**Questionnaire**

1. What is your gender:
2. Male
3. Female
4. How old are you: \_\_\_\_\_\_\_\_\_\_\_
5. What is your marital status:
6. Married
7. Living with someone but not married
8. Divorced
9. Separated
10. Widowed
11. Single
12. Do you have children?
13. Yes
14. No
15. If yes, how many children do you have: \_\_\_\_\_\_\_
16. How many of your children live with you at home? \_\_\_\_\_\_\_
17. Can you read?
18. Yes
19. No
20. Can you write?
21. Yes
22. No
23. Which of the following have you completed (add exact categories):
24. high-school
25. vocational training
26. university
27. none of the above

What is your employment status?

1. Employed
2. Unemployed

If you are employed, how do you earn your income?

1. On a regular basis
2. Irregularly
3. Do you currently save any money?
4. Yes
5. No
6. How many people rely on your income?
7. Do you rely completely on another person’s income?
8. How much do you usually earn per month?
9. How much spending money do you usually have each month after rent, taxes, etc.?

[IF NO] Which of the following statements do you agree the most?

1. I think I should save
2. I don’t think I should save
3. I would like to save but I do not earn enough.

[IF YES] Which of the following statements do you agree the most?

1. I think I should save more
2. I don’t think I should save more
3. I would like to save more but I do not earn enough to save more.

**Gambling Questionnaire:**

In the last 12 months how often have you [or have for item 7]?

**0 = Never, 1 = Sometimes, 2 = Most of the time, 3 = Almost always**

1. Bet more than you could really afford to lose?
2. Needed to gamble with larger amounts of money to get the same feeling of excitement?
3. Gone back another day to try and win back the money you lost?
4. Borrowed money or sold anything to get money to gamble?
5. Felt that you might have a problem with gambling?
6. Felt that gambling has caused you health problems, including stress and anxiety?
7. People criticized your betting or told you that you have a gambling problem, whether or not you thought it was true?
8. Felt your gambling has caused financial problems for you or your household? Felt guilty about the way you gamble or what happens when you gamble?

In the past month, how often have you done the following?

**0 = Never, 1 = 1-4 times, 2 = Daily, 3 = multiple times per day**

1. Bet money at a racetrack
2. Bet money on a sporting event
3. Played the lottery (Charity Sweepstakes)
4. Gambled at a casino
5. Played cards or another game for money (billards, checkers, etc)
6. Participated in an SMS promotion (Safaricom “Bonyeza Ushinde” “Tetemesha” or other)

**Illusion of Control Game:**

Now you will participate in a task. In this task, you will see a happy face or a sad face on the screen in front of you. The face will appear every 2 seconds. On your screen, you will see two buttons, button 1 and button 2. Every two seconds you must push a button.

The buttons *may or may not* influence the probability that a happy face occurs. Your goal is to try to see as many happy faces as possible. There will be 50 rounds, after which we will ask you a few questions about your experience.

Post-Game Questions:

1. Were you able to influence the appearance of a happy face, depending on the buttons that you chose? (YES/MAYBE/NO)
2. How strong was your influence, 1 being very little or none, and 100 being complete control? (1-100)

**Endline Questionnaire:**

1. In the last [30] days, how much did you save compared to your average savings behavior:

1. I saved more
2. I saved less
3. I saved about the same

2. In the last [30] days, how much did you save in total in other ways, excluding our study (for example if you are participating in a SACCO, or if you are saving in a bank)

\_\_\_\_\_\_\_\_\_\_\_\_\_KSH

3. In the last [30] days how much did you spend in total for gambling?

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