATOYA will have another child in the next two years?

- Very Unlikely (1)
- Unlikely (2)
- Odds About Even (3)
- Likely (4)
- Very Likely (5)

End of Block: Placebo test: Latoya

Start of Block: Latoya excellent, Laurie poor

LELPp

WORK FIRST ASSISTANCE APPLICATION

Applicant Name: Latoya [redacted] Date of Application: [redacted]

Address: [redacted] Telephone: [redacted]

[redacted] County: [redacted]

Case No.: [redacted] District No: [redacted]

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Data of Birth	Sex	Social Security No.	U.S. Citizen Or Qualified Immigrant	Relationship
[redacted]	06/05/2004	M	[redacted]	Y	Son
	01/17/2007	F		Y	Daughter

Does the household include a child who meets the Work First age requirement? X Yes ___ No

Is the child living with an adult who meets the Work First kinship requirement? X Yes ___ No

Has anyone listed on the EA Application ever received EA? ___ Yes X No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? ___ Yes X No

If yes, is the individual(s) a roomer/boarder? ___ Yes ___ No

[redacted]

Total assessed monthly need: $900.00

Applicant 1 Worker Quality Assessment (circle one):

Poor Average Excellent

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Larry Adkins

Witness's Signature

Applicant's/Representative's Signature Date

LELP

On the bottom of the form you will find a Worker Quality Assessment. This score ranges from poor to excellent and represents the applicant's work ethic as evaluated by North Carolina Work First.

Your task is to allocate $1,500 between the two applicants. You can allocate any amount between $0 and $900 to each applicant. Any remaining funds will be used to offset the state's budget deficit. Please enter three numbers below.
Amount allocated to Applicant 1 : _____ (1)
Amount allocated to Applicant 2 : _____ (2)
Amount allocated to reduce budget deficit : _____ (3)
Total : _____

Page Break

refer5 Next, we are going to ask you some questions about each of the applicants. CLICK HERE to view the applications in a new window so you can refer to them.

We strongly recommend you click on the link above.

End of Block: Latoya excellent, Laurie poor

Start of Block: Latoya poor, Laurie excellent

LPLEp

WORK FIRST ASSISTANCE APPLICATION

Applicant Name: Latoya [redacted] Date of Application: [redacted]

Address: [redacted] Telephone: [redacted]

[redacted] County: [redacted]

Case No.: [redacted] District No: [redacted]

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Data of Birth	Sex	Social Security No.	U.S. Citizen Or Qualified Immigrant	Relationship
[redacted]	06/05/2004	M	[redacted]	Y	Son
	01/17/2007	F		Y	Daughter

Does the household include a child who meets the Work First age requirement? X Yes ___ No

Is the child living with an adult who meets the Work First kinship requirement? X Yes ___ No

Has anyone listed on the EA Application ever received EA? ___ Yes X No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? ___ Yes X No

If yes, is the individual(s) a roomer/boarder? ___ Yes ___ No

[redacted]

Total assessed monthly need: $900.00

Applicant 1 Worker Quality Assessment (circle one):

Poor Average Excellent

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Witness's Signature

Applicant's/Representative's Signature Date

*

LPLE

On the bottom of the form you will find a Worker Quality Assessment. This score ranges from poor to excellent and represents the applicant's work ethic as evaluated by North Carolina Work First.

Your task is to allocate $1,500 between the two applicants. You can allocate any amount between $0 and $900 to each applicant. Any remaining funds will be used to offset the state's budget deficit. Please enter three numbers below.
Amount allocated to Applicant 1 : _____ (1)
Amount allocated to Applicant 2 : _____ (2)
Amount allocated to reduce budget deficit : _____ (3)
Total : _____

Page Break

refer6 Next, we are going to ask you some questions about each of the applicants. CLICK HERE to view the applications in a new window so you can refer to them.

We strongly recommend you click on the link above.

End of Block: Latoya poor, Laurie excellent

Start of Block: Demographics

partyid Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?

- ○ Strong Democrat (1)
- ○ Weak Democrat (2)
- ○ Independent, leaning Democrat (3)
- ○ Independent (4)
- ○ Independent, leaning Republican (5)
- ○ Weak Republican (6)
- ○ Strong Republican (7)
- ○ Other (8) _____

income What is your total household income?

- ○ Less than $10,000 (1)
- ○ $10,000-$19,999 (4)
- ○ $20,000-$29,999 (2)
- ○ $30,000-$39,999 (3)
- ○ $40,000-$49,999 (5)
- ○ $50,000-$59,999 (6)
- ○ $60,000-$69,999 (7)
- ○ $70,000-$79,999 (8)
- ○ $80,000-$89,999 (9)
- ○ $90,000-$99,999 (10)
- ○ $100,000-$149,000 (11)
- ○ More than $150,000 (12)
- ○ I prefer not to say (13)
- ○ I don't know (14)

Page Break

resentment How much do you agree or disagree with the following statements?

	Agree strongly (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Disagree strongly (5)
Irish, Italians, Jewish and many other minorities overcame prejudice and worked their way up. Blacks should do the same without any special favors. (1)	○	○	○	○	○
Generations of slavery and discrimination have created conditions that make it difficult for blacks to work their way out of the lower class. (2)	○	○	○	○	○
It's really a matter of some people not trying hard enough; if blacks would only try harder, they could be just as well off as whites. (3)	○	○	○	○	○
Over the past few years, blacks have gotten less than they deserve. (4)	○	○	○	○	○

Page Break

education What is the highest level of education you have completed?

- Less than high school (1)
- High school (2)
- Associate's/Junior College (3)
- Bachelor's (4)
- Graduate's (Master's, MBA, PhD, MD) (5)
- I don't know (6)

ideology

On the scale below, 1 means extremely liberal and 7 means extremely conservative.
Where would you place yourself on the 7-point scale?

Move the slider (1)	

End of Block: Demographics

Start of Block: Feedback

feedback We would like some feedback on the survey you just completed.
Did you find any of the questions confusing?
Did you find the tasks and questions in this survey easy to understand?

_____

_____

_____

_____

End of Block: Feedback

Start of Block: Debrief

debrief

Thank you for completing this survey!

You have been part of a randomized survey experiment. The purpose of this survey is to determine whether Americans prefer to allocate more welfare to whites than blacks, even controlling for the work ethics of the applicants.

The applications you viewed were not real applications. The applications were created by the researchers for the purpose of this survey experiment. We varied the names of the applicants, and in same cases, the applicants' worker quality assessment ratings. The researchers were not hired to consult with North Carolina Work First. No welfare funds were allocated as part of this survey experiment.

Thank you for your participation. If you have any questions about the research, you can contact the researchers at yalesurveyresearch@gmail.com. If you have any questions about your rights as a research participant or concerns about the conduct of this study, you may contact the Yale University Human Subjects Committee at human.subjects@yale.edu.

The numerical code for this survey is wJ34k24@.

End of Block: Debrief