Appendix

COVID-19 and pro-sociality: How do donors respond to local pandemic severity, increased salience, and media coverage?

Maja Adena (WZB) and Julian Harke (WZB)

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A Additional tables and figures

Figure A1: Control condition without COVID-19 reference

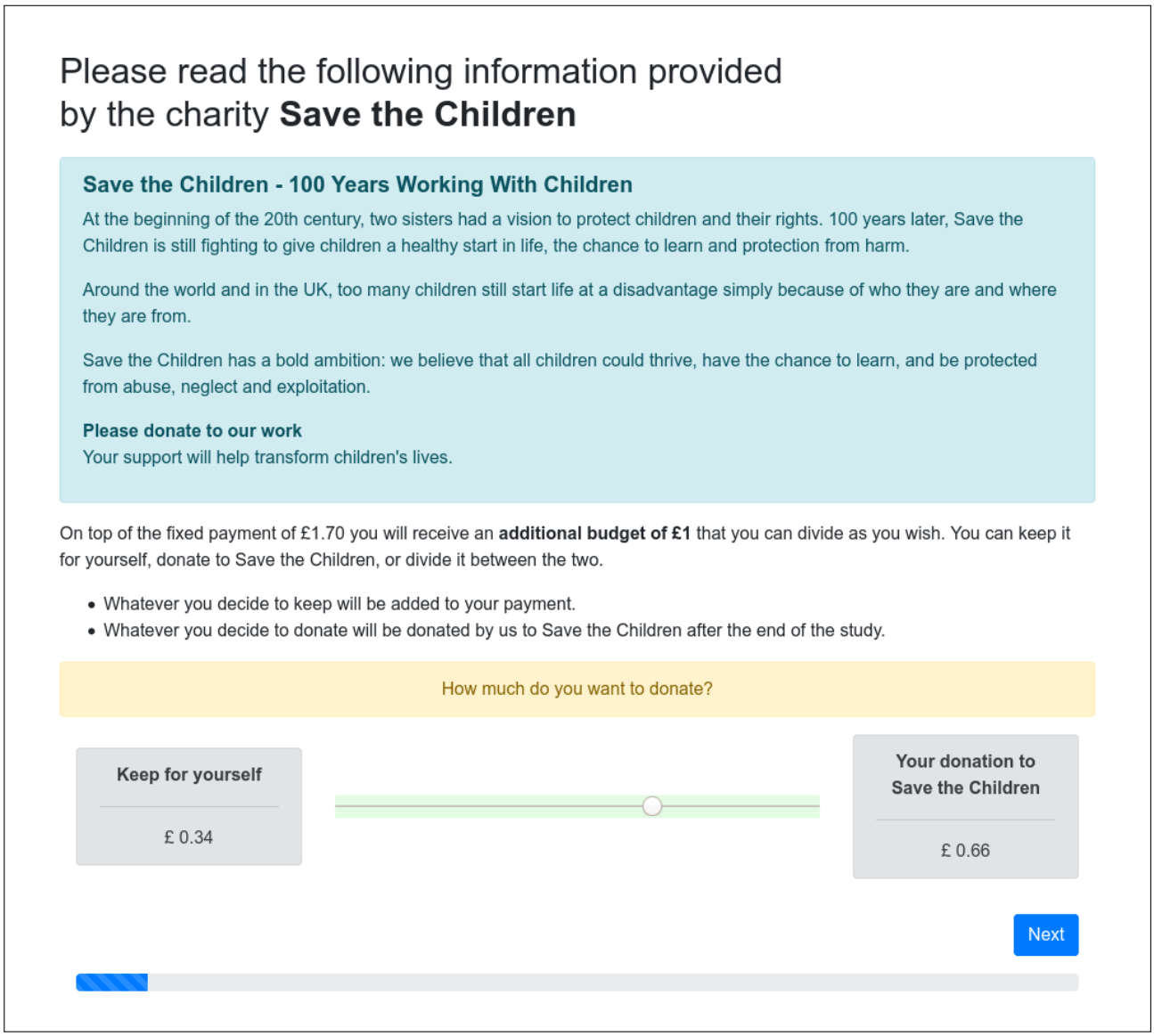


Figure A2: Treatment condition with COVID-19 reference

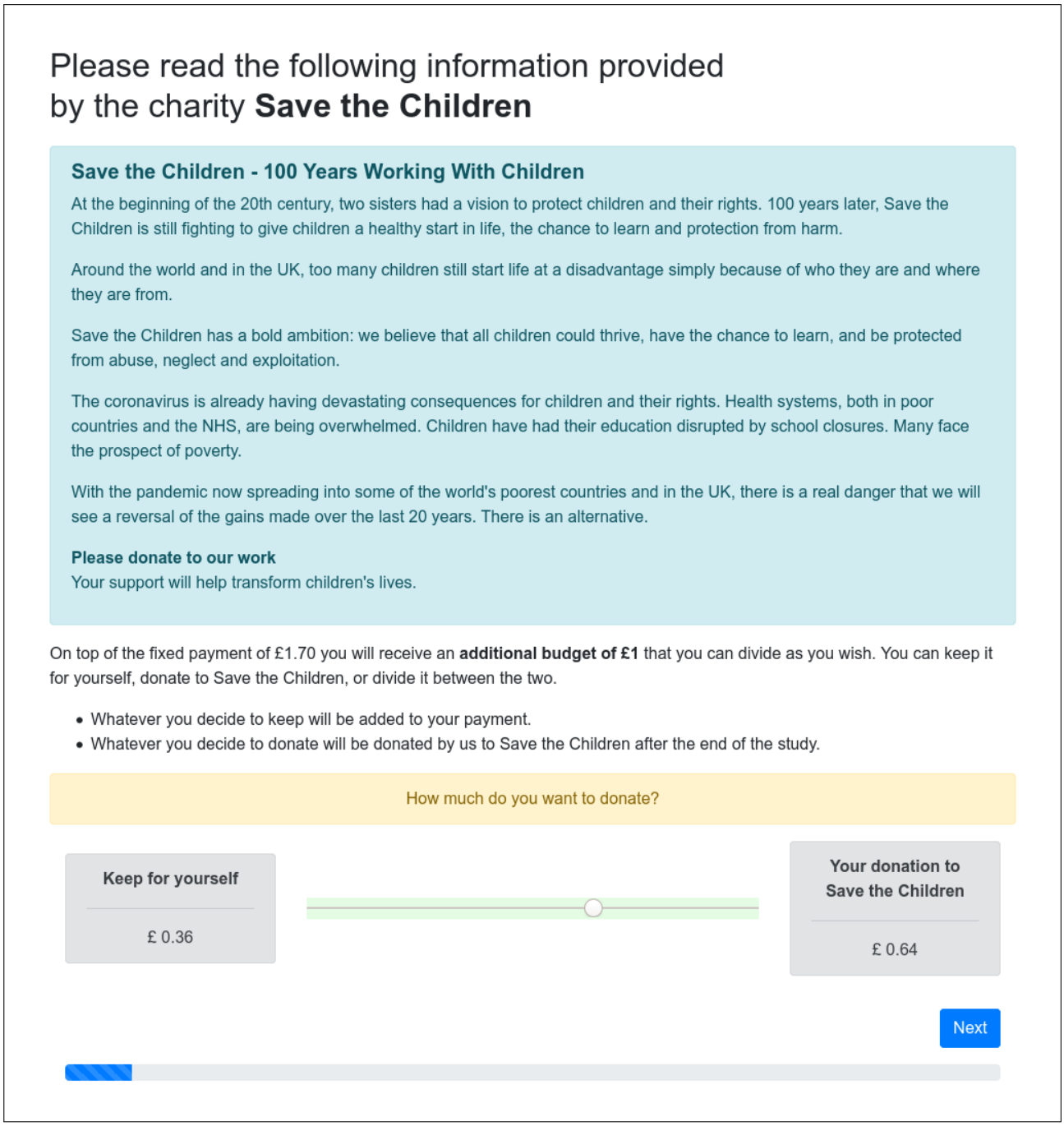
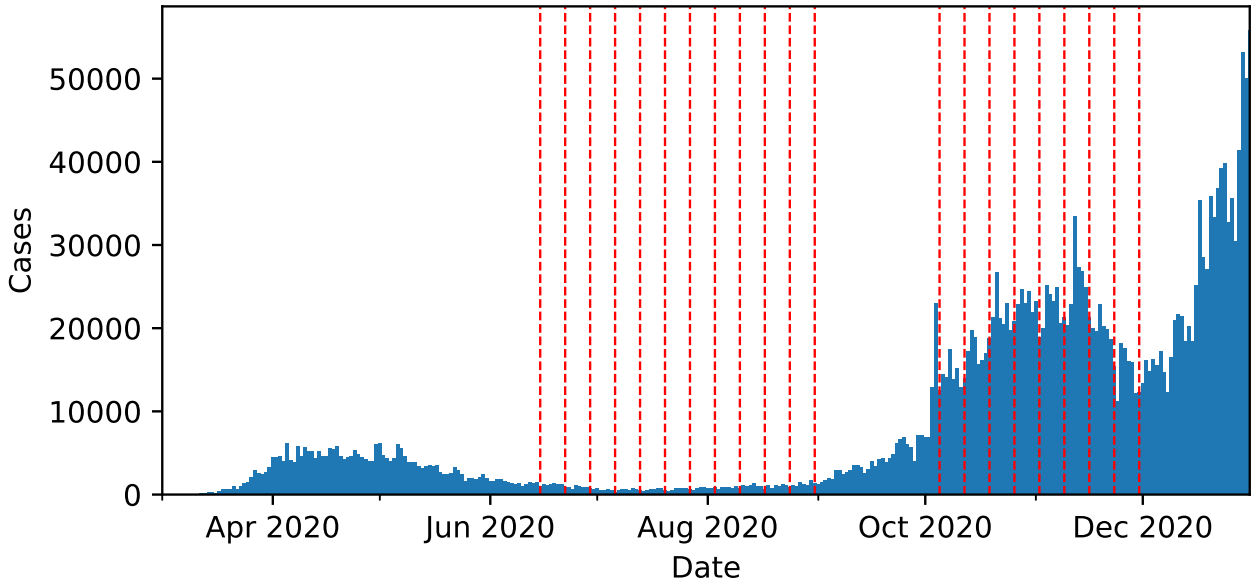


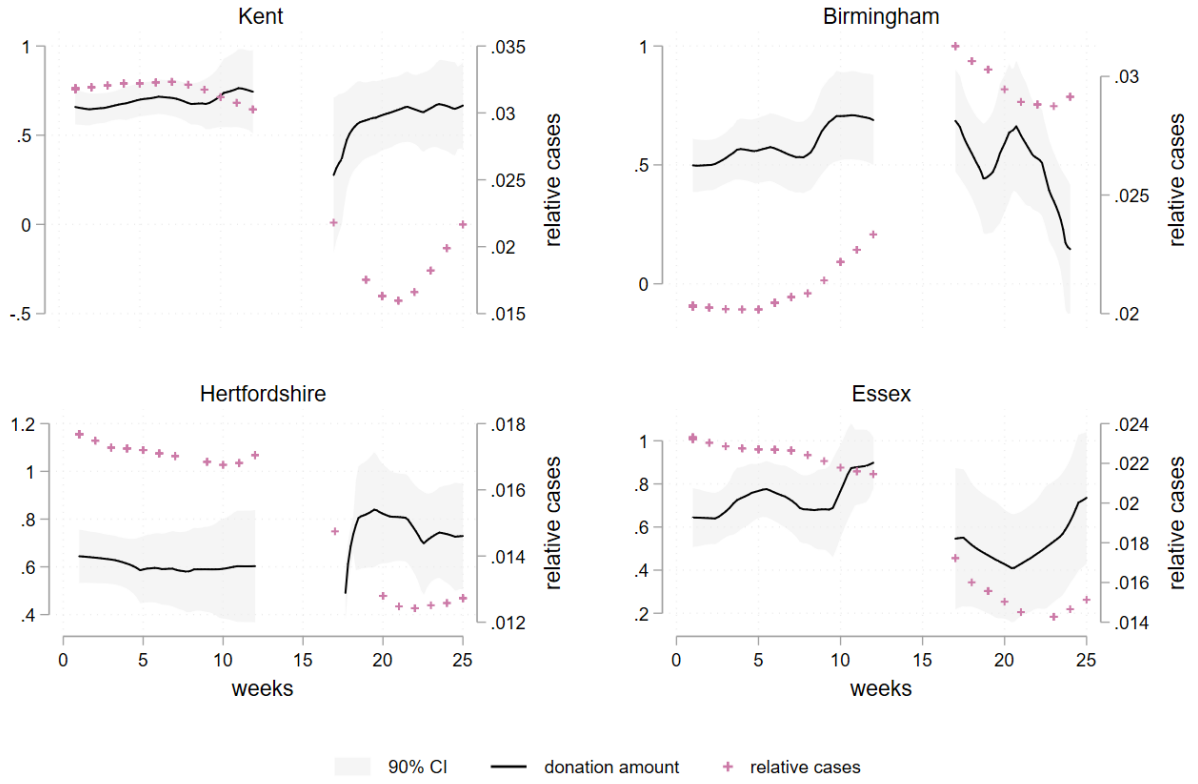
Figure A3: Daily COVID-19 cases in England and dates of experimental sessions



Notes: Data source coronavirus.data.gov.uk

Figure A4: Frequency of articles about the local areas related to COVID-19 in national newspapers and on BBC Online in the week preceding the experimental session

Figure A5: Examples for relative local severity and donation amounts



Notes: Local polynomial plot for donation amounts and 90% confidence intervals

Table A1: Descriptive statistics and balancing table

	(1) Overall			(2) By treatment						
				(a) Control			(b) COVID-19 reference			
	Mean	Std. error	N	Mean	Std. error	N	Mean	Std. error	N	T-test p-value
Relative local severity	0.008	0.000	3532	0.008	0.000	1790	0.008	0.000	1742	0.745
Initial slider: donation	0.503	0.005	3548	0.503	0.007	1799	0.503	0.007	1749	0.950
Initial slider: share UK	0.506	0.005	3548	0.510	0.007	1799	0.501	0.007	1749	0.355
Age	33.7	0.211	3547	34.0	0.296	1799	33.4	0.300	1748	0.127
Born in UK dummy	0.828	0.006	3548	0.825	0.009	1799	0.831	0.009	1749	0.643
Female dummy	0.654	0.008	3548	0.657	0.011	1799	0.652	0.011	1749	0.743
Socioeconomic status	5.325	0.025	3542	5.352	0.036	1797	5.297	0.036	1745	0.279
Household members	3.062	0.023	3548	3.084	0.032	1799	3.038	0.032	1749	0.310
Household income	3576.2	47.0	3548	3586.4	65.7	1799	3565.8	67.2	1749	0.826

Table A2: H1: The COVID-19 reference increases donations. Marginal effects after a two-limit Tobit. Outcome variable: donation amount

	(1)	(2)	(3)
COVID-19 reference	0.152*** (0.038)	0.153*** (0.038)	0.148*** (0.038)
Baseline controls	Yes	Yes	Yes
Financial controls	No	Yes	Yes
Health controls	No	No	Yes
Time fixed effects	Yes	Yes	Yes
Observations	3541	3541	3541
Pseudo R^2	0.024	0.028	0.028

Note: See note to Table 2. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A3: Mean donations by category

	Mean	Std. error	N
Gender:			
– female	0.640	0.3927	2322
– male	0.511	0.4213	1226
Age:			
– 18-24	0.519	0.4007	988
– 25-34	0.595	0.4079	1175
– 35-49	0.644	0.4059	901
– 50-64	0.658	0.3993	412
– 65+	0.684	0.3952	71
Making ends meet before COVID-19:			
– great difficulty	0.547	0.4140	115
– some difficulty	0.548	0.4116	847
– fairly easily	0.601	0.4047	1596
– easily	0.631	0.4037	990
Making ends meet since COVID-19:			
– great difficulty	0.523	0.4215	206
– some difficulty	0.563	0.4112	1048
– fairly easily	0.603	0.4041	1465
– easily	0.641	0.3996	829
Change in household income since COVID-19:			
– decreased a lot	0.548	0.4221	349
– decreased somewhat	0.579	0.4078	1120
– stayed the same	0.619	0.4013	1798
– increased somewhat	0.573	0.4166	248
– increased a lot	0.498	0.4284	33
Expected change in household income:			
– decrease a lot	0.540	0.4185	206
– decrease somewhat	0.599	0.4048	854
– stay the same	0.612	0.4041	1861
– increase somewhat	0.554	0.4124	576
– increase a lot	0.606	0.4323	51
Personal health or health of family negatively affected by COVID-19:			
– a lot	0.541	0.4308	146
– somewhat	0.601	0.3991	1074
– not at all	0.596	0.4096	2328
Expected negative impact on health:			
– a lot	0.484	0.4234	140
– somewhat	0.620	0.3987	2140
– not at all	0.565	0.4162	1268
Vulnerability to COVID-19:			
– high risk	0.489	0.4227	101
– moderate risk	0.612	0.4001	687
– low risk	0.595	0.4082	2760

Table A4: The effect of the relative local severity of the pandemic on subjective perceptions of local severity.
Outcome variable: subjective perceptions of local severity

	(1) More severe	(2) Equally severe	(3) Less severe
Relative local severity	0.292*** (0.039)	-0.002 (0.047)	-0.290*** (0.036)
Location fixed effect	Yes	Yes	Yes
Time fixed effects	Yes	Yes	Yes
Observations	3532	3532	3532
R^2	0.218	0.108	0.286

Note: Robust errors. All columns include time fixed effects and location fixed effects. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A5: H2: Individuals in more affected places will give more (or less) than individuals in less affected places. Marginal effects after a two-limit Tobit.
Outcome variable: donation amount

	(1)	(2)	(3)	(4)
Relative local severity	0.063** (0.030)	0.056* (0.029)	0.157** (0.065)	0.334*** (0.103)
COVID-19 reference	0.152*** (0.038)	0.149*** (0.038)	0.147*** (0.039)	0.124*** (0.038)
Baseline controls	Yes	Yes	Yes	Yes
Financial controls	No	Yes	Yes	Yes
Health controls	No	Yes	Yes	Yes
Area controls	No	No	Yes	No
Location fixed effect	No	No	No	Yes
Time fixed effects	Yes	Yes	Yes	Yes
Observations	3525	3525	3423	3525
Pseudo R^2	0.025	0.033	0.038	0.058

Note: See note to Table 3. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A6: Regional trends.
Outcome variable: donation amount

	(1)
Relative local severity	0.107** (0.052)
COVID-19 reference	0.043*** (0.014)
Baseline controls	Yes
Financial controls	Yes
Health controls	Yes
Location fixed effect	Yes
Time fixed effects	Yes
Time fixed effects x Region fixed effects	Yes
Observations	3525
R^2	0.161

Note: See note to Table 3. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A7: Interaction effect.
Outcome variable: donation amount

	(1)	(2)	(3)	(4)
Relative local severity	0.022 (0.015)	0.018 (0.015)	0.050** (0.025)	0.104*** (0.039)
COVID-19 reference	0.051** (0.022)	0.045** (0.022)	0.043* (0.023)	0.033 (0.023)
COVID-19 reference * local severity	0.002 (0.020)	0.007 (0.020)	0.007 (0.021)	0.013 (0.021)
Baseline controls	Yes	Yes	Yes	Yes
Financial controls	No	Yes	Yes	Yes
Health controls	No	Yes	Yes	Yes
Area controls	No	No	Yes	No
Location fixed effect	No	No	No	Yes
Time fixed effects	Yes	Yes	Yes	Yes
Observations	3525	3525	3423	3525
R^2	0.052	0.069	0.080	0.118

Note: See Note to Table 3. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A8: H2: Individuals in more affected places will give more (or less) than individuals in less affected places.
Alternative specification of local severity: absolute number of COVID-19 cases in the last 7 days (in tsd.).
Outcome variable: donation amount

	(1)	(2)	(3)	(4)
COVID-19 cases, last 7 days, in tsd.	0.028** (0.013)	0.028** (0.014)	0.031** (0.015)	0.035** (0.016)
COVID-19 reference	0.053*** (0.013)	0.051*** (0.013)	0.049*** (0.014)	0.044*** (0.014)
Baseline controls	Yes	Yes	Yes	Yes
Financial controls	No	Yes	Yes	Yes
Health controls	No	Yes	Yes	Yes
Area controls	No	No	Yes	No
Location fixed effect	No	No	No	Yes
Time fixed effects	Yes	Yes	Yes	Yes
Observations	3525	3525	3423	3525
R^2	0.052	0.068	0.079	0.116

Note: See note to Table 3. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A9: H2: Individuals in more affected places will give more (or less) than individuals in less affected places.
Alternative specification of local severity: number of COVID-19 cases in the last 7 days per 100,000.
Outcome variable: donation amount

	(1)	(2)	(3)	(4)
COVID-19 cases,last 7 days, per 100,000	0.176 (0.112)	0.188* (0.113)	0.294** (0.125)	0.362*** (0.132)
COVID-19 reference	0.053*** (0.013)	0.051*** (0.013)	0.049*** (0.014)	0.044*** (0.014)
Baseline controls	Yes	Yes	Yes	Yes
Financial controls	No	Yes	Yes	Yes
Health controls	No	Yes	Yes	Yes
Area controls	No	No	Yes	No
Location fixed effect	No	No	No	Yes
Time fixed effects	Yes	Yes	Yes	Yes
Observations	3525	3525	3423	3525
R^2	0.051	0.069	0.080	0.117

Note: See note to Table 3. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A10: The effect of observables on the coefficient of interest.
Outcome variable: donation amount

	(1)	(2)	(3)	(4)	(5)	(6)
Relative local severity	0.088**	0.105***	0.108***	0.110***	0.109***	0.109***
	(0.037)	(0.037)	(0.037)	(0.037)	(0.037)	(0.037)
Baseline controls	No	Yes	Yes	Yes	Yes	Yes
Financial controls	No	No	Yes	Yes	Yes	Yes
Health controls	No	No	No	Yes	Yes	Yes
Other socioeconomic controls	No	No	No	No	Yes	Yes
Work change controls	No	No	No	No	No	Yes
Location fixed effects	Yes	Yes	Yes	Yes	Yes	Yes
Time fixed effects	Yes	Yes	Yes	Yes	Yes	Yes
Observations	3532	3525	3525	3525	3525	3525
R^2	0.062	0.101	0.109	0.118	0.123	0.124

Note: Robust errors. All columns include time fixed effects, and location fixed effects. For baseline, financial, and health controls see note to Table 2. Other socioeconomic controls include place of living dummy (big city, small city, suburbs), employement status dummy (employed, unemployed, student, apprentice, retired), number of children in the household, and primarily source of news dummy (high quality, medium quality). Work change controls include work change since COVID-19 dummies (lost permanently, lost temporarily without pay, lost temporarily with pay, hours reduced), number of days commuting before COVID-19 and since COVID-19, and remote work dummies (fully, partly). * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A11: Correlation between economic and health variables and donation amount.
Outcome variable: donation amount

	(1)	(2)	(3)	(4)	(5)	(6)
Dummy income decreased since the outbreak of the pandemic	-0.030**					
	(0.014)					
Dummy income expected to decrease in the next 12 months		-0.010				
		(0.015)				
Health negatively affected by COVID-19: a lot dummy			-0.046			
			(0.035)			
Expected negative impact on health: a lot dummy				-0.111***		
				(0.036)		
Vulnerability to COVID-19: high risk					-0.125***	
					(0.041)	
Vulnerability to COVID-19: moderate risk						-0.006
						(0.017)
Baseline controls	Yes	Yes	Yes	Yes	Yes	Yes
Location fixed effects	Yes	Yes	Yes	Yes	Yes	Yes
Time fixed effects	Yes	Yes	Yes	Yes	Yes	Yes
Observations	3525	3525	3525	3525	3525	3525
R^2	0.100	0.099	0.100	0.102	0.102	0.099

Note: Robust errors. All columns include the following controls location fixed effects, slider initial position, age, dummy born in the UK, female dummy, socioeconomic status, number of household members, and session dummies (time fixed effects). * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A12: H3: The national project will benefit more from the COVID-19 frame than the global project.
Outcome variable: donation share to the UK program

	(1)	(2)	(3)	(4)
COVID-19 reference	-0.004 (0.010)	-0.003 (0.010)	-0.003 (0.010)	-0.001 (0.010)
GDP in UK vs. in developing countries				-0.002 (0.001)
Poverty in UK vs. in developing countries				0.004*** (0.001)
UK more affected dummy				0.049*** (0.015)
UK equally affected dummy				0.063*** (0.015)
Baseline controls	Yes	Yes	Yes	Yes
Financial controls	No	Yes	No	Yes
Health controls	No	No	Yes	Yes
Time fixed effects	Yes	Yes	Yes	Yes
Observations	3541	3541	3541	3541
R^2	0.095	0.103	0.101	0.117

Note: See note to Table 5. The sample consists of first-stage donors and non-donors. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A13: H4: Individuals in more affected places will shift their giving to local causes more than those in less affected places.
Outcome variable: donation share to the UK program

	(1)	(2)	(3)	(4)
Relative local severity	0.007 (0.008)	0.007 (0.008)	-0.008 (0.017)	-0.041 (0.027)
COVID-19 reference	-0.004 (0.010)	-0.003 (0.011)	-0.003 (0.011)	-0.002 (0.011)
Baseline controls	Yes	Yes	Yes	Yes
Financial controls	No	Yes	Yes	Yes
Health controls	No	Yes	Yes	Yes
Area controls	No	No	Yes	No
Location fixed effect	No	No	No	Yes
Time fixed effects	Yes	Yes	Yes	Yes
Observations	3525	3525	3423	3525
R^2	0.094	0.108	0.132	0.164

Note: See note to Table 6. The sample consists of first-stage donors and non-donors. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

B Timeline of the main experiment

After the development of the idea and programming of the experiment, we ran a technical pilot with six participants on June 5, 2020, followed by a first rough preregistration on June 8, 2020 (https://osf.io/23sc4/). This was followed by two pilots with 25 and 26 participants on the afternoons of June 8 and 10, 2020, to calibrate the payments. A final preregistration with a pre-analysis plan was completed on June 15, 2020 (https://osf.io/h5syz/). Following this, we ran several waves of the experiment on Monday evenings until the end of August 2020, starting with a larger initial sample and reducing the sample over time. Further sessions were run in October and November 2020 in order to capture the second wave of the pandemic.

C Exclusion criteria

We excluded participants who fulfilled three or more of the following criteria:

- Time taken for completing the experiment below 5 minutes or above 25 minutes,
- Estimated number of COVID-19 cases in UK below 30,000 or more than 30,000,000,
- Estimated number of cases in local area larger than the estimated number of cases in the UK/10.
- Number of household members (children plus adults) more than 8,
- Expectation that the poverty rate in the UK or in developing countries will decrease below 10%,
- Expectation that the GDP growth rate in the UK or in developing countries will increase above 10%,
- Inconsistencies between the answers reported to Prolific and answers in our survey:[1]
  - Area of residence,
  - Household income,
  - Number of household members,
  - Employment status.

[1] We did not treat those inconsistencies as direct exclusion criteria, because, for example, the inconsistencies between our survey and Prolific could have occurred due to differences in question formulation or changes to an individual's situation between Prolific's data collection and our survey.

D Prolific pre-screening criteria

Our only pre-screening criterion was the current area of residence, which needed to be in England. However, in order to secure baseline sociodemographic information, we required that the following variables have no missing values: gender, age, country of birth, household size, household income (including "prefer not to say" category for sample size reasons), and socioeconomic status, see Table D14. We chose those variables for their relevance, but excluded other variables that would result in a large reduction of the available Prolific subject pool.

Table D14: Pre-screening variables

Pre-screening	Exclusion criteria	Available subject pool size (10.06.2020)
Current UK area of residence	not England	34,650
Age	missing values	34,307
Gender	missing values and "prefer not to say"	33,921
Socioeconomic Status	missing values	32,568
Household Size	missing values	32,407
Household Income (GBP)	missing values	31,968
Country of Birth	missing values	31,902

E Additional analysis

In the preregistration, we specified a number of supporting hypotheses and tests on which we comment here. As pre-specified, we apply Bonferroni correction for multiple hypothesis testing, assuming 20 tests. In the following, barely any test is confirmed. Many of the tests concern, however, the outcome being the share of donations to the UK program and interactions with the treatment dummy for which the direct effect has been shown not to be significant in the main analysis. The score variables were created following a preregistered protocol.

SH0 Interaction effects of the two main explanatory variables: The coefficient on the interaction between treatment dummy and local severity is not significant (and very small) (see Table A7 in the main article).

SH1 COVID-19 skeptics will decrease giving in the treatment condition: The interaction term (as well as the direct coefficient on COVID-19 skeptics score) is not significant.

SH2 Those who follow rules and recommendations regarding COVID-19 will increase their giving in the treatment condition: The interaction term (as well as the direct coefficient on rule followers score) is not significant.

SH3a-c Regarding the impact of reporting in the media on giving to the local program versus the global program, there was not enough variation across sessions to test those hypotheses.

SH4a-c The relative amount of giving to the UK program versus the global program will reflect the perception of how negatively the UK will be impacted relative to developing countries. In a regression analysis, the following explanatory variables are looked at: GDP growth in the UK versus developing countries, poverty in the UK versus in developing countries, dummy UK more affected by COVID-19 (subjective statement), and the interactions with the treatment. For the direct effects, see Table 5 and description in the main text. Regarding the interaction effects, only the coefficient on the interaction between the dummy UK more affected by COVID-19 and the treatment is positive and significant.

SH5
- a Individuals whose economic situations have been negatively affected since the spread of COVID-19 and those fearing such negative consequences will donate less than others: We confirm this hypothesis.
- b Individuals whose health status has been negatively affected since the spread of COVID-19 and those fearing health deterioration will donate less than others. The coefficient on the health score is not significant (the reason is likely an inverted u-shaped pattern of giving in health, on which we comment in the main text and which seems to not be well reflected in the created health score variable).
- c Individuals with less distancing opportunities will donate less than others. The coefficient on the distancing score is not significant.

SH-Other Individuals might donate less in the treatment condition if they think that they have contributed sufficiently to prevention and mitigation of the consequences of COVID-19: Coefficient is not significant.

SH-Other COVID-19 individual contribution and level of empathy: We confirm a positive correlation between empathy and giving in the experiment.

F Additional survey experiment

F.1 Design

We designed an additional survey experiment to better understand the mechanism behind the results of our main experiment, where we found higher giving in the treatment group compared to the control group. In addition, the survey aimed at informing us about a potential experimenter demand effect arising in the main experiment. Following the design of the original experiment, we recruited 220 participants on Prolific who indicated their area of residence to be in England. We used the same pre-screening (see Section D) and exclusion (see Section C) criteria as for the main experiment. The latter resulted in the final sample of 172 participants used in the analysis. The survey was not incentivized, and the participants received a fixed amount of £2 after the completion of the survey. Similar to the main experiment, in the control group, the participants read a donation ask for Save the Children. In the treatment group, the participants read the same donation ask with the additional paragraph about COVID-19. Next, on each page, participants were asked to "think of an average Prolific participant from the UK who might receive this donation appeal" and answered a number of questions regarding how they think the donation appeal would affect such a person. The additional survey experiment was preregistered on OSF (https://osf.io/rw86z/) prior to the experimental sessions at the end of April, 2021. The preregistration contains further details of the survey experiment, the hypotheses, and screenshots of the experimental instructions.

F.2 Results

Next, we show the results of various tests of differences between treatments. First, we asked participants to answer how strongly they expected the appeal to evoke different emotions in the average Prolific participant. We asked the question separately for all 20 emotions that are part of the Geneva Emotional Wheel (GEW, see Scherer, 2005; Scherer et al., 2013). We took the average over the positive and over the negative emotions. Both variables range from 0 to 100. Table F1 shows results from OLS regressions. We see that the treatment evokes less positive emotions (marginally significant at p<0.1)[2] and more negative emotions (not significant).

Table F1: AddH1a/b: The COVID-19 reference evokes more positive/negative emotions in the reader.

Outcome variable	Positive emotions	Negative emotions
COVID-19 reference	-5.586* (2.917)	3.177 (2.487)
Baseline controls	Yes	Yes
Observations	172	172
R^2	0.053	0.029

Note: OLS regressions; robust errors. Baseline controls include age, UK birth dummy, female dummy, socioeconomic status dummies, and household size. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Next, we tested, whether participants expect the money to be spent sooner in the treatment condition. Table F2 presents the results which show no significant differences in the expected timing of relief in both treatments.

Table F2: AddH2: Participants expect their donation to be spent sooner in the treatment with COVID-19 reference.

Outcome variable	Time money spent
COVID-19 reference	-0.146 (0.111)
Baseline controls	Yes
Observations	172
R^2	0.055

Note: See note to Table F1. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

[2]In the text and in the tables, we do not correct for multiple hypothesis testing. However, Bonferroni corrections are easily implemented if we multiply the p-value by the number of tests (9). The difference in positive emotions does not survive such comparisons, and the only test that survives is AddH3.

We asked participants to name the goals that they expected the donations collected in the appeal to be spent on. They entered text into an open text field. We opted against providing a multiple-choice list as this could have influenced their responses. We classified the words used in the responses into major categories including COVID-19 (participants having included words such as pandemic, corona, or coronavirus). While in the control treatment, no one mentioned COVID-19, 16% in the treatment condition did so, and the difference is statistically significant, as can be seen in Table F3. However, this compares to, altogether, 51% mentioning education, 38% protection, 29% health, 22% support, 16% poverty, and 13% hunger.[3] This means that COVID-19 relief was not perceived as the main goal of the project.

Table F3: AddH3: Participants expect the money to be (more often) spent on COVID-19 relief in the treatment with COVID-19 reference.

Outcome variable	COVID-19 relief
COVID-19 reference	0.158*** (0.038)
Baseline controls	Yes
Observations	172
R^2	0.110

Note: See note to Table F1. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Next, we asked participants to compare the perceived importance, effectiveness, and urgency of the donation to Save the Children's appeal with a donation to (i) Transparency International, (ii) the World Wildlife Fund, and (iii) the Alzheimer's Society. The participants answered by using a slider on a scale from less important/effective/urgent to more important/effective/urgent. For each participant, we computed an average over the three charities and used this score for the final comparisons. The score ranges from 0 to 100. The results are presented in Table F4. There are no significant differences in how important, effective, or urgent participants perceive giving to Save the Children in the treatment versus the control condition.

Table F4: AddH4–6: In the treatment with COVID-19 reference, giving to the appeal is perceived to be more effective/important/urgent.

Outcome variable	Relative effectiveness	Relative importancy	Relative urgency
COVID-19 reference	-0.032 (2.003)	0.699 (1.875)	1.671 (2.011)
Baseline controls	Yes	Yes	Yes
Observations	172	172	172
R^2	0.012	0.019	0.024

Note: See note to Table F1. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Next, we studied whether the treatment condition might exert on participants more pressure to give. In the literature, it has been long recognized that more (social) pressure results in higher giving (see, among others, Andreoni et al., 2017; DellaVigna et al., 2012). Moreover, anecdotal evidence suggests that fundraisers actively use such techniques. We asked a randomly chosen 50% of our sample (equally distributed among the treatments) to judge the following statement: "The person would feel pressure to donate when receiving such a donation request in a letter by the Royal Mail." Participants answered by using a slider on a scale from "not at all" to "a lot," coded 0–100. The results in Table F5 show that the difference is not significant.

Table F5: H7: The COVID-19 reference results in more pressure to donate.

Outcome variable	Pressure to donate
COVID-19 reference	1.349 (5.822)
Baseline controls	Yes
Observations	81
R^2	0.057

Note: See note to Table F1. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

[3]This sums to more than 100% since participants were allowed to name multiple goals.

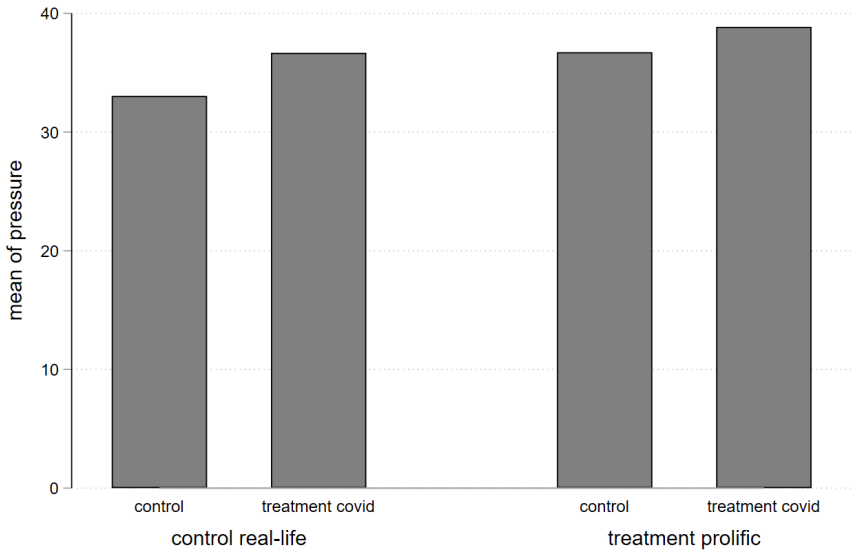
Next, we checked for a potential unintended experimenter demand effect in our main experiment. We asked the remaining 50% of the sample the following question: "The person would feel pressure to donate when receiving such a donation request in a study on Prolific." The participants answer using a slider on a scale from "not at all" to "a lot." Using a difference-in-difference approach, we study whether the additional pressure in the treatment condition in our experiment is different from that which the participants believe to experience in real life. Table F6 shows coefficients on treatment, dummy for the group that judged the pressure to give on Prolific (versus real life), and the interaction between the two. The coefficient on the interaction term is not significant, meaning that the pressure in the treatment condition is not different from that which would arise in real life (level coefficients are also not significant). In Figure F1, we present the averages in perceived pressure by treatments.

Table F6: H8: The participants in our initial experiment on Prolific feel higher pressure to donate in the treatment with COVID-19 reference that one would expect to arise in real life.

Outcome variable	Pressure to donate
COVID-19 reference x Prolific	-3.062 (7.727)
COVID-19 reference	5.129 (5.337)
Prolific	4.368 (5.244)
Baseline controls	Yes
Observations	172
R^2	0.037

Note: See note to Table F1. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Figure F1: Perceived pressure to donate in the experiment and in real life, by treatment condition



Note: Own data.

G Screenshots from the main experiment

Figure G2: Introduction

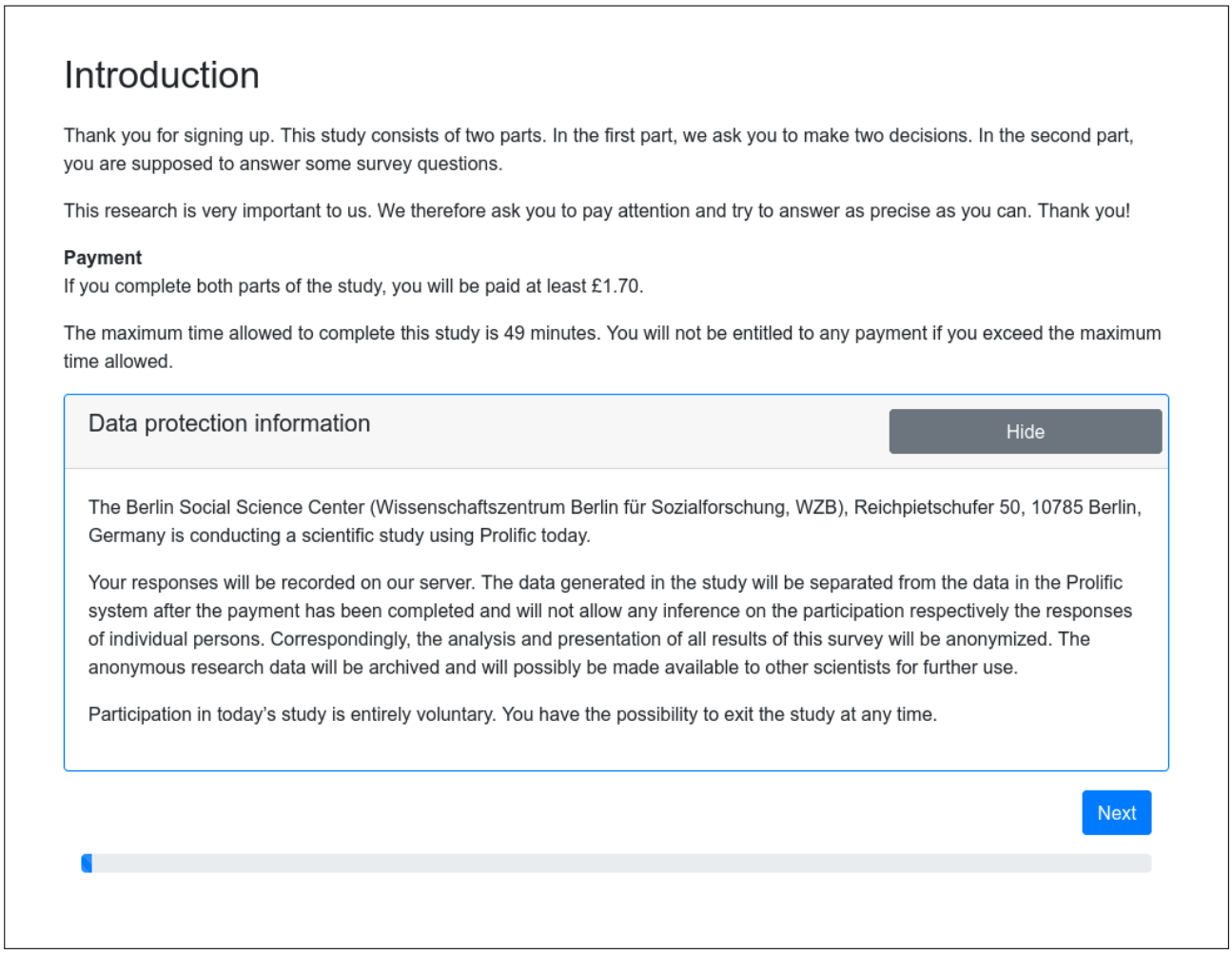


Figure G3: Control condition without COVID-19 reference

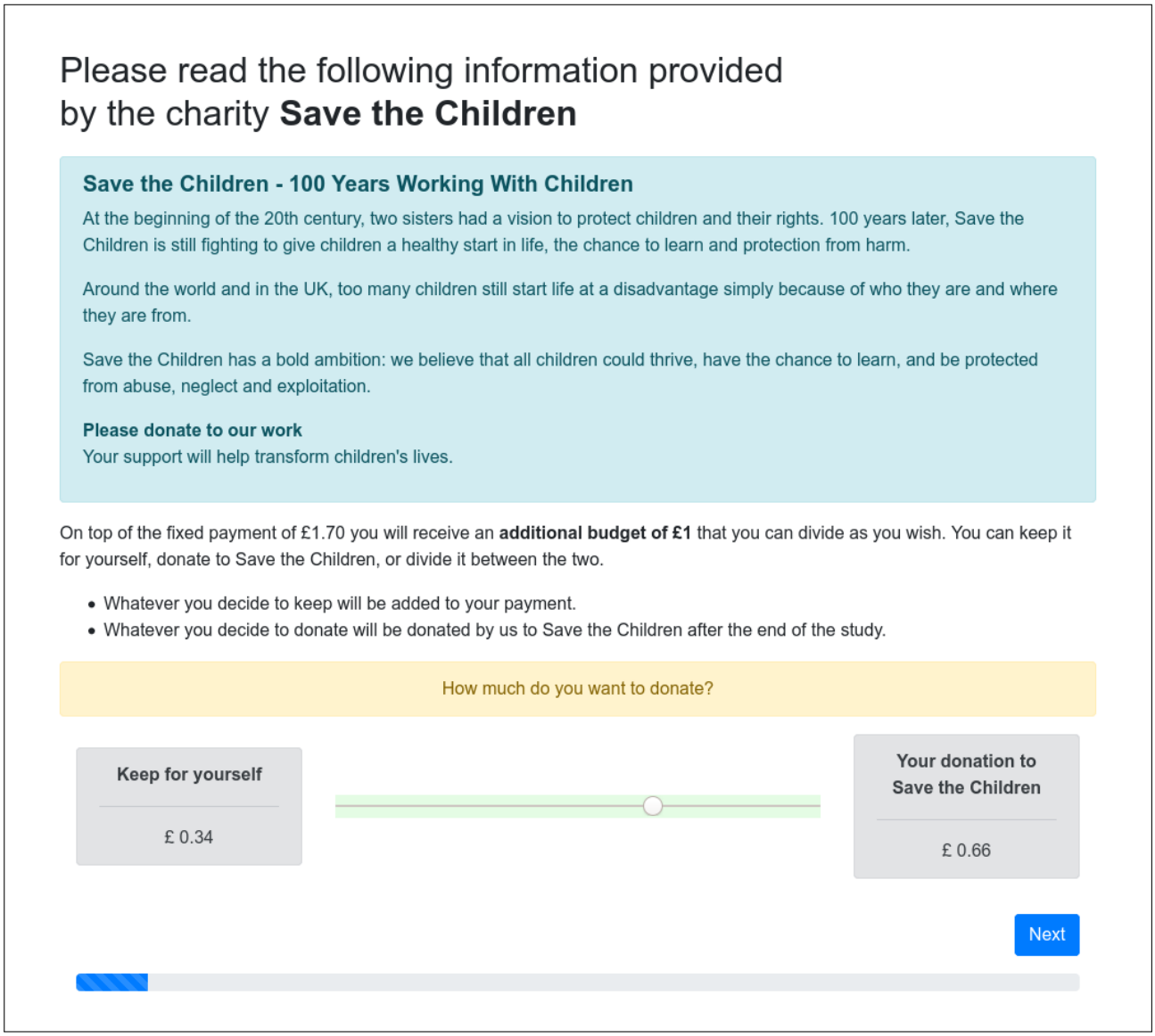


Figure G4: Treatment condition with COVID-19 reference

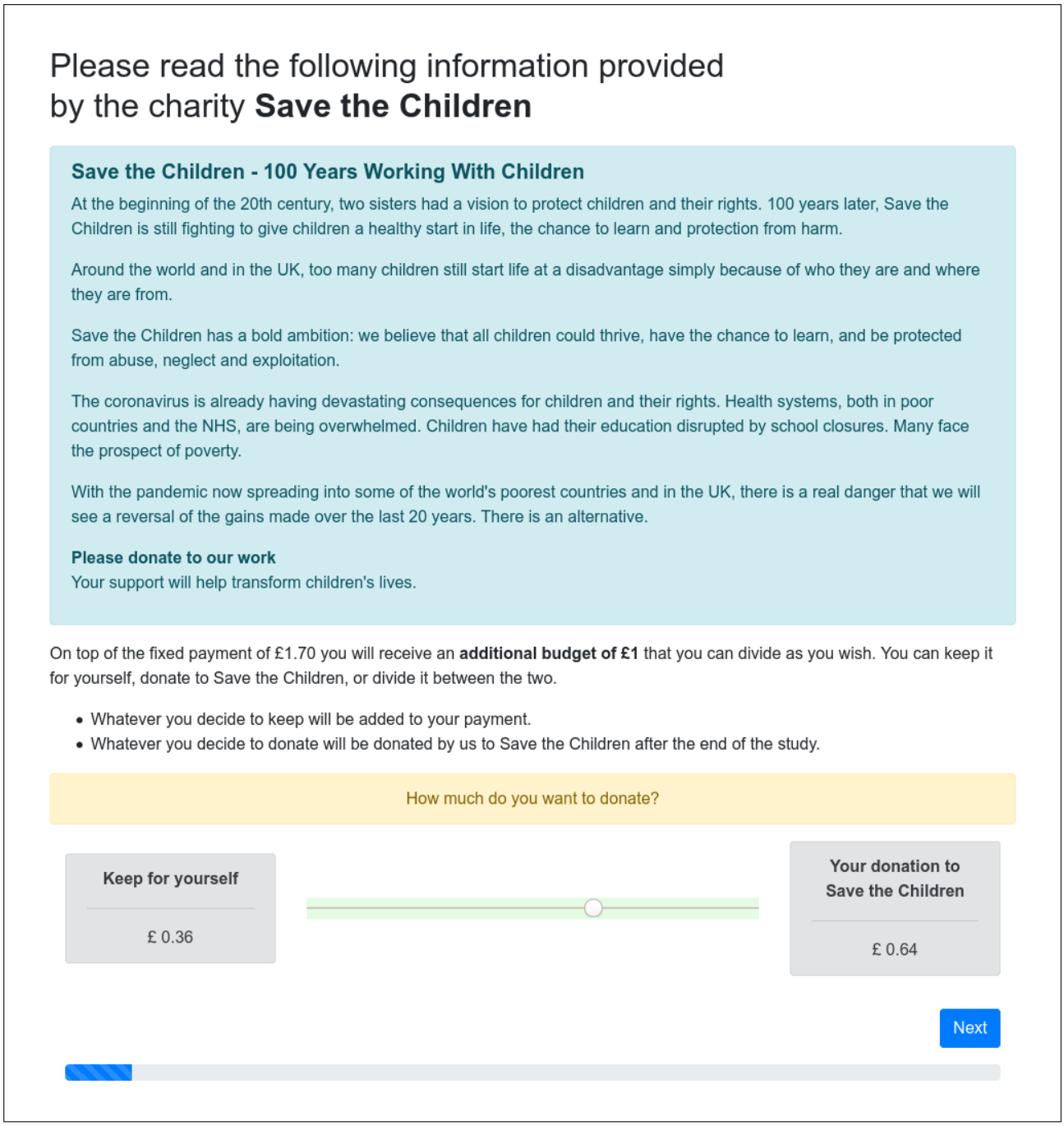


Figure G5: Second decision for donors

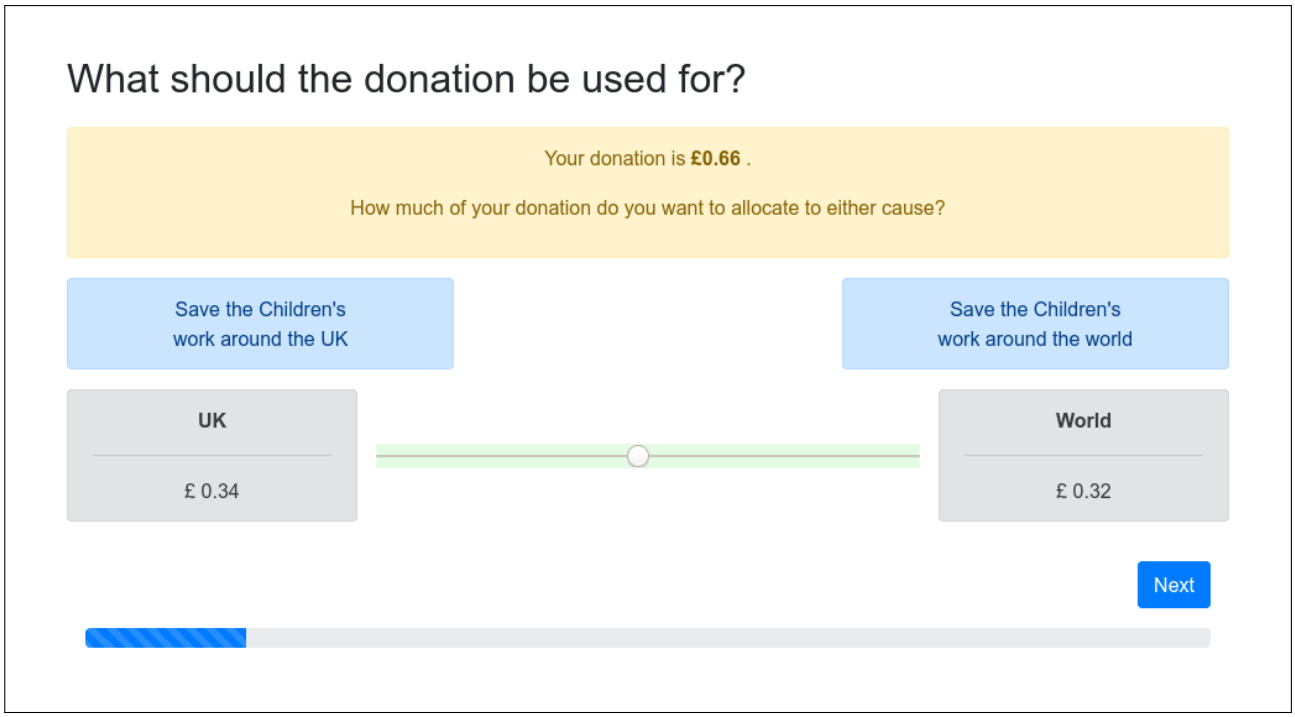


Figure G6: Second decision for non-donors

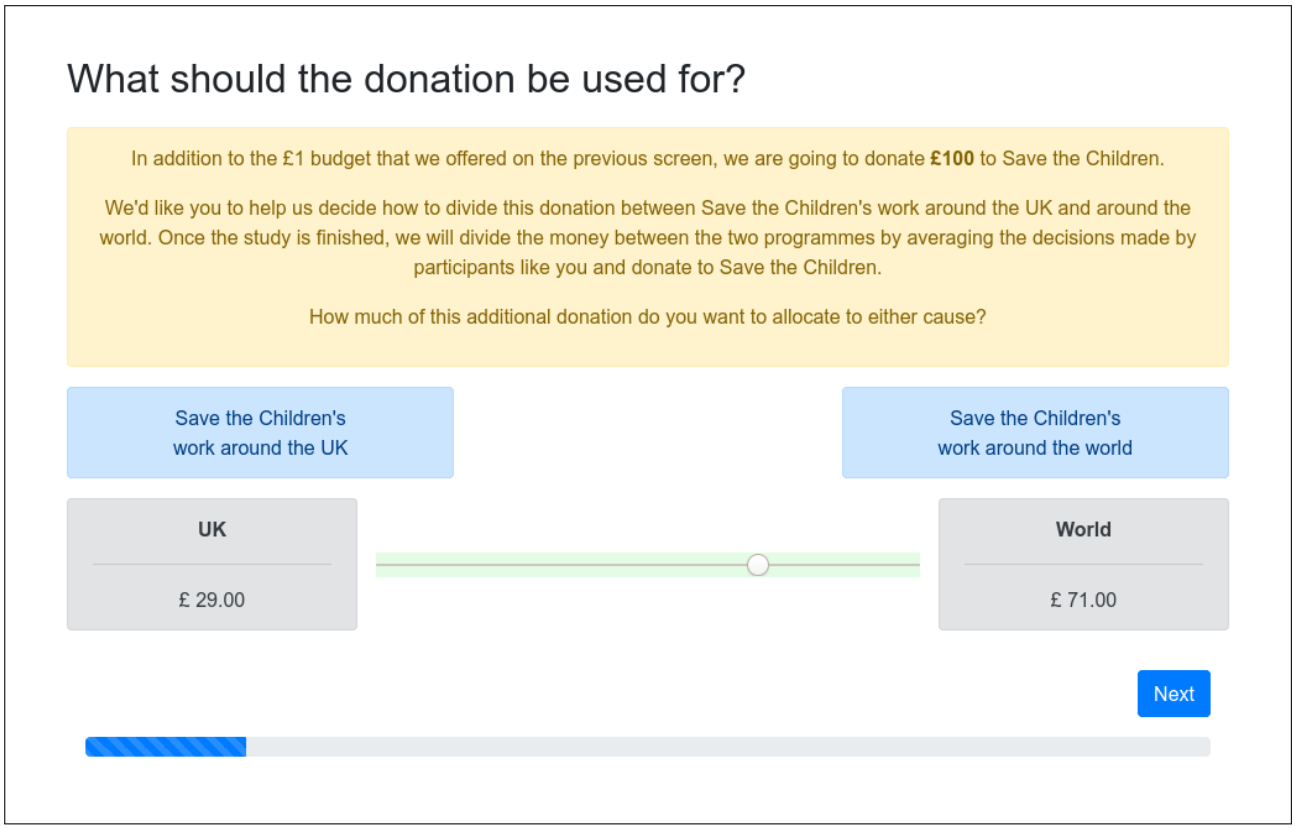


Figure G7: Introduction to survey

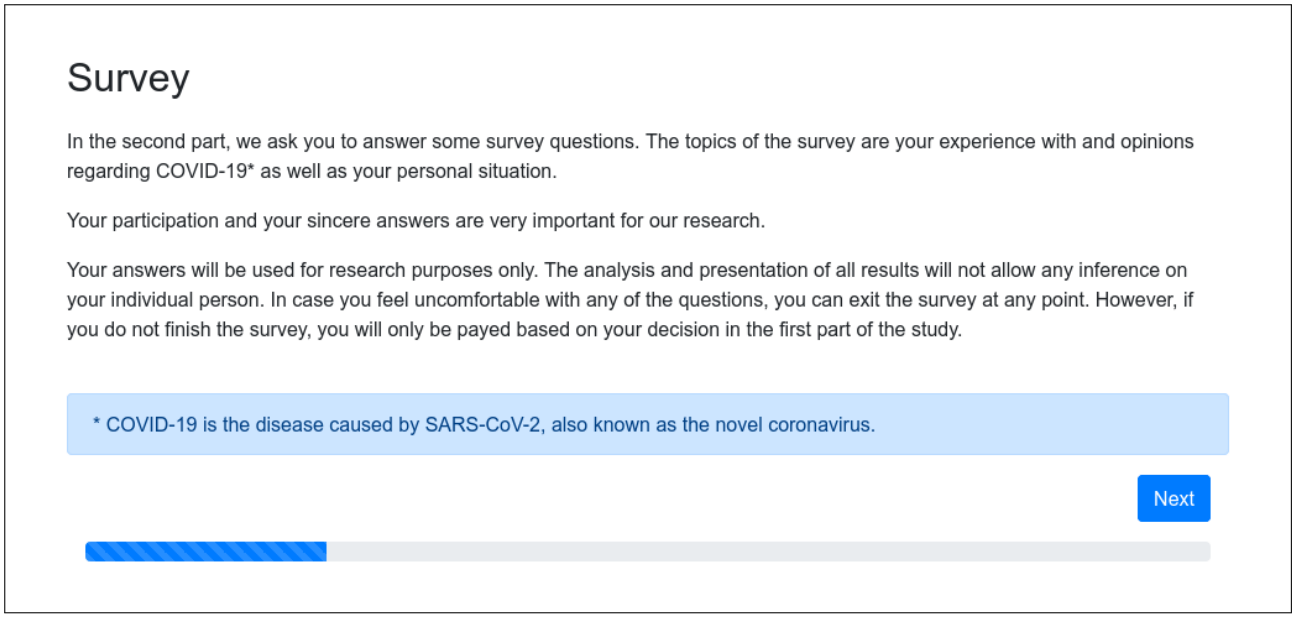


Figure G8: Demographics

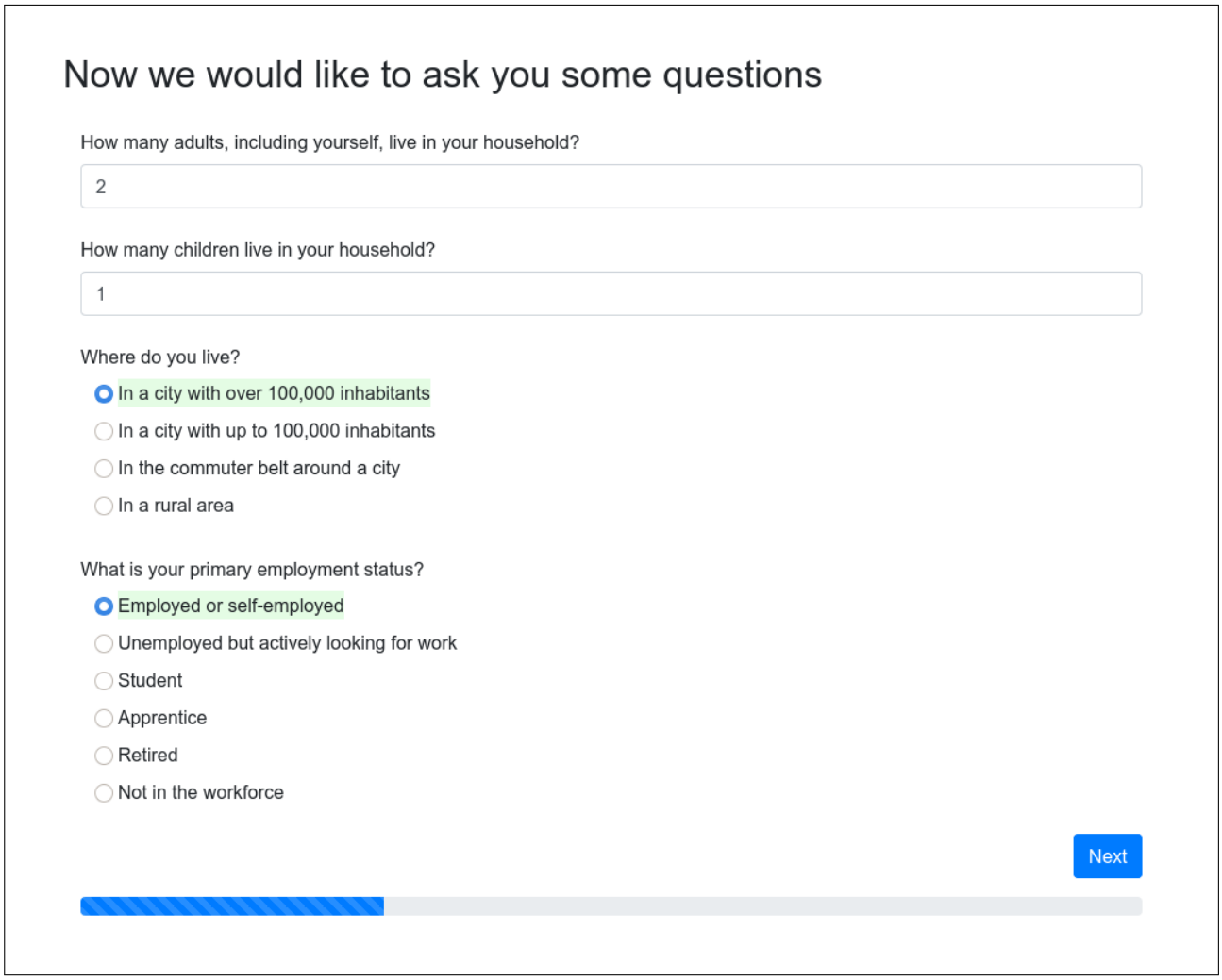


Figure G9: Location selection

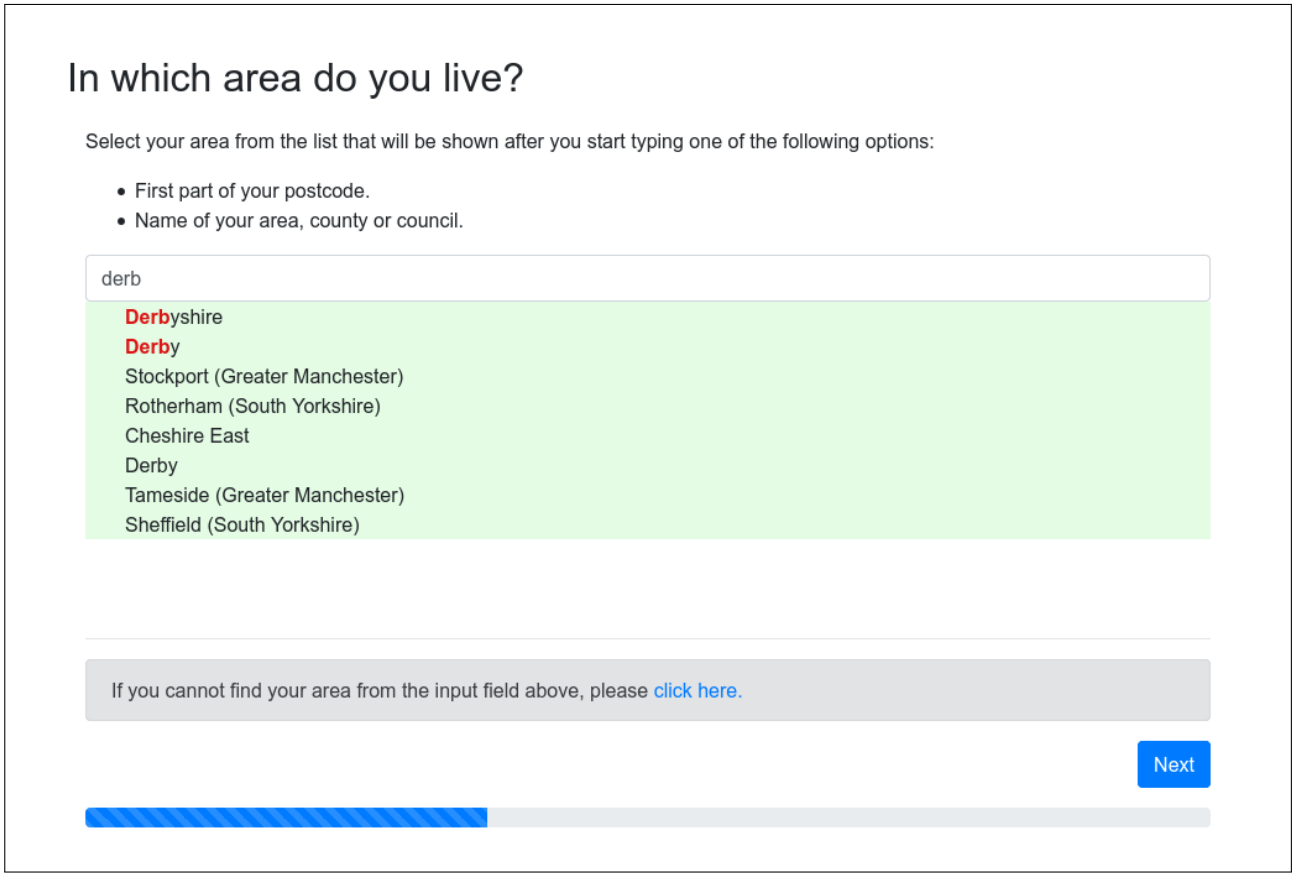


Figure G10: Location confirmation

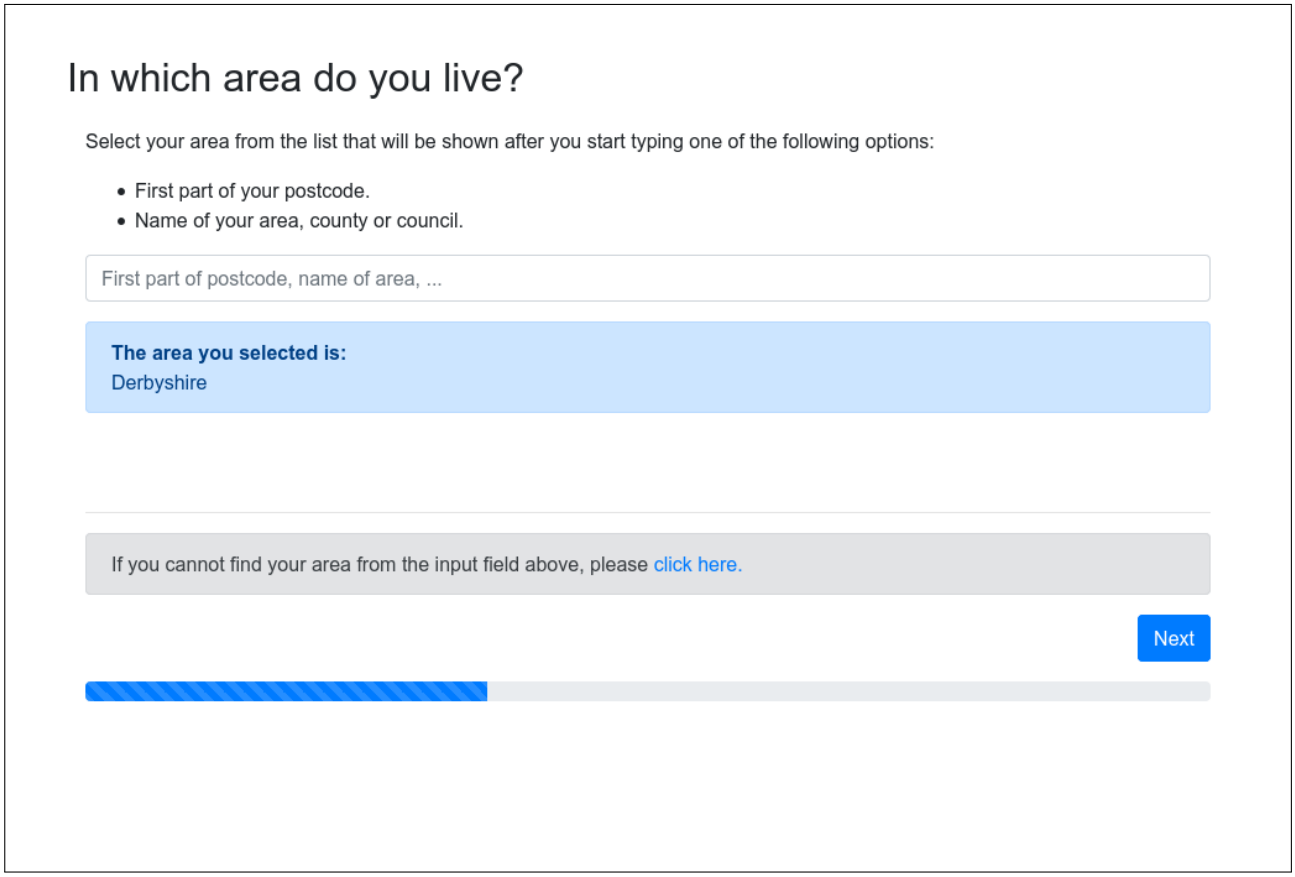


Figure G11: Experiences with COVID-19

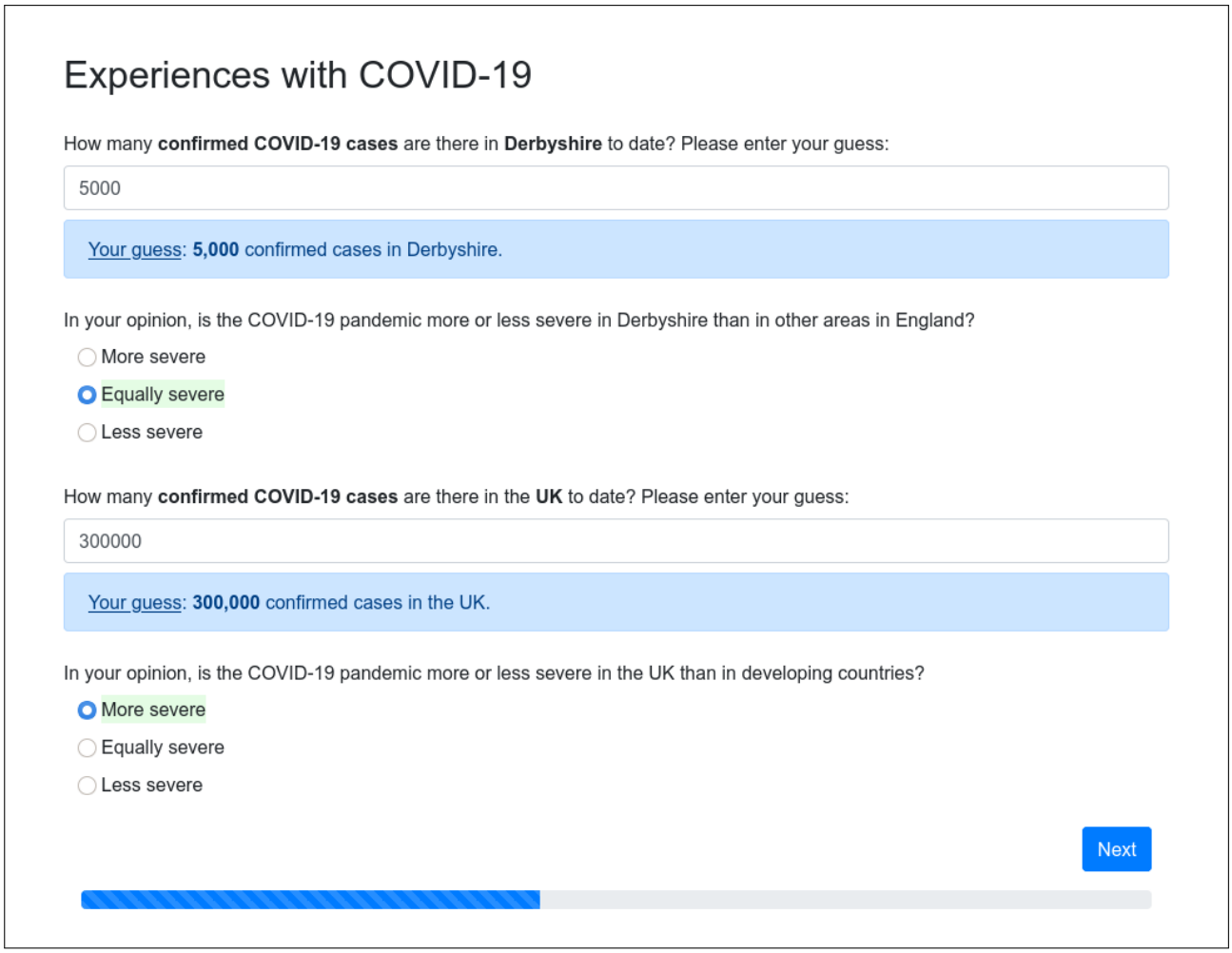


Figure G12: Health situation

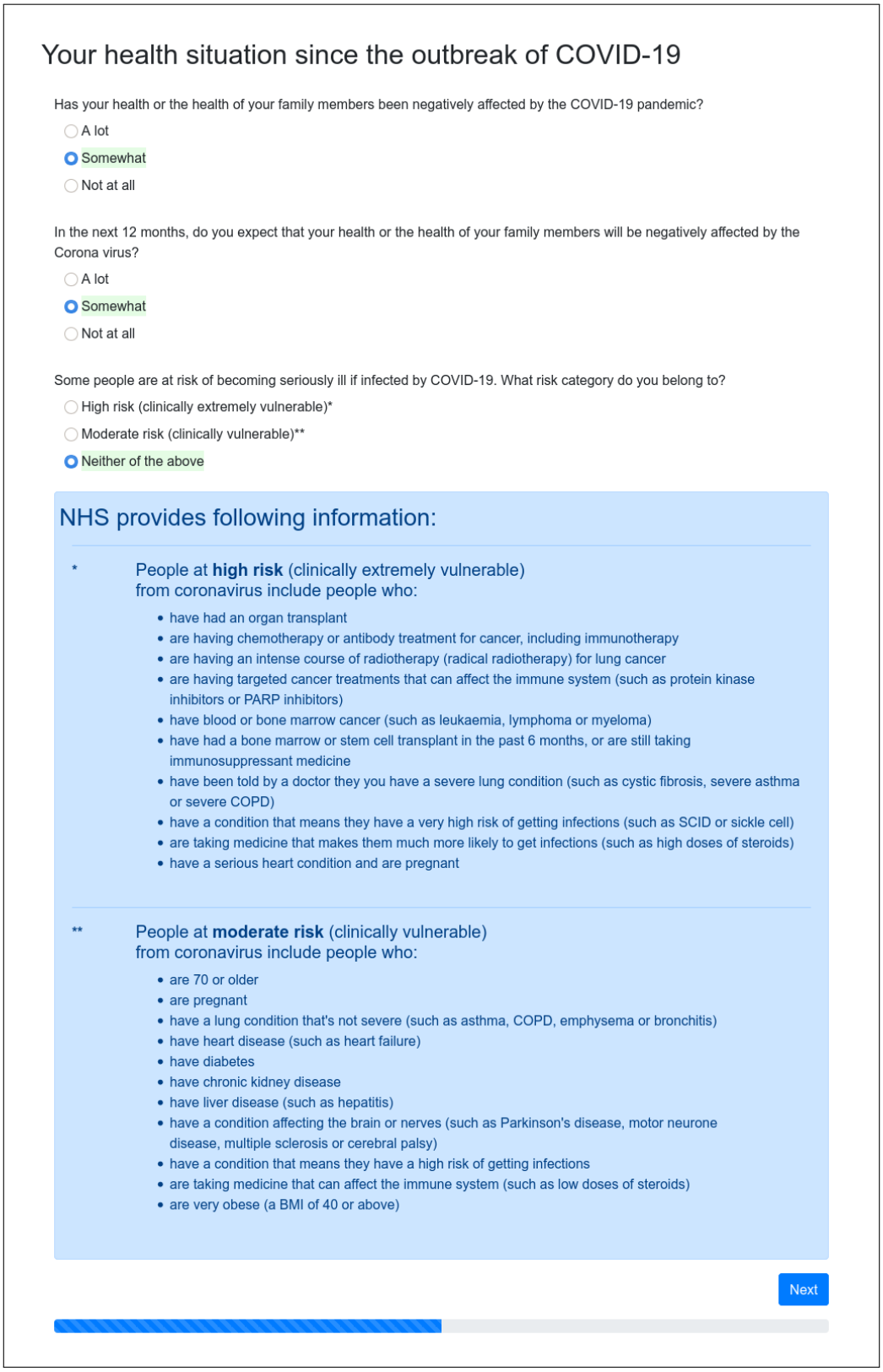


Figure G13: Behavior since the outbreak of COVID-19

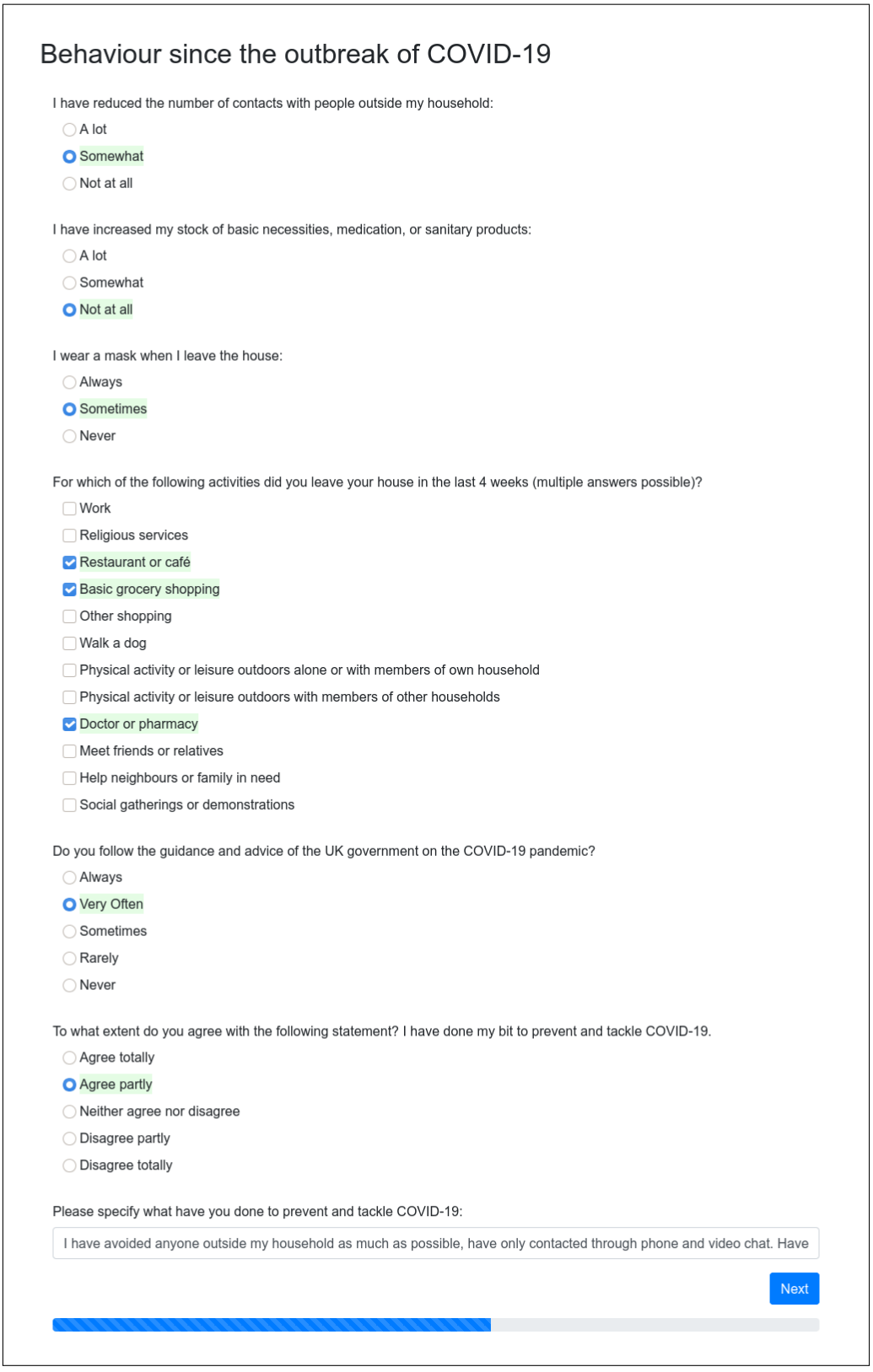


Figure G14: Work situation

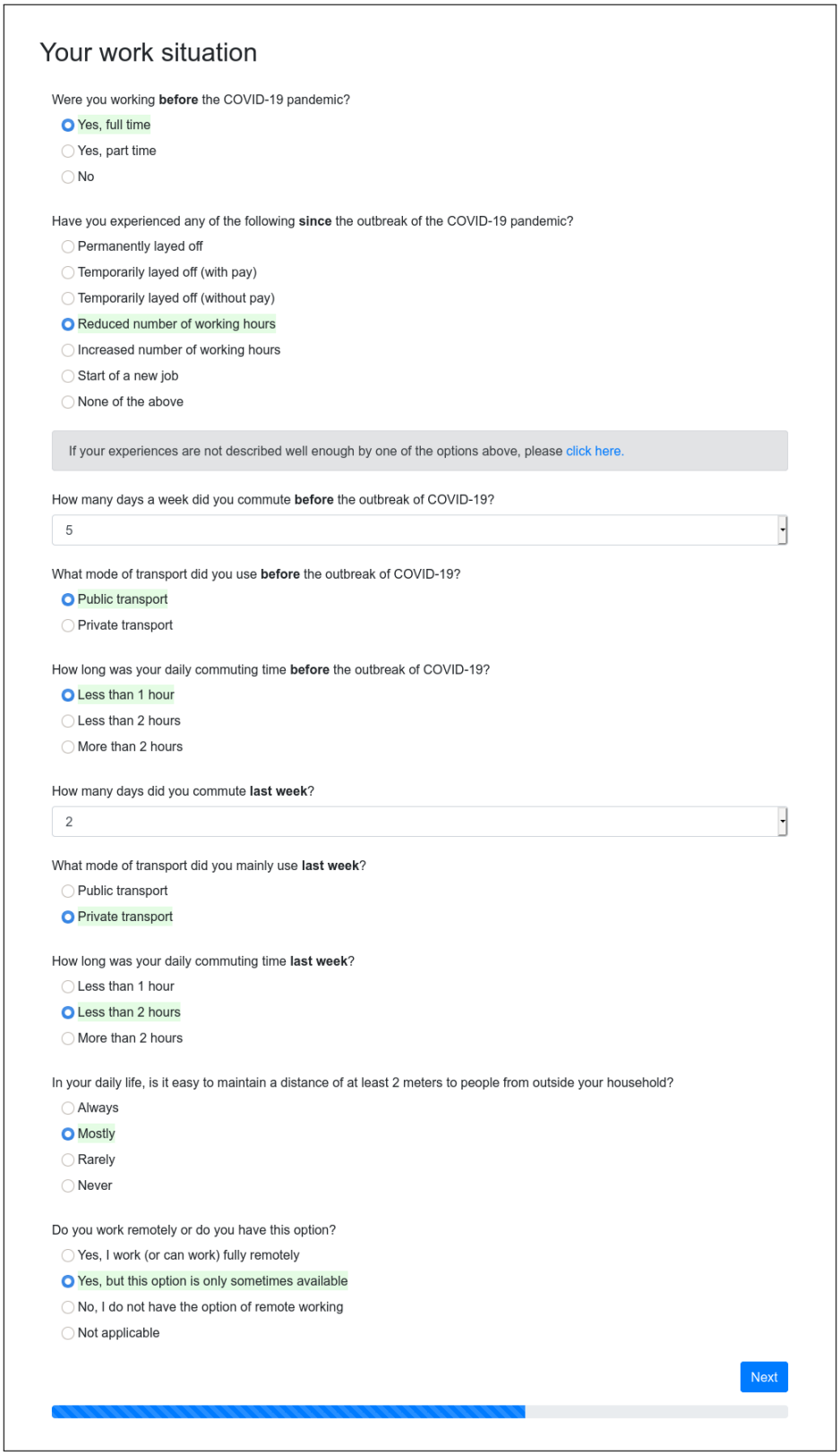


Figure G15: Financial situation

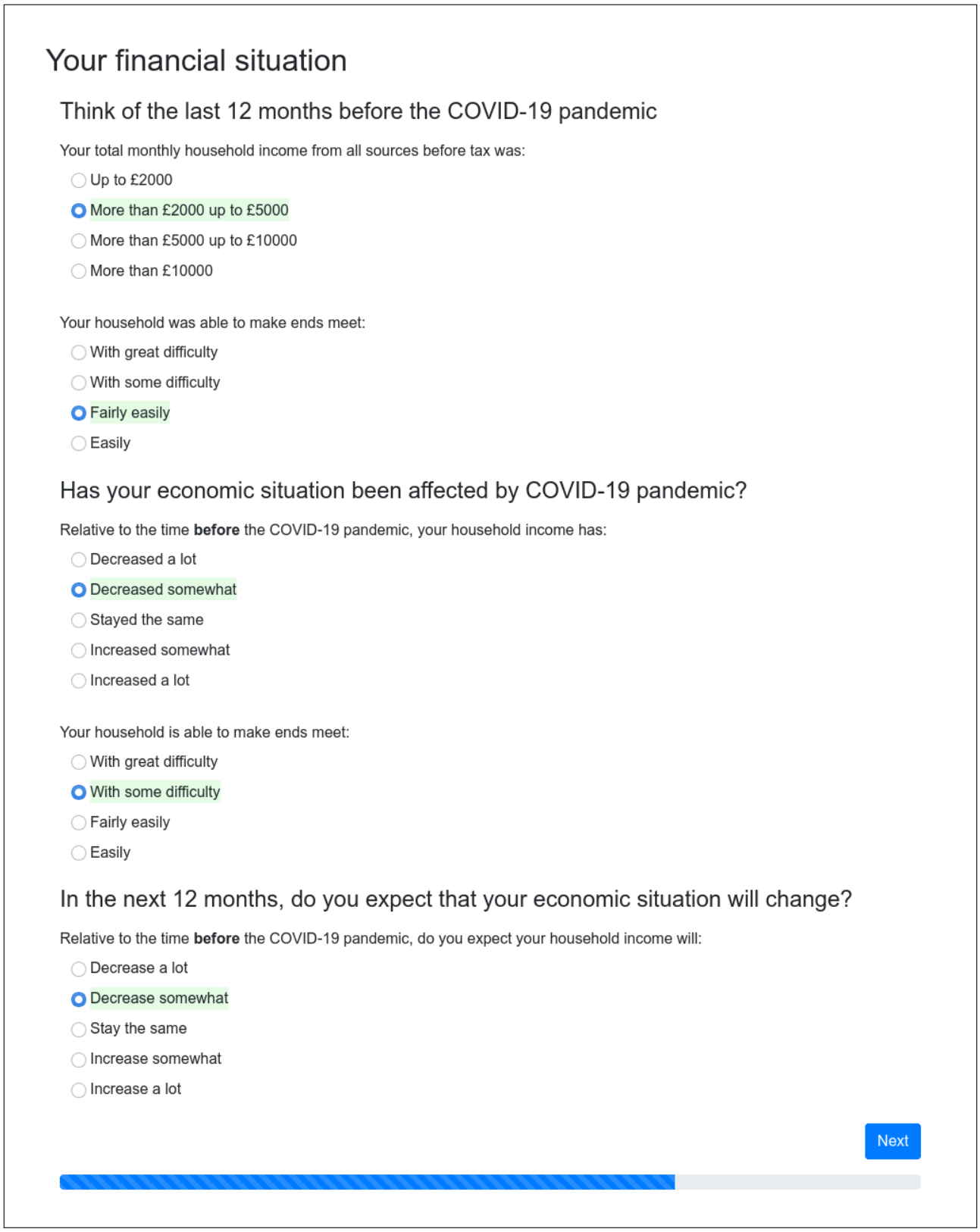


Figure G16: Economic situation

Figure G17: Main news sources

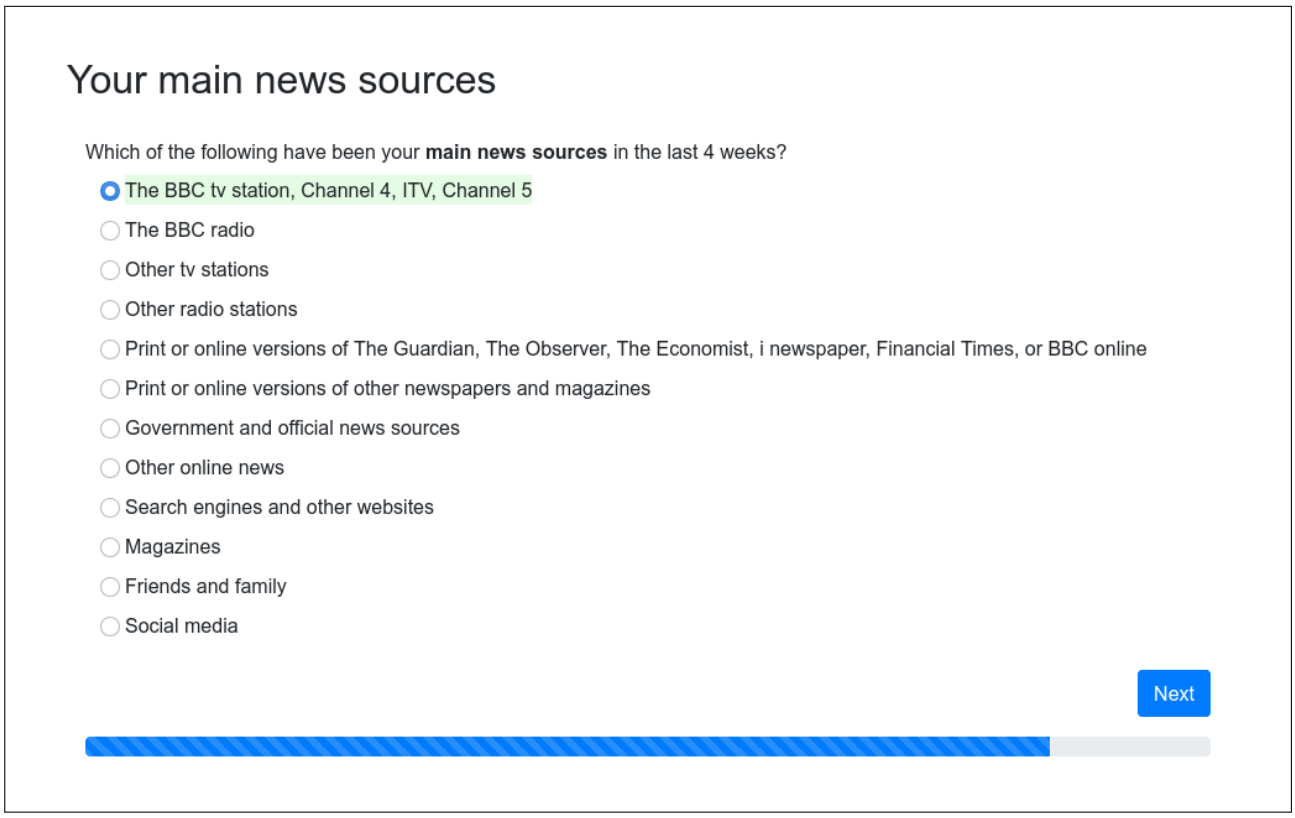


Figure G18: COVID-19 risks and policies

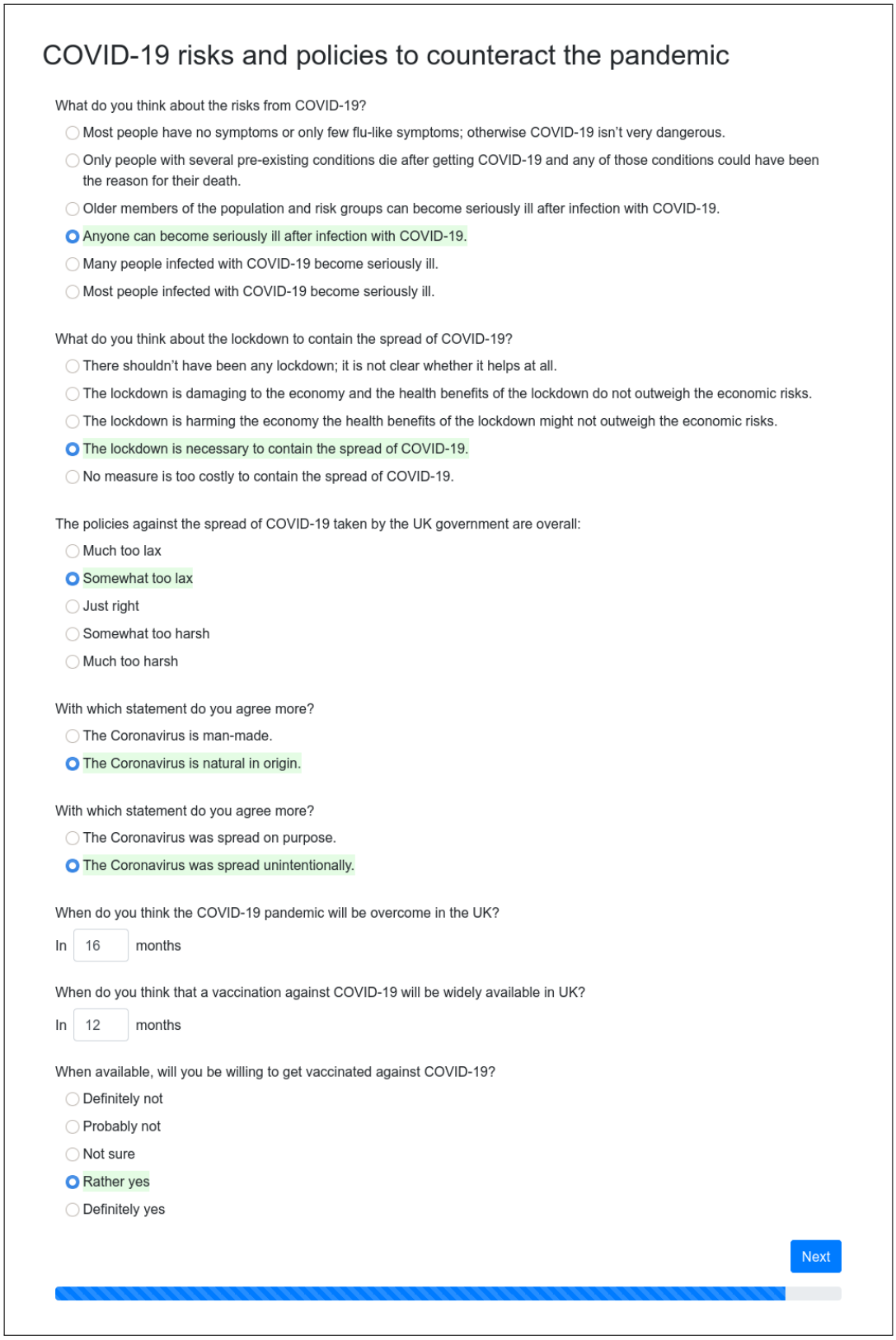


Figure G19: Empathy

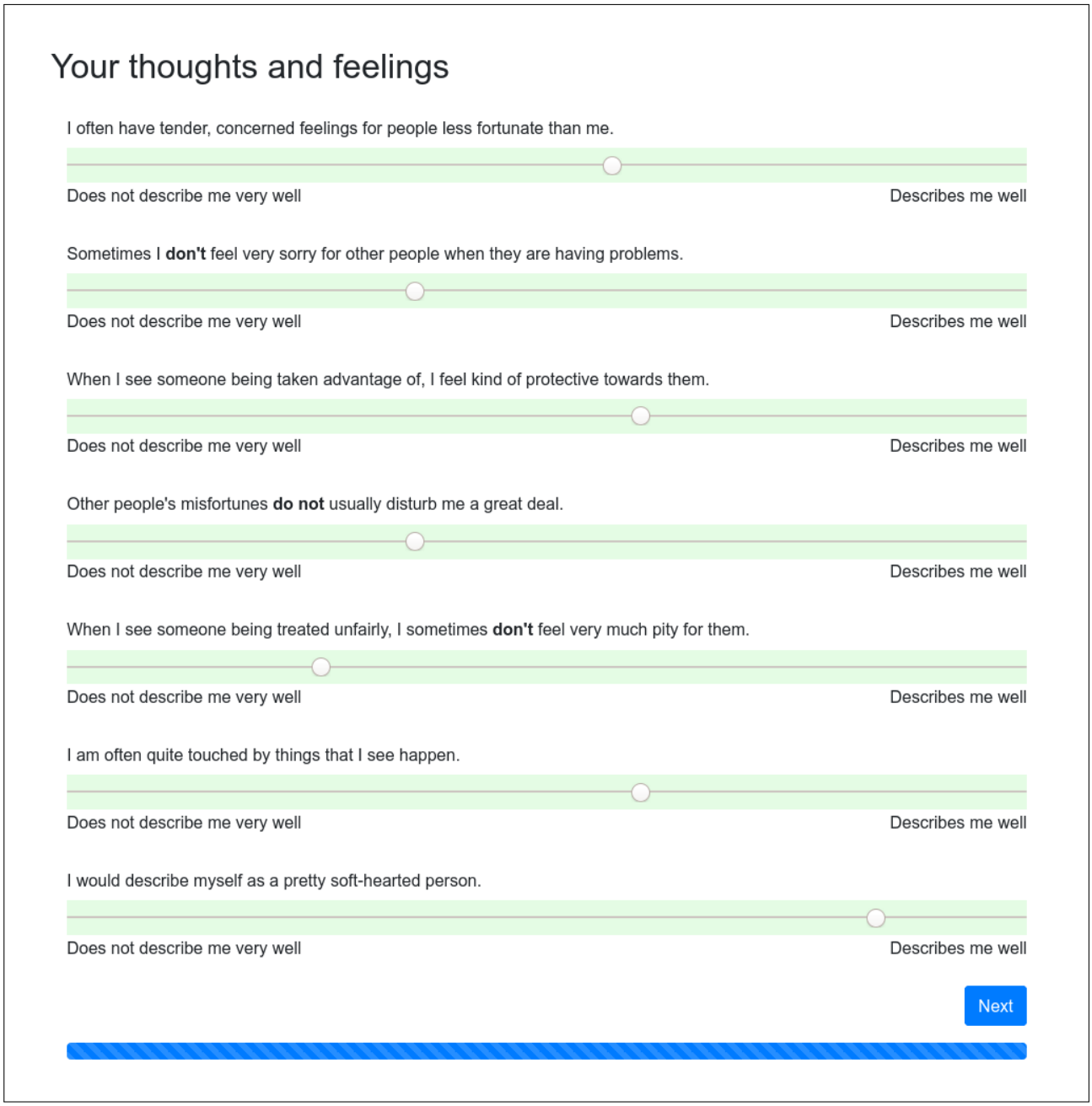


Figure G20: Payment info - Donors

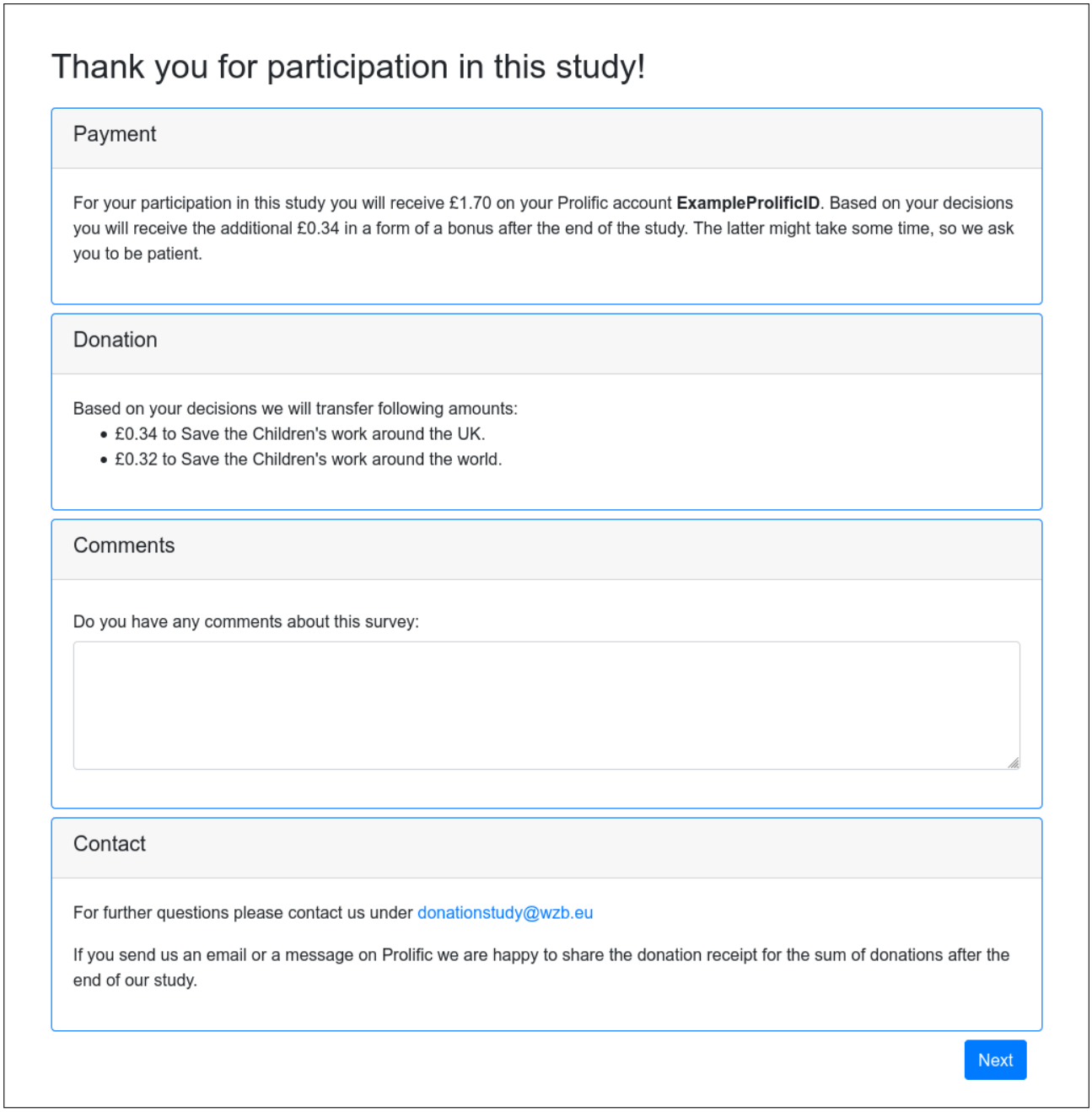
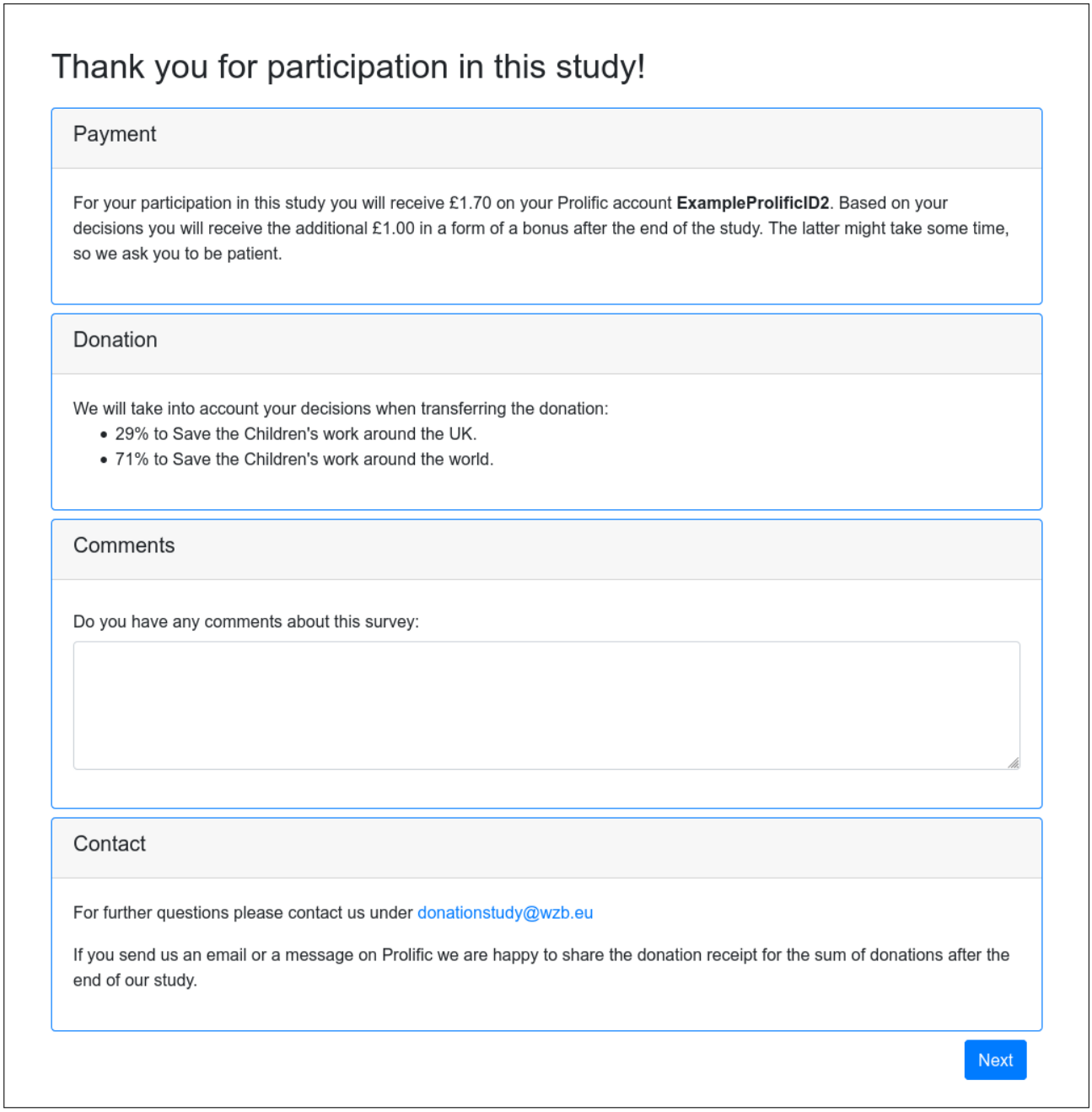


Figure G21: Payment info - Non-donors



H Screenshots from the additional survey experiment

Figure H22: Introduction

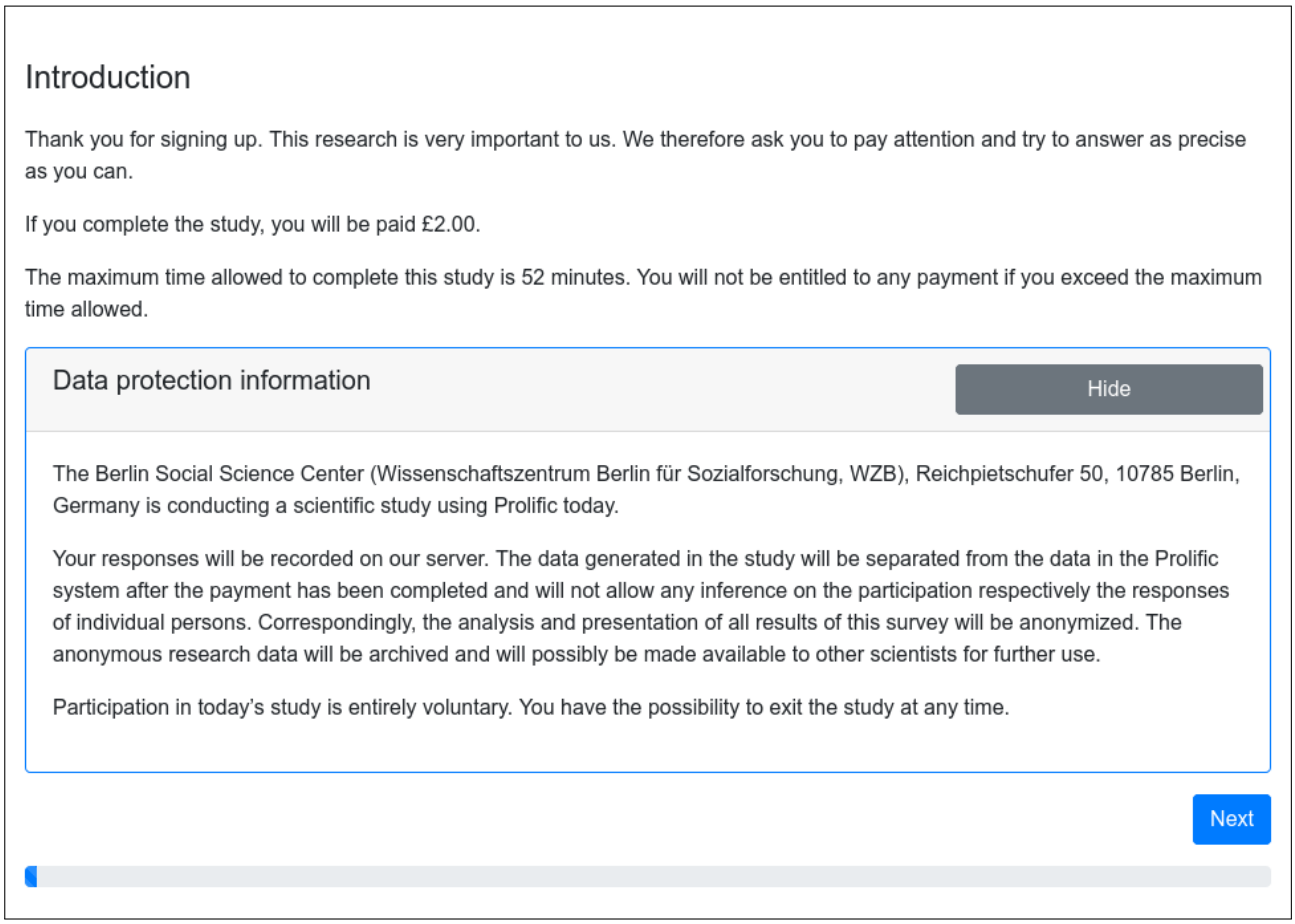


Figure H23: Control condition without COVID-19 frame

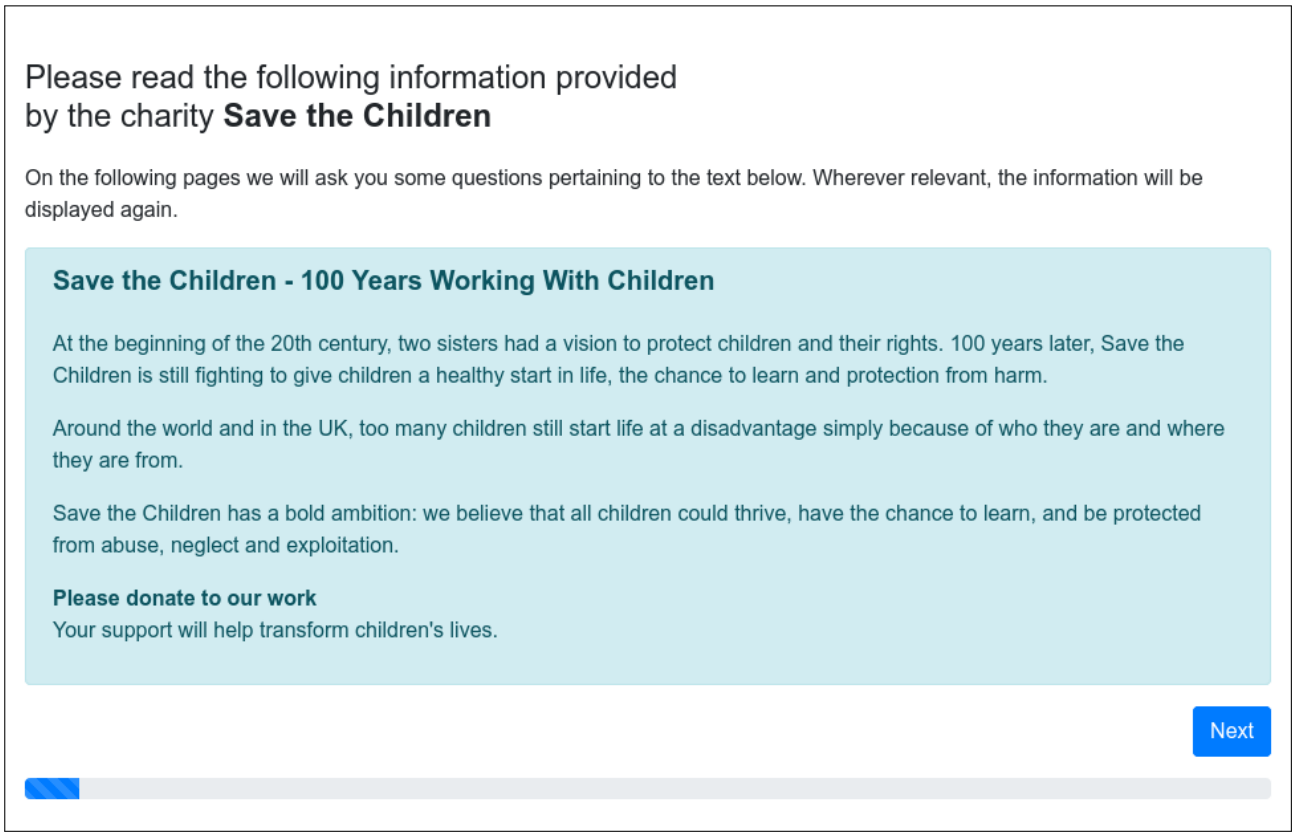


Figure H24: Treatment condition with COVID-19 frame

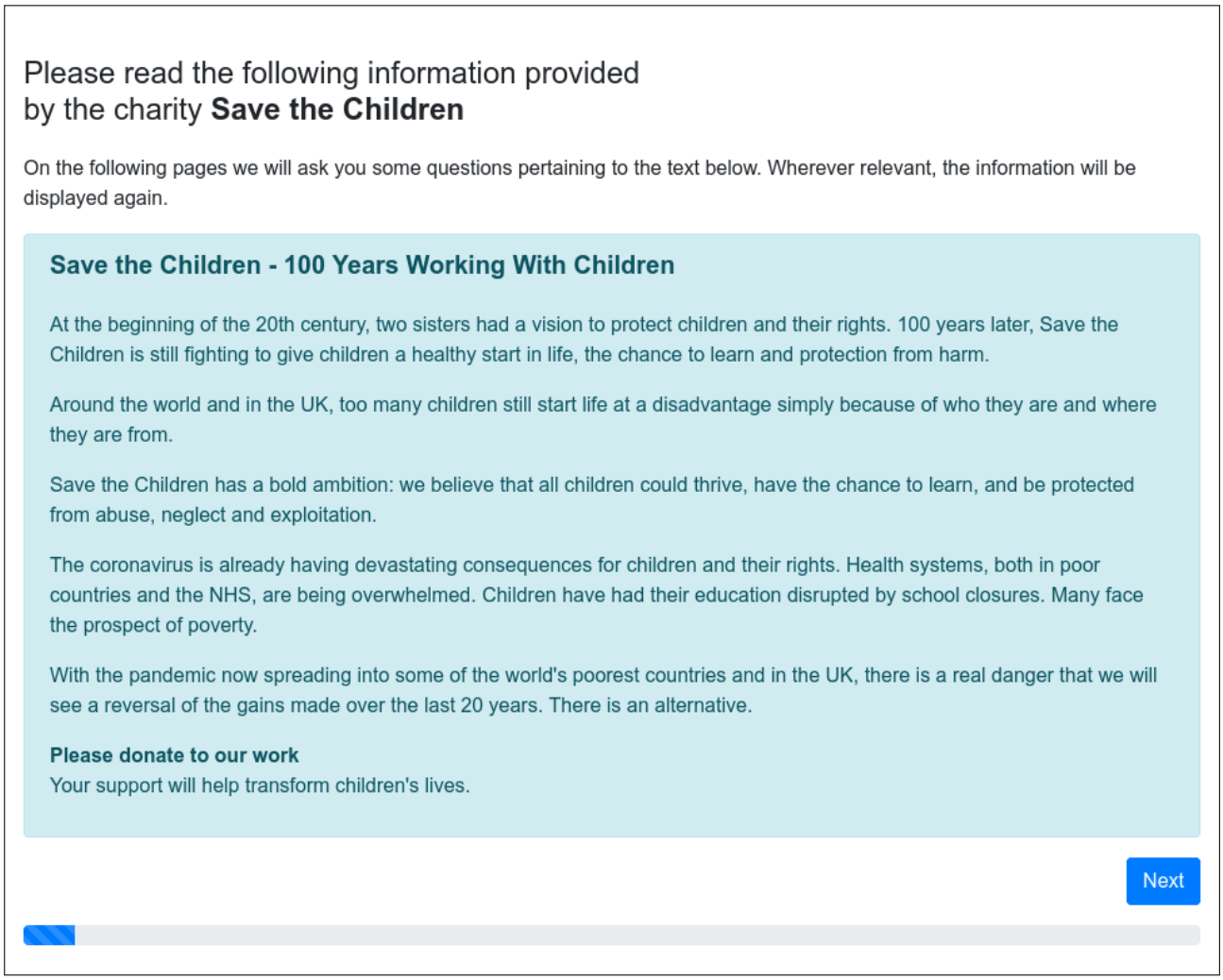


Figure H25: Emotion elicitation

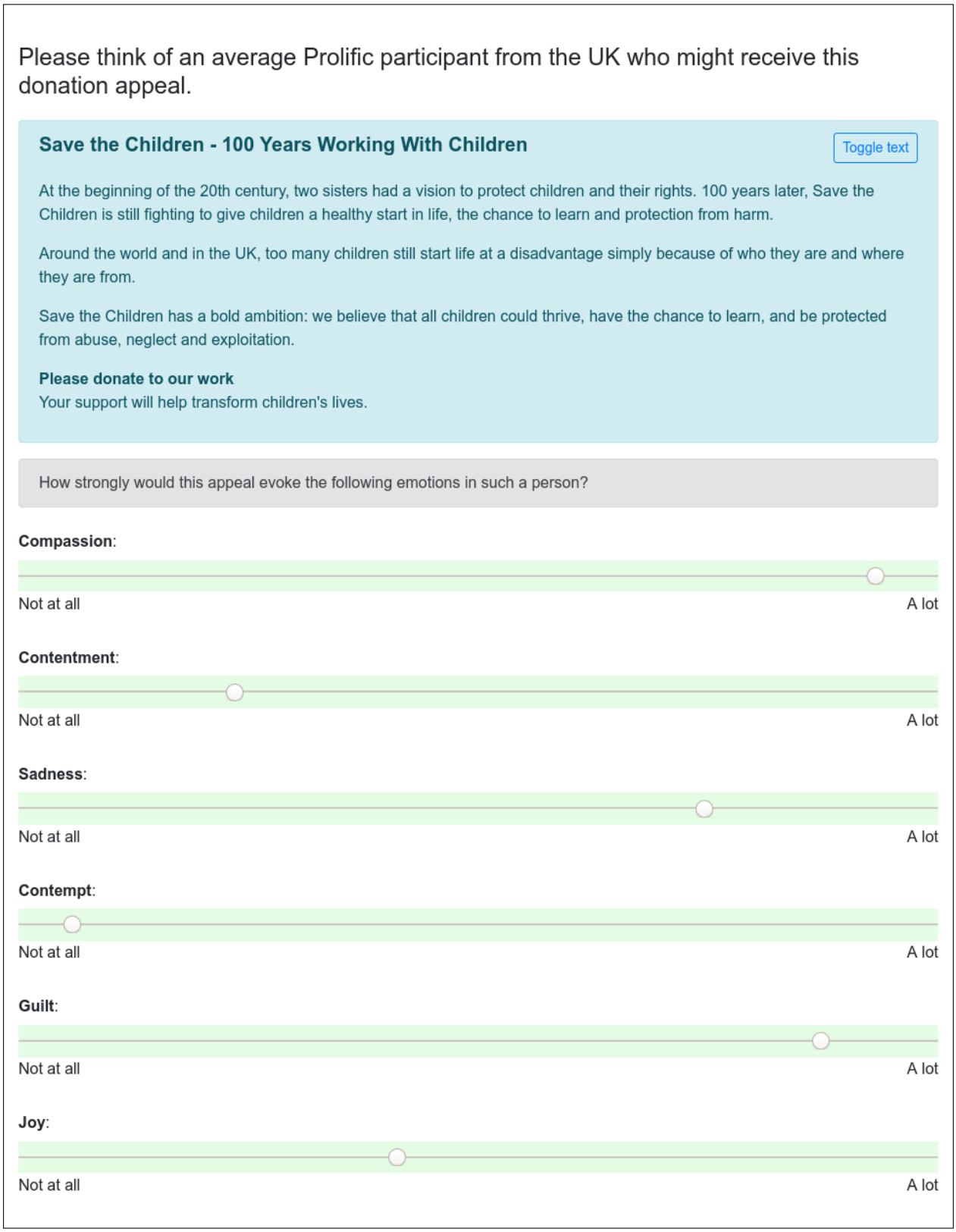


Figure H26: Expected use of donations

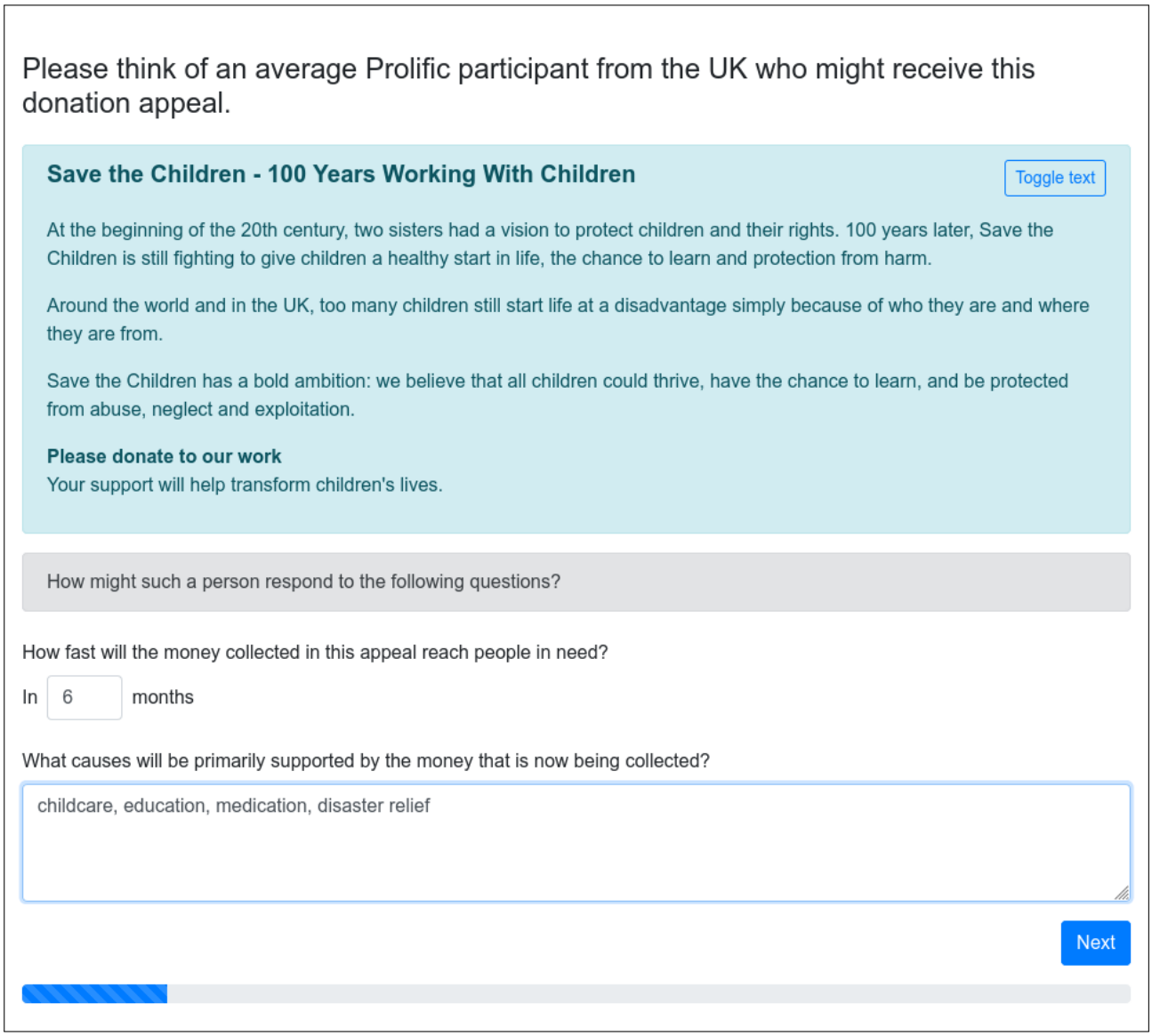


Figure H27: Perceived pressure when receiving donation appeal via Royal Mail

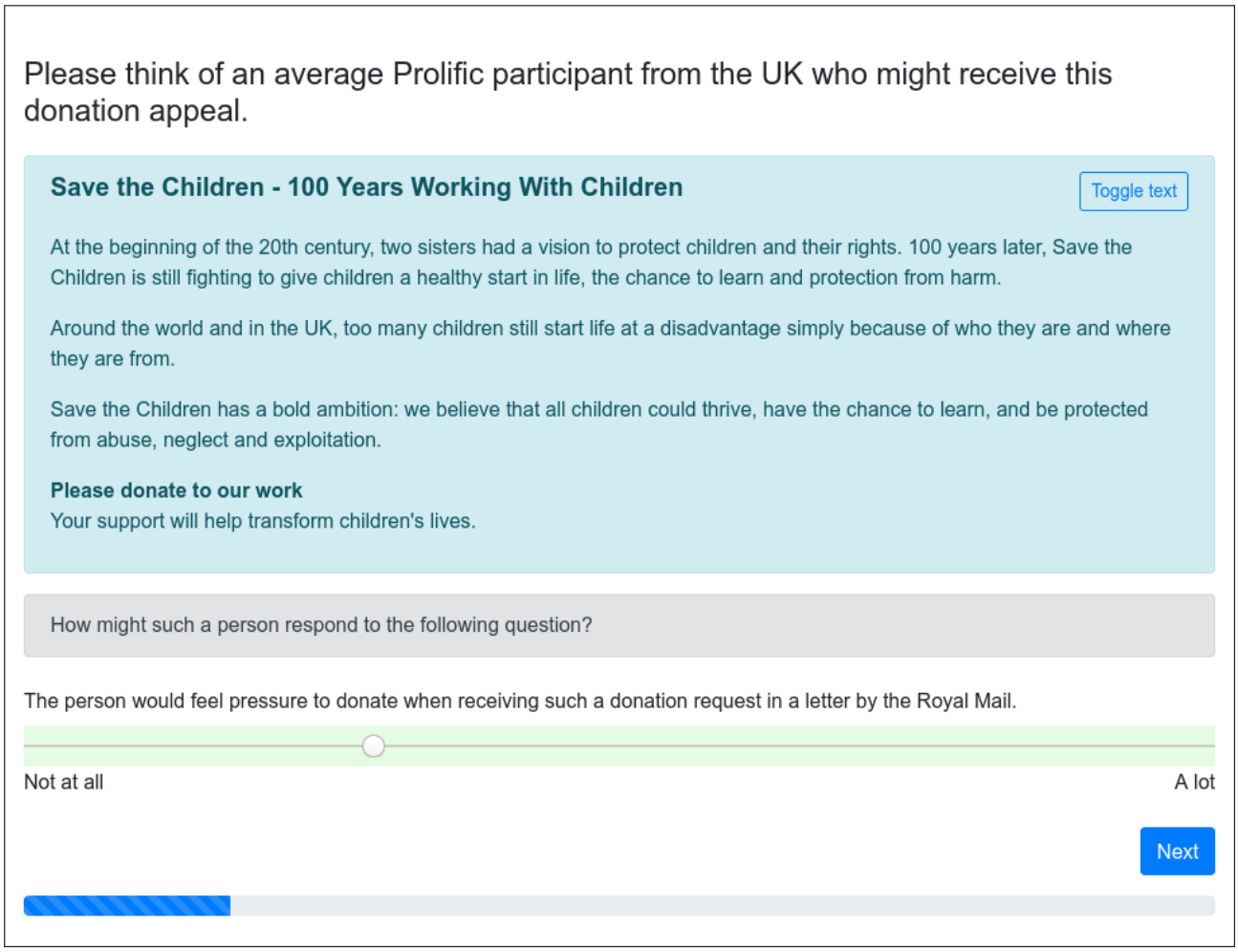


Figure H28: Perceived pressure when receiving donation appeal on Prolific

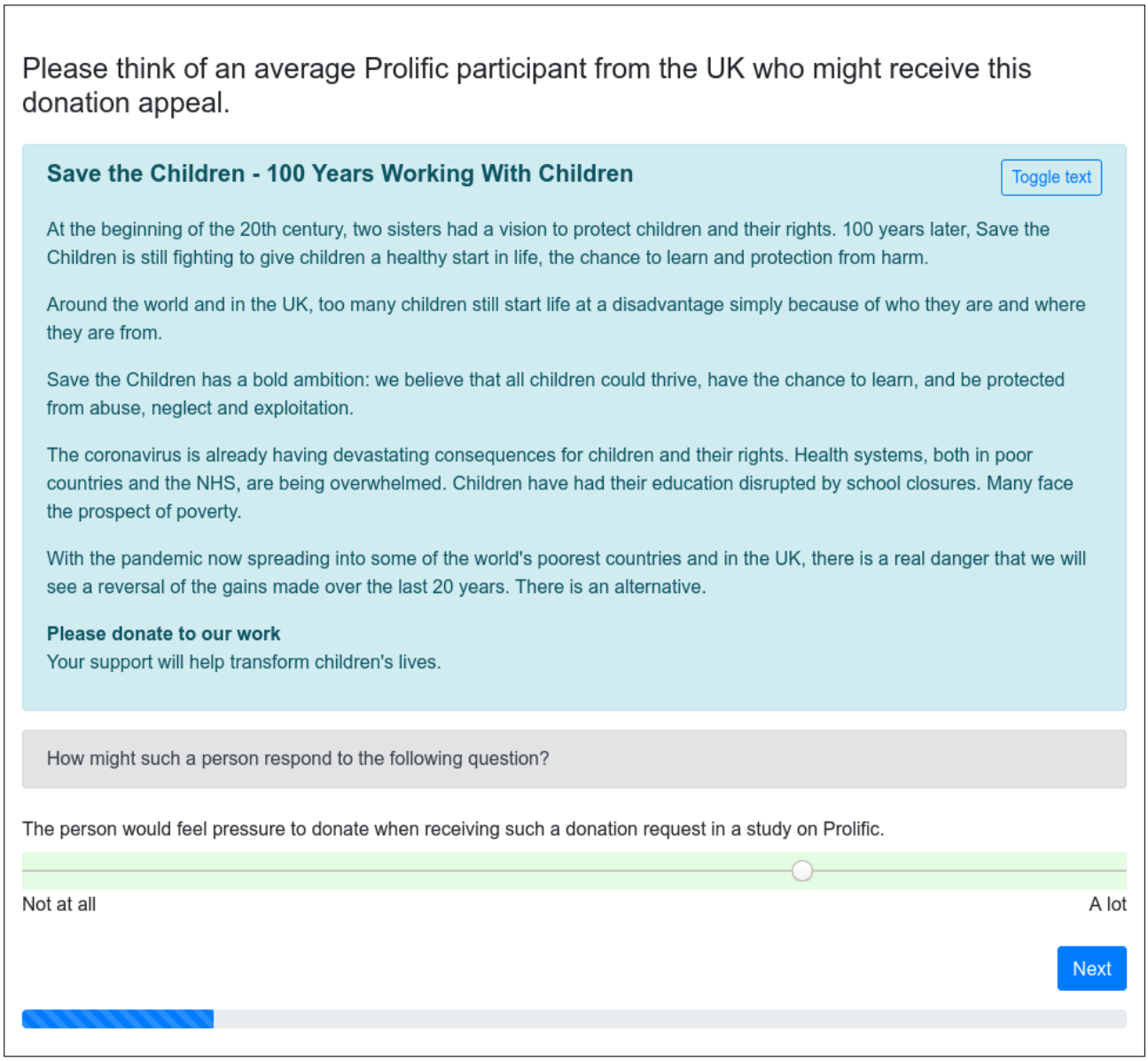


Figure H29: Information about Transparency International

Figure H30: Comparison between charities: Transparency International

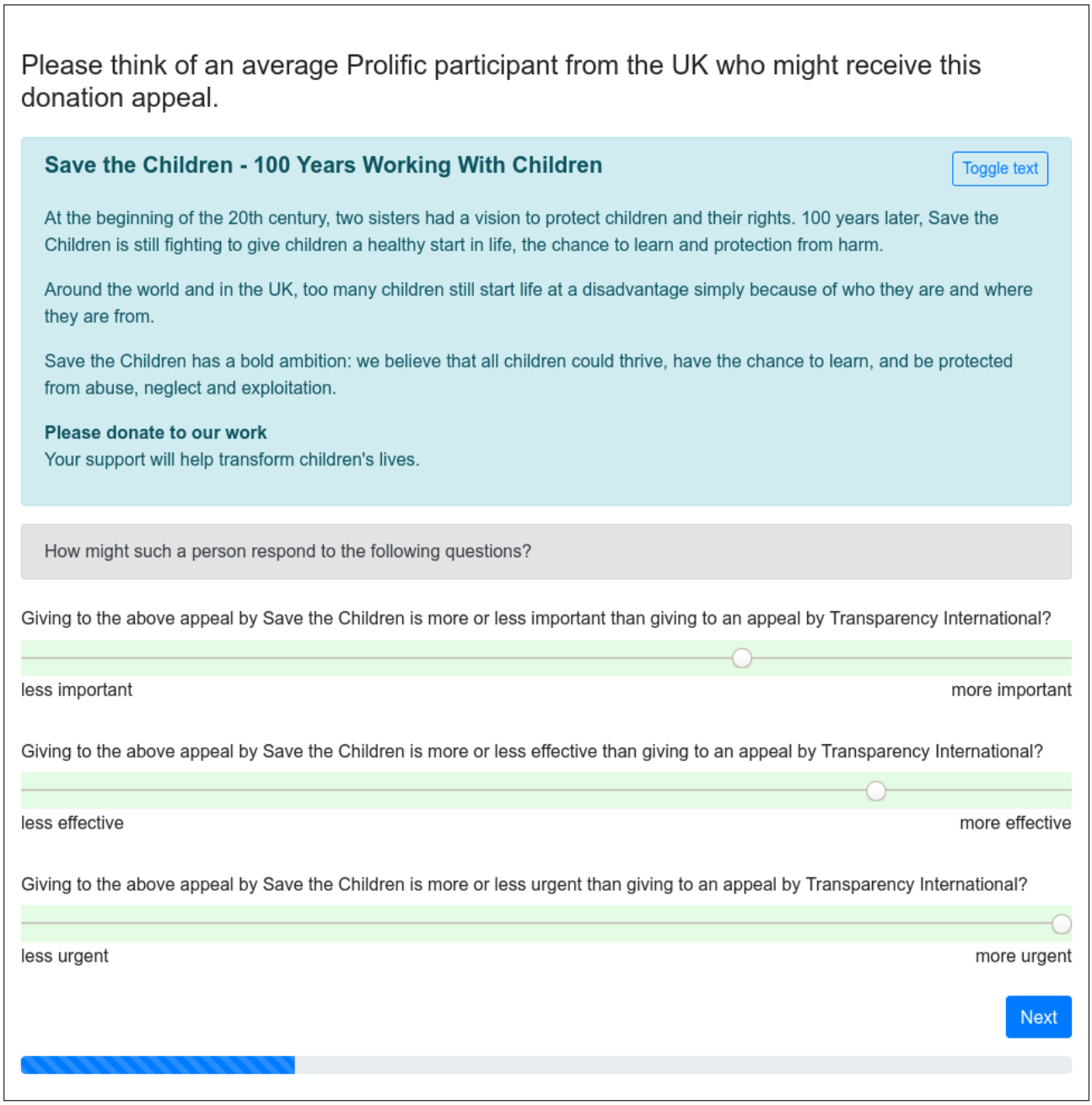


Figure H31: Information about Alzheimer's Society

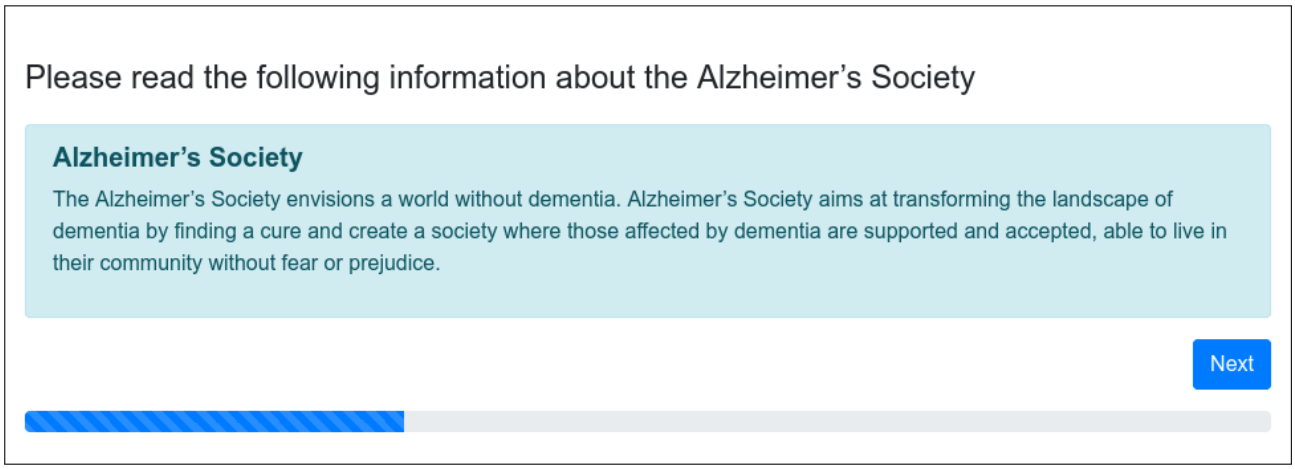


Figure H32: Comparison between charities: Alzheimer's Society

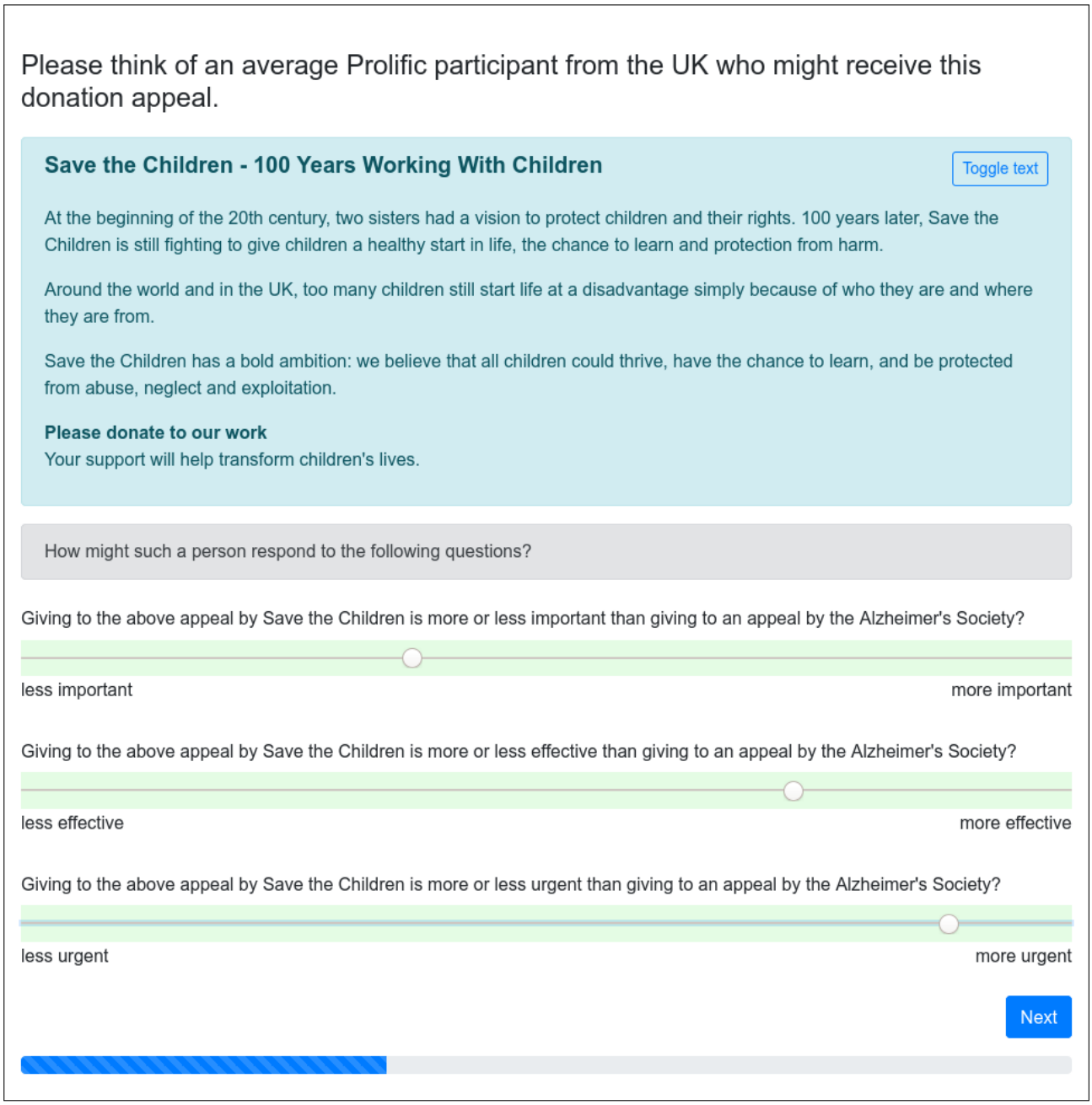


Figure H33: Information about World Wildlife Fund

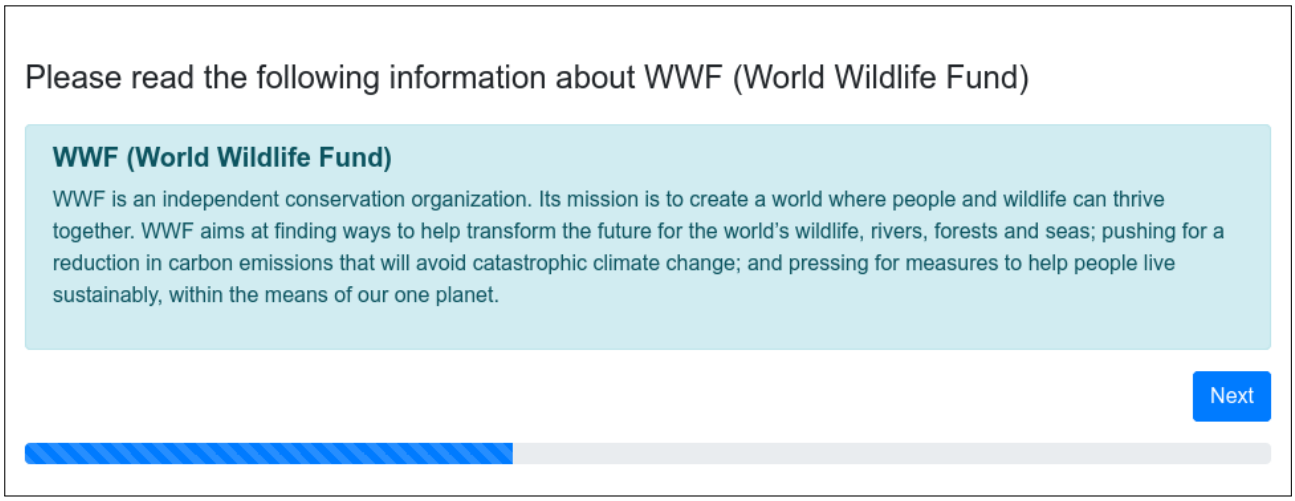


Figure H34: Comparison between charities: World Wildlife Fund

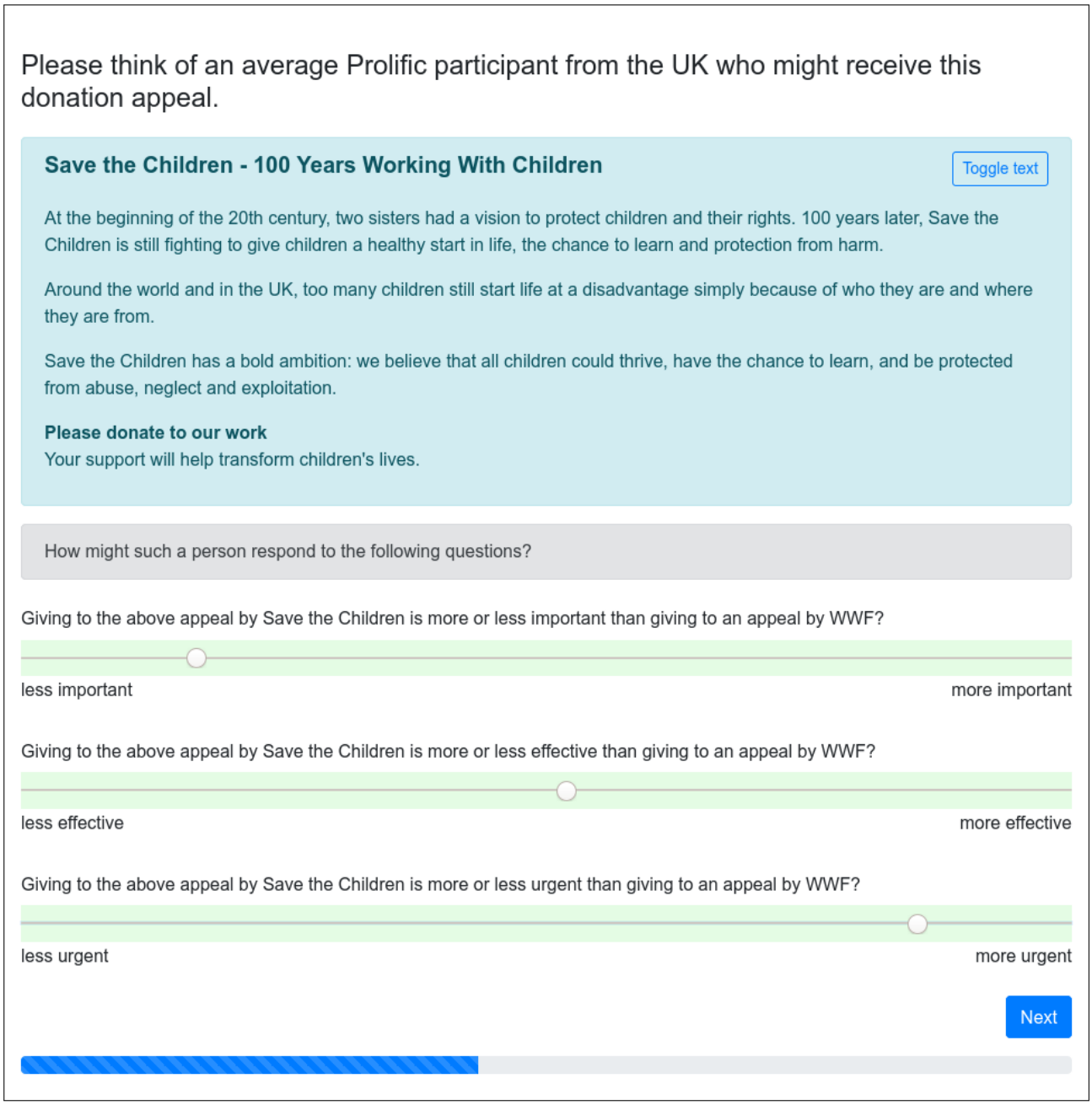


Figure H35: Introduction to the personal survey

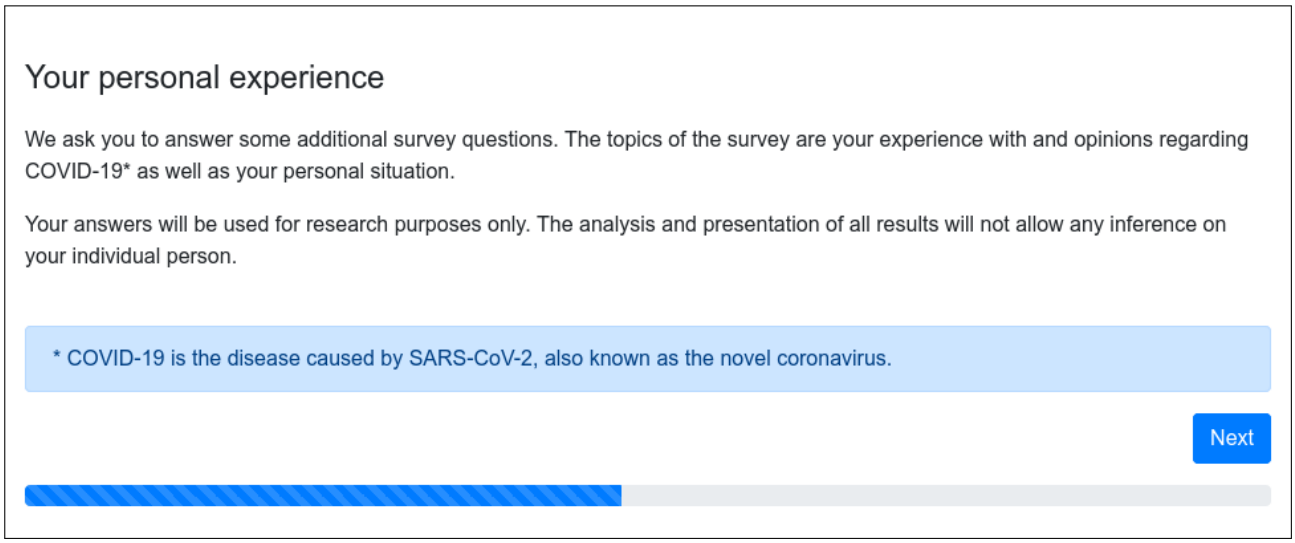


Figure H36: Demographics

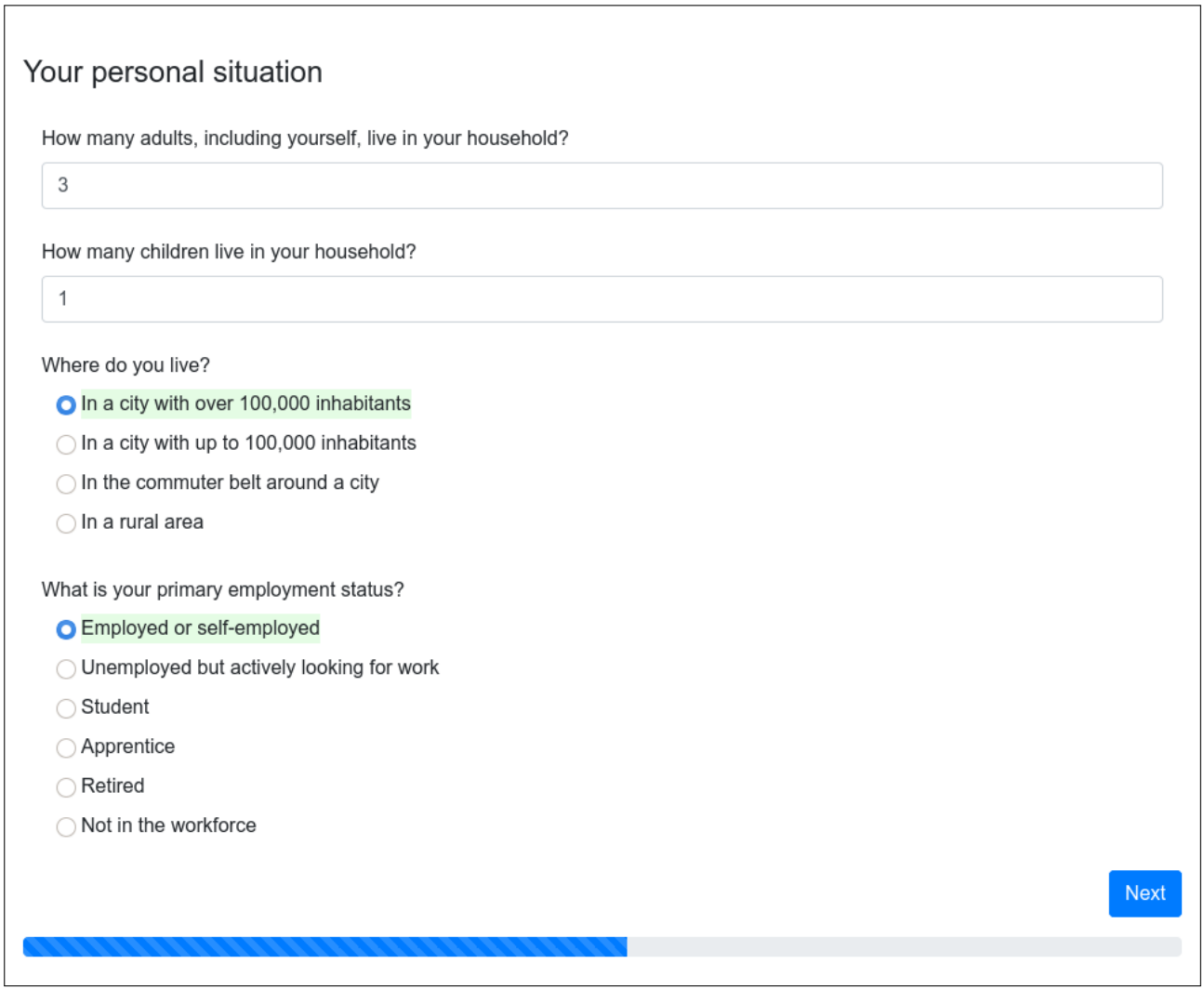


Figure H37: Location confirmation

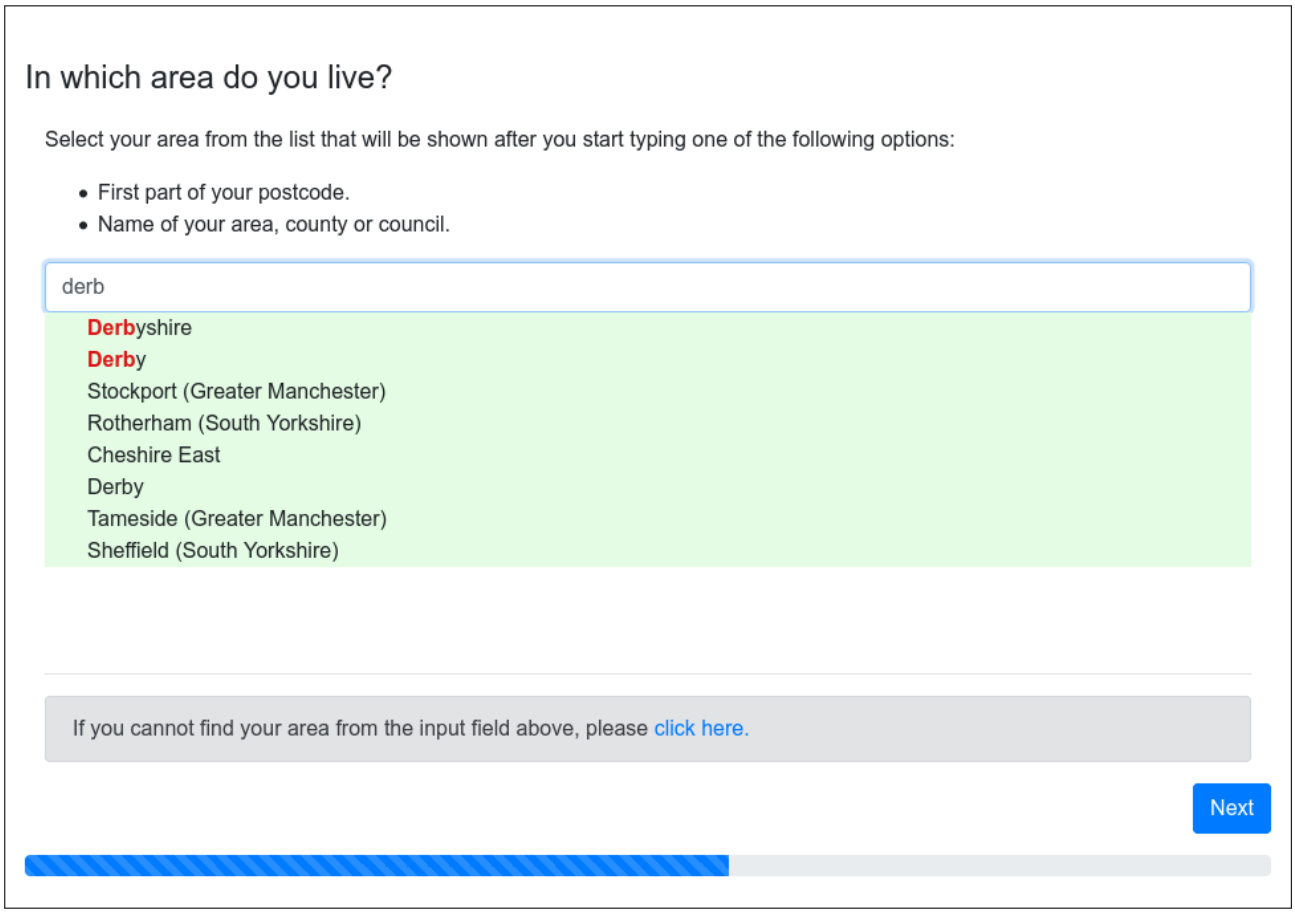


Figure H38: Experiences with COVID-19

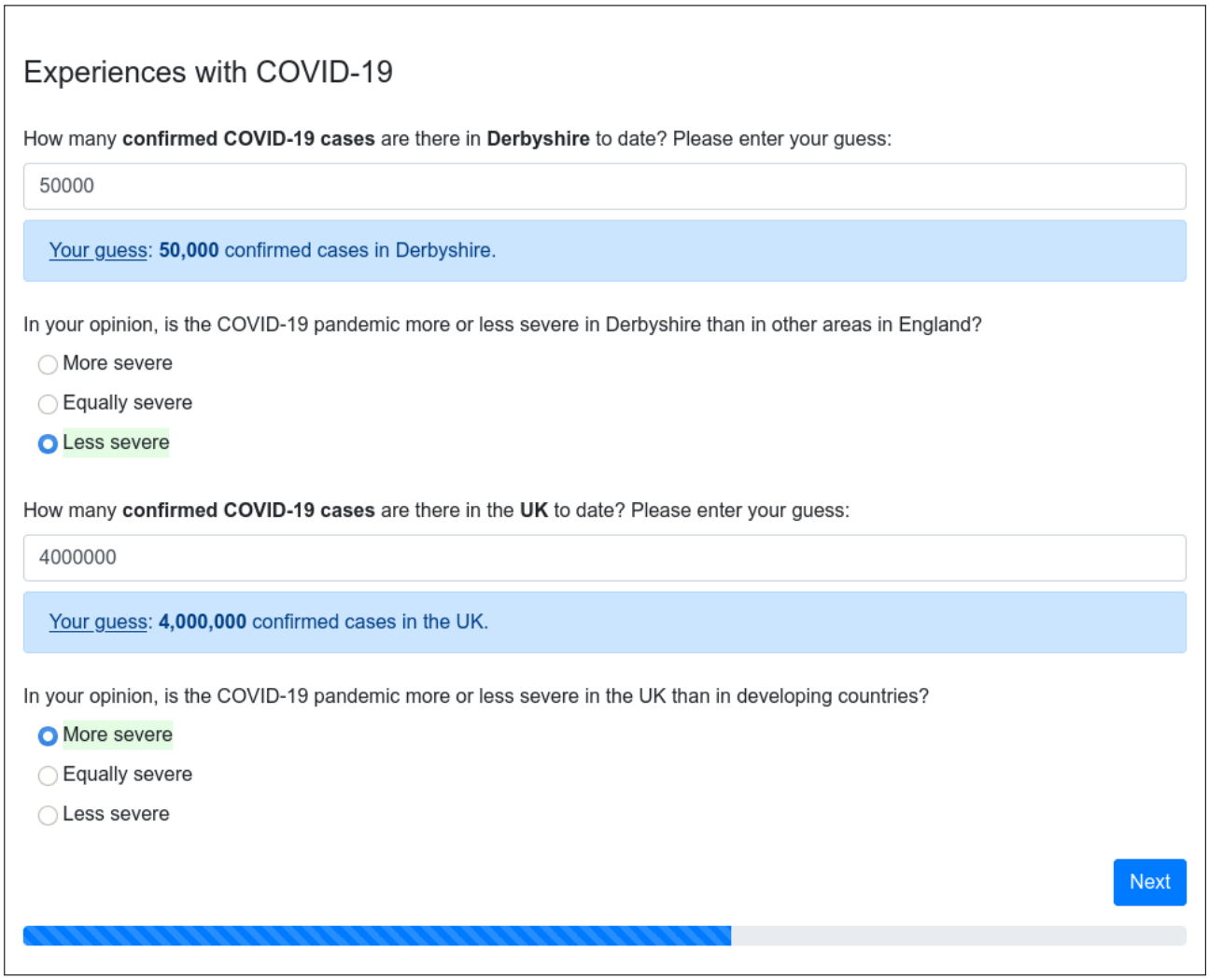


Figure H39: Health situation

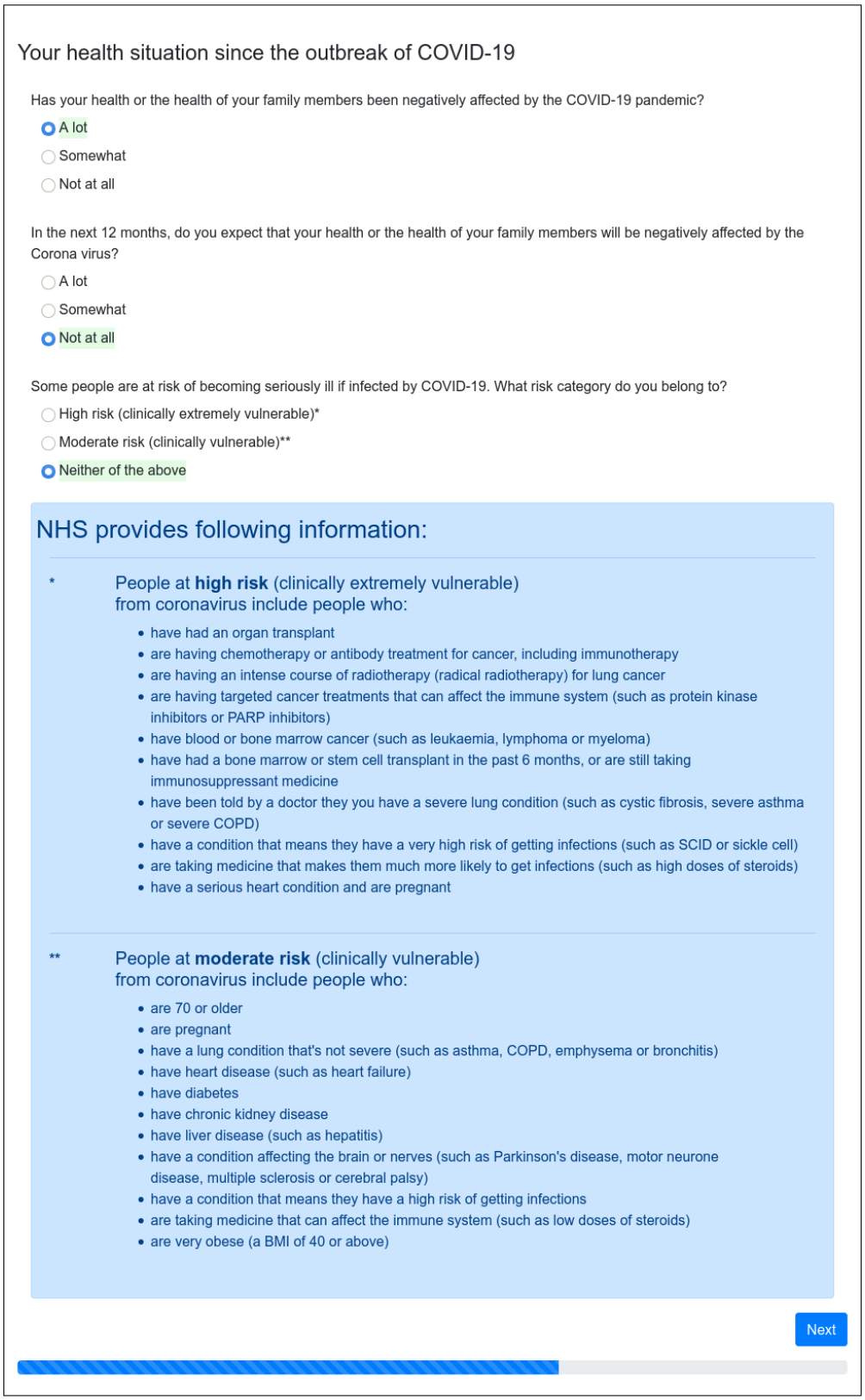


Figure H40: Behavior since the outbreak of COVID-19

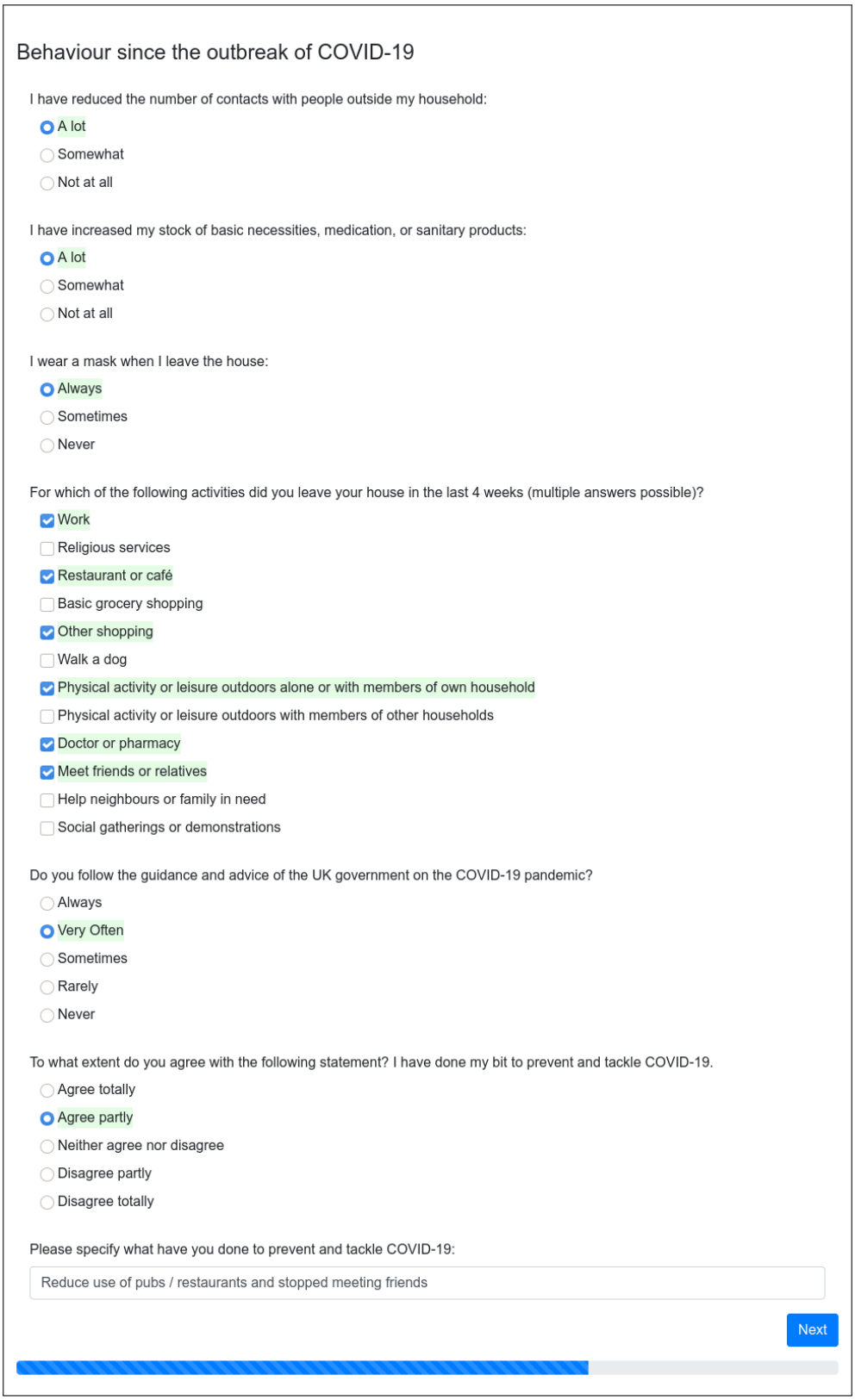


Figure H41: Work situation

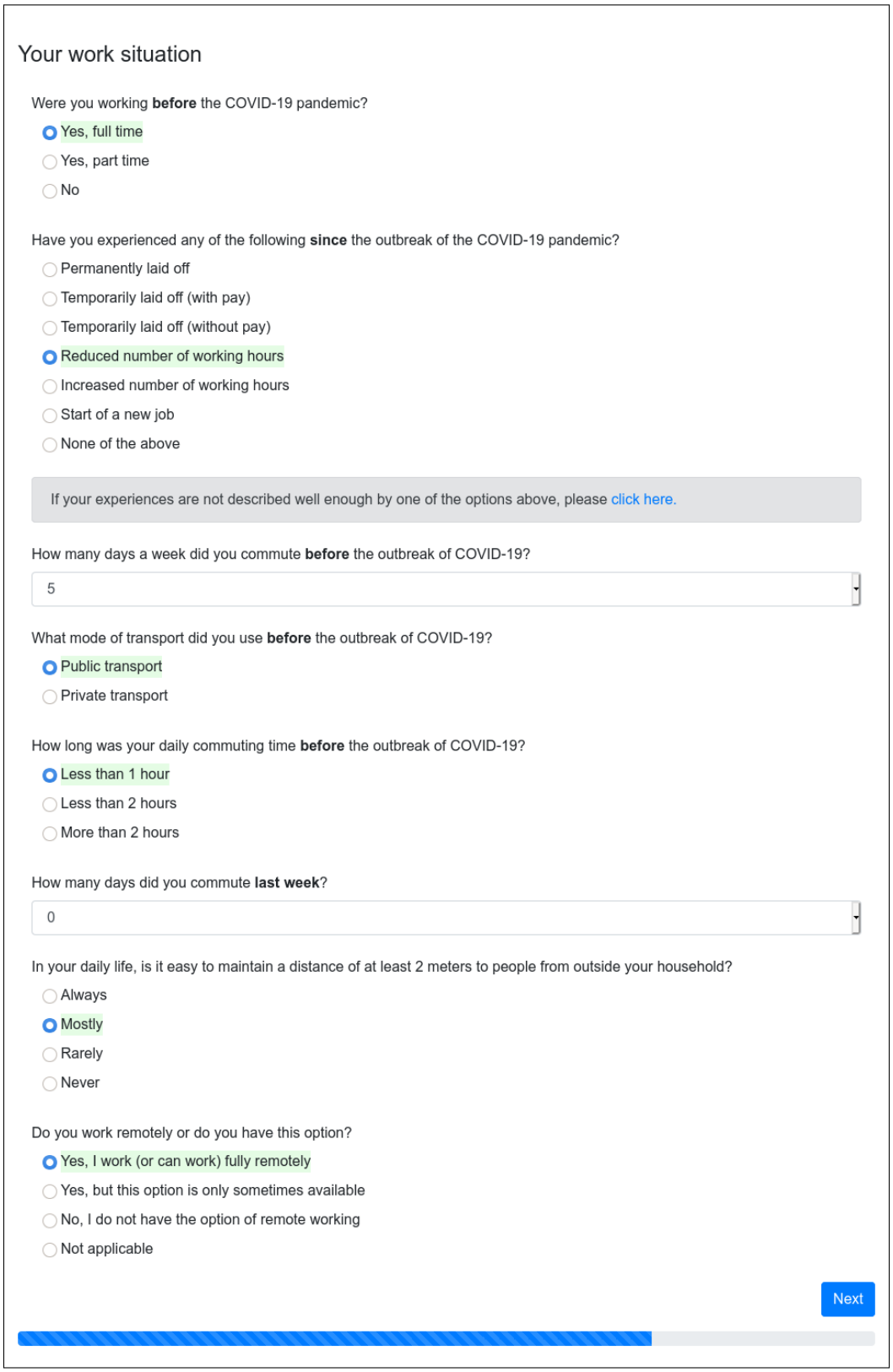


Figure H42: Financial situation

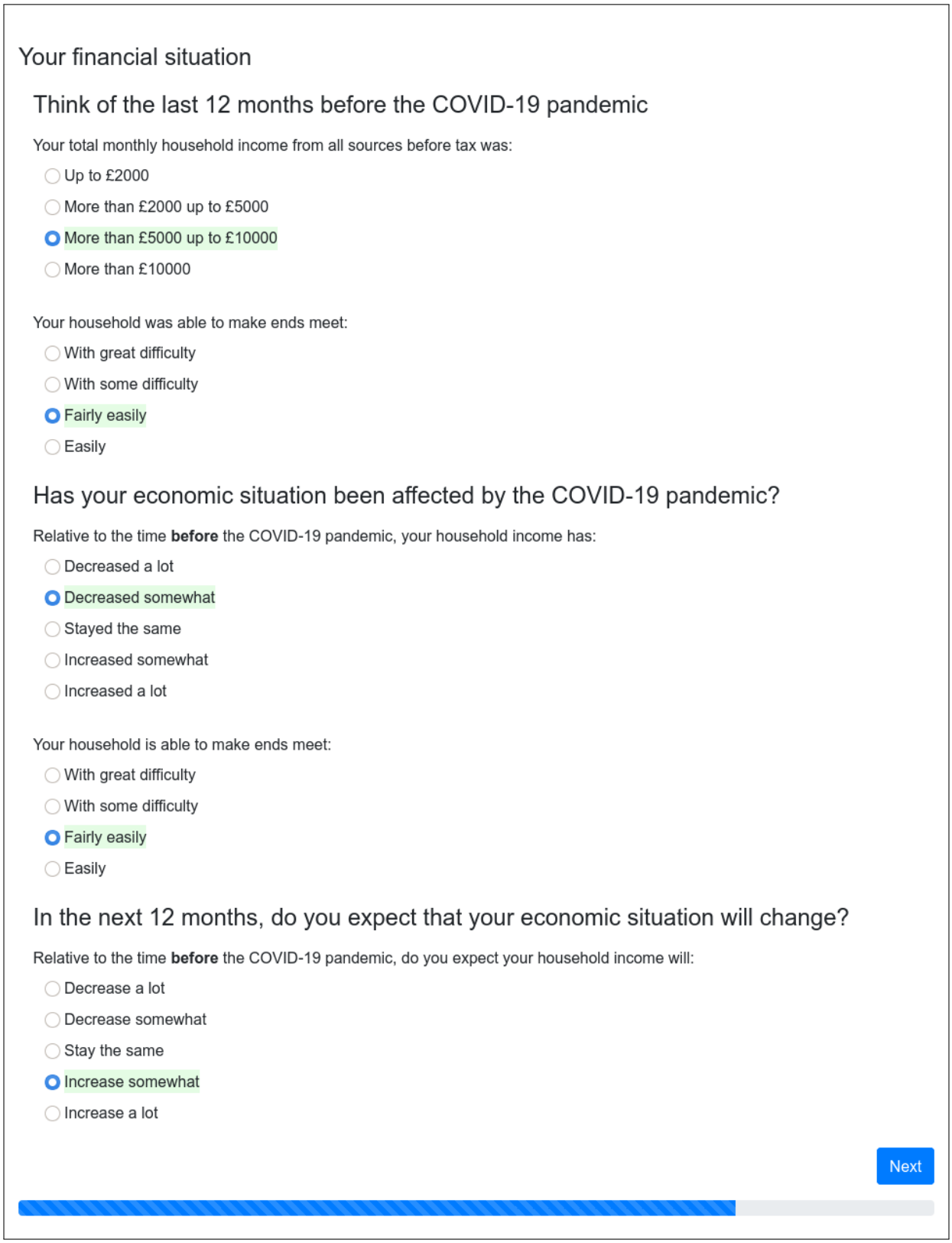


Figure H43: Economic situation

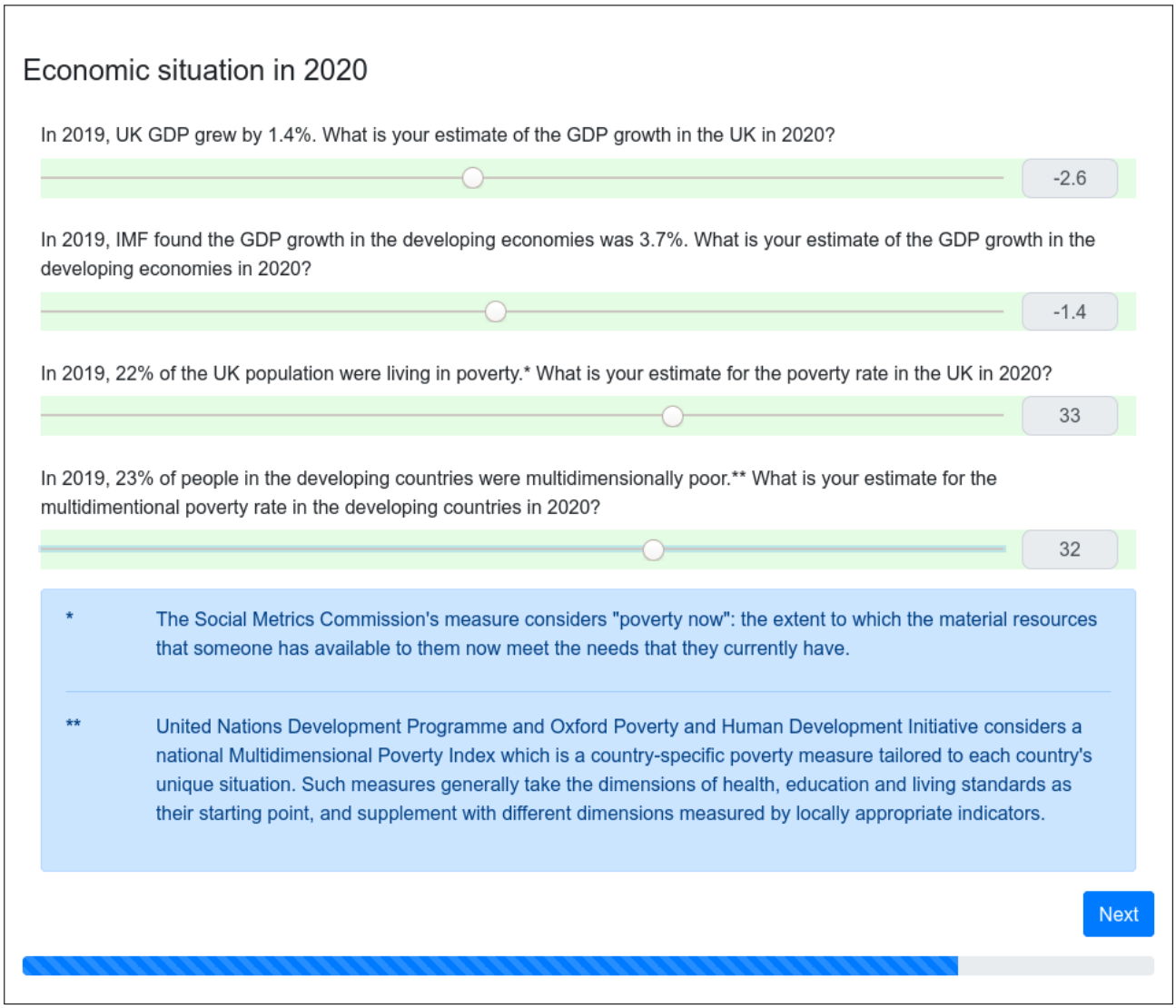


Figure H44: Main news sources

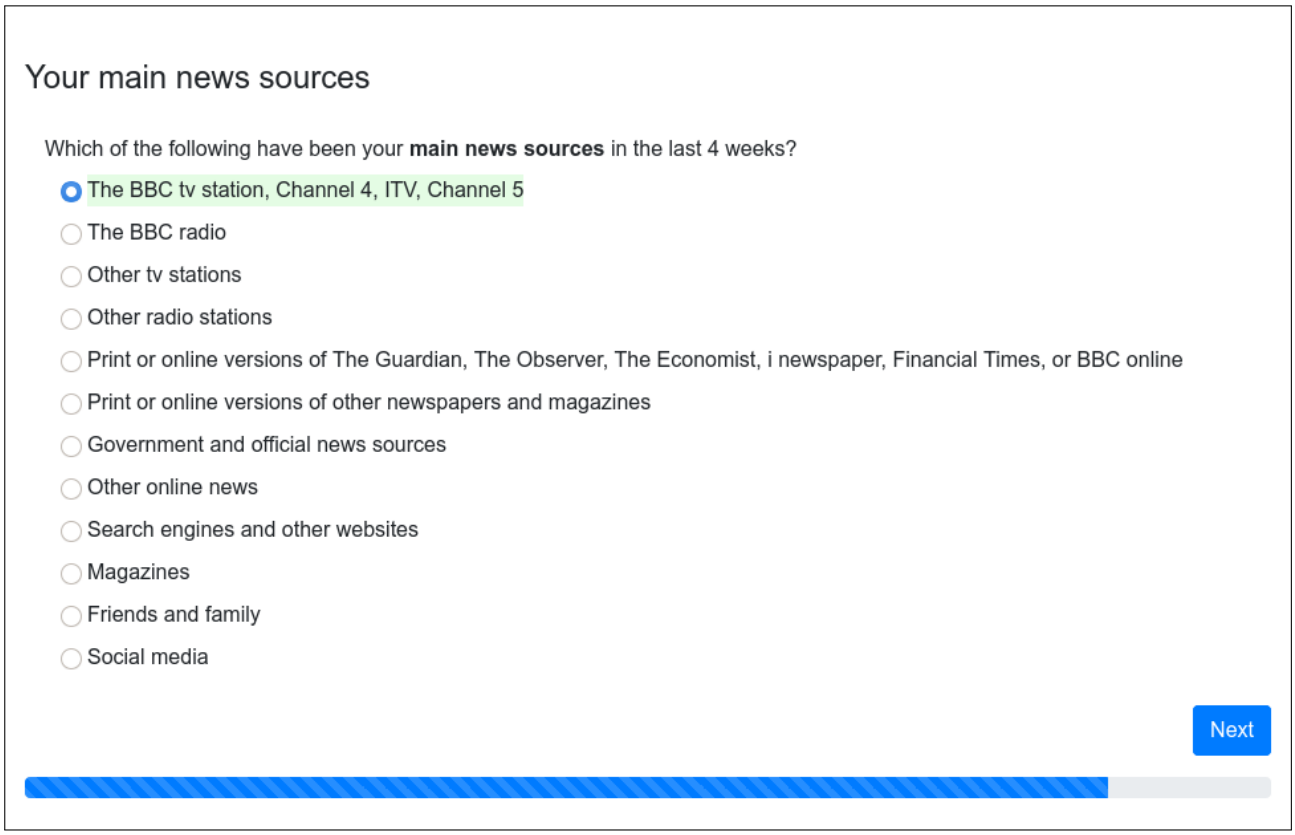


Figure H45: COVID-19 risks and policies

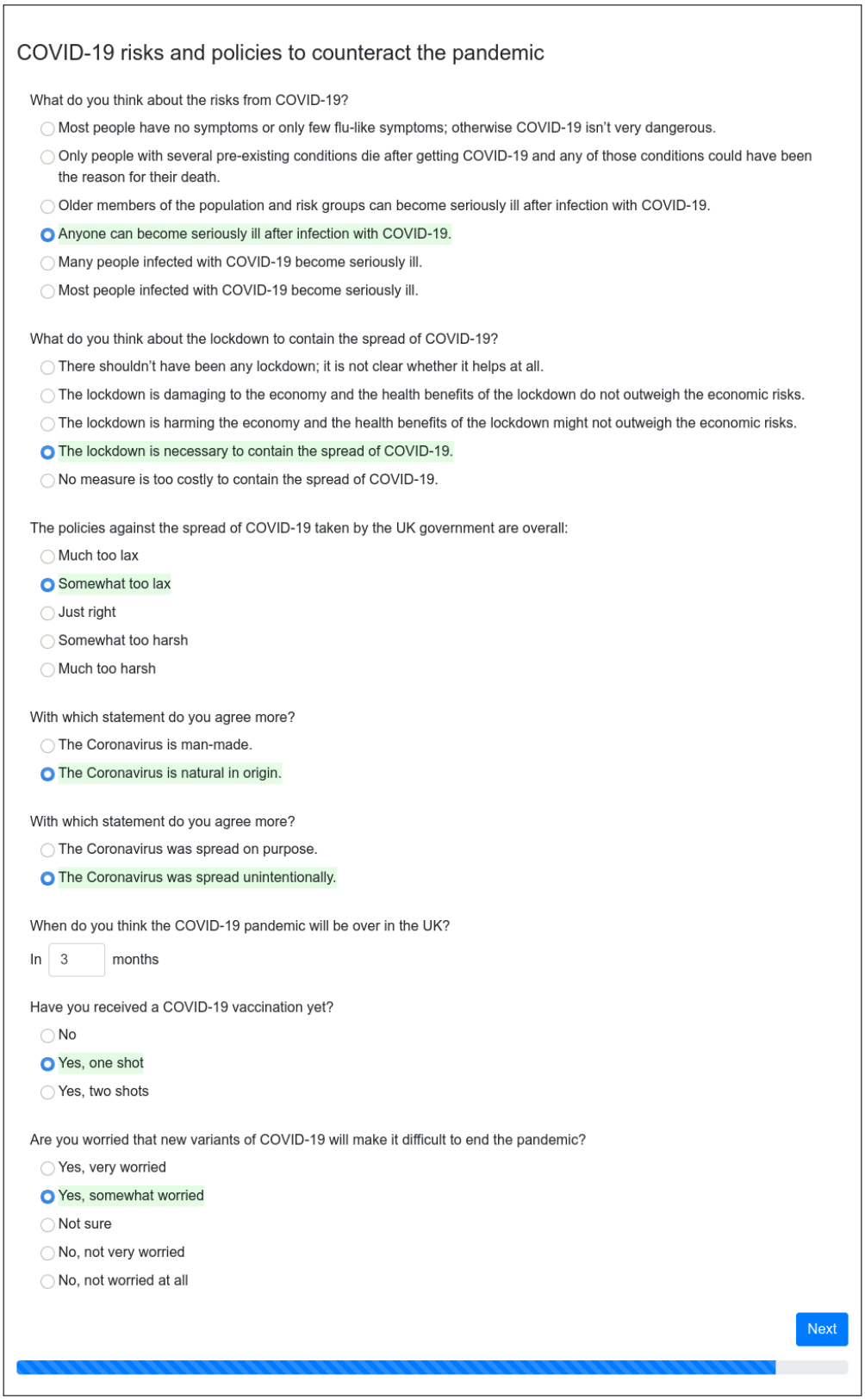


Figure H46: Empathy

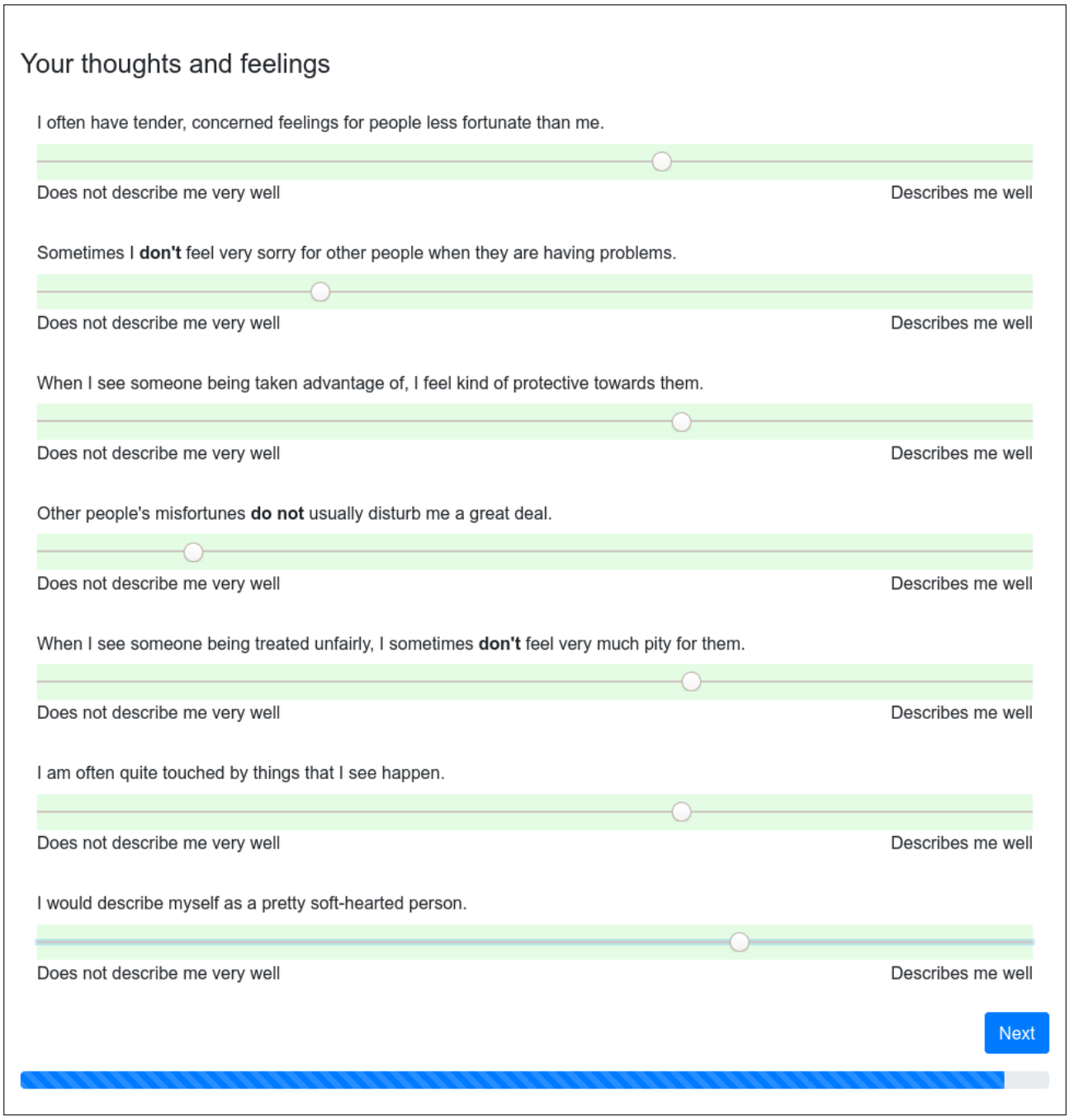
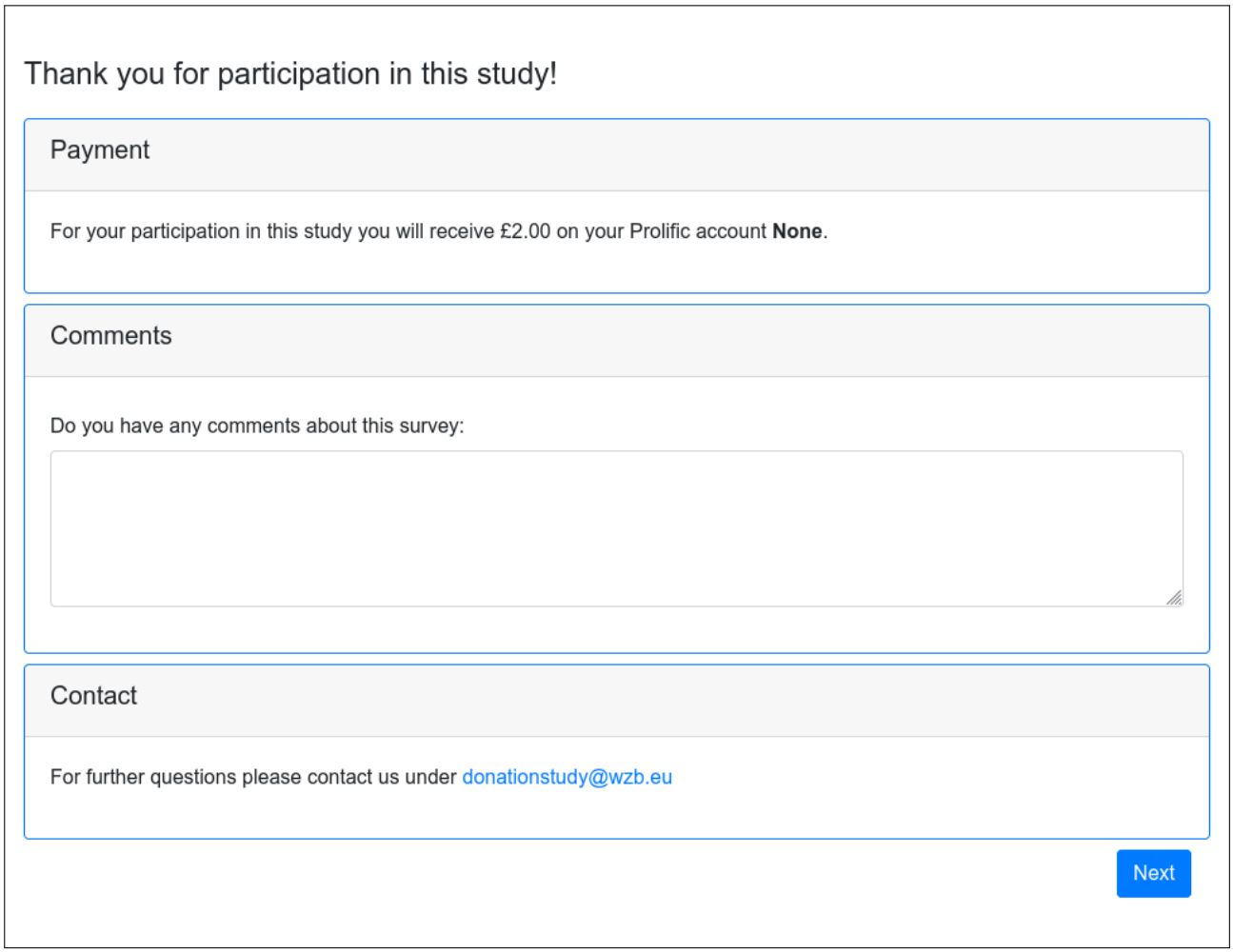


Figure H47: Payment info



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DellaVigna, S., List, J. A., & Malmendier, U. (2012). Testing for altruism and social pressure in charitable giving. *The quarterly journal of economics*, *127*(1), 1–56. https://doi.org//10.1093/qje/qjr050

Scherer, K. R. (2005). What are emotions? And how can they be measured? *Social science information*, *44*(4), 695–729. https://doi.org/10.1177/0539018405058216

Scherer, K. R., Shuman, V., Fontaine, J., & Soriano Salinas, C. (2013). The GRID meets the Wheel: Assessing emotional feeling via self-report. *Components of emotional meaning: A sourcebook*. https://doi.org/10.1093/acprof:oso/9780199592746.003.0019