

APPENDIX A (to be made available online)

In this Appendix, we carefully consider the empirical correlates of our two scenario adjustment indicators. Table A-1 gives descriptive statistics for these variables and a set of regressors we used to explain systematic variations in their magnitudes. First, we use a simple binary logit model to examine how the value of the indicator variable $1(\text{never}_i^j)$ can be explained by a wide variety of (a) characteristics of the respondent, and (b) attributes of the health risk targeted by each program. Each respondent considers ten different health risk-reduction programs, in five sets of two, with each choice set including the status quo as a third alternative. In total, therefore, 15,040 substantive illness profiles and health-risk reduction programs are considered in the 7,520 choice scenarios analyzed in this paper. For 1,156 (7.69%) of these illness profiles, respondents indicated their belief that they would never benefit from the risk-reduction program.

Models 1 and 2 in Table A-2 are ad hoc binary logit models to explain these 7.69% of cases where $1(\text{never}_i^j)=1$. Missing data for some of the explanatory variables used in these preliminary exploratory models accounts for the reduction of the number of illness profiles from 15,040 to 13,626. The logit specification suggests that people are more likely to say that a particular program will never benefit them if they are female, if they currently have a larger number of other illnesses, if they feel at greater subjective risk for getting other illnesses, if they are a member of a larger household, or if they are a single parent. People are less likely to say the program will never benefit them if they are presented with an illness profile that includes long-term pain and/or disability, if they have not attended college, if they acknowledge a higher subjective risk of getting this disease, if they have (on average) more room to improve their health habits, and if they currently have children in their household.

Now we explore the determinants of our approximately continuous measure of the “minimum overestimate of the latency,” in this case using an ordinary least squares (OLS) model. The overest_i^j for a program is known only if the individual does *not* state that they expect never to benefit from the program (i.e. if $1(\text{never}_i^j) = 0$). Thus, we have a maximum of $15,040 - 1,156 = 13,884$ potential observations on the overest_i^j variable. For many respondents and many programs, the interval during which the individual personally expects the benefits of the program to begin spans the onset time specified in the illness profile. For these individuals and programs, $\text{overest}_i^j = 0$, signaling minimal scenario adjustment with respect to the latency period. This happens for 4,133 of the 13,884 programs for which overest_i^j information is available. Latency is overestimated to some degree for 1,542 programs, and underestimated for 8,209 programs. The mean value of overest_i^j is -7.57 (with a minimum of -59 and a maximum of 29).¹

¹ The scenario adjustment data with respect to latency thus suggests that underestimation predominates. This may reflect opinions that acute cases of major illness do not typically come as a complete surprise. They often occur after years of decline in the individual’s general level of health.

Models 1 through 5 in Table A-3 demonstrate the significant determinants of $overest_i^j$ across a variety of alternative specifications. Missing data for some of the regressors again reduces the estimating sample, this time from 13,884 to 12,596 illness profiles. The coefficients on age and age-squared are highly significant in the first two models when latency variables for the specified illness profiles are left out of the model. When latency variables are included (as in Models 3 through 5), the coefficients on the age variables are no longer statistically significant. It is likely that latency effects are captured by the age variables in the first two models. The insignificant age terms are dropped from the specification in Model 4.

Model 5 demonstrates the consequences of using an interval-data model rather than treating $overest_i^j$ as an approximately continuous variable. As is clear from in Figure 2, respondents were asked to specify the future time interval when their benefits would start, and Model 5 more explicitly captures the interval nature of these data. However, the estimates produced by Models 4 and 5 are very similar. The only notable difference is that the estimated coefficient on the respondent's subjective risk of suffering other illnesses becomes statistically insignificant in Model 5 (although the point estimate remains similar).

Models 4 and 5 suggest that individuals are more likely to overestimate the latency period when they consider an illness profile with a longer period of pain or disability, if the illness profile has pain/disability lasting more than 60 months, if they feel at greater subjective risk for other illnesses, if they belong to a two-income household, or if they will have a child under the age of eighteen in the household at the time of the stated onset of the disease. Individuals are more likely to assume that the latency in their own case will be less than the stated latency in the survey if they have not attended college, if they already have the illness in question, if they have a larger number of other major illnesses, if they feel at a higher subjective risk for this illness, if they have (on average) more room to improve their health habits, or if they have children or are single parents. The length of the latency period stated in the illness profile is also an important determinant of $overest_i^j$. Not surprisingly, a longer stated latency period in the scenario makes respondents more likely to underestimate the latency and vice versa.

Table A-1: Descriptive Statistics for Correlates of Scenario Adjustment Variables

Variable	Mean	Std. Dev.	Min	Max
<i>Dependent Variables</i>				
Will never benefit from program* $1(\text{never}_i^j)$	0.077			
Minimum overestimate of latency** overest_i^j	-8.12	12.3	-58	29
Minimum overestimate if latency overestimated $\text{overest}_i^j > 0$	7.72	6.45	1	29
Minimum overestimate if latency underestimated $\text{overest}_i^j < 0$	-15.2	10.8	-58	-1
<i>Attributes of stated illness profile</i>				
Duration of pain/disability (months if less than 60)	35.8	38.0	0	192
1(Longterm pain/disability) (>60 months)	0.288	0.453		
<i>Age/gender/income of respondent</i>				
Age of respondent (years)	49.9	14.9	25	93
1(Female)	0.504			
Income (\$10,000)	5.18	3.38	0.5	15.0
<i>Educational attainment</i>				
1(Less than HS)	0.104	0.305		
1(High School)	0.337	0.473		
1(Some College)	0.251	0.433		
<i>Objective health status</i>				
1(Have same illness)	0.040	0.195		
Count of other major illness	0.294	0.578		
<i>Subjective health risks</i>				
Subjective risk, same illness	-0.223	1.24		
Subjective risk, other illness	-0.242	0.861		
Avg room to improve health habits	3.446	0.831		
<i>Respondent's household structure</i>				
Size of household	2.57	1.26		
1(Have kids)	0.287	0.452		
1(Single parent)	0.017	0.129		
1(Dualinc-w/ or w/out kids)	0.647	0.478		
1(Have kid at onset)	0.029	0.169		
1(Single parent & kid at onset)	0.001	0.030		
1(Dual-income & kid at onset)	0.023	0.150		

* To conserve space, descriptive statistics are based on illness profiles with complete data for the model to explain overest (i.e. 12,596 observations). Proportion for variable $1(\text{never})$ is displayed for the 13,626 illness profiles with complete data when this is the dependent variable.

** 29.3% of the minimum overestimate of latency (overest) observations are equal to zero. Note that $\text{overest} = 0$ if the respondent's subjective latency interval contains the latency stated in the survey.

Table A-2: Models to explain “Never (Program would not benefit me)”

	1 - Binary Logit 1(<i>never_i^j</i>)	2 - Binary Logit 1(<i>never_i^j</i>)
<i>Attributes of illness profile</i>		
Duration of pain/disability (months if less than 60)	0.001 (0.57)	0.000 (0.50)
1(Longterm pain/disability >60 months)	-0.157 (1.97)**	-0.155 (1.95)*
<i>Some demographic characteristics of respondents</i>		
Age of respondent (years)	-0.006 (0.45)	-
Age ² /100	0.010 (0.79)	-
1(Female)	0.375 (5.61)***	0.381 (5.71)***
<i>Educational attainment</i>		
1(Less than HS)	-0.254 (2.09)**	-0.213 (1.77)*
1(High School)	-0.274 (3.27)***	-0.246 (2.98)***
1(Some College)	-0.143 (1.64)	-0.136 (1.57)
<i>Objective health status</i>		
1(Have same illness)	0.187 (0.99)	0.222 (1.18)
Count of other major illness	0.116 (1.99)**	0.146 (2.61)***
<i>Subjective health risks</i>		
Subjective risk, same illness	-0.342 (10.15)***	-0.343 (10.20)***
Subjective risk, other illness	0.152 (3.23)***	0.147 (3.12)***
Avg room to improve health habits	-0.081 (2.01)**	-0.094 (2.36)**
<i>Respondent's household structure</i>		
Size of household	0.144 (3.54)***	0.140 (3.70)***
1(Have kids)	-0.167 (1.42)	-0.219 (1.96)*
1(Single parent)	0.578 (2.48)**	0.564 (2.48)**
1(Dualinc-w/ or w/out kids)	0.017 (0.22)	-
1(Have kid at onset)	0.064 (0.16)	-
1(Dual-income & kid at onset)	-0.173 (0.37)	-
Constant	-2.720 (6.85)***	-2.708 (15.76)***
Observations	13626	13626
Log L	-3550.8	-3552.8

Absolute value of z statistics in parentheses, * significant at 10%; ** significant at 5%; *** significant at 1%.

Table A-3: Models to explain Minimum Over-Estimate of Latency (*overest*)

	1 - OLS <i>overest_i^j</i>	2 - OLS <i>overest_i^j</i>	3 - OLS <i>overest_i^j</i>	4 - OLS <i>overest_i^j</i>	5 - OLS (Interval)* <i>overest_i^j</i>
<i>Attributes of illness profile</i>					
Pain/disability (months if <60)	0.033 (11.38)***	0.033 (11.37)***	0.012 (4.65)***	0.011 (4.31)***	0.011 (4.15)***
1(pain/disability) (>60 months)	0.502 (2.07)**	0.499 (2.06)**	0.578 (2.76)***	0.574 (2.74)***	0.578 (2.61)***
<i>Some demographic characteristics of respondents</i>					
Age of respondent (years)	0.314 (6.92)***	0.311 (6.87)***	0.012 (0.15)	-	-
Age-squared (100s of years)	-0.116 (2.70)***	-0.113 (2.64)***	-0.078 (1.10)	-	-
1(Female)	-0.205 (0.99)	-	-	-	-
<i>Educational attainment</i>					
1(Less than HS)	-1.832 (4.79)***	-1.876 (4.93)***	-1.712 (5.21)***	-1.813 (5.52)***	-1.949 (5.64)***
1(High School)	-0.673 (2.56)**	-0.701 (2.68)***	-0.559 (2.47)**	-0.587 (2.59)***	-0.516 (2.15)**
1(Some College)	-0.239 (0.86)	-0.256 (0.92)	-0.375 (1.56)	-0.365 (1.52)	-0.405 (1.59)
<i>Objective health status</i>					
1(Have same illness)	-2.554 (4.70)***	-2.542 (4.67)***	-2.125 (4.52)***	-2.181 (4.64)***	-2.118 (4.29)***
Count of other major illnesses	-0.567 (2.97)***	-0.555 (2.90)***	-0.640 (3.88)***	-0.704 (4.28)***	-0.718 (4.15)***
<i>Subjective health risks</i>					
Subjective risk, same illness	-1.115 (10.54)***	-1.116 (10.56)***	-1.411 (15.42)***	-1.397 (15.28)***	-1.471 (15.20)***
Avg. subjective risk, other illness	-0.039 (0.25)	-0.043 (0.28)	0.269 (2.01)**	0.272 (2.04)**	0.202 (1.43)
Avg. room to impr. health habits	-0.973 (7.40)***	-0.974 (7.41)***	-0.976 (8.60)***	-0.935 (8.27)***	-0.931 (7.79)***
<i>Latency Period</i>					
Stated latency	-	-	-0.250 (2.22)**	-0.204 (3.09)***	-0.251 (3.57)***
(Stated latency) ²	-	-	-0.001 (0.78)	-0.003 (3.97)***	-0.004 (6.36)***
(Stated latency)*(Age)	-	-	-0.013 (3.50)***	-0.008 (3.42)***	-0.005 (2.33)**
(Stated latency)*(Age ²)	-	-	0.000 (2.77)***	0.000 (0.58)	-0.000 (0.82)
(Stated latency) *1(Female)	-	-	-0.025 (3.25)***	-0.025 (3.20)***	-0.019 (2.30)**
<i>Respondent's household structure</i>					
Size of household	-0.118	-	-	-	-

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	(0.88)				
1(Have kids)	-1.987 (5.38)***	-2.208 (8.27)***	-0.663 (2.81)***	-0.673 (2.86)***	-0.746 (2.99)***
1(Single parent)	-1.858 (2.20)**	-1.794 (2.15)**	-2.058 (2.85)***	-1.993 (2.76)***	-1.979 (2.60)***
1(Dualinc-w/ or w/out kids)	0.701 (2.87)***	0.625 (2.74)***	0.754 (3.83)***	0.763 (3.88)***	0.769 (3.69)***
1(Have current kid at onset)	14.445 (11.11)***	14.371 (11.07)***	2.557 (2.22)**	3.304 (2.91)***	3.903 (3.24)***
1(Dual-income & kid at onset)	-2.681 (1.84)*	-2.601 (1.78)*	-2.354 (1.87)*	-2.394 (1.90)*	-2.679 (2.01)**
Constant	-17.957 (14.36)***	-18.157 (14.64)***	8.782 (3.55)***	6.449 (12.29)***	7.290 (13.14)***
Observations	12596 [^]	12596	12596	12596	12596
Log L					-33818.9
R-squared	0.12	0.12	0.35	0.35	

Absolute value of z statistics in parentheses, * significant at 10%; ** significant at 5%; *** significant at 1%.

[^]Sample size is smaller for models in Table A-3 than Table A-2 since they do not include those individuals who said the program would never benefit them.

* Interval-data model treats $overest_i^j$ as an interval rather than as an approximately continuous variable. This is done using the upper and lower estimates of the stated latency of the benefits of the program and using the intreg command in Stata.

APPENDIX B (to be made available online)

B.1 Extensive, rather than parsimonious, version of main model

Table 3 in the main body of the paper gives parameter estimates from our model that corrects for scenario adjustment where all interaction terms with persistently insignificant coefficients have been dropped. Table B-1 in this Appendix provides the estimates for a model with the complete set of interactions.

B.2 Alternative specification for the main model

Tables B-2 and B-3 provide alternative estimates of the parameters and the simulated WTP distributions for a specification that assumes utility to be quadratic in net income, and where there is no discrete “lump” of utility associated with either of the non-status-quo alternatives in each choice set (and no error component associated only with these alternatives).

B.3 Extensive and parsimonious versions of a “small” model

It may be important to demonstrate that the statistical significance of the interaction terms involving the two scenario adjustments variables in this study are not an artifact of the non-linear functional form of the specification in the main model. Tables B-4 and B-5 demonstrate that there are significant shifts in the estimated parameters even in simpler five-parameter versions of the specification for the program choice model.

B.4 Under- or over-estimate of latency (ordered discrete variable)

In addition to the interval-data model for the *overest* variable documented in Model 5 in Appendix A, Table A-3, we also considered a second specification for over- or under-estimating the latency. An ordered categorical variable $ordered_latency_i^j$ is explored in the context of an ordered logit model. The variable $ordered_latency_i^j$ is an ordered categorical variable that takes on the value 0 if the upper bound of the age interval checked among the selections in Figure 2 is lower than the stated age of onset given in the choice scenario. It takes the value 1 if the age interval checked in Figure 2 contains the stated age of onset, and take a value of 2 if the lower bound of the age interval lies strictly above the stated age of onset in the choice scenario. In these data, latency is underestimated for about 54.6% of illness profiles, and it is overestimated for about 10.3% of profiles.

Results for this model are displayed in Table B-4. Individuals are more likely to overestimate the latency of the illness if they have finished only high school, have temporary or long-term pain described the illness profile stated in the scenario, or will likely have a current child still in their household at the stated onset of the disease. Individuals are more likely to underestimate the length of the latency if they have a lower income, have either this illness or another major illness, have a higher

subjective risk for this illness, have children, or will likely have a current child still in their household at the stated onset of the disease.

Table B-1: Policy choice model with all interaction terms (1801 respondents, 7520 choices)

Fixed effects conditional logit estimates	Model A1		Model A2	
(Parameter) Variable	Uncorrected	Corrected	$\times 1(\text{never}_i^j)$	$\times \text{overest}_i^j$
$(\beta_0 \times 10^5)$ [first income term]	8.387 (10.03)***	8.387 (10.03)***	-2.702 (0.76)	0.248 (4.11)***
$(\beta_1 \times 10^9)$ [second income term]	-2.385 (3.86)***	-2.385 (3.86)***	10.235 (2.95)***	-0.027 (0.64)
$(\alpha_{10})\Delta\pi_i^{jS} \log(pdvi_i^j + 1)$	-58.359 (5.05)***	-58.359 (5.05)***	248.650 (3.87)***	7.233 (7.13)***
$(\alpha_{13})[P(\text{sel}_i) - \bar{P}]\Delta\pi_i^{jS} [\log(pdvi_i^j + 1)]$	3.892 (2.15)**	3.892 (2.15)**	6.055 (0.60)	0.012 (0.08)
$(\alpha_2)\Delta\pi_i^{jS} \log(pdvri_i^j + 1)$	-51.663 (4.52)***	-51.663 (4.52)***	-60.728 (1.12)	1.177 (1.00)
$(\alpha_{30})\Delta\pi_i^{jS} \log(pdvl_i^j + 1)$	-1019.412 (4.11)***	-1019.412 (4.11)***	499.341 (0.49)	5.900 (0.36)
$(\alpha_{31})age_{i0} \cdot \Delta\pi_i^{jS} \log(pdvl_i^j + 1)$	48.701 (4.80)***	48.701 (4.80)***	-19.464 (0.47)	-0.309 (0.41)
$(\alpha_{32})age_{i0}^2 \cdot \Delta\pi_i^{jS} \log(pdvl_i^j + 1)$	-0.412 (4.24)***	-0.412 (4.24)***	0.144 (0.36)	0.012 (1.47)
$(\alpha_{40})\Delta\pi_i^{jS} [\log(pdvl_i^j + 1)]^2$	339.442 (3.13)***	339.442 (3.13)***	484.391 (0.81)	-3.979 (0.41)
$(\alpha_{41})age_{i0} \cdot \Delta\pi_i^{jS} [\log(pdvl_i^j + 1)]^2$	-17.555 (3.95)***	-17.555 (3.95)***	-7.705 (0.33)	0.308 (0.72)
$(\alpha_{42})age_{i0}^2 \cdot \Delta\pi_i^{jS} [\log(pdvl_i^j + 1)]^2$	0.148 (3.44)***	0.148 (3.44)***	0.032 (0.15)	-0.006 (1.24)
$(\alpha_{50})\Delta\pi_i^{jS} [\log(pdvi_i^j + 1)]$ $\cdot [\log(pdvl_i^j + 1)]$	141.815 (1.55)	141.815 (1.55)	-416.324 (0.89)	-13.371 (1.42)
$(\alpha_{51})age_{i0} \cdot \Delta\pi_i^{jS} [\log(pdvi_i^j + 1)]$ $\cdot [\log(pdvl_i^j + 1)]$	-6.993 (1.95)*	-6.993 (1.95)*	-0.117 (0.01)	0.434 (1.07)
$(\alpha_{52})age_{i0}^2 \cdot \Delta\pi_i^{jS} [\log(pdvi_i^j + 1)]$ $\cdot [\log(pdvl_i^j + 1)]$	0.063 (1.85)*	0.063 (1.85)*	0.101 (0.58)	-0.005 (1.20)
Log L	-11694.646		-10948.179	

Table B-2: Policy Choice Model (1801 respondents, 7520 choices)

Fixed effects conditional logit estimates	Model 1	Model 2		
(Parameter) Variable	Uncorrected Coef.	Corrected Coef.	$\times 1(\text{never}_i^j)$	$\times \text{overest}_i^j$
$(\beta_0 \times 10^5)$ [first income term]	5.183 (8.30)***	8.071 (10.69)***	-	0.225 (5.14)***
$(\beta_1 \times 10^9)$ [second income term]	-1.992 (4.22)***	-2.109 (4.15)***	.7656 (3.05)***	-
$(\alpha_{10})\Delta\Pi_i^{AS} \log(pdv_i^A + 1)$	-47.89 (5.35)***	-57.32 (5.04)***	212.7 (3.91)***	7.083 (7.24)***
$(\alpha_{11})[P(\text{sel}_i) - \bar{P}]\Delta\Pi_i^{AS} [\log(pdv_i^A + 1)]$	3.372 (2.34)**	3.853 (2.45)**	-	-
$(\alpha_2)\Delta\Pi_i^{AS} \log(pdv_i^A + 1)$	-16.49 (1.76)*	-57.93 (5.77)***	-	-
$(\alpha_{30})\Delta\Pi_i^{AS} \log(pdv_i^A + 1)$	-580.1 (3.25)***	-858.3 (4.28)***	-	4.092 (3.26)***
$(\alpha_{31})\text{age}_{i0} \cdot \Delta\Pi_i^{AS} \log(pdv_i^A + 1)$	20.46 (2.82)***	43.15 (5.41)***	-	-
$(\alpha_{32})\text{age}_{i0}^2 \cdot \Delta\Pi_i^{AS} \log(pdv_i^A + 1)$	-0.1874 (2.70)***	-0.3719 (4.97)***	-	0.0064 (7.39)***
$(\alpha_{40})\Delta\Pi_i^{AS} [\log(pdv_i^A + 1)]^2$	199.3 (2.41)**	281.8 (3.11)***	395.6 (4.51)***	-
$(\alpha_{41})\text{age}_{i0} \cdot \Delta\Pi_i^{AS} [\log(pdv_i^A + 1)]^2$	-7.786 (2.32)**	-15.71 (4.31)***	-5.197 (3.69)***	-
$(\alpha_{42})\text{age}_{i0}^2 \cdot \Delta\Pi_i^{AS} [\log(pdv_i^A + 1)]^2$	0.0739 (2.27)**	0.1365 (3.90)***	-	-0.0013 (3.12)***
$(\alpha_{50})\Delta\Pi_i^{AS} [\log(pdv_i^A + 1)]$	102.4 (1.40)	129.6 (1.62)	-348.0 (3.77)***	-4.301 (3.90)***
$(\alpha_{51})\text{age}_{i0} \cdot \Delta\Pi_i^{AS} [\log(pdv_i^A + 1)]$	-4.484 (1.57)	-6.680 (2.16)**	-	-
$(\alpha_{52})\text{age}_{i0}^2 \cdot \Delta\Pi_i^{AS} [\log(pdv_i^A + 1)]$	0.0561 (2.10)**	0.0624 (2.17)**	0.0752 (3.28)***	-
Log L	-11694.646	-10954.934		

^a Corrected utility parameters are purged of scenario adjustment as captured by systematic differences in these parameters for alternatives where stated latency was not accepted by the respondent.

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Table B-3: Willingness to pay for a microrisk reduction (mean [5th, 95th percentiles]^a) Without and with correction for illness scenario adjustment (Income = \$42,000)

Age	Illness profile	No latency ^b		Latency of 20 yrs	
		Uncorrected	Corrected	Uncorrected	Corrected
30	1 year sick, recover	\$ 2.49 [1.3,3.94]	\$ 3.20 [2.43,4.07]	\$ 1.54 [0.77,2.49]	\$ 1.94 [1.43,2.50]
	5 yrs sick, recover	3.75 [2.59,5.16]	3.94 [3.13,4.86]	2.32 [1.60,3.20]	2.35 [1.87,2.90]
	1 year sick, then die	4.14 [1.67,6.80]	6.52 [4.89,8.40]	4.42 [3.26,5.97]	1.67 [0.97,2.42]
	5 yrs sick, then die	4.19 [1.39,7.21]	7.02 [5.05,9.12]	4.57 [3.51,6.00]	1.99 [1.42,2.65]
	Sudden death	4.26 [1.30,7.38]	5.74 [3.96,7.64]	4.35 [2.97,6.04]	1.42 [0.55,2.28]
45	1 year sick, recover	2.33 [1.20,3.75]	2.68 [1.93,3.48]	1.33 [0.64,2.15]	1.27 [0.82,1.72]
	5 yrs sick, recover	3.56 [2.45,4.92]	3.47 [2.73,4.33]	2.08 [1.44,2.84]	1.68 [1.29,2.12]
	1 year sick, then die	4.59 [2.99,6.55]	7.61 [6.39,9.09]	2.53 [1.95,3.21]	-0.93 ^c [-1.59,-0.37]
	5 yrs sick, then die	4.44 [2.73,6.66]	8.48 [7.04,10.14]	2.66 [2.16,3.32]	-0.39 ^c [-0.89,0.04]
	Sudden death	4.57 [2.88,6.58]	6.10 [4.88,7.39]	2.43 [1.71,3.19]	-1.37^c [-2.15,-0.70]
60	1 year sick, recover	2.21 [1.07,3.46]	2.04 [1.31,2.75]	1.11 [0.55,1.67]	0.30 [-0.08,0.63]
	5 yrs sick, recover	3.26 [2.19,4.5]	2.86 [2.19,3.62]	1.66 [1.22,2.11]	0.59 [0.27,0.87]
	1 year sick, then die	2.40 [0.98,4.03]	6.41 [5.26,7.82]	1.27 [0.57,1.91]	-2.76 ^c [-3.79,-1.97]
	5 yrs sick, then die	0.92 ^b [-0.6,2.58]	6.93 [5.65,8.48]	1.23 [0.67,1.78]	-1.85 ^c [-2.63,-1.27]
	Sudden death	3.46 [1.88,5.13]	4.97 [3.83,6.18]	1.39 [0.52,2.09]	-3.20^c [-4.32,-2.33]

^a Based on random draws from the joint distribution of the estimated parameters.

^b Zero latency was implausible to respondents in the illness profiles used to elicit program choices, so the minimum latency in the choice scenarios was 1 year. These values are thus extrapolated, based upon the fitted model.

^c Respondents were given no opportunity to express negative willingness to pay, so negative simulated values should be interpreted as zero *WTP*.

Table B-4: Minimal Model (1801 respondents, 7520 choices)

Fixed effects conditional logit estimates	Model B1	Model B2		
(Parameter) Variable	Uncorrected	Corrected	$\times 1(\text{never}_i^j)$	$\times \text{overest}_i^j$
$(\beta_0 \times 10^5)$ [first income term]	5.342 (9.17)***	9.991 (12.98)***	-1.787 (0.54)	0.409 (7.40)***
$(\beta_1 \times 10^9)$ [second income term]	-2.160 (4.61)***	-2.014 (3.33)***	9.731 (2.84)***	-0.026 (0.64)
$(\alpha_{10})\Delta\pi_i^{jS} \log(pdvi_i^j + 1)$	-27.053 (4.56)***	-37.493 (4.99)***	109.601 (2.75)***	5.348 (7.75)***
$(\alpha_{13})[P(\text{sel}_i) - \bar{P}]\Delta\pi_i^{jS} [\log(pdvi_i^j + 1)]$	3.297 (2.29)**	3.475 (1.90)*	5.121 (0.50)	-0.033 (0.23)
$(\alpha_2)\Delta\pi_i^{jS} \log(pdvr_i^j + 1)$	-21.870 (2.35)**	-37.893 (3.43)***	-60.407 (1.13)	0.993 (0.86)
$(\alpha_3)\Delta\pi_i^{jS} \log(pdvl_i^j + 1)$	-30.409 (5.97)***	-36.974 (5.89)***	190.347 (5.79)***	6.594 (11.12)***
Log L	-11726.31		-11073.051	

Table B-5: Parsimonious Minimal Model (1801 respondents, 7520 choices)

Fixed effects conditional logit estimates	Model B1'	Model B2'		
(Parameter) Variable	Uncorrected	Corrected	$\times 1(\text{never}_i^j)$	$\times \text{overest}_i^j$
$(\beta_0 \times 10^5)$ [first income term]	5.342 (9.17)***	9.816 (14.00)***	-1.900 (0.57)	0.387 (10.18)***
$(\beta_1 \times 10^9)$ [second income term]	-2.160 (4.61)***	-1.800 (3.58)***	9.425 (2.76)***	-
$(\alpha_{10})\Delta\pi_i^{jS} \log(pdvi_i^j + 1)$	-27.053 (4.56)***	-37.184 (4.97)***	103.398 (2.72)***	5.398 (7.98)***
$(\alpha_{13})[P(\text{sel}_i) - \bar{P}]\Delta\pi_i^{jS} [\log(pdvi_i^j + 1)]$	3.297 (2.29)**	3.786 (2.39)**	-	-
$(\alpha_2)\Delta\pi_i^{jS} \log(pdvr_i^j + 1)$	-21.870 (2.35)**	-43.664 (4.45)***	-	-
$(\alpha_3)\Delta\pi_i^{jS} \log(pdvl_i^j + 1)$	-30.409 (5.97)***	-36.855 (5.89)***	188.932 (5.74)***	6.619 (11.22)***
Log L	-11726.31		-11074.305	

Table B-6: Correlates of *overest* as a discrete variable (12596 illness profiles)

	1 – Ordered logit <i>overest_i^j</i>	2 – Ordered logit <i>overest_i^j</i>	3 – Ordered logit <i>overest_i^j</i>
<i>Attributes of illness profile</i>			
Duration of pain/disability (months if less than 60)	0.004 (5.05)***	0.002 (1.93)*	0.002 (1.99)**
1(Longterm pain/disability) (>60 months)	0.064 (0.93)	0.094 (1.30)	0.095 (1.32)
<i>Some demographic characteristics of respondents</i>			
Age of respondent (years)	0.036 (2.72)***	0.000 (0.00)	-
Age-squared (100s of years)	-0.029 (2.34)**	0.003 (0.15)	-
1(Female)	0.005 (0.09)	-	-
<i>Educational attainment</i>			
1(Less than HS)	-0.939 (6.80)***	-0.940 (6.68)***	-0.936 (6.67)***
1(High School)	-0.040 (0.57)	-0.005 (0.07)	-0.007 (0.10)
1(Some College)	-0.202 (2.62)***	-0.207 (2.57)**	-0.209 (2.60)***
<i>Objective health status</i>			
1(Have same illness)	-0.679 (3.20)***	-0.654 (3.01)***	-0.651 (3.00)***
Count of other major illness	-0.119 (2.08)**	-0.137 (2.28)**	-0.132 (2.23)**
<i>Subjective health risks</i>			
Subjective risk, same illness	-0.132 (4.38)***	-0.200 (6.25)***	-0.201 (6.28)***
Subjective risk, other illness	-0.081 (1.86)*	-0.031 (0.68)	-0.028 (0.62)
Avg room to improve health habits	-0.155 (4.30)***	-0.174 (4.59)***	-0.178 (4.72)***
<i>Latency Period</i>			
Stated latency	-	0.013 (0.24)	0.010 (0.31)
Stated latency squared	-	-0.003 (6.86)***	-0.003 (7.70)***
Latency and age interaction	-	0.003 (1.35)	0.002 (1.86)*
Latency and age squared interaction	-	-0.000 (3.19)***	-0.000 (4.71)***

Continued...

Respondent's household structure

Size of household	-0.011 (0.29)	-	-
1(Have kids)	-0.284 (2.64)***	-0.097 (1.13)	-
1(Single parent)	-1.204 (2.80)***	-1.319 (3.06)***	-1.387 (3.25)***
1(Dualinc-w/ or w/out kids)	0.107 (1.55)	0.120 (1.82)*	0.107 (1.67)*
1(Have kid at onset)	1.809 (6.80)***	0.155 (1.03)	-
1(Dual-income & kid at onset)	-0.330 (1.13)	-	-
Observations	12596	12596	12596
Log L	-4259.161	-3697.929	-3698.915

Absolute value of z statistics in parentheses, * significant at 10%; ** significant at 5%; *** significant at 1%.