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Making sense of risk together: a dissertation on the social factors that drive risk talk

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Appendix: Supplementary Materials

Chapter 2 Appendices

Appendix A: Detailed Clarification of Inclusion-/Exclusion-Criteria

Justification for Inclusion/Exclusion of Articles based on Operationalization of Interpersonal Discussion on Risk

A challenge of this literature review was determining whether articles adhered to the inclusion criterion of interpersonal conversation. The operationalizations of social influence effects were characterized by a large amount of heterogeneity. Some articles focused on passive perception of social communications, others on communication intent of the participant, and yet others on the occurrence of interpersonal discussion on risk prior to, or during the study. In addition, many operationalizations emphasize the consequences of social influences with little to no regard for the form of social influence in question. Finally, some articles included informal conversations as a vehicle of social effects, while others included them as measures of social integration. Three questions emerged from the entirety of these operationalizations: 1) what constitutes verbal interpersonal communication from the point of view of the study participants?, 2) to what extent do different operationalizations of social influence effects presuppose the presence of verbal interpersonal communication?, and 3) to what extent are different operationalizations of verbal interpersonal communication aiming to measure effects interpersonal discussion rather than social support? Based on these three questions, three criteria for the inclusion or exclusion of articles were established.

This literature review investigates interpersonal discussion on risk as an active and reciprocal process of social construction. Active communicators whose communications reach an audience, whether in the form of one-to-one or one-to-many communication, are likely to receive a response, resulting in two-way communication in most

cases. The first criterion, then, is that an article must position the participant as an active interlocutor. Articles, such as that of Kusumi et al. (2017), that operationalized social influence effects as the communication intention of the participant, were thus included. Articles that positioned the participant as a passive recipient of social communications, e.g., Carreras et al. (Carreras et al., 2016), which inquired about social perceptions of the risk factor in question (e.g., “Do you agree with the following [statement]? Youths who smoke have more friends:”) without inquiring about the presence of conversation on the topic, were excluded. Similarly, articles operationalizing social influence as the passive consumption of one-to-many communication, e.g., mass media, were excluded. The second criterion was, as follows: an article was included, provided it could reasonably be assumed that conversation about the risk in question had been one of the main modes of social influence. While unavoidably subjective to some extent, inclusions and exclusions were rationalized in the following manner. Articles with operationalizations such as “My friends encourage me to engage in social distancing” (Latkin et al., 2021) were included, as the encouragement is implied to be part of a two-way conversation. In contrast, articles with operationalizations such as “People with whom I am familiar have planned to visit the destination that I plan to visit” were not included, as it cannot reasonably be assumed that the knowledge has come about through any conversation on risk topics.

The third question concerns itself with the distinction between informal conversations as collective meaning-making loci and informal conversations as a measure of social integration. The third criterion established is as follows: an article was included, provided the content of the informal conversations was considered the correlate of interpersonal discussion on risk rather than the existence of the conversations themselves. For this reason, articles, such as Kinsinger et al. (2009) (20, that asked questions such as “How often is [someone to share your most private worries and fears with] available to you if you need it?” or “How often is [someone to have a good time with] available to you if you need it?” in order to measure the level of social support available to an individual, were excluded. In the same vein, articles, in which conversations were themselves considered risk behavior, were excluded. To illustrate, Brunell et al. (2007) investigated risk perceptions of intimacy as a predictor of intimate conversation, and Nelson et al. (2009) investigated risk perceptions of taking phone calls while driving as a predictor of engaging in that same behavior.

Articles that did not specifically measure interpersonal discussion on risk, but measured social integration as an operationalization of information dissemination and/or social contagion (e.g., Paton et al., 2008), were included, as the underlying assumption

of these articles is the presence of interpersonal discussion on risk.

Justification for Inclusion/Exclusion of Articles based on Risk Type

This literature review specifically focuses on risks that pose a direct threat to life and/or physical health. This selection was made due to the significant impact that such risks can have on individuals and society, as well as the large body of research that exists in this field.

As a consequence of this focus, the demarcation between included and excluded risk types does not always follow the lines of traditional risk categories. In particular, environmental risks were included insofar as they have a direct effect on life and/or physical health; however, environmental risks that affect ecosystems and biodiversity without directly impacting human health and/or life were excluded. Similarly, technology risks were included, given that participants perceived them to pose a risk to health and/or life, e.g., nanotechnology or GMO foods, whereas innovations like e-learning, whose associated risks do not concern life and/or health directly, were excluded. In extension hereof, privacy risks were excluded. Privacy risks are often ill-defined and can encompass a wide range of risks, including risks to finances, personal data, and potentially to life and health. As risks to life and health are estimated to be a small minority of privacy risks, privacy risks were excluded from this review for validity purposes. Finally, risks to finances and other material resources were excluded. While these may have indirect effects on life and/or health, especially when loss of such resources leads to compromised access to healthcare, these consequences are rarely the main focus of research on this topic.

Justification for Inclusion/Exclusion of Articles based on Formality of Discussion

This literature review specifically focuses on informal discussion as the primary mode of risk discussion among laypeople. In this context, 'informal' refers to discussions that occur in settings not specifically dedicated to the topic being discussed, involving individuals without expertise or experience in the subject matter.

Nevertheless, this review adopts a more liberal approach to determining the compatibility of articles with the inclusion criteria. This leniency is driven by the recognition that studying informal discussion in its natural setting presents significant challenges. Consequently, many researchers employ alternative methods such as focus

groups or deliberative groups.

Considering the potential value of insights obtained through these methods for the study of interpersonal discussion on risk, this review does not exclude articles based on the setting in which the conversation occurred. Instead, informal discussion is operationalized as conversations between laypeople, thereby excluding interactions involving professionals. Conversations with healthcare providers, crisis managers, and other experts are therefore excluded, as these fall outside the scope of informal talk according to this operationalization. By doing so, the review excludes the most common formal situations in which laypeople engage in risk-related conversations.

It is worth noting that most studies assessing real-life interpersonal discussion on risk do not differentiate between informal and formal settings, primarily examining whether interpersonal discussion on risk occurred, its frequency, and the participants involved. To avoid inadvertently excluding relevant articles, this review includes articles unless there is a specific indication that the interpersonal discussion took place within a formal setting involving experts or professionals.

By adhering to these criteria, the review aims to provide a comprehensive analysis of informal interpersonal discussion on risk while ensuring the appropriate exclusion of formal settings and expert-driven conversations.

Appendix B: Articles Identified in the Informal Pre-Review

Social interaction	No.	Risk perception	No.	Combined terms	No.
Social network	6	Risk perception	11	Risk talk	1
Social interaction	5	Social amplification of risk	5	Interpersonal amplification of risk	1
Interpersonal discussion	3	Risk judgment	1		
Interpersonal communication	1	Social risk amplification	1		
Social contagion	1	Belief about risk	1		
Neighborhood communication	1				
Social discussion	1				
Social communication processes	1				
Interpersonal influence	1				
Online comments	1				
Peer communication	1				
Interpersonal talk	1				
Interacting actors	1				

Table SM1: Terminology identified in informal pre-review

1. Anderson, A. A., Brossard, D., Scheufele, D. A., Xenos, M. A., & Ladwig, P. (2014). The “nasty effect:” Online incivility and risk perceptions of emerging technologies. *Journal of Computer-Mediated Communication*, 19(3), 373-387. <https://doi.org/10.1111/jcc4.12009>
2. Binder, A. R., Scheufele, D. A., Brossard, D., & Gunther, A. C. (2011). Interpersonal amplification of risk? Citizen discussions and their impact on perceptions of risks and benefits of a biological research facility. *Risk Analysis*, 31(2), 324-334. <https://doi.org/10.1111/j.1539-6924.2010.01516.x>
3. Brenkert-Smith, H., Dickinson, K. L., Champ, P. A., & Flores, N. (2013). Social amplification of wildfire risk: the role of social interactions and information sources. *Risk Analysis*, 33(5), 800-817. <https://doi.org/10.1111/j.1539-6924.2012.01917.x>

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4. Busby, J., & Duckett, D. (2012). Social risk amplification as an attribution: The case of zoonotic disease outbreaks. *Journal of Risk Research*, *15*(9), 1049-1074. <https://doi.org/10.1080/13669877.2012.670130>
 5. Busby, J. S., & Onggo, S. (2013). Managing the social amplification of risk: a simulation of interacting actors. *Journal of the Operational Research Society*, *64*(5), 638-653. <https://doi.org/10.1057/jors.2012.80>
 6. Dickinson, K., Brenkert-Smith, H., Champ, P., & Flores, N. (2015). Catching fire? Social interactions, beliefs, and wildfire risk mitigation behaviors. *Society & Natural Resources*, *28*(8), 807-824. <https://doi.org/10.1080/08941920.2015.1037034>
 7. Fellenor, J., Barnett, J., Potter, C., Urquhart, J., Mumford, J. D., & Quine, C. P. (2018). The social amplification of risk on Twitter: The case of ash dieback disease in the United Kingdom. *Journal of Risk Research*, *21*(10), 1163-1183. <https://doi.org/10.1080/13669877.2017.1281339>
 8. Geber, S., Baumann, E., & Klimmt, C. (2019). Where do norms come from? Peer communication as a factor in normative social influences on risk behavior. *Communication Research*, *46*(5), 708-730. <https://doi.org/10.1177/0093650217718656>
 9. Hopfer, S., Fields, E. J., Lu, Y., Ramakrishnan, G., Grover, T., Bai, Q., ... & Mark, G. (2021). The social amplification and attenuation of COVID-19 risk perception shaping mask wearing behavior: A longitudinal twitter analysis. *PLoS ONE*, *16*(9), e0257428. <https://doi.org/10.1371/journal.pone.0257428>
 10. Kohler, H. P., Behrman, J. R., & Watkins, S. C. (2007). Social networks and HIV/AIDS risk perceptions. *Demography*, *44*(1), 1-33. <https://doi.org/10.1353/dem.2007.0006>
 11. Kusumi, T., Hirayama, R., & Kashima, Y. (2017). Risk perception and risk talk: the case of the Fukushima Daiichi nuclear radiation risk. *Risk Analysis*, *37*(12), 2305-2320. <https://doi.org/10.1111/risa.12784>
 12. Lehmkuhl, M. J. (2008). Congruency within rural social networks as an indicator of interpersonal influence on risk judgments: the great stir caused by BSE in a village in northern Germany. *Public Understanding of Science*, *17*(4), 485-502. <https://doi.org/10.1177/0963662506075652>

13. Lindemann, A. K., Jungnickel, K., & B l, G. F. (2021). Risikowahrnehmung und Informationsverhalten von Meinungsf hrenden im Lebensmittelbereich. *Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz*, 64(1), 45-54. <https://doi.org/10.1007/s00103-020-03252-2>
14. Pelletan, J. (2021). Risk perception with imperfect information and social interactions: Understanding group polarization. *Bulletin of Economic Research*, 73(4), 688-703. <https://doi.org/10.1111/boer.12272>
15. Scherer, C. W., & Cho, H. (2003). A social network contagion theory of risk perception. *Risk Analysis*, 23(2), 261-267. <https://doi.org/10.1111/1539-6924.00306>
16. Zhang, X. A., & Cozma, R. (2022). Risk sharing on Twitter: Social amplification and attenuation of risk in the early stages of the COVID-19 pandemic. *Computers in Human Behavior*, 126, 106983. <https://doi.org/10.1016/j.chb.2021.106983>

Appendix C: Search Queries

Source	Search term
Web of Science, Academic Search Premier	“risk talk“ OR “interpersonal amplification of risk“ OR((“interpersonal interaction“ OR “interpersonal network“ OR “interpersonal communication“ OR “interpersonal discussion“ OR “interpersonal talk“ OR “interpersonal influence“ OR “interpersonal contagion“ OR “social interaction“ OR “social network“ OR “social communication“ OR “social-communication” OR “social discussion“ OR “social talk“ OR “social influence“ OR “social contagion“ OR “conversation” OR “dialogue” OR “deliberation” OR “public participation”) AND (“risk perception“ OR “risk judgment“ OR “social amplification of risk“ OR “social risk amplification“ OR “risk perceptions” OR “perception of risk” OR “perceptions of risk” OR “perceived risk” OR “judgment of risk” OR “judgments of risk” OR “judgements of risk” OR “risk judgement”))
Scopus ³³	risk talk OR interpersonal amplification of risk OR ((interpersonal interaction OR interpersonal network OR interpersonal communication OR interpersonal discussion OR interpersonal talk OR interpersonal influence OR interpersonal contagion OR social interaction OR social network OR social communication OR social-communication OR social discussion OR social talk OR social influence OR social contagion OR conversation OR dialogue OR deliberation OR public participation) AND (risk perception OR risk judgment OR social amplification of risk OR social risk amplification OR risk perceptions OR perception of risk OR perceptions of risk OR perceived risk OR judgment of risk OR judgments of risk OR judgements of risk OR risk judgement))

Table SM2: Terminology identified in informal pre-review

Appendix D: Articles Included in the Review

1. Adam, B. D. (2006). Infectious behaviour: Imputing subjectivity to HIV transmission. *Social Theory & Health*, 4(2), 168–179. <https://doi.org/10.1057/palgrave.sth.8700066>
2. Akerlof, K. L., Rowan, K. E., La Porte, T., Batten, B. K., Ernst, H., & Sklarew, D. M. (2016). Risky business: Engaging the public on sea level rise and inundation. *Environmental Science & Policy*, 66, 314–323. <https://doi.org/10.1016/j.envsci.2016.07.002>
3. Basil, M. D., & Brown, W. J. (1997). Marketing AIDS prevention: The differential impact hypothesis versus identification effects. *Journal of Consumer Psychology*, 6(4), 389–411. https://doi.org/10.1207/s15327663jcp0604_04
4. Beck, K. H., Ahmed, A. U., & Farkas, Z. A. (2013). Characteristics of DUI offenders with a high versus low perceived risk of arrest. *Traffic Injury Prevention*, 14(1), 1–6. <https://doi.org/10.1080/15389588.2012.683119>
5. Binder, A. R., Scheufele, D. A., Brossard, D., & Gunther, A. C. (2011). Interpersonal amplification of risk? Citizen discussions and their impact on perceptions of risks and benefits of a biological research facility. *Risk Analysis*, 31(2), 324–334. <https://doi.org/10.1111/j.1539-6924.2010.01516.x>
6. Chatterjee, N., Gupte, H. A., & Mandal, G. (2021). A qualitative study of perceptions and practices related to Areca Nut use among adolescents in Mumbai, India. *Nicotine and Tobacco Research*, 23(10), 1793–1800. <https://doi.org/10.1093/ntr/ntab067>
7. Chizimba, R., Christofides, N., Chirwa, T., Singini, I., Ozumba, C., Sikwese, S., . . . & Nyasulu, P. (2015). The association between multiple sources of information and risk perceptions of tuberculosis, Ntcheu District, Malawi. *PLoS ONE*, 10(4), e0122998. <https://doi.org/10.1371/journal.pone.0122998>
8. Cohen, E. L., & Head, K. J. (2013). Identifying knowledge-attitude-practice gaps to enhance HPV vaccine diffusion. *Journal of Health Communication*, 18(10), 1221–1234. <https://doi.org/10.1080/10810730.2013.778357>
9. Coleman, C. L. (1993). The influence of mass media and interpersonal communication on societal and personal risk judgments. *Communication Research*, 20(4), 611–628. <https://doi.org/10.1177/009365093020004006>

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10. Crawford, G., Maycock, B., Tobin, R., Brown, G., & Lobo, R. (2018). Prevention of HIV and other sexually transmissible infections in expatriates and traveler networks: Qualitative study of peer interaction in an online forum. *Journal of Medical Internet Research*, *20*(9), e10787. <https://doi.org/10.2196/10787>
 11. Cuevas-Muñiz, A., & Gavilanes-Ruiz, J. C. (2018). Social representation of human resettlement associated with risk from Volcán de Colima, Mexico. In *Observing the Volcano World. Advances in Volcanology* (pp. 231–334). Barcelona, ES: Springer. https://doi.org/10.1007/11157_2017_17
 12. Davis, J. S. (2005). “Is it really safe? That’s what we want to know”: Science, stories, and dangerous places. *The Professional Geographer*, *57*(2), 213–221. <https://doi.org/10.1111/j.0033-0124.2005.00473.x>
 13. de Groot, J. I., Schweiger, E., & Schubert, I. (2020). Social influence, risk and benefit perceptions, and the acceptability of risky energy technologies: An explanatory model of nuclear power versus shale gas. *Risk Analysis*, *40*(6), 1226–1243. <https://doi.org/10.1111/risa.13457>
 14. Dorsey, A., Miller, K., & Scherer, C. (1999). Communication, risk behavior, and perceptions of threat and efficacy: A test of a reciprocal model. *Journal of Applied Communication Research*, *27*(4), 377–395. <https://doi.org/10.1080/00909889909365546>
 15. Francis, J., Martin, K., Wood, L., & Foster, S. (2017). “I’ll be driving you to school for the rest of your life”: A qualitative study of parents’ fear of stranger danger. *Journal of Environmental Psychology*, *53*, 112–120. <https://doi.org/10.1016/j.jenvp.2017.07.004>
 16. Griffin, R. J., & Dunwoody, S. (2000). The relation of communication to risk judgment and preventive behavior related to lead in tap water. *Health Communication*, *12*(1), 81–107. https://doi.org/10.1207/S15327027HC1201_05
 17. Han, G., Zhang, J., Chu, K., & Shen, G. (2014). Self–other differences in H1N1 flu risk perception in a global context: A comparative study between the United States and China. *Health Communication*, *29*(2), 109–123. <https://doi.org/10.1080/10410236.2012.723267>
 18. Hilverda, F., Kuttschreuter, M., & Giebels, E. (2017). Social media mediated interaction with peers, experts and anonymous authors: Conversation partner

- and message framing effects on risk perception and sense-making of organic food. *Food Quality and Preference*, 56, 107–118. <https://doi.org/10.1016/j.foodqual.2016.09.003>
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 20. Jones, E. C., Faas, A. J., Murphy, A. D., Tobin, G. A., Whiteford, L. M., & McCarty, C. (2013). Cross-cultural and site-based influences on demographic, well-being, and social network predictors of risk perception in hazard and disaster settings in Ecuador and Mexico. *Human Nature*, 24(1), 5–32. <https://doi.org/10.1007/s12110-013-9162-3>
 21. Karletsos, D., Hutchinson, P., Leyton, A., & Meekers, D. (2021). The effect of interpersonal communication in tobacco control campaigns: A longitudinal mediation analysis of a Ghanaian adolescent population. *Preventive Medicine*, 142, 106373. <https://doi.org/10.1016/j.ypmed.2020.106373>
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 24. Khan, S. M., Gomes, J., & Chreim, S. (2021). A mixed methods population health approach to explore radon-induced lung cancer risk perception in Canada. *Cancer Control*, 28, 10732748211039764. <https://doi.org/10.1177/10732748211039764>
 25. Kim, P., Kim, J., & Yim, M. S. (2020). How deliberation changes public opinions on nuclear energy: South Korea's deliberation on closing nuclear reactors. *Applied Energy*, 270, 115094. <https://doi.org/10.1016/j.apenergy.2020.115094>
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Appendix E: Local Citation Network

The local citation network retrieved citation data through OpenAlex API on August 3, 2023. It had an estimated completeness of 92%. Two articles were excluded from the network: the article “Risk perception of Chinese urban residents: An institutional theory perspective” by Wang et al. (2021) due to a faulty DOI, and the article “Effects of mass media exposure and social network site involvement on risk perception of and precautionary behavior toward the haze issue in China” by Wu and Li (2017) due to no DOI.

Title	First author	Year	Global citations count	Local in-degree	Local out-degree
Infectious Behaviour: Imputing Subjectivity to HIV Transmission	Adam	2006	45	0	0
Risky Business: Engaging the Public on Sea Level Rise and Inundation	Akerlof	2016	23	0	0
Marketing AIDS Prevention: The Differential Impact Hypothesis Versus Identification Effects	Basil	1997	43	2	2
Characteristics of DUI Offenders With a High Versus Low Perceived Risk of Arrest	Beck	2013	2	0	0
Interpersonal Amplification of Risk? Citizen Discussions and Their Impact on Perceptions of Risks and Benefits of a Biological Research Facility	Binder	2011	71	4	2
A Qualitative Study of Perceptions and Practices Related to Areca Nut Use Among Adolescents in Mumbai, India	Chatterjee	2021	9	0	0
The Association between Multiple Sources of Information and Risk Perceptions of Tuberculosis, Ntcheu District, Malawi	Chizimba	2015	7	1	0
Identifying Knowledge-Attitude-Practice Gaps to Enhance HPV Vaccine Diffusion	Cohen	2013	28	0	0
The Influence of Mass Media and Interpersonal Communication on Societal and Personal Risk Judgments	Coleman	1993	210	11	0
Prevention of HIV and Other Sexually Transmissible Infections in Expatriates and Traveler Networks: Qualitative Study of Peer Interaction in an Online Forum	Crawford	2018	5	0	0
Social Representation of Human Resettlement Associated with Risk from Volcán de Colima, Mexico	Cuevas-Muñiz	2017	2	0	0
“Is It Really Safe? That’s What We Want to Know”: Science, Stories, and Dangerous Places	Davis	2005	15	0	0

Continued on next page

Table SM3 (continued)

Title	First author	Year	Global citations count	Local in-degree	Local out-degree
Social Influence, Risk and Benefit Perceptions, and the Acceptability of Risky Energy Technologies: An Explanatory Model of Nuclear Power Versus Shale Gas	de Groot	2020	21	0	2
Communication, Risk Behavior, and Perceptions of Threat and Efficacy: A Test of a Reciprocal Model	Dorsey	1999	15	0	1
“I’ll Be Driving You to School for the Rest of Your Life”: A Qualitative Study of Parents’ Fear of Stranger Danger	Francis	2017	26	0	0
The Relation of Communication to Risk Judgment and Preventive Behavior Related to Lead in Tap Water	Griffin	2000	51	0	0
Self/Other Differences in H1N1 Flu Risk Perception in a Global Context: A Comparative Study Between the United States and China	Han	2014	46	2	3
Social Media Mediated Interaction With Peers, Experts and Anonymous Authors: Conversation Partner and Message Framing Effects on Risk Perception and Sense-Making of Organic Food Risk	Hil-verda	2017	39	0	0
Risk Communication and Local Perceptions of Petrochemical Pollution Risk: A Comparison of the Petrochemical Industry Complexes at Different Development Stages	Hung	2020	7	0	1
Cross-Cultural and Site-Based Influences on Demographic, Well-being, and Social Network Predictors of Risk Perception in Hazard and Disaster Settings in Ecuador and Mexico	Jones	2013	45	0	1
The Effect of Interpersonal Communication in Tobacco Control Campaigns: A Longitudinal Mediation Analysis of a Ghanaian Adolescent Population	Karlet-sos	2021	5	1	0
Gender, Place, and Social Contacts: Understanding Awareness of Vulnerability to Terrorism	Keenan	2013	3	0	1
Residents’ Perceptions of Radon Health Risks: A Qualitative Study	Khan	2019	14	1	0
A Mixed Methods Population Health Approach to Explore Radon-Induced Lung Cancer Risk Perception in Canada	Khan	2021	5	0	1
How Deliberation Changes Public Opinions on Nuclear Energy: South Korea’s Deliberation on Closing Nuclear Reactors	Kim	2020	9	0	0
Social Networks and HIV/AIDS Risk Perceptions	Kohler	2007	157	1	1

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Table SM3 (continued)

Title	First author	Year	Global citations count	Local in-degree	Local out-degree
Public Communication Campaigns in the Destigmatization of Leprosy: A Comparative Analysis of Diffusion and Participatory Approaches. A Case Study in Gwalior, India	Krishnatray	1998	21	0	0
Risk Perception and Risk Talk: The Case of the Fukushima Daiichi Nuclear Radiation Risk	Kusumi	2017	31	1	2
Communication and Knowledge as Motivators: Understanding Singaporean Women's Perceived Risks of Breast Cancer and Intentions to Engage in Preventive Measures	Lee	2013	20	3	3
The Augmented Cognitive Mediation Model: Examining Antecedents of Factual and Structural Breast Cancer Knowledge Among Singaporean Women	Lee	2016	26	1	2
Examining How Communication and Knowledge Relate to Singaporean Youths' Perceived Risk of Haze and Intentions to Take Preventive Behaviors	Lin	2017	22	1	3
One Foot in Each Culture: Exercising Social Responsibility and Reducing Risk in a New Culture	Lindland	2020	0	0	0
The Effects of COVID-19 Risk Perception on Travel Intention: Evidence From Chinese Travelers	Meng	2021	37	0	3
Risk Perception, Coronavirus and Precariousness. A Reflection on Fieldwork under Quarantine	Meza-Palmeros	2020	8	0	0
Communication and Health Beliefs	Morton	2001	203	10	3
Implementation of Shared Decision-Making in Healthcare Policy and Practice: A Complex Adaptive Systems Perspective	Munro	2020	2	0	0
Risk and Face: A Review of the Six Studies	Myers	2003	10	0	0
Commonplaces in Risk Talk: Face Threats and Forms of Interaction	Myers	2007	28	0	0
Impact of Information Exposure on Perceived Risk, Efficacy, and Preventative Behaviors at the Beginning of the COVID-19 Pandemic in the United States	Nazione	2021	53	0	1
Using Agent-Based Simulation to Analyse the Effect of Broadcast and Narrowcast on Public Perception: A Case in Social Risk Amplification	Onggo	2014	3	0	1
Community Involvement and Risk Perception at Personal and Societal Levels	Park	2001	32	2	2
Risk Perception and Volcanic Hazard Mitigation: Individual and Social Perspectives	Paton	2008	219	0	0
Narrating Student Life in a Time of Risk	Rau	2010	0	0	0

Continued on next page

Table SM3 (continued)

Title	First author	Year	Global citations count	Local in-degree	Local out-degree
Girl Power: Risky Sexual Behaviour and Gender Identity amongst Young Spanish Recreational Drug Users	Romo	2009	10	0	0
A Social Network Contagion Theory of Risk Perception	Scherer	2003	266	1	0
Power and Vulnerability: Contextualizing “Low Risk” Views of Environmental and Health Hazards	Shearer	2013	1	0	0
Interpersonal Communication Sources and Natural Hazard Risk Perception: A Case Study of a Rural Chinese Village	Sim	2018	19	0	5
The Media Can Have More Than an Impersonal Impact: The Case of AIDS Risk Perceptions and Behavior	Snyder	1995	109	7	0
How Adolescents Learn About Risk Perception and Behavior in Regards to Alcohol Use in Light of Social Learning Theory: A Qualitative Study in Bogotá, Colombia	Trujillo	2015	12	0	0
SMART: An Internet Study of Users’ Experiences of Synthetic Tanning	Van Hout	2014	15	0	0
Information Sources as Explanatory Variables for the Belgian Health-Related Risk Perception of the Fukushima Nuclear Accident	Vyncke	2017	48	2	3
Psychosocial Determinants of Perceived Vulnerability to Harm Among Adult Drinkers	Wild	2001	19	0	0
Social Networks, Trust, and Disaster-Risk Perceptions of Rural Residents in a Multi-Disaster Environment: Evidence from Sichuan, China	Xue	2021	30	0	1
The Influence of Communication on College Students’ Self-Other Risk Perceptions of COVID-19: A Comparative Study of China and the United States	Yang	2021	4	0	10
Predictors of Expressing and Receiving Information on Social Networking Sites During MERS-CoV Outbreak in South Korea	Yoo	2020	15	0	3
Residents’ Behavioural Intentions to Resist the Nuclear Power Plants in the Vicinity: An Application of the Protective Action Decision Model	Zeng	2019	9	0	0
Linking Risk Perception to Breast Cancer Examination Intention in China: Examining an Adapted Cognitive Mediation Model	Zhang	2021	9	0	1
Factors Associated With Parental Acceptance of Influenza Vaccination for Their Children: The Evidence from Four Cities of China	Zhao	2021	16	0	0

Table SM3: Local citation network

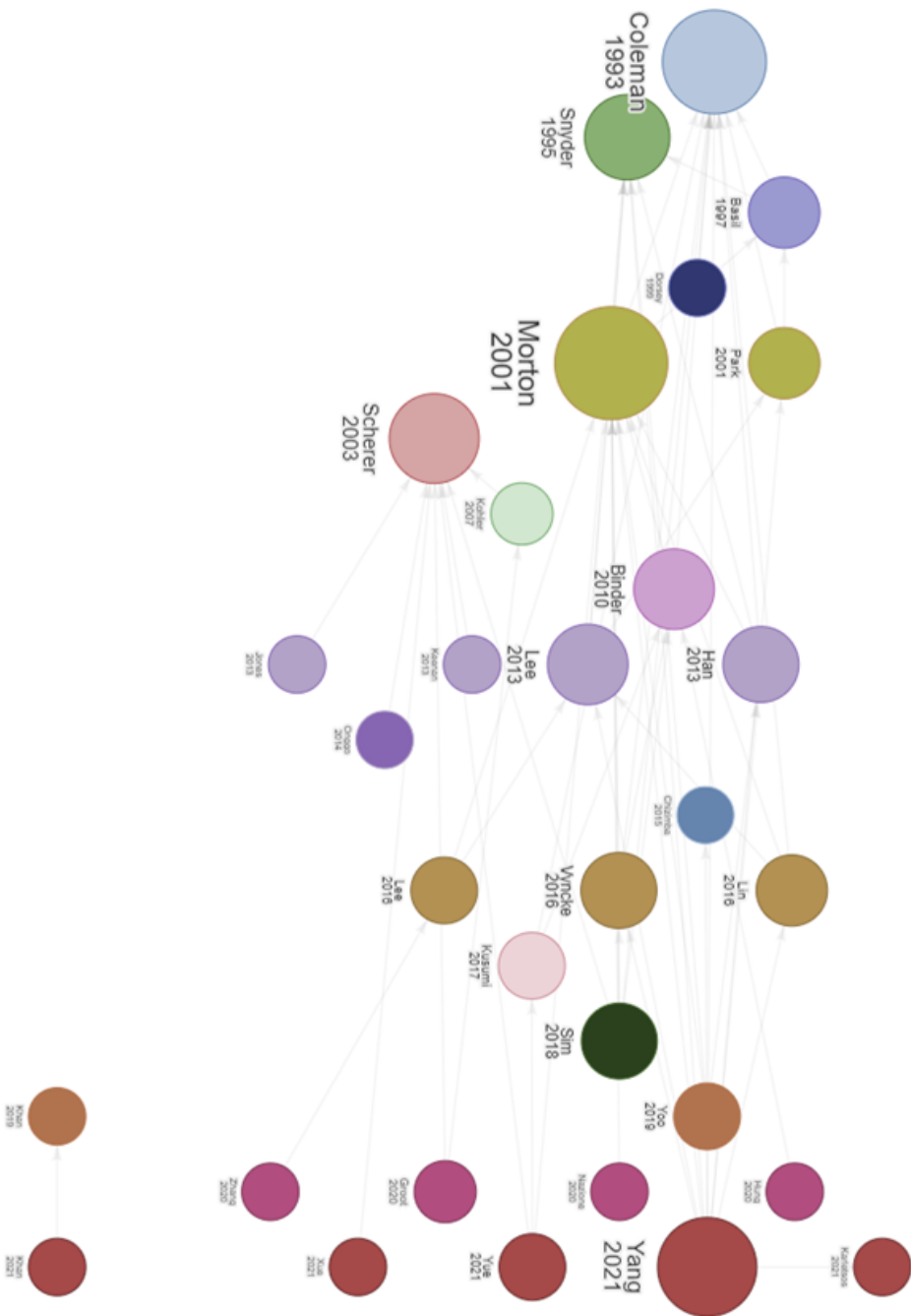


Figure SM1: Visualization of the local citation network (colored by year of publication).

Appendix F: Journal Topics

Topic	Journals
Health (15)	BMC Public Health Cancer Control Food Quality and Preference Health Sociology Review Human Vaccines & Immunotherapeutics International Journal of Adolescent Medicine and Health International Journal of Environmental Research and Public Health (2) Journal of Medical Internet Research Journal of Studies on Alcohol Nicotine & Tobacco Research Performance Enhancement and Health Preventive Medicine Social Theory and Health Traffic Injury Prevention
Communication (13)	Communication Research Communication Research Health Communication (6) International Journal of Communication Journal of Applied Communication Research Journal of Health Communication (3)
Risk, hazards, and safety (13)	Eur. Saf. Reliab. Conf., Esrel Probab. Saf. Assess. Manag. Conf., Psam Health, Risk & Society (2) Journal of Risk Research (4) Natural Hazards Risk Analysis (5)
Environment and geography (8)	Advs in Volcanology Applied Energy Environmental Science & Policy (2) Journal of Environmental Psychology Journal of Volcanology & Geothermal Research The Professional Geographer Urban Geography
Psychology and sociology (5)	Demography Frontiers in Psychology Journal of Asian Sociology Journal of Consumer Psychology (Taylor & Francis Ltd) Qualitative Sociology Review
Public administration (2)	Evidence & Policy Research in Social Problems and Public Policy
Other (4)	Human Nature Plos ONE Proc. Winter Simul. Conf. Sexualities

Table SM4: Journal topics (from most to least prevalent).

Appendix G: Effect Sizes of Quantitative Articles in the Corpus

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.
Akerlof, 2015	Sea level rise	Deliberation → concern	Cohen's <i>d</i>	Pos	0.34	*
		ID → social concern (survey)	β	Pos	0.08	n.s.
Basil, 1997 ^c	AIDS	ID → personal concern (survey)	β	Pos	0.11	*
		ID → social concern (experiment)	β	Neg	-0.31	*
		ID → personal concern (experiment)	β	Neg	-0.30	*
Beck, 2013	DUIs	Communication with relevant others → likelihood	χ^2	Neg	7.31	*
		Frequency of public affairs discussions → RP	β	Pos	0.03	n.s.
Binder, 2011	Biological research	Effectivity of NBAF discussions → RP	β	Pos	0.04	n.s.
		Valence of last NBAF discussion → RP	β	Neg	-0.13	***
Chizimba, 2015	Tuberculosis	IC → RP	OR	Pos	1.6	*
		IC → social involuntary RP (spouse)	β	Pos	0.08	**
		IC → social involuntary RP (neighbor)	β	Pos	0.08	*
Coleman, 1993	Various	IC → social voluntary RP (spouse)	β	Pos	0.01	n.s.
		IC → social voluntary RP (neighbor)	β	Pos	0.03	n.s.
		IC → personal RP (spouse)	β	Pos	0.02	n.s.
		IC → personal RP (neighbor)	β	Pos	0.05	n.s.
		Talking (nuclear power) → RP	β (SEM)	Pos	0.05	**
De Groot, 2020	Nuclear power Shale gas	Talking (shale gas) → RP	β (SEM)	Pos	0.08	***
		Talking with friends → perceived threat	β (SEM)	Pos	0.28	**
Dorsey, 1999	Excessive alcohol consumption	Perceived threat → talking with friends	β (SEM)	Pos	0.14	n.s.
Griffin, 2000	Lead in tap water	Reliance on family and friends → RP	β	Pos	0.09	*
		Discussion → personal RP (US)	β	Pos	0.29	***
		Discussion → group RP (US)	β	Pos	0.38	***
Han, 2014	H1N1					

Table SM5 (continued)

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.
		Discussion → societal RP (US)	β	Pos	0.32	***
		Discussion → global RP (US)	β	Pos	0.25	***
		Discussion → personal RP (CH)	β	Pos	0.08	n.s.
		Discussion → group RP (CH)	β	Pos	0.17	**
		Discussion → societal RP (CH)	β	Pos	0.12	*
		Discussion → global RP (CH)	β	Pos	0.06	n.s.
Hilverda, 2017 ^d	Organic food	Conversation partner (expert vs. peer vs. anonymous) → RP	Partial η^2	Pos	0.04	**
Hung, 2020	Petrochemical pollution	Neighbor interaction → RP	β	Pos	0.16	**
Jones, 2013 ^e	Volcanic eruptions, floods	Network variables → current concern	Mann-Whitney U	Pos	–	*
		(Mass media campaign exposure → conversations w/adults → RP)		Pos	0.83	n.s.
Karletsos, 2021 ^f	Smoking	(Mass media campaign exposure → conversations w/peers → RP)	OR	Neg	1.38	*
		(Social media campaign exposure → conversations w/adults → RP)		Pos	1.01	n.s.
		(Social media campaign exposure → conversations w/peers → RP)		Pos	1.23	*
		(Mass media campaign exposure → conversations w/adults → RP)		Neg	1.12	n.s.
	Shisha	(Mass media campaign exposure → conversations w/peers → RP)		Pos	1.34	*
		(Social media campaign exposure → conversations w/adults → RP)		Pos	0.99	n.s.
		(Social media campaign exposure → conversations w/peers → RP)		Pos	1.17	*
		Educational level → (deliberation → nuclear support)		Neg ^a	0.54	*
Kim, 2020	Nuclear energy	Social hierarchical status → (deliberation → nuclear support)	OR	Neg ^a	0.92	n.s.

Table SM5 (continued)

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.
Kohler, 2007	AIDS	Political progressiveness → (deliberation → nuclear support)		Neg ^a	0.21	***
		Political conservatism → (deliberation → nuclear support)		Pos ^a	3.09	**
		Being female → (deliberation → nuclear support)		Neg ^a	0.50	**
		Age → (deliberation → nuclear support)		Neg ^a	1.00	n.s.
		Income → (deliberation → nuclear support)		Pos ^a	1.16	*
		Religiousness → (deliberation → nuclear support)		Pos ^a	1.20	n.s.
		No. of network partners with high RP → RP (Kenya)		Pos	0.22	**
		No. of network partners with high RP → RP (Malawi)		Pos	0.10	**
		No. of network partners with moderate RP → RP (Malawi)	β	Neg	-0.13	**
		No. of network partners with low RP → RP (Kenya)		Neg	-0.07	n.s.
Kusumi, 2017	Radiation	No. of network partners with low RP → RP (Malawi)		Neg	-0.22	**
		RP → risk communication (strength of statement)	β	Pos	0.11	**
Lee, 2013	Breast cancer	IC → RP	β	Pos	0.20	***
Lee, 2016	Breast cancer	RP → IC	β	Pos	0.16	***
Lin, 2017	Haze	ID → RP	β	Pos	0.21	***
Meng, 2021	COVID-19	RP → IC	β (SEM)	Pos	0.29	***
Morton, 2001	Skin cancer	IC → personal RP	β	Neg	-0.30	**
		IC → group RP	β	Neg	-0.02	n.s.
		IC → societal RP	β	Neg	-0.07	n.s.
Nazione, 2021	COVID-19	IC → perceived susceptibility	β	Pos	0.10	*
		IC (spouse) → personal RJ	β	Pos	0.13	*
Park, 2001	Water contaminants	IC (neighbor) → personal RJ	β	Pos	0.10	n.s.
		IC (spouse) → societal RJ	β	Pos	0.18	**
		IC (neighbor) → societal RJ	β	Pos	0.15	**
		RJ				

Table SM5 (continued)

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.		
Paton, 2008	Radon	IC (spouse) → personal R.J	β	Pos	0.14	**		
		IC (neighbor) → personal R.J	β	Neg	-0.04	n.s.		
		IC (spouse) → societal R.J	β	Pos	0.04	n.s.		
		IC (neighbor) → societal R.J	β	Neg	-0.06	n.s.		
		AIDS	IC (spouse) → personal R.J	β	Pos	0.07	n.s.	
			IC (neighbor) → personal R.J	β	Pos	0.01	n.s.	
			IC (spouse) → societal R.J	β	Pos	0.08	n.s.	
			IC (neighbor) → societal R.J	β	Pos	0.02	n.s.	
	Heart disease		IC (spouse) → personal R.J	β	Pos	0.11	*	
			IC (neighbor) → personal R.J	β	Neg	-0.04	n.s.	
			IC (spouse) → societal R.J	β	Pos	0.03	n.s.	
			IC (neighbor) → societal R.J	β	Neg	-0.02	n.s.	
		Volcanic eruption	Community participation → Intentions	β (SEM)	Pos	0.14 ^b		
	Scherer, 2003 ^g	Hazardous waste	Dyadic strength → perception	β	Pos	-0.062	*	
			Drought	IC (family members) → perceived likelihood	<i>Point-biserial</i> (r_{pb}^2)	Neg	-0.01	n.s.
				IC (relatives and friends) → perceived likelihood	r_{pb}^2	Neg	-0.14	n.s.
		IC (other villagers) → perceived likelihood		r_{pb}^2	Neg	-0.12	n.s.	
		IC (family members) → perceived severity		r_{pb}^2	Neg	-0.09	n.s.	
		IC (relatives and friends) → perceived severity		r_{pb}^2	Neg	-0.09	n.s.	
		IC (other villagers) → perceived severity		r_{pb}^2	Neg	-0.04	n.s.	
IC (family members) → perceived likelihood		r_{pb}^2		Neg	-0.04	n.s.		
Wildfire		IC (relatives and friends) → perceived likelihood		r_{pb}^2	Neg	-0.01	n.s.	
		IC (other villagers) → perceived likelihood		r_{pb}^2	Neg	-0.02	n.s.	
		IC (family members) → perceived severity		r_{pb}^2	Neg	-0.03	n.s.	
		IC (relatives and friends) → perceived severity		r_{pb}^2	Neg	-0.17	**	
Sim, 2018				IC (other villagers) → perceived severity	r_{pb}^2	Neg	-0.20	***

Table SM5 (continued)

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.
		IC (family members) → perceived likelihood	r_{pb}^2	Neg	-0.04	n.s.
	Hailstorm	IC (relatives and friends) → perceived likelihood	r_{pb}^2	Neg	-0.12	n.s.
		IC (other villagers) → perceived likelihood	r_{pb}^2	Neg	-0.05	n.s.
		IC (family members) → perceived severity	r_{pb}^2	Neg	-0.02	n.s.
		IC (relatives and friends) → perceived severity	r_{pb}^2	–	0.00	n.s.
		IC (other villagers) → perceived severity	r_{pb}^2	Pos	0.11	n.s.
	Flood	IC (family members) → perceived likelihood	r_{pb}^2	–	0.00	n.s.
		IC (relatives and friends) → perceived likelihood	r_{pb}^2	Neg	-0.01	n.s.
	Earthquake	IC (other villagers) → perceived likelihood	r_{pb}^2	Neg	-0.16	**
		IC (family members) → perceived likelihood	r_{pb}^2	Neg	-0.05	n.s.
		IC (relatives and friends) → perceived likelihood	r_{pb}^2	Neg	-0.07	n.s.
		IC (other villagers) → perceived severity	r_{pb}^2	Neg	-0.14	n.s.
		IC (family members) → perceived severity	r_{pb}^2	Neg	-0.07	n.s.
		IC (relatives and friends) → perceived severity	r_{pb}^2	Neg	-0.08	n.s.
	Mass wasting	IC (other villagers) → perceived likelihood	r_{pb}^2	Neg	-0.11	n.s.
		IC (family members) → perceived likelihood	r_{pb}^2	Neg	0.00	n.s.
		IC (relatives and friends) → perceived likelihood	r_{pb}^2	Neg	-0.13	n.s.
		IC (other villagers) → perceived likelihood	r_{pb}^2	Neg	-0.15	n.s.
		IC (family members) → perceived severity	r_{pb}^2	Neg	-0.01	n.s.
		IC (relatives and friends) → perceived severity	r_{pb}^2	Neg	-0.06	n.s.
	Landslide	IC (family members) → perceived likelihood	r_{pb}^2	Neg	-0.07	n.s.
		IC (relatives and friends) → perceived likelihood	r_{pb}^2	Neg	-0.05	n.s.
		IC (other villagers) → perceived likelihood	r_{pb}^2	Neg	-0.08	n.s.
		IC (family members) → perceived severity	r_{pb}^2	Neg	-0.10	n.s.
		IC (relatives and friends) → perceived severity	r_{pb}^2	Neg	-0.09	n.s.
		IC (other villagers) → perceived severity	r_{pb}^2	Neg	-0.07	n.s.

Table SM5 (continued)

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.		
Snyder, 1995	Mudflow	IC (family members) → perceived likelihood	r_{pb}^2	Neg	-0.05	n.s.		
		IC (relatives and friends) → perceived likelihood	r_{pb}^2	Neg	-0.05	n.s.		
		IC (other villagers) → perceived likelihood	r_{pb}^2	Neg	-0.03	n.s.		
		IC (family members) → perceived severity	r_{pb}^2	Neg	-0.12	n.s.		
	AIDS	IC → personal RP	β	Neg	-0.01	n.s.		
		IC → social RP	β	Pos	0.02	n.s.		
		Communication with younger people → personal RP	β	Neg	-0.03	n.s.		
		Communication with peers/professionals/parents → personal RP	β	Pos	0.11	n.s.		
		Communication with younger people → social RP	β	Pos	0.11	n.s.		
		Communication with peers/professionals/parents → social RP	β	Pos	0.02	n.s.		
		Vyncke, 2017	Nuclear radiation	IC → RP	β	Pos	0.12	***
		Wang, 2021	Various	New year greeting network → RP	β	Neg	-0.01	n.s.
Catering network → RP	β			Pos	0.004	*		
Wild, 2001	Alcohol consumption	Frequency others drink more than 5 → Risk to self	β	Pos	0.13	*		
		Frequency others pressure respondent to get drunk → Risk to self	β	Pos	0.12	n.s.		
		Frequency others pressure respondent to cut down/act differently → Risk to self	β	Pos	0.07	n.s.		
		Others allow respondent to disagree or contradict their opinions on alcohol → Risk to self	β	Neg	-0.08	n.s.		
		Others allow respondent to choose what to do about her/his drinking → Risk to self	β	Neg	-0.09	n.s.		
		Frequency others drink more than 5 → Risk to other	β	Pos	0.18	***		
		Frequency others pressure respondent to get drunk → Risk to other	β	Pos	0.04	n.s.		

Table SM5 (continued)

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.
		Frequency others pressure respondent to cut down/act differently → Risk to other	β	Pos	0.07	n.s.
		Others allow respondent to disagree or contradict their opinions on alcohol → Risk to other	β	Neg	-0.05	n.s.
		Others allow respondent to choose what to do about her/his drinking → Risk to other	β	Neg	-0.18	**
Wu, 2017	Haze	SNS involvement (as opposed to mass media) → RP	β	Pos	0.26	**
		Direct experience mediated by SNS involvement → RP	β	Pos	0.10	**
Yang, 2021	COVID-19	IC → personal RP	β	Pos	0.35	**
		IC → group RP	β	Pos	0.35	**
		IC → societal RP	β	Pos	0.29	**
Yoo, 2020	MERS-COV	Personal RP → expressing [risk] information	β	Pos	0.17	***
		Societal RP → expressing [risk] information	β	Neg	-0.17	***
		Personal RP → receiving [risk] information	β	Pos	0.06	n.s.
		Societal RP → receiving [risk] information	β	Pos	0.05	n.s.
Zeng, 2019	Nuclear power	Information acquisition from peers → RP	β	Neg	-0.02	n.s.
Zhang, 2021	Breast cancer	RP → information seeking	β (SEM)	Pos	0.27	***
		Information seeking → ID	β (SEM)	Pos	0.47	***
		RP → information scanning	β (SEM)	Pos	0.12	*
		Information scanning → ID	β (SEM)	Pos	0.41	***
Zhao, 2021	Influenza	Social influence → RP	β (SEM)	Neg	-0.17	**

Table SM5 (continued)

Article	Risk topic	Variables ¹	Statistic	Valence	Effect size	Sign.
---------	------------	------------------------	-----------	---------	-------------	-------

p<.001, ***; p<.01, **; p<.05, *; not significant, n.s.

¹ ID=Interpersonal Discussion; IC=Interpersonal Communication; RP=Risk Perception; RJ=Risk Judgment

^a Kim (2020): Effect sizes and valences pertain to nuclear support; signs are therefore reversed compared with the other articles.

^b Paton (2008): No p-value indicated, but the article states that the correlation is significant.

^c Basil (1997): All significant correlations are fully mediated by identification.

^d Hilverda (2017): RP is significantly higher after talking to an expert than after talking to a peer or anonymous source.

^e Jones (2013): No effect sizes provided; support exchanges significantly predict current concern in multiple areas.

^f Karletsos (2021): Study did not provide p-values; * denotes any significance level of 95% and above.

^g Scherer (2003): Higher scores indicate greater dissimilarity; negative coefficients therefore correspond to positive relationships.

Table SM5: Effect sizes of quantitative articles in the corpus.

Chapter 3 Appendices

Appendix A: Survey Flow

The conjoint experiment was part of a larger survey on risk talk preferences and behavior. The survey followed the structure outlined in the table below.

Block #	Contents
1	Introduction and consent form
2	Sociodemographic variables
3	Risk talk and risk behavior-related variables
4	Attention check
5	Variables on risk perception and risk knowledge
6	Conjoint experiment
7	Vignette study (separate study)
8	Comments
9	Debrief

Table SM6: Survey flow

Appendix B: Attention Check and Exclusion of Participants

In any survey not administered through an interviewer, there is a chance that some respondents may click their way through the survey without carefully reading the questions. To ensure a high response quality, our survey thus contained an attention check in block 4 (see *Appendix 3A: Survey Flow*) to identify such respondents. Respondents were asked the following question:

”Before the survey continues, we kindly ask you a very simple question about colors. We would like you to choose the colors ‘purple’ and ‘yellow’ from this list to show that you’re reading the questions carefully.

1. Blue
2. Green
3. Yellow
4. Red
5. Purple”

Respondents speeding through the survey may have still passed the attention check, whether out of luck or due to having identified the attention check as such and reading only this question carefully, while neglecting to pay close attention to the remaining questions. To identify such respondents, we set a minimum threshold for the full survey of 360 seconds, meaning that respondents who spent less than 360 seconds in total on the full survey were excluded from the final sample. In addition, to ensure that respondents carefully considered the individual conjoint tasks, we also set a minimum threshold of 3 seconds per task, meaning that respondents spending less than 3 seconds on any given conjoint task were also excluded from the survey.

Appendix C: Conjoint Experiment and Exclusion of Profiles

Respondents were given the following instruction prior to the first conjoint task together with an example task: “In dit deel van de enquête krijgt u 8 paar gesprekken te zien met verschillende kenmerken. Uw taak is om te kiezen met welke persoon u liever zou willen praten” (please refer to the main article for the English translation). With every conjoint task, respondents were asked “In welk gesprek zou u liever willen deelnemen?”. An example of a conjoint task in the original Dutch can be seen in Figure SM2 below.

	Gesprek 1	Gesprek 2
Schijnbare motivatie van de persoon	u te overtuigen om meer maatregelen te nemen	informatie over het risico met u te willen uitwisselen
Schijnbare kennis van de persoon	zeer goed geïnformeerd	zeer goed geïnformeerd
Schijnbare bezorgdheid van de persoon	zeer bezorgd	redelijk bezorgd
Onderwerp	overstromingen	overstromingen
Band met u	zeer hecht	niet hecht
Relatie tot u	familieid	collega/studiegenoot
Geslacht van de persoon	VROUW	VROUW

Figure SM2: Example of a paired profile layout.

In conjoint experiments, it is sometimes necessary to exclude certain combinations of attribute levels, which may be nonsensical. In this conjoint analysis, the level combinations below were excluded:

Perceived concern of the interlocutor (very concerned; fairly concerned) and perceived motivation of the interlocutor (to convince the respondent to take fewer precautions)

Reason: If an interlocutor is fairly or very concerned about a risk, they are unlikely to argue for fewer precautions.

Perceived concern of the interlocutor (not concerned) and perceived motivation of the interlocutor (to convince the respondent to take more precautions; to feel less anxious)

Reason: If an interlocutor is not concerned about a risk, it would make little sense for them to argue for more precautions or seek out anxiety relief.

Relation with respondent (friend) and closeness with respondent (not close)

Reason: Friendship presupposes a certain level of closeness, wherefore this combination does not make sense.

Appendix D: Descriptive Statistics and Bivariate Correlations

Continuous variables		Mean	Median	Min	Max
Age (years)		52.5	55	18	92
Categorical variables		Frequency	Proportion		
Gender	Male	567	47.2%		
	Female	629	52.3%		
	Non-binary/agender	6	0.5%		
Education	No formal education	4	0.3%		
	Basic education	28	2.3%		
	VMBO/MAVO/LBO	422	35.3%		
	HAVO/VWO	151	12.6%		
	MBO	361	30.0%		
	Bachelor	168	14.0%		
	Master	56	4.7%		
	PhD	7	0.6%		
Missing	5	0.4%			
Risk talk	(Almost) daily	257	21.4%		
	More than once per week	341	28.4%		
	Once per week or less often	311	25.9%		
	Once per month or less often	228	19.0%		
	(Almost) never	61	5.1%		
	Missing	4	0.0%		
Information seeking	(Almost) always	205	17.1%		
	Mostly	310	25.8%		
	About half the time	123	10.2%		
	Once in a while	341	28.4%		
	(Almost) never	219	18.2%		
	Missing	4	0.0%		

Table SM7: Descriptive statistics on demographic variables, risk talk, and information seeking (n=1201)

Probability					
	Highly probable	Probable	Neither	Improbable	Highly improbable
Floods	44	187	370	410	185
Pesticides	42	176	510	351	117
Infectious disease	45	279	567	232	73
Lifestyle disease	54	221	511	330	80
Severity					
	Highly severe	Severe	Neither	Not severe	Not at all severe
Floods	191	372	341	203	88
Pesticides	123	388	458	173	53
Infectious disease	171	411	420	153	40
Lifestyle disease	99	362	457	227	50
Knowledge					
	Very well-informed	Fairly well-informed	Somewhat well-informed	Not very well-informed	Not at all well-informed
Floods	61	272	475	317	70
Pesticides	52	209	367	462	105
Infectious disease	73	317	487	272	46
Lifestyle disease	235	566	307	70	17

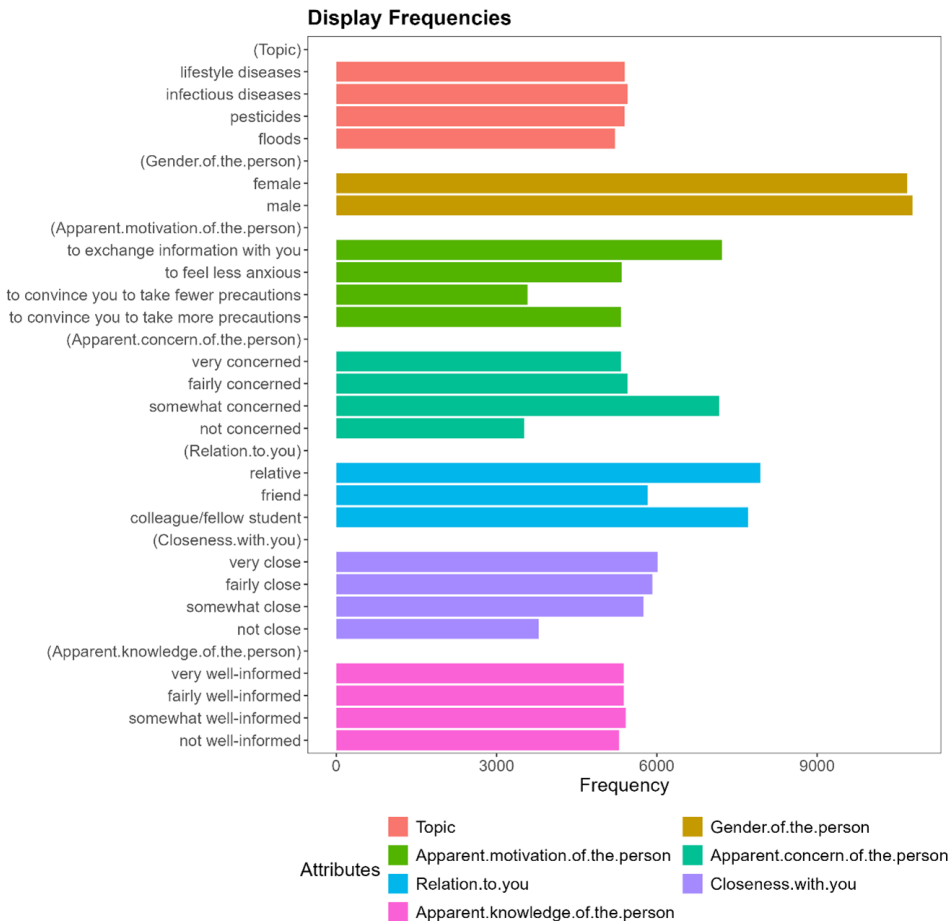
Table SM8: Descriptive statistics on risk variables ($N = 1195$).

	Low RP	%	High RP	%
Compound risk perception	879	73.6%	316	26.4%
Floods	822	68.8%	373	31.2%
Infectious diseases	628	52.6%	567	47.4%
Pesticides	765	64.0%	430	36.0%
Lifestyle diseases	769	63.9%	436	36.1%

Table SM9: Recoded risk perception variables ($N = 1195$).

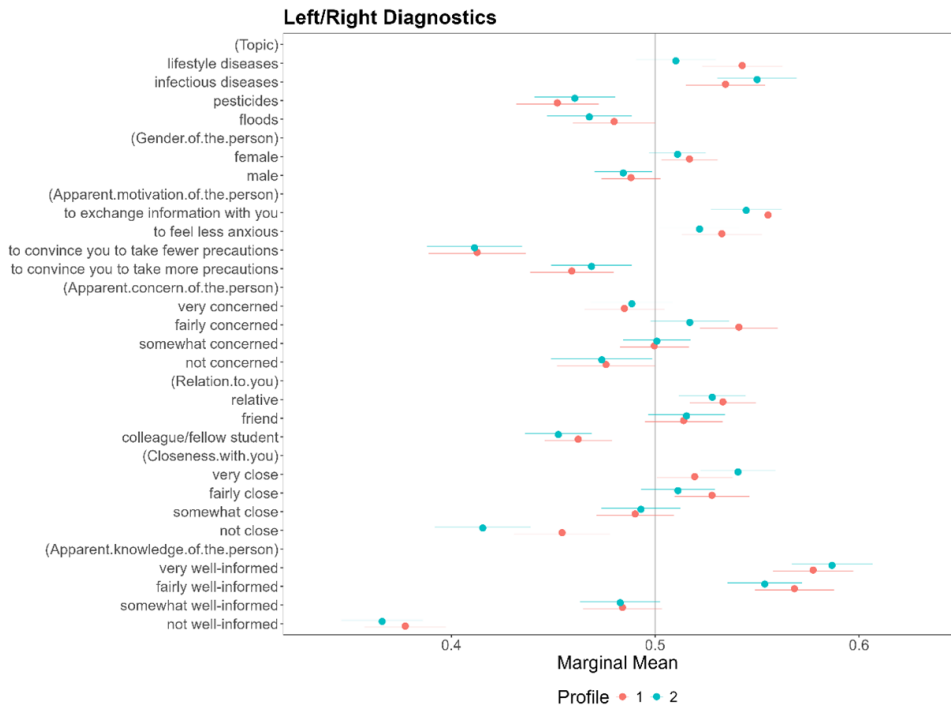
	Compound risk perception	Floods	Infectious diseases	Pesticides	Lifestyle diseases
Compound risk perception	1				
Floods	.75	1			
Infectious diseases	.79	.47	1		
Pesticides	.81	.50	.56	1	
Lifestyle diseases	.70	.31	.40	.43	1

Table SM10: Bivariate correlations between risk perception variables.



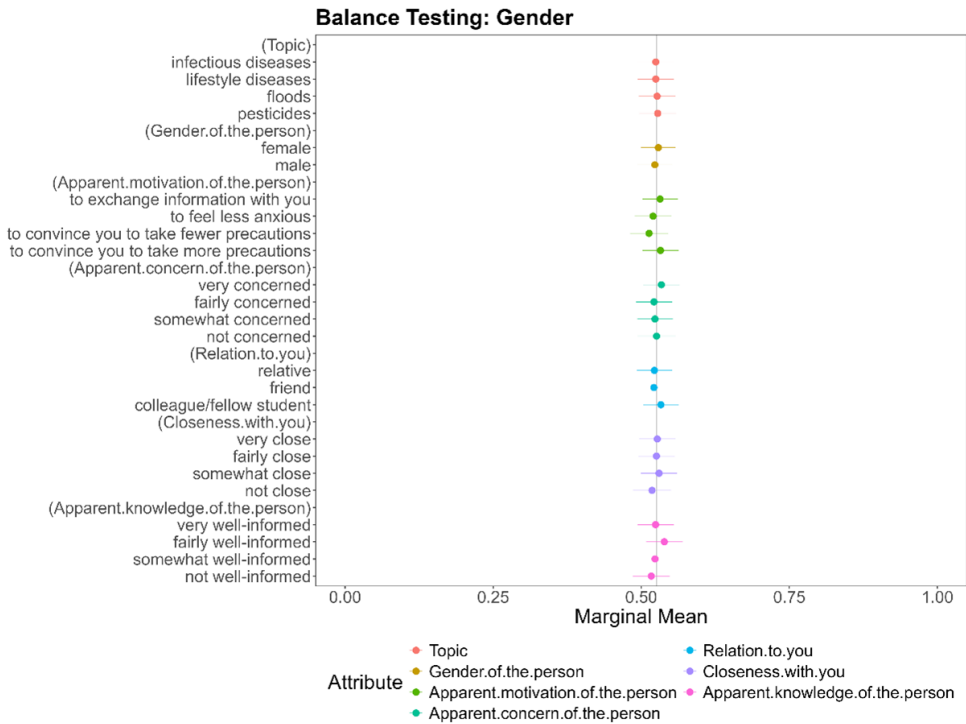
Note: Figure SM3 shows the display frequencies of all attribute levels the conjoint analysis. Conjoint profiles are randomly generated to respondents; however, due to either chance or the exclusion of specific level combinations, certain levels may be shown more or less frequently than others. The figure allows the reader to assess whether any attribute level was unintentionally underrepresented, which could affect the reliability of the AMCE estimates. In this case, all lower-frequency levels correspond to intentionally excluded profile combinations, and we do not observe any disproportionate exclusions beyond those expected.

Figure SM3: Display frequencies and proportions.



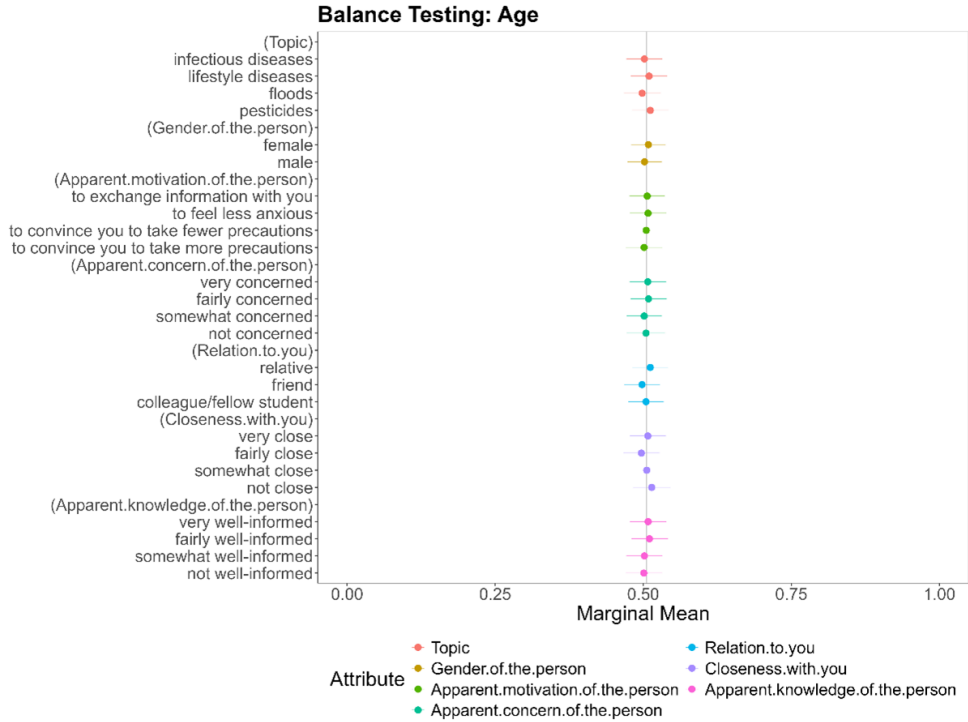
Note: Figure SM4 shows the marginal means of each attribute level when shown on the left side (red dots) or the right side (blue dots) of the profile pair. Respondents may be biased toward one side or the other, either by subconscious preference or due to speeding. This figure lets the reader assess whether the likelihood of a level being chosen differs depending on its position. Here, confidence intervals overlap for almost all levels, and the remaining differences are small enough to not raise concerns about the interpretation of the results.

Figure SM4: Left/right diagnostics



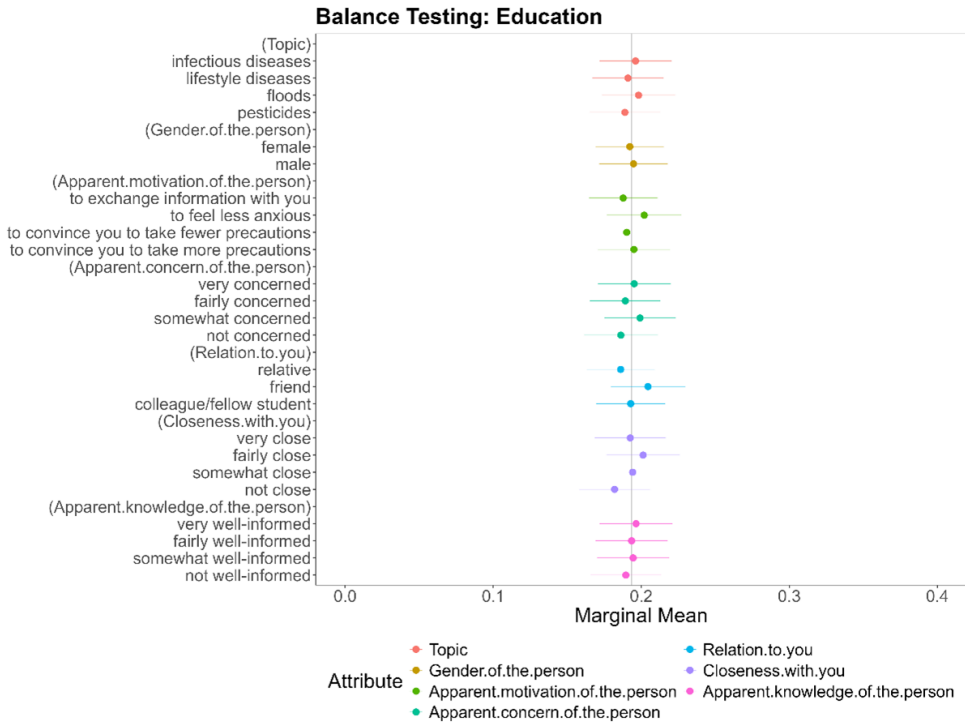
Note: Figure SM5 shows whether attribute levels were successfully randomized across respondent gender. Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the gender of the respondent.

Figure SM5: Balance testing (gender)



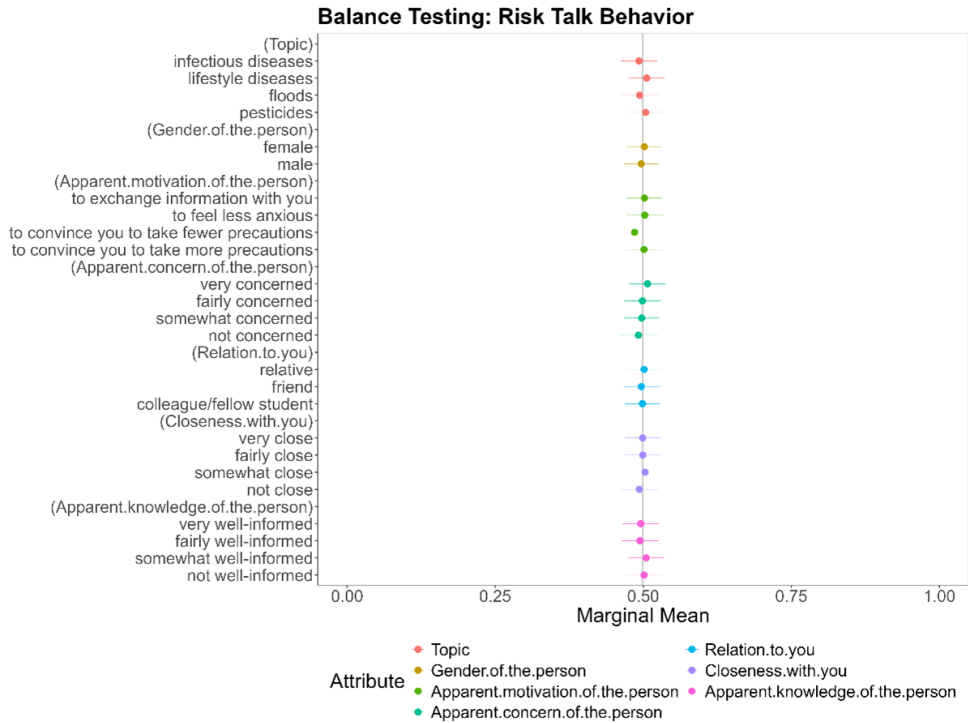
Note: Figure SM6 shows whether attribute levels were successfully randomized across respondent age groups (younger vs. older). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the age of the respondent.

Figure SM6: Balance testing (age)



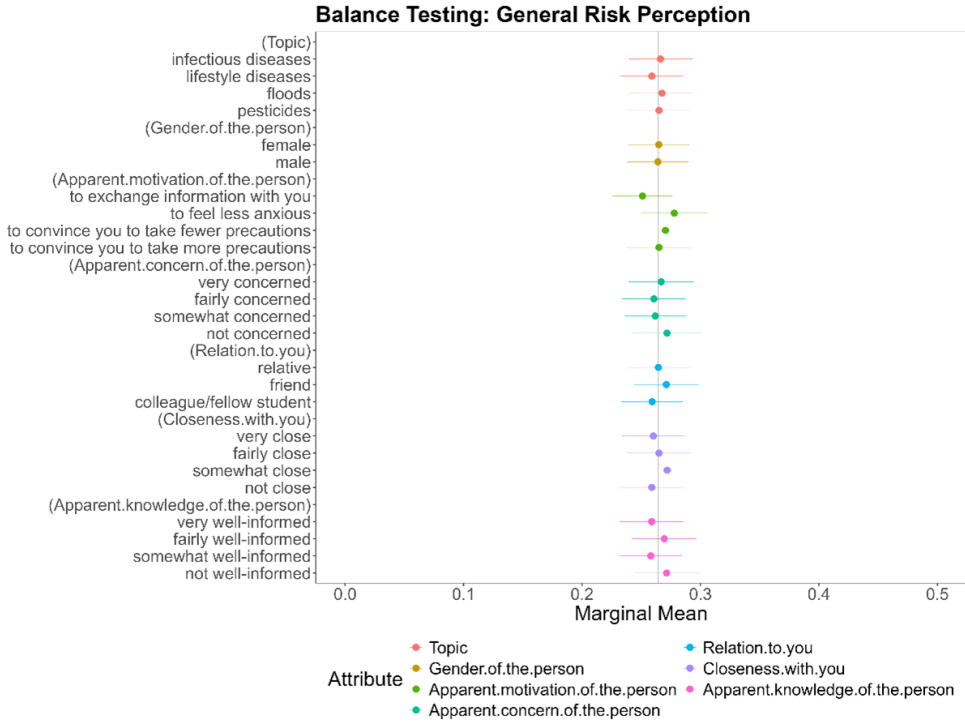
Note: Figure SM7 shows whether attribute levels were successfully randomized across respondent education (non-university-educated vs. university-educated). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the education of the respondent.

Figure SM7: Balance testing (education)



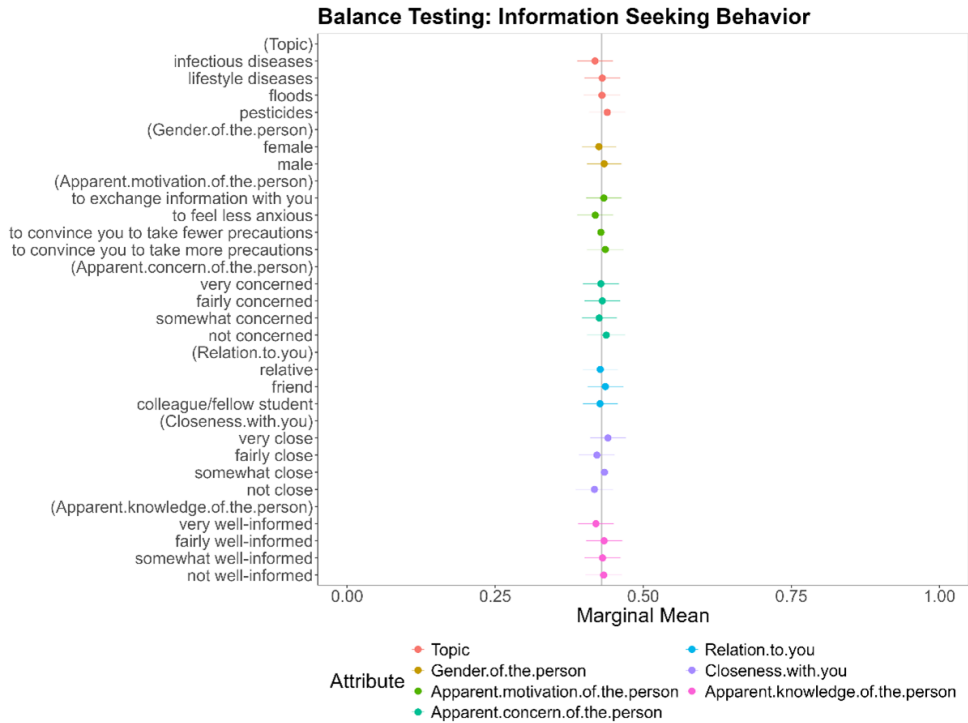
Note: Figure SM8 shows whether attribute levels were successfully randomized across respondent risk talk behavior (infrequent vs. frequent). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk talk behavior of the respondent.

Figure SM8: Balance testing (risk talk behavior)



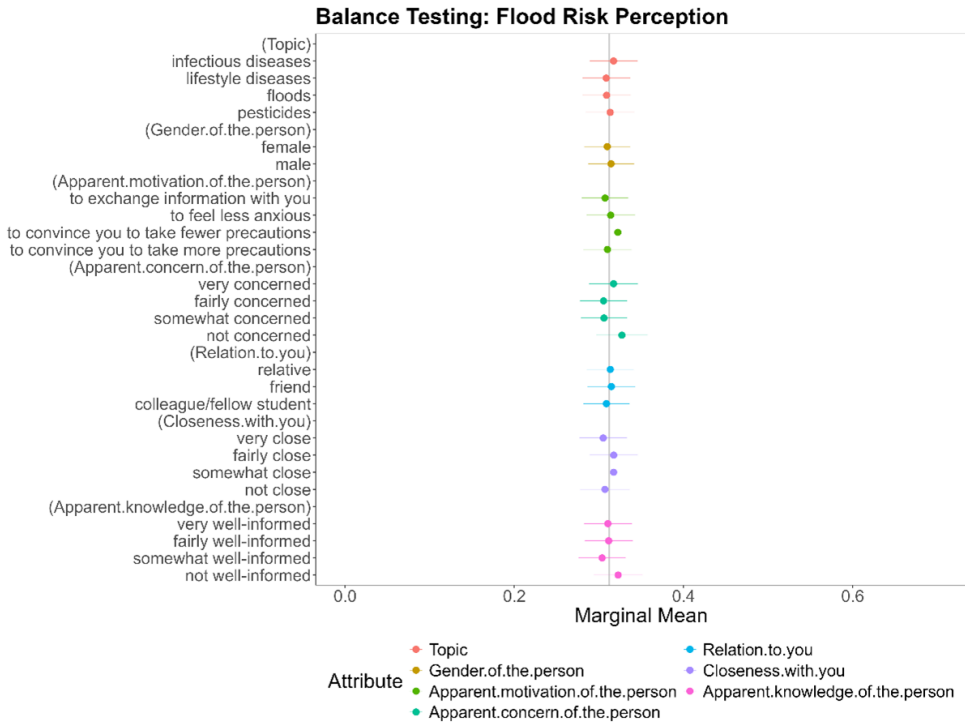
Note: Figure SM9 shows whether attribute levels were successfully randomized across respondent information seeking behavior (non-frequent vs. frequent). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the information seeking behavior of the respondent.

Figure SM9: Balance testing (information seeking behavior)



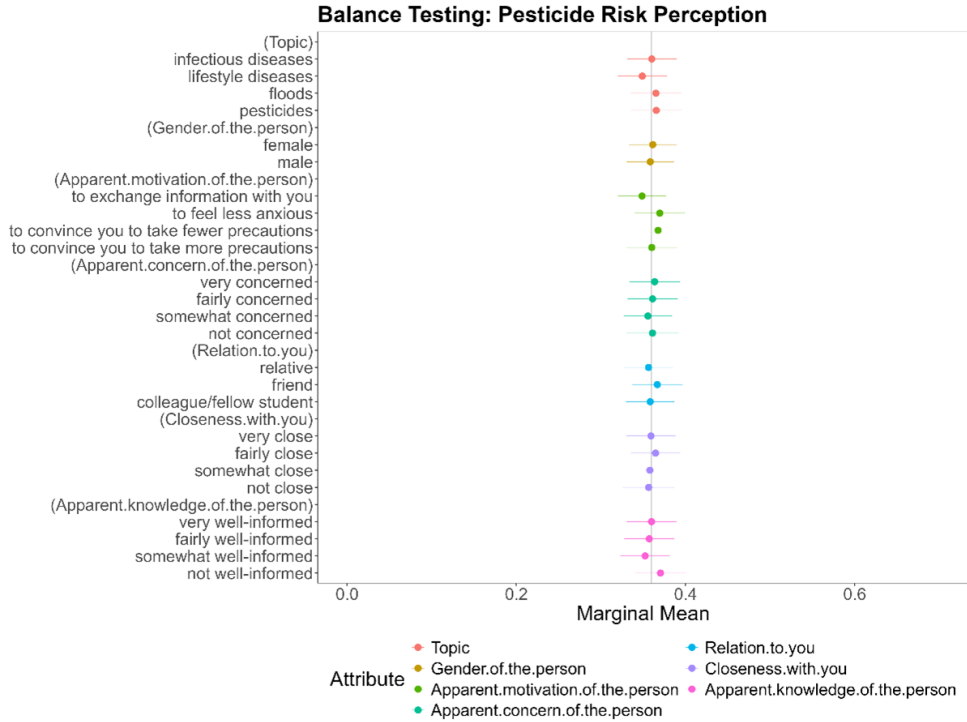
Note: Figure SM10 shows whether attribute levels were successfully randomized across respondent risk perception (general) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk perception of the respondent.

Figure SM10: Balance testing (general risk perception)



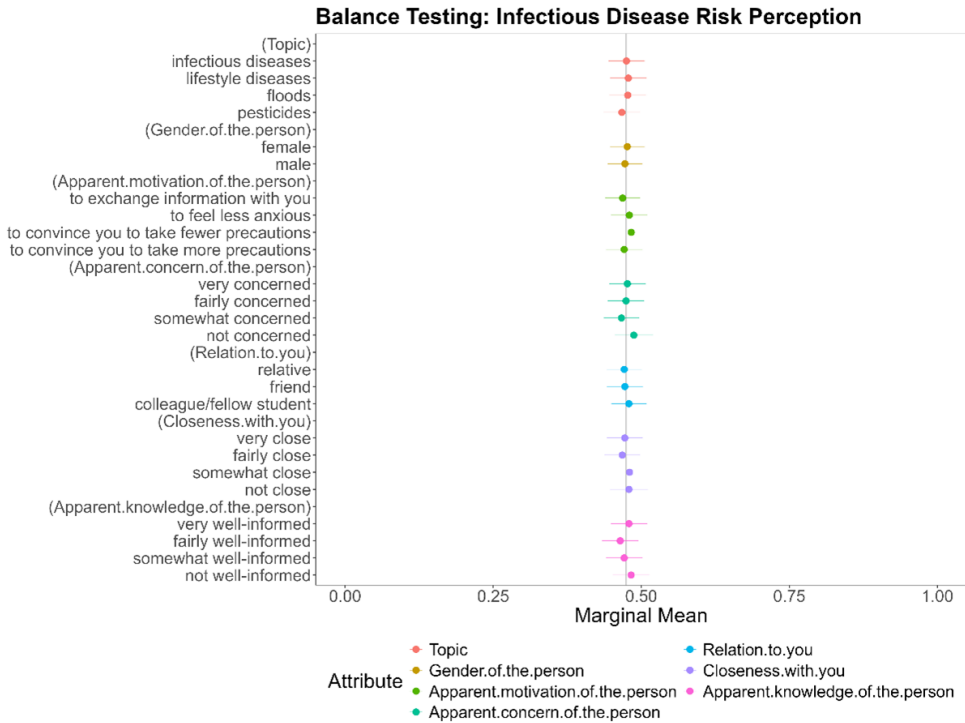
Note: Figure SM11 shows whether attribute levels were successfully randomized across respondent risk perception (flood) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk perception of the respondent.

Figure SM11: Balance testing (flood risk perception)



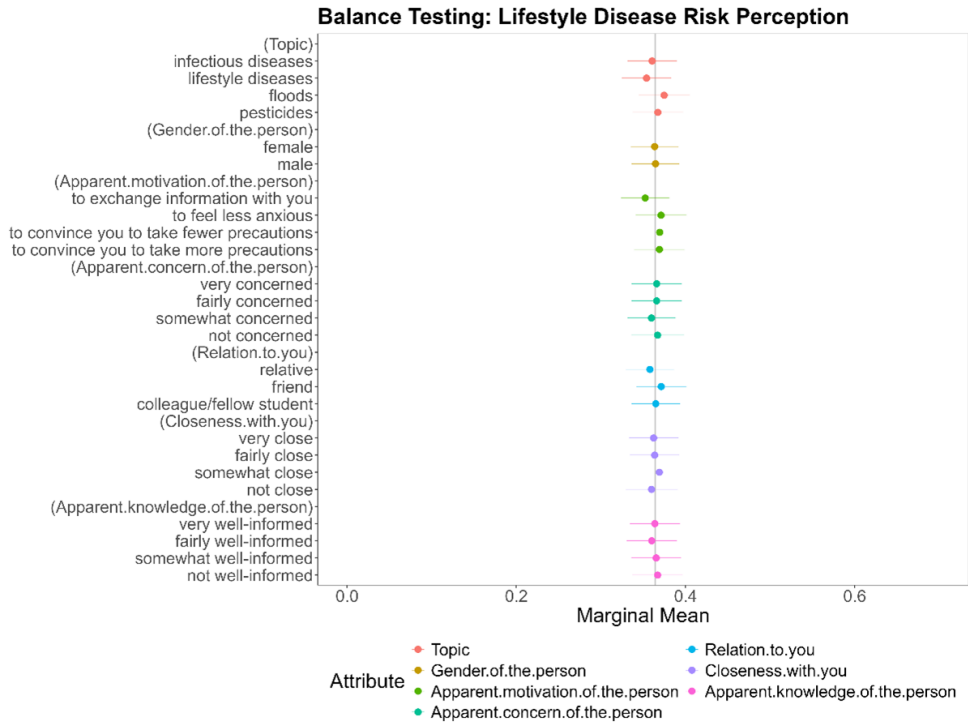
Note: Figure SM12 shows whether attribute levels were successfully randomized across respondent risk perception (pesticides) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk perception of the respondent.

Figure SM12: Balance testing (pesticide risk perception)



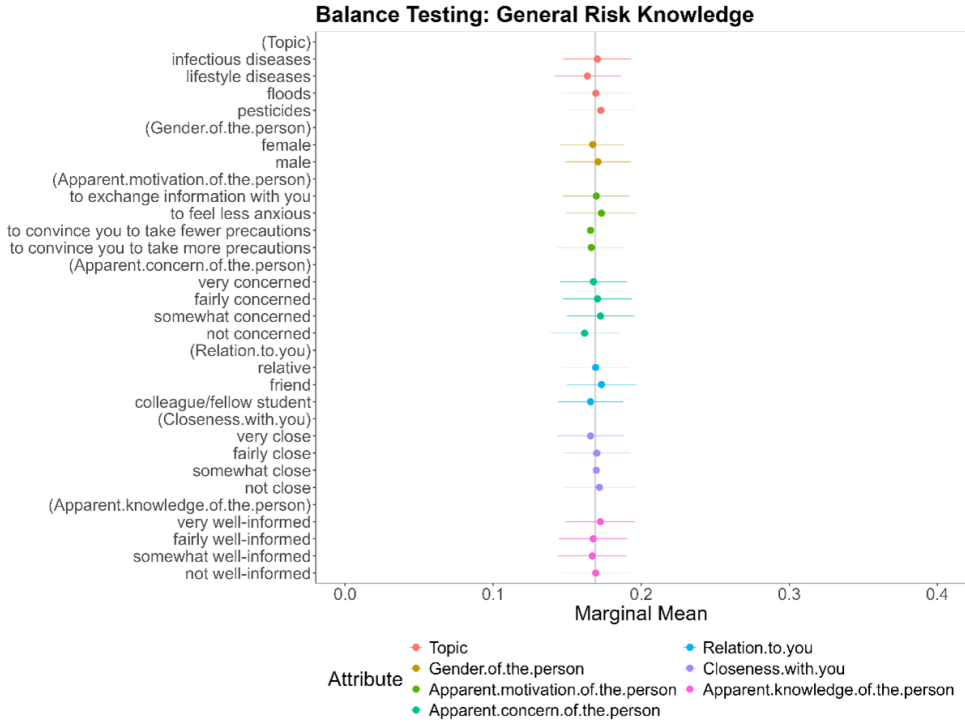
Note: Figure SM13 shows whether attribute levels were successfully randomized across respondent risk perception (infectious diseases) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk perception of the respondent.

Figure SM13: Balance testing (infectious disease risk perception)



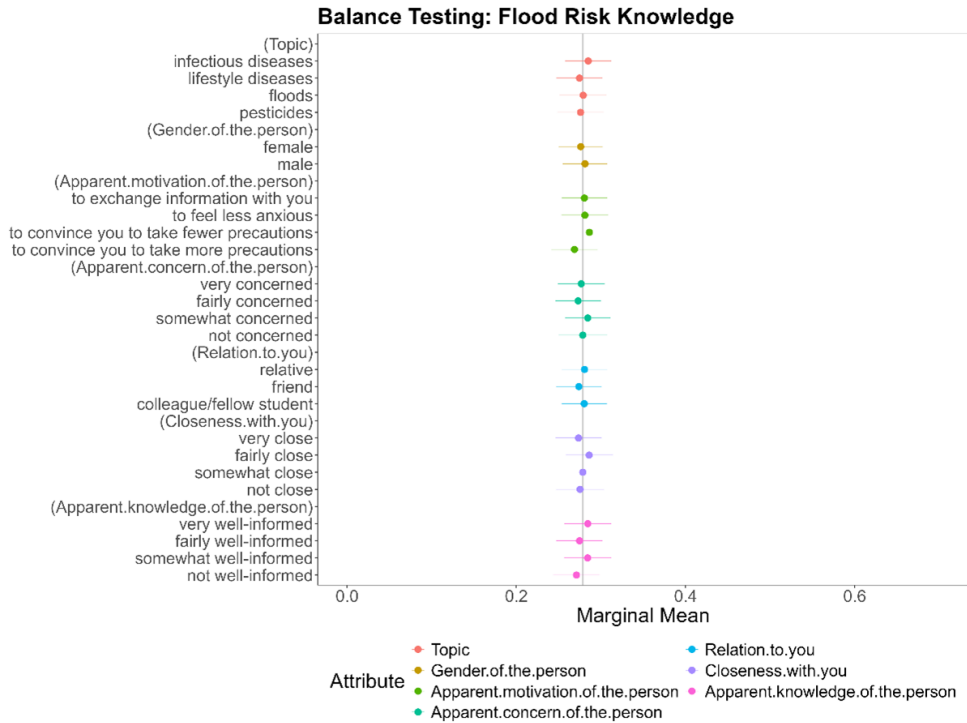
Note: Figure SM14 shows whether attribute levels were successfully randomized across respondent risk perception (lifestyle disease) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk perception of the respondent.

Figure SM14: Balance testing (lifestyle disease risk perception)



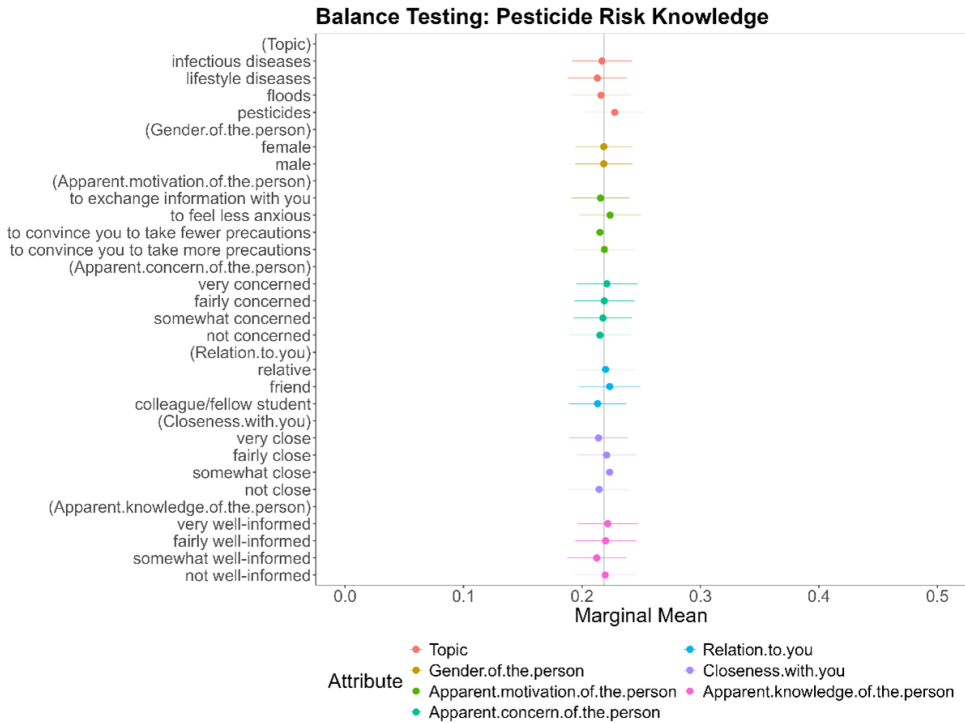
Note: Figure SM15 shows whether attribute levels were successfully randomized across respondent risk knowledge (general) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk knowledge of the respondent.

Figure SM15: Balance testing (general risk knowledge)



Note: Figure SM16 shows whether attribute levels were successfully randomized across respondent risk knowledge (flood) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk knowledge of the respondent.

Figure SM16: Balance testing (flood risk knowledge)



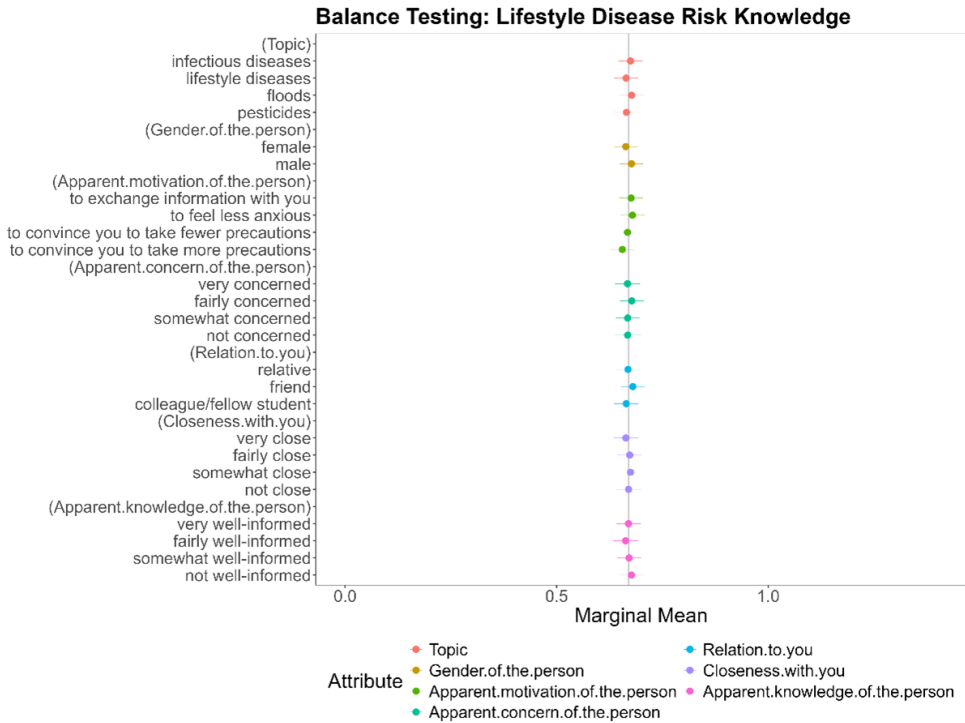
Note: Figure SM17 shows whether attribute levels were successfully randomized across respondent risk knowledge (pesticides) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk knowledge of the respondent.

Figure SM17: Balance testing (pesticide risk knowledge)



Note: Figure SM18 shows whether attribute levels were successfully randomized across respondent risk knowledge (infectious disease) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk knowledge of the respondent.

Figure SM18: Balance testing (infectious disease risk knowledge)



Note: Figure SM19 shows whether attribute levels were successfully randomized across respondent risk knowledge (lifestyle disease) (low vs. high). Here, all levels hover around the mean, indicating that there were no major differences in the frequency with which the respective levels were shown depending on the risk knowledge of the respondent.

Figure SM19: Balance testing (lifestyle disease risk knowledge)



Note: Figure SM20 shows whether attribute levels were sufficiently randomized across all 8 tasks (displayed here as 9 tasks due to the inclusion of the example task). This figure lets the reader assess whether certain attribute levels were shown more frequently at different points in the survey. In this case, confidence intervals overlap for all attribute levels, indicating stable randomization and no evidence of systematic carryover effects.

Figure SM20: Carryover effects

Test	Residual DF	Residual deviance	DF	Deviance	F	$\Pr(> F)$
Carryover effects	21453	5080.2				0.10
	21434	5073.7	19	6.5	1.4	0.10
Profile order effects	21453	5080.2				
	21301	5046.8	152	33.4	0.9	0.70

Table SM11: Nested model comparison tests (carryover effects and left–right diagnostics).

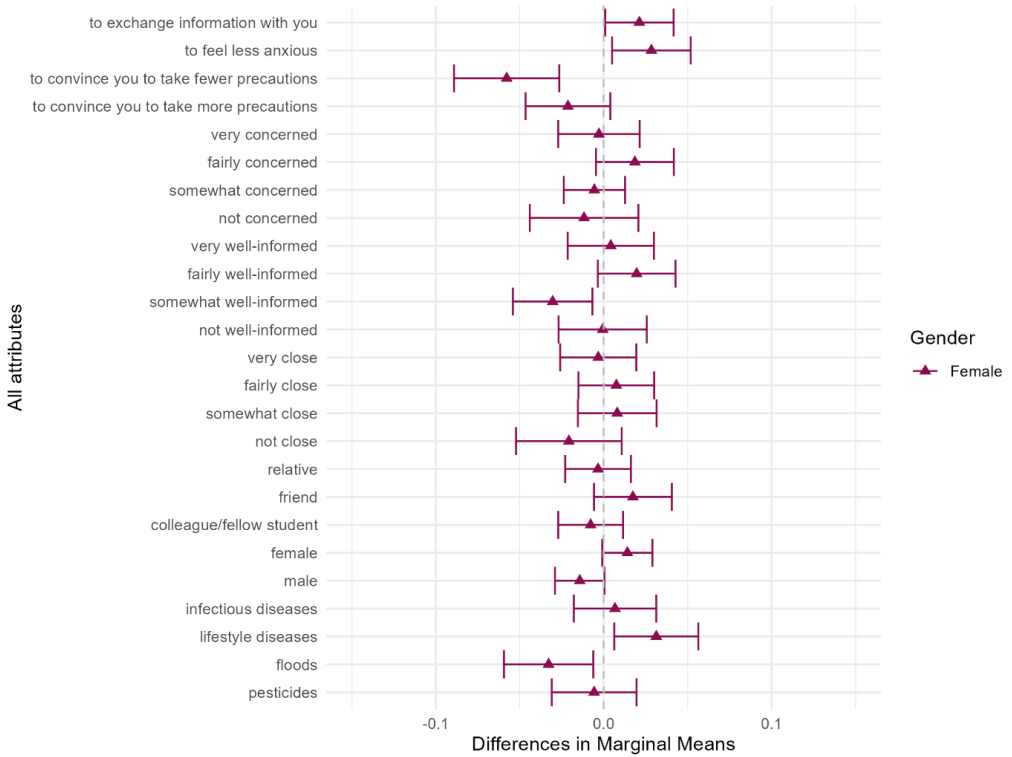
Appendix E: Full Results

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.21	0.01	18.94	< 0.001	0.19	0.23
	Fairly well-informed	0.19	0.01	18.59	< 0.001	0.17	0.21
	Somewhat well-informed	0.11	0.01	11.45	< 0.001	0.09	0.13
	Not well-informed	NA	NA	NA	NA	NA	NA
Closeness with the respondent	Very close	0.10	0.01	8.66	< 0.001	0.07	0.12
	Fairly close	0.08	0.01	7.66	< 0.001	0.06	0.11
	Somewhat close	0.06	0.01	5.20	< 0.001	0.04	0.08
	Not close	NA	NA	NA	NA	NA	NA
Relation to the respondent	Relative	0.08	0.01	8.65	< 0.001	0.06	0.09
	Friend	0.04	0.01	4.74	< 0.001	0.02	0.06
	Colleague/fellow student	NA	NA	NA	NA	NA	NA
Apparent concern of the interlocutor	Very concerned	-0.02	0.01	-1.44	0.149	-0.04	0.01
	Fairly concerned	0.02	0.01	1.85	0.064	0.00	0.05
	Somewhat concerned	0.02	0.01	1.78	0.076	0.00	0.04
	Not concerned	NA	NA	NA	NA	NA	NA
Apparent motivation of the interlocutor	To exchange information with you	0.09	0.01	9.15	< 0.001	0.07	0.11
	To feel less anxious	0.06	0.01	6.56	< 0.001	0.05	0.08
	To convince you to take fewer precautions	-0.05	0.01	-4.05	< 0.001	-0.08	-0.03
	To convince you to take more precautions	NA	NA	NA	NA	NA	NA
Gender of the interlocutor	Female	0.03	0.01	3.75	< 0.001	0.01	0.04
	Male	NA	NA	NA	NA	NA	NA
Topic	Lifestyle diseases	0.05	0.01	5.06	< 0.001	0.03	0.08
	Infectious diseases	0.07	0.01	6.27	< 0.001	0.05	0.09
	Pesticides	-0.02	0.01	-1.85	0.065	-0.04	0.00
	Floods	NA	NA	NA	NA	NA	NA

Table SM12: Conjoint analysis main results ($N = 1201$).

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.00	0.01	0.32	0.75	-0.02	0.03
	Fairly well-informed	0.02	0.01	1.66	0.10	0.00	0.04
	Somewhat well-informed	-0.03	0.01	-2.51	0.01	-0.05	-0.01
	Not well-informed	0.00	0.01	-0.04	1.00	-0.03	0.03
Closeness with the respondent	Very close	0.00	0.01	-0.28	0.78	-0.03	0.02
	Fairly close	0.01	0.01	0.65	0.51	-0.01	0.03
	Somewhat close	0.01	0.01	0.67	0.50	-0.02	0.03
	Not close	-0.02	0.02	-1.29	0.20	-0.05	0.01
Relation to the respondent	Relative	0.00	0.01	-0.34	0.74	-0.02	0.02
	Friend	0.02	0.01	1.47	0.14	-0.01	0.04
	Colleague/fellow student	-0.01	0.01	-0.79	0.43	-0.03	0.01
Apparent knowledge of the interlocutor	Very concerned	0.00	0.01	-0.23	0.82	-0.03	0.02
	Fairly concerned	0.02	0.01	1.57	0.12	0.00	0.04
	Somewhat concerned	-0.01	0.01	-0.60	0.55	-0.02	0.01
	Not concerned	-0.01	0.02	-0.71	0.48	-0.04	0.02
Apparent motivation of the interlocutor	To exchange information with you	0.02	0.01	2.04	0.04	0.00	0.04
	To feel less anxious	0.03	0.01	2.38	0.02	0.00	0.05
	To convince you to take fewer precautions	-0.06	0.02	-3.61	<0.001	-0.09	-0.03
	To convince you to take more precautions	-0.02	0.01	-1.65	0.10	-0.05	0.00
Gender of the interlocutor	Female	0.01	0.01	1.85	0.06	0.00	0.03
	Male	-0.01	0.01	-1.89	0.06	-0.03	0.00
Topic	Lifestyle diseases	0.03	0.01	2.45	0.01	0.01	0.06
	Infectious diseases	0.01	0.01	0.54	0.59	-0.02	0.03
	Pesticides	-0.01	0.01	-0.44	0.66	-0.03	0.02
	Floods	-0.03	0.01	-2.42	0.02	-0.06	-0.01

Table SM13: Difference in marginal means (gender; reference category: male).

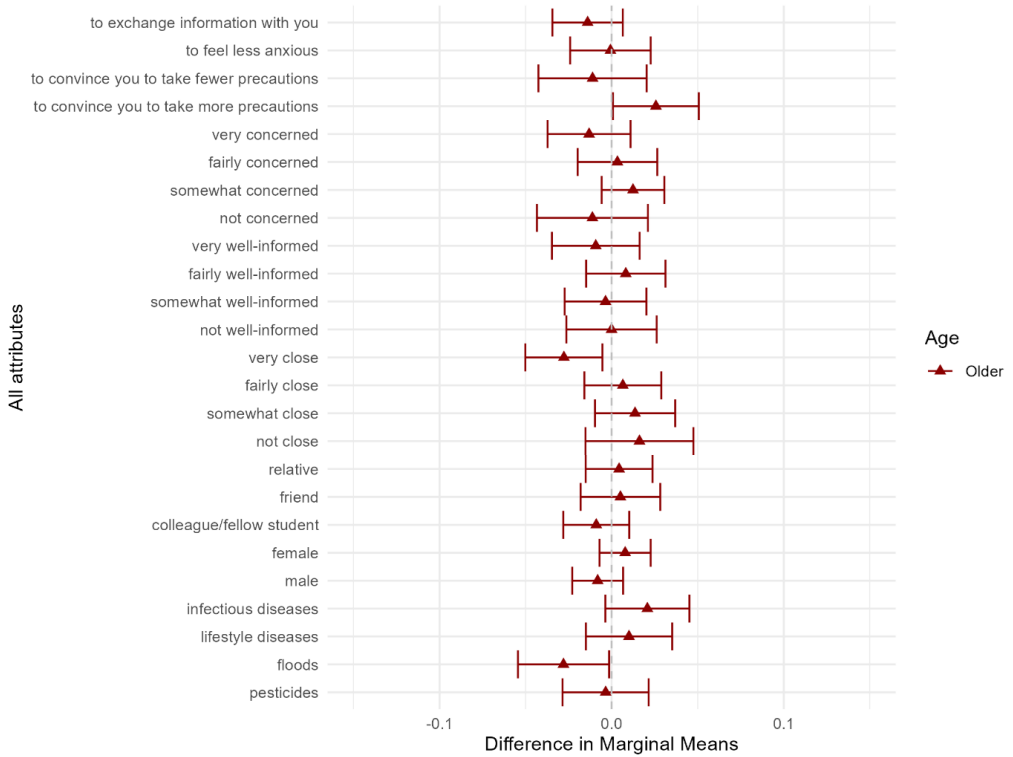


Note: Figure SM21 shows the differences in marginal means between male and female respondents (ref. cat.: male). This graphic lets the reader assess, whether respondents' gender influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of female respondents as compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM21: Differences in marginal means (gender)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	-0.01	0.01	-0.71	0.48	-0.03	0.02
	Fairly well-informed	0.01	0.01	0.70	0.49	-0.01	0.04
	Somewhat well-informed	0.00	0.01	-0.29	0.77	-0.02	0.02
	Not well-informed	0.00	0.01	0.00	1.00	-0.03	0.02
Closeness with the respondent	Very close	-0.03	0.01	-2.43	0.02	-0.05	-0.01
	Fairly close	0.01	0.01	0.57	0.57	-0.01	0.03
	Somewhat close	0.01	0.01	1.14	0.25	-0.01	0.04
	Not close	0.02	0.02	1.01	0.31	-0.02	0.05
Relation to the respondent	Relative	0.01	0.01	0.44	0.66	-0.02	0.03
	Friend	0.01	0.01	0.43	0.67	-0.02	0.03
	Colleague/fellow student	-0.01	0.01	-0.92	0.36	-0.03	0.01
Apparent concern of the interlocutor	Very concerned	-0.01	0.01	-1.06	0.29	-0.04	0.01
	Fairly concerned	0.01	0.01	0.75	0.45	-0.02	0.04
	Somewhat concerned	0.01	0.01	1.34	0.18	-0.01	0.04
	Not concerned	-0.01	0.02	-0.68	0.50	-0.04	0.02
Apparent motivation of the interlocutor	To exchange information with you	-0.01	0.01	-1.34	0.18	-0.03	0.01
	To feel less anxious	0.00	0.01	-0.06	0.95	-0.02	0.02
	To convince you to take fewer precautions	-0.01	0.02	-0.69	0.49	-0.04	0.02
	To convince you to take more precautions	0.03	0.01	2.02	0.04	0.00	0.06
Gender of the interlocutor	Female	0.01	0.01	1.03	0.30	-0.01	0.04
	Male	-0.01	0.01	-1.08	0.28	-0.04	0.01
Topic	Lifestyle diseases	0.01	0.01	0.79	0.43	-0.02	0.04
	Infectious diseases	0.02	0.01	1.67	0.10	-0.00	0.05
	Pesticides	0.00	0.01	-0.27	0.79	-0.03	0.02
	Floods	-0.03	0.01	-2.07	0.04	-0.05	0.00

Table SM14: Difference in marginal means (age; reference category: younger respondents).

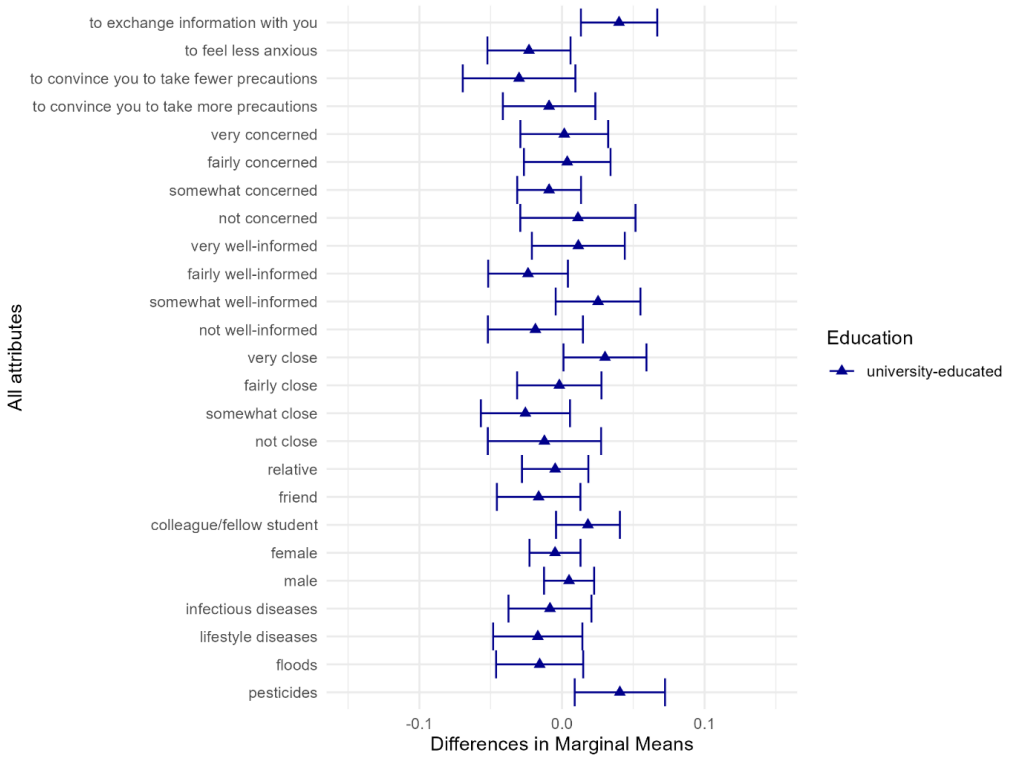


Note: Figure SM22 shows the differences in marginal means between younger and older respondents (ref. cat.: younger). This graphic lets the reader assess, whether respondents' age influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of older respondents as compared with the reference group. The lines indicate the 95% confidence interval..

Figure SM22: Differences in marginal means (age)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.01	0.02	0.69	0.49	-0.02	0.04
	Fairly well-informed	-0.02	0.01	-1.67	0.10	-0.05	0.00
	Somewhat well-informed	0.03	0.02	1.67	0.10	0.00	0.06
	Not well-informed	-0.02	0.02	-1.10	0.27	-0.05	0.01
Closeness with the respondent	Very close	0.03	0.01	2.03	0.04	0.00	0.06
	Fairly close	0.00	0.02	-0.12	0.90	-0.03	0.03
	Somewhat close	-0.03	0.02	-1.61	0.11	-0.06	0.01
	Not close	-0.01	0.02	-0.61	0.54	-0.05	0.03
Relation to the respondent	Relative	0.00	0.01	-0.40	0.69	-0.03	0.02
	Friend	-0.02	0.01	-1.09	0.28	-0.05	0.01
	Colleague/fellow student	0.02	0.01	1.59	0.11	0.00	0.04
Apparent concern of the interlocutor	Very concerned	0.00	0.02	0.10	0.92	-0.03	0.03
	Fairly concerned	0.00	0.02	0.24	0.81	-0.03	0.03
	Somewhat concerned	-0.01	0.01	-0.79	0.43	-0.03	0.01
	Not concerned	0.01	0.02	0.54	0.59	-0.03	0.05
Apparent motivation of the interlocutor	To exchange information with you	0.04	0.01	2.93	0.003	0.01	0.07
	To feel less anxious	-0.02	0.01	-1.55	0.12	-0.05	0.01
	To convince you to take fewer precautions	-0.03	0.02	-1.49	0.14	-0.07	0.01
	To convince you to take more precautions	-0.01	0.02	-0.54	0.59	-0.04	0.02
Gender of the interlocutor	Female	0.00	0.01	-0.53	0.60	-0.02	0.01
	Male	0.00	0.01	0.56	0.58	-0.01	0.02
Topic	Lifestyle diseases	-0.02	0.02	-1.06	0.29	-0.05	0.01
	Infectious diseases	-0.01	0.01	-0.56	0.57	-0.04	0.02
	Pesticides	0.04	0.02	2.51	0.01	0.01	0.07
	Floods	-0.02	0.02	-1.00	0.32	-0.05	0.01

Table SM15: Difference in marginal means (education; reference category: non-university-educated respondents).

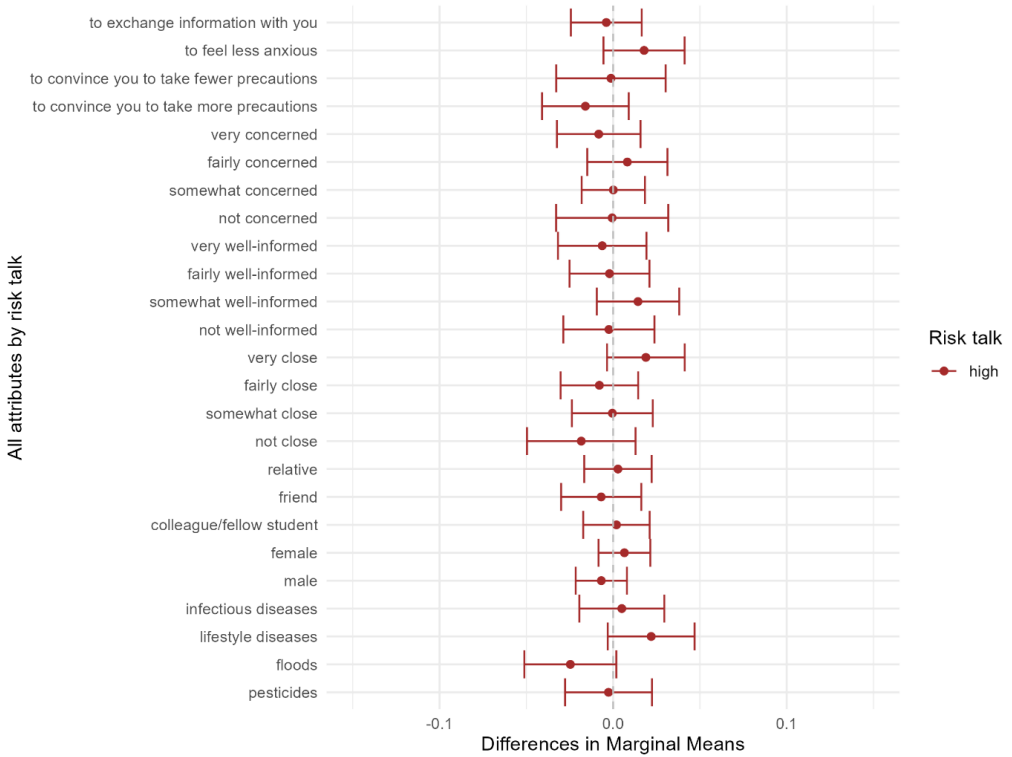


Note: Figure SM23 shows the differences in marginal means between non-university-educated and university-educated respondents (ref. cat.: non-university-educated). This graphic lets the reader assess, whether respondents' education influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of university-educated respondents as compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM23: Differences in marginal means (education)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	-0.01	0.01	-0.48	0.63	-0.03	0.02
	Fairly well-informed	0.00	0.01	-0.17	0.86	-0.03	0.02
	Somewhat well-informed	0.01	0.01	1.19	0.24	-0.01	0.04
	Not well-informed	0.00	0.01	-0.18	0.86	-0.03	0.02
Closeness with the respondent	Very close	0.02	0.01	1.65	0.10	0.00	0.04
	Fairly close	-0.01	0.01	-0.69	0.49	-0.03	0.01
	Somewhat close	0.00	0.01	-0.03	0.97	-0.02	0.02
	Not close	-0.02	0.02	-1.15	0.25	-0.05	0.01
Relation to the respondent	Relative	0.00	0.01	0.28	0.78	-0.02	0.02
	Friend	-0.01	0.01	-0.58	0.56	-0.03	0.02
	Colleague/fellow student	0.00	0.01	0.20	0.84	-0.02	0.02
Apparent concern of the interlocutor	Very concerned	-0.01	0.01	-0.67	0.50	-0.03	0.02
	Fairly concerned	0.01	0.01	0.70	0.49	-0.01	0.03
	Somewhat concerned	0.00	0.01	0.02	0.99	-0.02	0.02
	Not concerned	0.00	0.02	-0.03	0.97	-0.03	0.03
Apparent motivation of the interlocutor	To exchange information with you	0.00	0.01	-0.37	0.71	-0.02	0.02
	To feel less anxious	0.02	0.01	1.50	0.13	-0.01	0.04
	To convince you to take fewer precautions	0.00	0.02	-0.07	0.94	-0.03	0.03
	To convince you to take more precautions	-0.02	0.01	-1.25	0.21	-0.04	0.01
Gender of the interlocutor	Female	0.01	0.01	0.86	0.39	-0.01	0.02
	Male	-0.01	0.01	-0.90	0.37	-0.02	0.01
Topic	Lifestyle diseases	0.02	0.01	1.72	0.09	0.00	0.05
	Infectious diseases	0.01	0.01	0.40	0.69	-0.01	0.03
	Pesticides	0.00	0.01	-0.21	0.84	-0.02	0.02
	Floods	-0.02	0.01	-1.82	0.07	-0.05	0.00

Table SM16: Difference in marginal means (risk talk; reference category: less frequent risk talk).

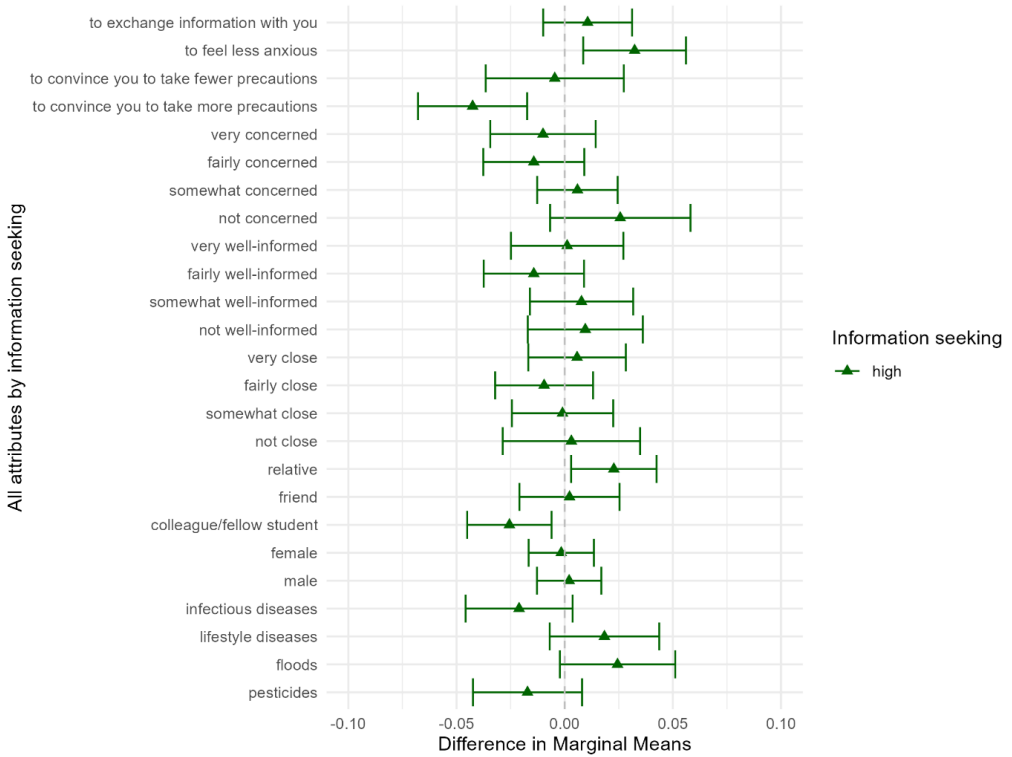


Note: Figure SM24 shows the differences in marginal means between respondents with infrequent (low) and frequent (high) risk talk behavior (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk talk behavior influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with frequent risk talk behavior compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM24: Differences in marginal means (risk talk behavior)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.00	0.01	0.09	0.93	-0.02	0.03
	Fairly well-informed	-0.01	0.01	-1.21	0.23	-0.04	0.01
	Somewhat well-informed	0.01	0.01	0.64	0.52	-0.02	0.03
	Not well-informed	0.01	0.01	0.70	0.48	-0.02	0.03
Closeness with the respondent	Very close	0.01	0.01	0.50	0.62	-0.02	0.03
	Fairly close	-0.01	0.01	-0.82	0.41	-0.03	0.01
	Somewhat close	0.00	0.01	-0.08	0.93	-0.02	0.02
	Not close	0.00	0.02	0.19	0.85	-0.05	0.06
Relation to the respondent	Relative	0.02	0.01	2.25	0.02	0.00	0.04
	Friend	0.00	0.01	0.19	0.85	-0.02	0.03
	Colleague/fellow student	-0.03	0.01	-2.57	0.01	-0.05	-0.01
Apparent concern of the interlocutor	Very concerned	-0.01	0.01	-0.81	0.42	-0.03	0.01
	Fairly concerned	-0.01	0.01	-1.20	0.23	-0.04	0.01
	Somewhat concerned	0.01	0.01	0.62	0.53	-0.01	0.02
	Not concerned	0.03	0.02	1.55	0.12	-0.01	0.06
Apparent motivation of the interlocutor	To exchange information with you	0.01	0.01	0.31	0.76	-0.01	0.03
	To feel less anxious	0.03	0.01	2.67	0.01	0.01	0.06
	To convince you to take fewer precautions	0.00	0.02	-0.28	0.78	-0.04	0.03
	To convince you to take more precautions	-0.04	0.01	-3.31	0.001	-0.06	-0.02
Gender of the interlocutor	Female	0.00	0.01	-0.21	0.84	-0.02	0.01
	Male	0.00	0.01	0.27	0.79	-0.01	0.02
Topic	Lifestyle diseases	0.02	0.01	1.42	0.16	-0.01	0.04
	Infectious diseases	-0.02	0.01	-1.67	0.10	-0.04	0.00
	Pesticides	-0.02	0.01	-1.34	0.18	-0.04	0.01
	Floods	0.02	0.01	1.80	0.07	0.00	0.05

Table SM17: Difference in marginal means (information seeking; reference category: less frequent information seeking).

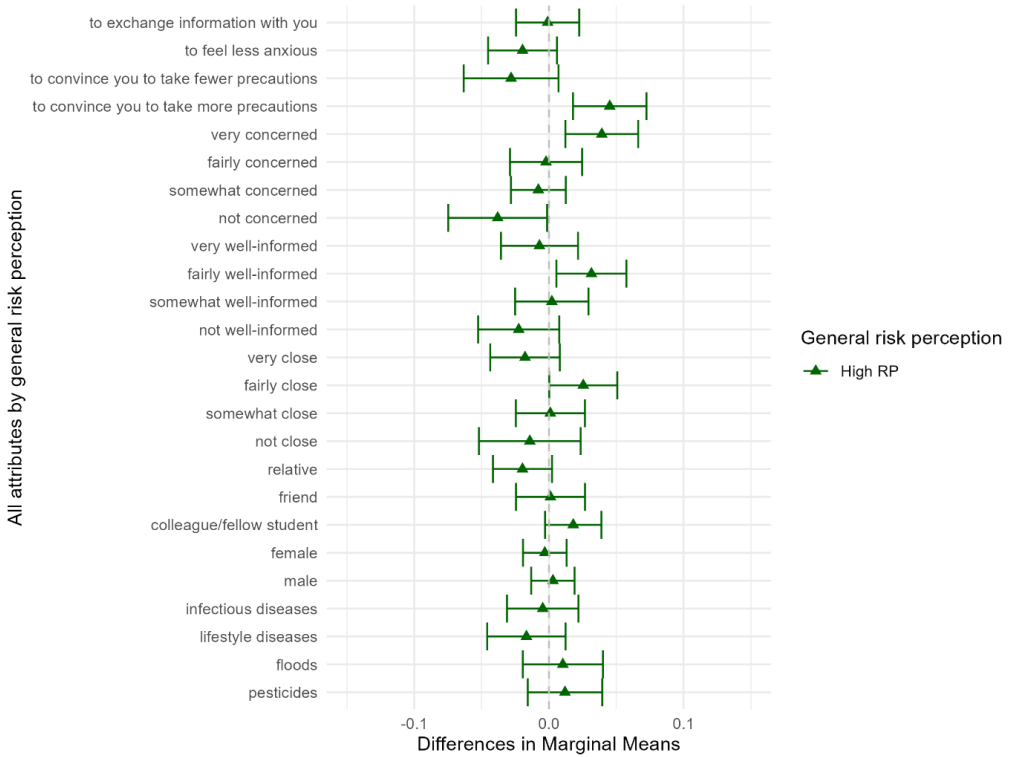


Note: Figure SM25 shows the differences in marginal means between respondents with infrequent (low) and frequent (high) information seeking behavior (ref. cat.: low). This graphic lets the reader assess, whether respondents' information seeking behavior influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with frequent information seeking behavior compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM25: Differences in marginal means (risk talk behavior)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	-0.01	0.01	-0.48	0.63	-0.04	0.02
	Fairly well-informed	0.03	0.01	2.38	0.02	0.01	0.06
	Somewhat well-informed	0.00	0.01	0.16	0.88	-0.03	0.03
	Not well-informed	-0.02	0.02	-1.46	0.15	-0.05	0.01
Closeness with the respondent	Very close	-0.02	0.01	-1.35	0.18	-0.04	0.01
	Fairly close	0.03	0.01	1.98	0.05	0.00	0.06
	Somewhat close	0.00	0.01	0.08	0.94	-0.02	0.03
	Not close	-0.01	0.02	-0.74	0.46	-0.05	0.02
Relation to the respondent	Relative	-0.02	0.01	-1.76	0.08	-0.04	0.00
	Friend	0.00	0.01	0.09	0.93	-0.02	0.03
	Colleague/fellow student	0.02	0.01	1.69	0.09	-0.00	0.04
Apparent concern of the interlocutor	Very concerned	0.04	0.01	2.85	0.004	0.01	0.06
	Fairly concerned	0.00	0.01	0.16	0.88	-0.03	0.03
	Somewhat concerned	-0.01	0.01	-0.76	0.45	-0.03	0.01
	Not concerned	-0.04	0.02	-2.03	0.04	-0.07	0.00
Apparent motivation of the interlocutor	To exchange information with you	0.00	0.01	-0.08	0.94	-0.02	0.02
	To feel less anxious	-0.02	0.01	-1.50	0.13	-0.04	0.01
	To convince you to take fewer precautions	-0.03	0.02	-1.56	0.12	-0.06	0.01
	To convince you to take more precautions	0.05	0.01	3.24	0.001	0.02	0.07
Gender of the interlocutor	Female	0.00	0.01	-0.19	0.85	-0.02	0.01
	Male	0.00	0.01	0.36	0.72	-0.01	0.02
Topic	Lifestyle diseases	-0.02	0.01	-1.13	0.26	-0.05	0.01
	Infectious diseases	0.00	0.01	-0.34	0.73	-0.02	0.02
	Pesticides	0.01	0.01	0.84	0.40	-0.02	0.04
	Floods	0.01	0.02	0.68	0.50	-0.02	0.04

Table SM18: Difference in marginal means (general risk perception; reference category: lower risk perception).

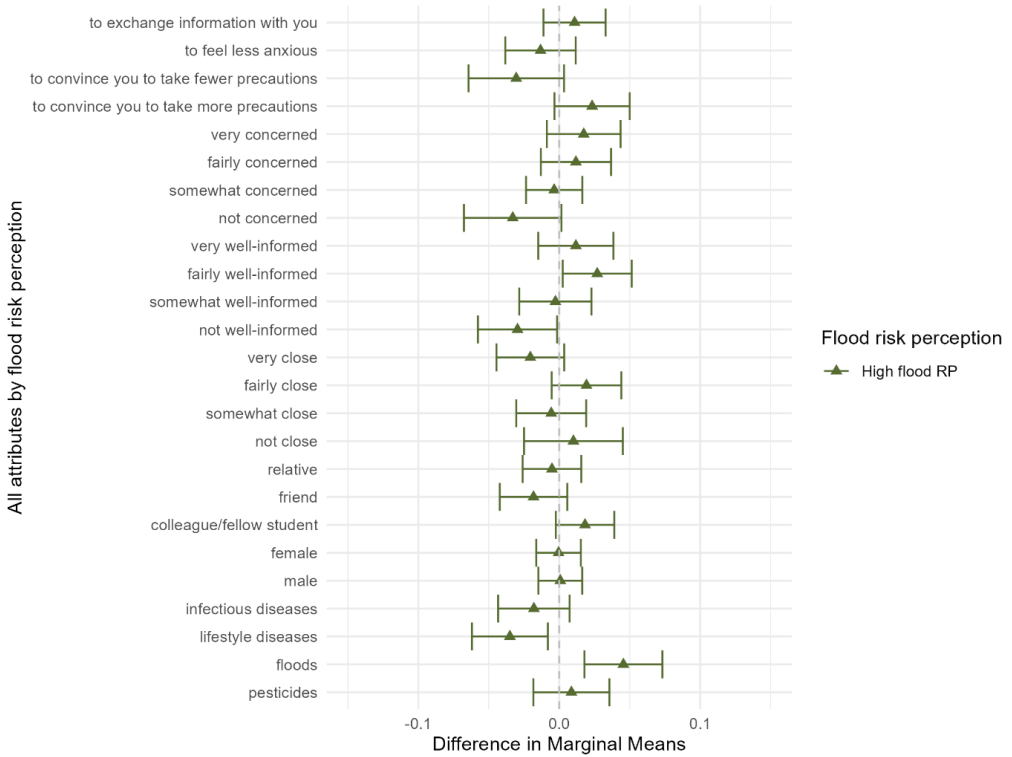


Note: Figure SM26 shows the differences in marginal means between respondents with low and high risk perception (general) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk perception influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk perception compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM26: Differences in marginal means (general risk perception)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.01	0.01	0.87	0.39	-0.01	0.04
	Fairly well-informed	0.03	0.01	2.16	0.03	0.00	0.06
	Somewhat well-informed	0.00	0.01	-0.21	0.84	-0.03	0.02
	Not well-informed	-0.03	0.01	-2.07	0.04	-0.06	0.00
Closeness with the respondent	Very close	-0.02	0.01	-1.67	0.09	-0.04	0.00
	Fairly close	0.02	0.01	1.53	0.13	0.00	0.04
	Somewhat close	-0.01	0.01	-0.45	0.65	-0.03	0.02
	Not close	0.01	0.02	0.56	0.57	-0.02	0.05
Relation to the respondent	Relative	-0.01	0.01	-0.49	0.63	-0.03	0.02
	Friend	0.00	0.01	-1.49	0.14	-0.04	0.01
	Colleague/fellow student	0.02	0.01	1.73	0.08	0.00	0.04
Apparent concern of the interlocutor	Very concerned	0.02	0.01	1.30	0.19	-0.01	0.04
	Fairly concerned	0.01	0.01	0.93	0.35	-0.01	0.04
	Somewhat concerned	0.00	0.01	-0.35	0.73	-0.02	0.02
	Not concerned	-0.03	0.02	-1.87	0.06	-0.07	0.00
Apparent motivation of the interlocutor	To exchange information with you	0.01	0.01	0.97	0.33	-0.01	0.03
	To feel less anxious	-0.01	0.01	-1.04	0.30	-0.04	0.01
	To convince you to take fewer precautions	-0.03	0.02	-1.77	0.08	-0.06	0.00
	To convince you to take more precautions	0.02	0.01	1.71	0.09	0.00	0.04
Gender of the interlocutor	Female	0.00	0.01	-0.06	0.95	-0.02	0.02
	Male	0.00	0.01	0.10	0.92	-0.01	0.02
Topic	Lifestyle diseases	-0.04	0.02	-2.55	0.01	-0.06	-0.01
	Infectious diseases	-0.02	0.01	-1.39	0.16	-0.04	0.01
	Pesticides	0.01	0.01	0.63	0.53	-0.02	0.04
	Floods	0.05	0.01	3.23	0.001	0.02	0.07

Table SM19: Difference in marginal means (flood risk perception; reference category: lower flood risk perception).

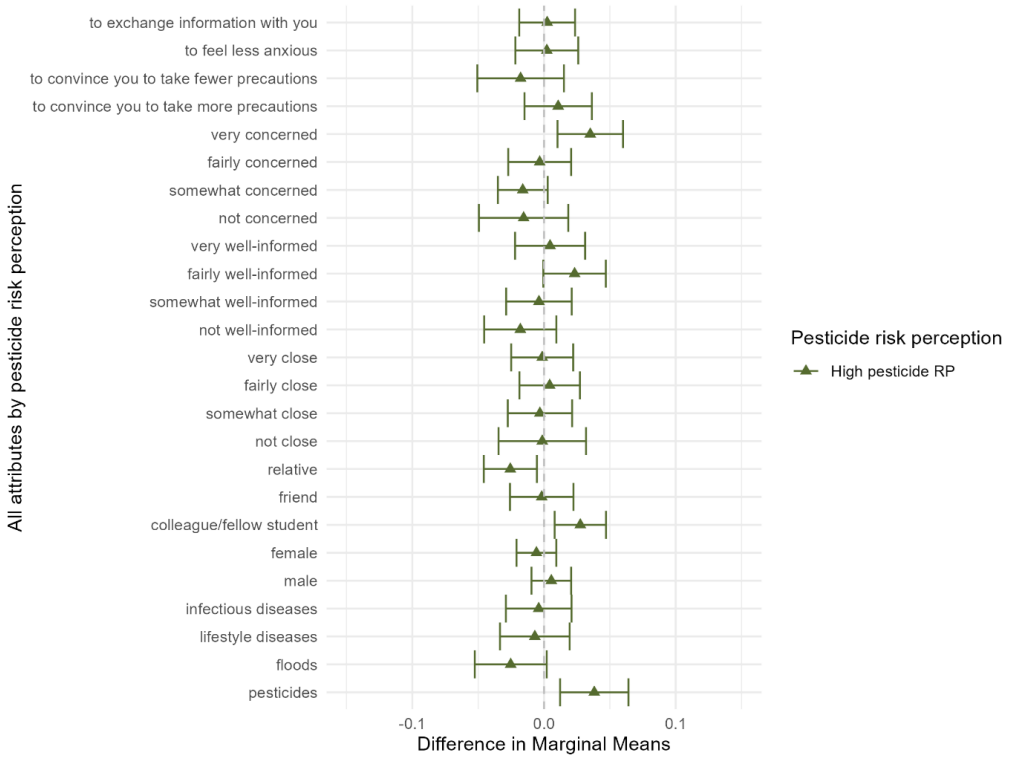


Note: Figure SM27 shows the differences in marginal means between respondents with low and high risk perception (flood) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk perception influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk perception compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM27: Differences in marginal means (flood risk perception)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.00	0.01	0.34	0.74	-0.02	0.03
	Fairly well-informed	0.02	0.01	1.92	0.06	0.00	0.05
	Somewhat well-informed	0.00	0.01	-0.30	0.76	-0.03	0.02
	Not well-informed	-0.02	0.01	-1.29	0.20	-0.05	0.01
Closeness with the respondent	Very close	0.00	0.01	-0.11	0.91	-0.02	0.02
	Fairly close	0.00	0.01	0.37	0.71	-0.02	0.03
	Somewhat close	0.00	0.01	-0.25	0.80	-0.03	0.02
	Not close	0.00	0.02	-0.08	0.94	-0.03	0.03
Relation to the respondent	Relative	-0.03	0.01	-2.49	0.01	-0.05	-0.01
	Friend	0.00	0.01	-0.14	0.89	-0.03	0.02
	Colleague/fellow student	0.03	0.01	2.77	0.006	0.01	0.05
Apparent concern of the interlocutor	Very concerned	0.04	0.01	2.77	0.006	0.01	0.06
	Fairly concerned	0.00	0.01	-0.27	0.79	-0.03	0.02
	Somewhat concerned	-0.02	0.01	-1.67	0.09	-0.04	0.00
	Not concerned	-0.02	0.02	-0.89	0.37	-0.05	0.02
Apparent motivation of the interlocutor	To exchange information with you	0.00	0.01	0.22	0.83	-0.01	0.03
	To feel less anxious	0.00	0.01	0.17	0.86	-0.02	0.03
	To convince you to take fewer precautions	-0.02	0.02	-1.06	0.29	-0.05	0.02
	To convince you to take more precautions	0.01	0.01	0.82	0.41	-0.01	0.04
Gender of the interlocutor	Female	-0.01	0.01	-0.75	0.46	-0.02	0.01
	Male	0.01	0.01	0.72	0.47	-0.01	0.02
Topic	Lifestyle diseases	-0.01	0.01	-0.52	0.61	-0.03	0.02
	Infectious diseases	0.00	0.01	-0.32	0.75	-0.03	0.02
	Pesticides	0.04	0.01	2.88	0.004	0.01	0.06
	Floods	-0.03	0.01	-1.81	0.07	-0.05	0.00

Table SM20: Difference in marginal means (pesticide risk perception; reference category: lower pesticide risk perception).

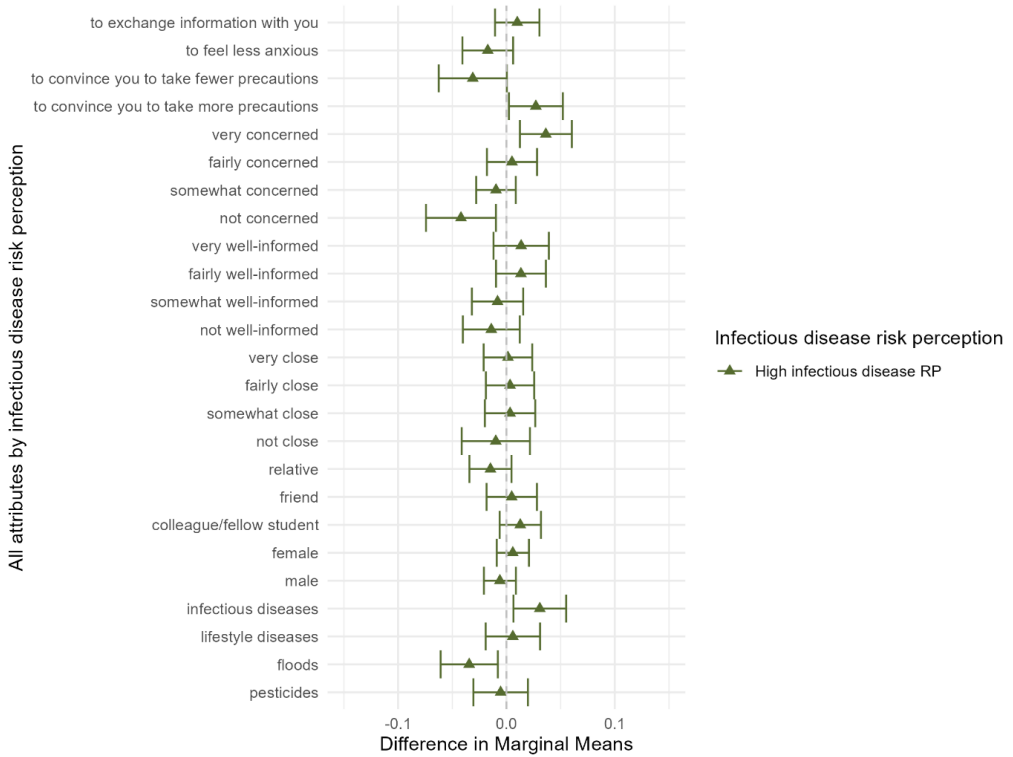


Note: Figure SM28 shows the differences in marginal means between respondents with low and high risk perception (pesticides) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk perception influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk perception compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM28: Differences in marginal means (pesticide risk perception)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.01	0.01	1.04	0.30	-0.01	0.04
	Fairly well-informed	0.01	0.01	1.14	0.25	-0.01	0.04
	Somewhat well-informed	-0.01	0.01	-0.68	0.50	-0.03	0.02
	Not well-informed	-0.01	0.01	-1.04	0.30	-0.04	0.01
Closeness with the respondent	Very close	0.00	0.01	0.12	0.90	-0.02	0.02
	Fairly close	0.00	0.01	0.29	0.77	-0.02	0.03
	Somewhat close	0.00	0.01	0.28	0.78	-0.02	0.03
	Not close	-0.01	0.02	-0.61	0.54	-0.04	0.02
Relation to the respondent	Relative	-0.01	0.01	-1.49	0.14	-0.04	0.01
	Friend	0.00	0.01	0.41	0.68	-0.02	0.03
	Colleague/fellow student	0.01	0.01	1.31	0.19	-0.01	0.03
Apparent concern of the interlocutor	Very concerned	0.04	0.01	2.97	0.003	0.01	0.06
	Fairly concerned	0.01	0.01	0.43	0.66	-0.02	0.03
	Somewhat concerned	-0.01	0.01	-1.04	0.30	-0.03	0.01
	Not concerned	-0.04	0.02	-2.55	0.01	-0.07	-0.01
Apparent motivation of the interlocutor	To exchange information with you	0.01	0.01	0.96	0.34	-0.01	0.03
	To feel less anxious	-0.02	0.01	-1.44	0.15	-0.04	0.01
	To convince you to take fewer precautions	-0.03	0.02	-1.94	0.05	-0.06	0.00
	To convince you to take more precautions	0.03	0.01	2.14	0.03	0.00	0.05
Gender of the interlocutor	Female	0.01	0.01	0.78	0.44	-0.01	0.02
	Male	-0.01	0.01	-0.80	0.42	-0.02	0.01
Topic	Lifestyle diseases	0.01	0.01	0.46	0.65	-0.02	0.03
	Infectious diseases	0.03	0.01	2.48	0.01	0.01	0.05
	Pesticides	-0.01	0.01	-0.42	0.68	-0.03	0.02
	Floods	-0.03	0.01	-2.55	0.01	-0.06	-0.01

Table SM21: Difference in marginal means (infectious disease risk perception; reference category: lower infectious disease risk perception).

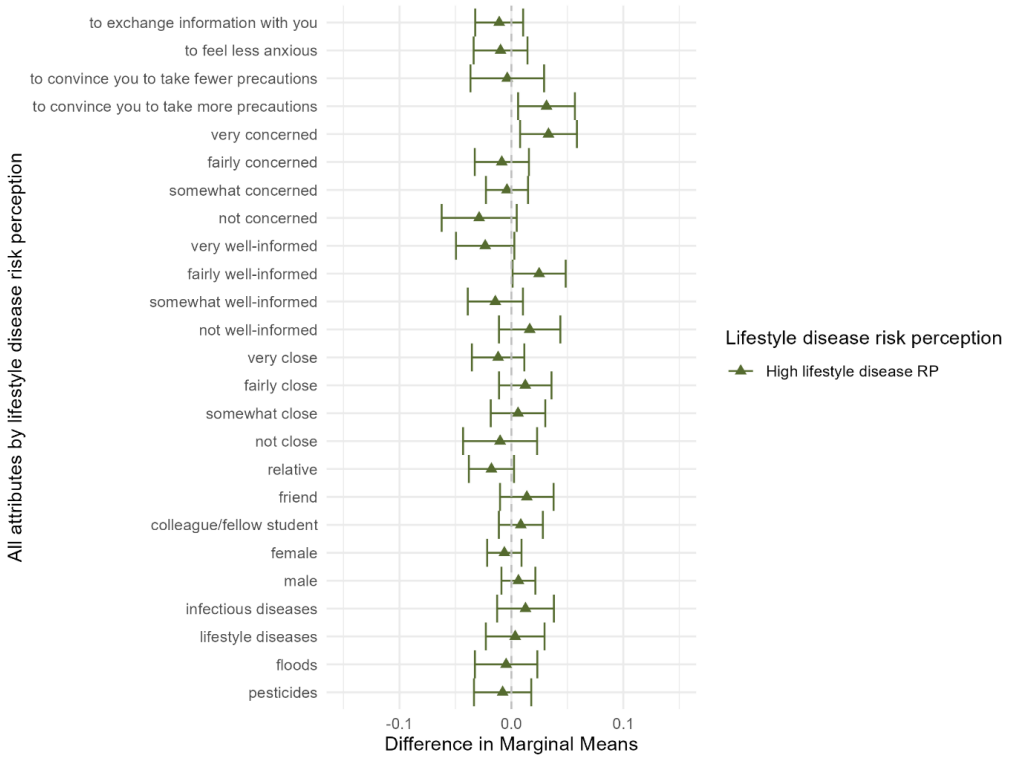


Note: Figure SM29 shows the differences in marginal means between respondents with low and high risk perception (infectious disease) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk perception influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk perception compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM29: Differences in marginal means (infectious disease risk perception)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	-0.02	0.01	-1.76	0.08	-0.05	0.00
	Fairly well-informed	0.02	0.01	2.05	0.04	0.00	0.05
	Somewhat well-informed	-0.01	0.01	-1.14	0.25	-0.04	0.01
	Not well-informed	0.02	0.01	1.17	0.24	-0.01	0.04
Closeness with the respondent	Very close	-0.01	0.01	-0.99	0.32	-0.04	0.01
	Fairly close	0.01	0.01	1.04	0.30	-0.01	0.04
	Somewhat close	0.01	0.01	0.47	0.64	-0.02	0.03
	Not close	-0.01	0.02	-0.60	0.55	-0.04	0.02
Relation to the respondent	Relative	-0.02	0.01	-1.73	0.08	-0.04	0.00
	Friend	0.01	0.01	1.13	0.26	-0.01	0.04
	Colleague/fellow student	0.01	0.01	0.84	0.40	-0.01	0.03
Apparent concern of the interlocutor	Very concerned	0.03	0.01	2.56	0.01	0.01	0.06
	Fairly concerned	-0.01	0.01	-0.70	0.49	-0.03	0.02
	Somewhat concerned	0.00	0.01	-0.41	0.68	-0.02	0.01
	Not concerned	-0.03	0.02	-1.68	0.09	-0.06	0.00
Apparent motivation of the interlocutor	To exchange information with you	-0.01	0.01	-1.00	0.32	-0.03	0.01
	To feel less anxious	-0.01	0.01	-0.79	0.43	-0.03	0.01
	To convince you to take fewer precautions	0.00	0.02	-0.22	0.83	-0.04	0.04
	To convince you to take more precautions	0.03	0.01	2.43	0.02	0.01	0.06
Gender of the interlocutor	Female	-0.01	0.01	-0.80	0.42	-0.02	0.01
	Male	0.01	0.01	0.81	0.42	-0.01	0.02
Topic	Lifestyle diseases	0.00	0.01	0.25	0.80	-0.02	0.03
	Infectious diseases	0.01	0.01	0.98	0.33	-0.01	0.04
	Pesticides	-0.01	0.01	-0.60	0.55	-0.03	0.02
	Floods	0.00	0.01	-0.33	0.74	-0.03	0.02

Table SM22: Difference in marginal means (lifestyle disease risk perception; reference category: lower lifestyle disease risk perception).

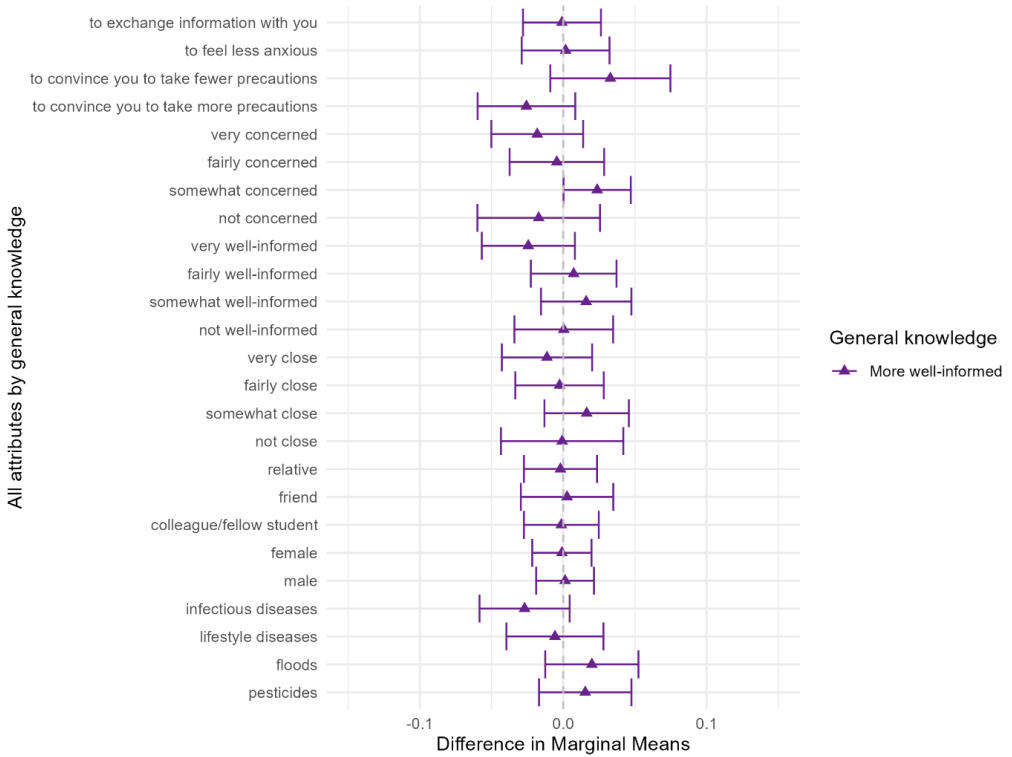


Note: Figure SM30 shows the differences in marginal means between respondents with low and high risk perception (lifestyle disease) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk perception influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk perception compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM30: Differences in marginal means (lifestyle disease risk perception)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	-0.02	0.02	-1.47	0.14	-0.06	0.01
	Fairly well-informed	0.01	0.02	0.47	0.64	-0.02	0.04
	Somewhat well-informed	0.02	0.02	0.99	0.32	-0.02	0.05
	Not well-informed	0.00	0.02	0.02	0.99	-0.03	0.04
Closeness with the respondent	Very close	-0.01	0.02	-0.71	0.48	-0.04	0.02
	Fairly close	0.00	0.02	-0.16	0.87	-0.03	0.03
	Somewhat close	0.02	0.02	1.09	0.28	-0.01	0.05
	Not close	0.00	0.02	-0.04	0.97	-0.04	0.04
Relation to the respondent	Relative	0.00	0.01	-0.15	0.88	-0.03	0.02
	Friend	0.00	0.02	0.16	0.87	-0.03	0.03
	Colleague/fellow student	0.00	0.01	-0.10	0.92	-0.03	0.02
Apparent concern of the interlocutor	Very concerned	-0.02	0.02	-1.11	0.27	-0.05	0.01
	Fairly concerned	0.00	0.02	-0.27	0.79	-0.04	0.03
	Somewhat concerned	0.02	0.01	1.98	0.05	0.00	0.05
	Not concerned	-0.02	0.02	-0.79	0.43	-0.06	0.03
Apparent motivation of the interlocutor	To exchange information with you	0.00	0.01	-0.07	0.95	-0.03	0.03
	To feel less anxious	0.00	0.02	0.10	0.92	-0.03	0.03
	To convince you to take fewer precautions	0.03	0.02	1.54	0.12	-0.01	0.07
	To convince you to take more precautions	-0.03	0.02	-1.48	0.14	-0.06	0.01
Gender of the interlocutor	Female	0.00	0.01	-0.09	0.93	-0.02	0.02
	Male	0.00	0.01	0.12	0.91	-0.02	0.02
Topic	Lifestyle diseases	-0.01	0.02	-0.34	0.74	-0.04	0.02
	Infectious diseases	-0.03	0.02	-1.68	0.09	-0.06	0.00
	Pesticides	0.02	0.02	0.93	0.35	-0.02	0.06
	Floods	0.02	0.02	1.20	0.23	-0.01	0.05

Table SM23: Difference in marginal means (general risk knowledge; reference category: lower risk knowledge).

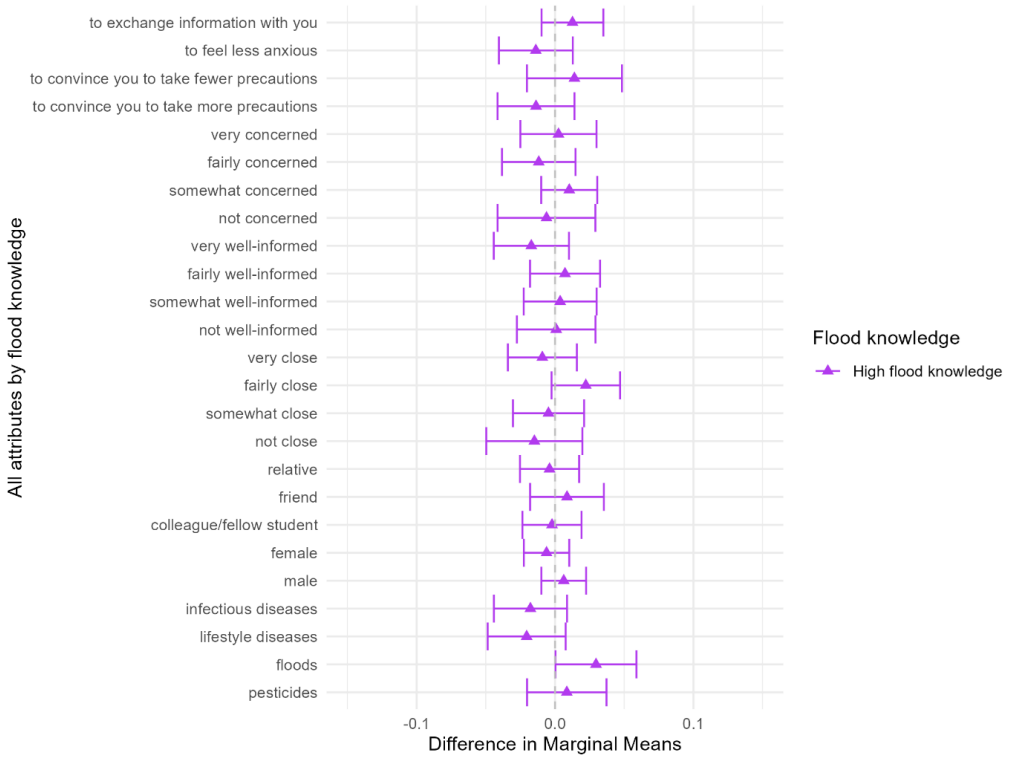


Note: Figure SM31 shows the differences in marginal means between respondents with low and high risk knowledge (general) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk knowledge influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk knowledge compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM31: Differences in marginal means (general risk knowledge)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	-0.02	0.01	-1.23	0.22	-0.04	0.01
	Fairly well-informed	0.01	0.01	0.56	0.58	-0.02	0.03
	Somewhat well-informed	0.00	0.01	0.28	0.78	-0.02	0.03
	Not well-informed	0.00	0.01	0.06	0.95	-0.03	0.02
Closeness with the respondent	Very close	-0.01	0.01	-0.72	0.47	-0.03	0.02
	Fairly close	0.02	0.01	1.76	0.08	-0.00	0.05
	Somewhat close	0.00	0.01	-0.36	0.72	-0.03	0.02
	Not close	-0.01	0.02	-0.84	0.40	-0.05	0.02
Relation to the respondent	Relative	0.00	0.01	-0.36	0.72	-0.03	0.02
	Friend	0.01	0.01	0.64	0.52	-0.02	0.04
	Colleague/fellow student	0.00	0.01	-0.20	0.84	-0.02	0.02
Apparent concern of the interlocutor	Very concerned	0.00	0.01	0.18	0.86	-0.02	0.03
	Fairly concerned	-0.01	0.01	-0.86	0.39	-0.04	0.01
	Somewhat concerned	0.01	0.01	1.00	0.32	-0.01	0.03
	Not concerned	-0.01	0.02	-0.34	0.73	-0.04	0.03
Apparent motivation of the interlocutor	To exchange information with you	0.01	0.01	1.11	0.27	-0.01	0.03
	To feel less anxious	-0.01	0.01	-1.02	0.31	-0.04	0.01
	To convince you to take fewer precautions	0.01	0.02	0.80	0.42	-0.02	0.04
	To convince you to take more precautions	-0.01	0.01	-0.96	0.34	-0.04	0.01
Gender of the interlocutor	Female	-0.01	0.01	-0.73	0.47	-0.02	0.01
	Male	0.01	0.01	0.77	0.44	-0.01	0.02
Topic	Lifestyle diseases	-0.02	0.01	-1.42	0.16	-0.04	0.01
	Infectious diseases	-0.02	0.01	-1.32	0.19	-0.04	0.01
	Pesticides	0.01	0.01	0.58	0.56	-0.02	0.04
	Floods	0.03	0.01	1.99	0.05	0.00	0.06

Table SM24: Difference in marginal means (flood risk knowledge; reference category: lower flood risk knowledge).

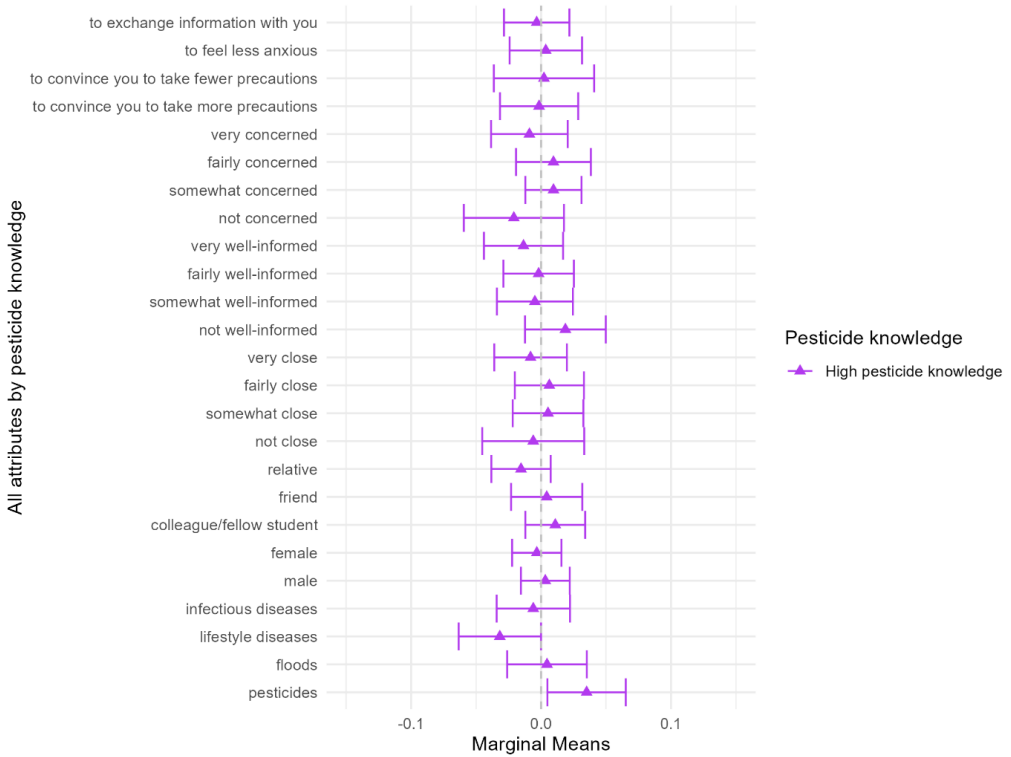


Note: Figure SM32 shows the differences in marginal means between respondents with low and high risk knowledge (flood) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk knowledge influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk knowledge compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM32: Differences in marginal means (flood risk knowledge)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	-0.01	0.02	-0.87	0.38	-0.04	0.02
	Fairly well-informed	0.00	0.01	-0.14	0.89	-0.03	0.03
	Somewhat well-informed	0.00	0.01	-0.32	0.75	-0.03	0.02
	Not well-informed	0.02	0.01	1.18	0.24	-0.01	0.04
Closeness with the respondent	Very close	-0.01	0.01	-0.57	0.57	-0.04	0.02
	Fairly close	0.01	0.01	0.47	0.64	-0.02	0.03
	Somewhat close	0.01	0.01	0.39	0.70	-0.02	0.03
	Not close	-0.01	0.02	-0.30	0.76	-0.05	0.03
Relation to the respondent	Relative	-0.02	0.01	-1.33	0.19	-0.04	0.01
	Friend	0.00	0.01	0.31	0.76	-0.02	0.03
	Colleague/fellow student	0.01	0.01	0.93	0.35	-0.01	0.03
Apparent concern of the interlocutor	Very concerned	-0.01	0.02	-0.60	0.55	-0.04	0.04
	Fairly concerned	0.01	0.01	0.65	0.52	-0.02	0.03
	Somewhat concerned	0.01	0.01	0.87	0.39	-0.01	0.03
	Not concerned	-0.02	0.02	-1.07	0.29	-0.06	0.02
Apparent motivation of the interlocutor	To exchange information with you	0.00	0.01	-0.26	0.79	-0.03	0.02
	To feel less anxious	0.00	0.01	0.25	0.80	-0.02	0.03
	To convince you to take fewer precautions	0.00	0.02	0.11	0.91	-0.04	0.04
	To convince you to take more precautions	0.00	0.01	-0.10	0.92	-0.03	0.03
Gender of the interlocutor	Female	0.00	0.01	-0.34	0.74	-0.02	0.02
	Male	0.00	0.01	0.34	0.74	-0.02	0.02
Topic	Lifestyle diseases	-0.03	0.02	-1.96	0.05	-0.07	0.00
	Infectious diseases	-0.01	0.01	-0.42	0.68	-0.03	0.02
	Pesticides	0.04	0.02	2.28	0.02	0.01	0.06
	Floods	0.00	0.02	0.29	0.77	-0.03	0.04

Table SM25: Difference in marginal means (pesticide risk knowledge; reference category: lower pesticide risk knowledge).

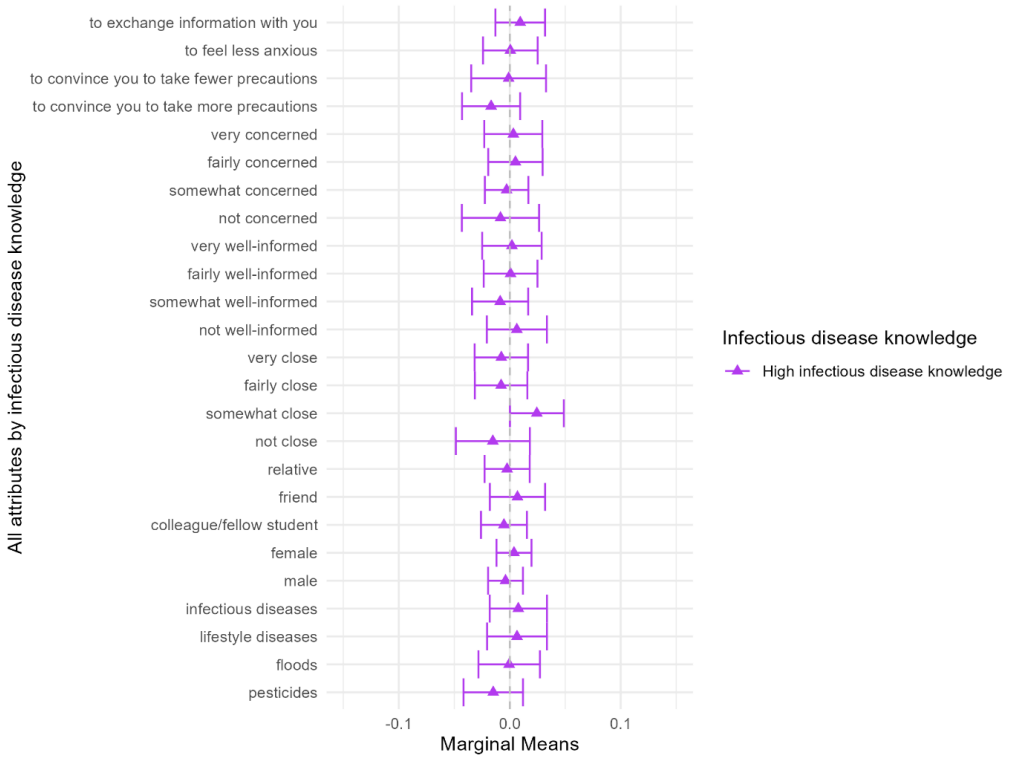


Note: Figure SM33 shows the differences in marginal means between respondents with low and high risk knowledge (pesticides) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk knowledge influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk knowledge compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM33: Differences in marginal means (pesticide risk perception)

Feature	Level	Estimate	Std. error	z	p	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.00	0.01	0.14	0.89	-0.02	0.03
	Fairly well-informed	0.00	0.01	0.06	0.95	-0.02	0.04
	Somewhat well-informed	-0.01	0.01	-0.67	0.50	-0.03	0.02
	Not well-informed	0.01	0.01	0.46	0.65	-0.02	0.03
Closeness with the respondent	Very close	-0.01	0.01	-0.06	0.94	-0.03	0.02
	Fairly close	-0.01	0.01	-0.65	0.52	-0.03	0.02
	Somewhat close	0.02	0.01	1.97	0.05	0.00	0.05
	Not close	-0.02	0.02	-0.90	0.37	-0.05	0.02
Relation to the respondent	Relative	0.00	0.01	-0.23	0.82	-0.02	0.02
	Friend	0.01	0.01	0.54	0.59	-0.02	0.03
	Colleague/fellow student	-0.01	0.01	-0.50	0.62	-0.03	0.02
Apparent concern of the interlocutor	Very concerned	0.00	0.01	0.24	0.81	-0.02	0.03
	Fairly concerned	0.01	0.01	0.61	0.54	-0.02	0.03
	Somewhat concerned	0.00	0.01	-0.28	0.78	-0.02	0.02
	Not concerned	-0.01	0.02	-0.47	0.64	-0.04	0.03
Apparent motivation of the interlocutor	To exchange information with you	0.01	0.01	0.83	0.41	-0.01	0.03
	To feel less anxious	0.00	0.01	0.04	0.97	-0.02	0.03
	To convince you to take fewer precautions	0.00	0.02	-0.06	0.95	-0.03	0.03
	To convince you to take more precautions	-0.02	0.01	-1.26	0.21	-0.04	0.01
Gender of the interlocutor	Female	0.00	0.01	0.47	0.64	-0.01	0.02
	Male	0.00	0.01	-0.48	0.63	-0.02	0.01
Topic	Lifestyle diseases	0.01	0.01	0.48	0.64	-0.02	0.03
	Infectious diseases	0.01	0.01	0.58	0.56	-0.02	0.03
	Pesticides	-0.01	0.01	-1.09	0.28	-0.04	0.01
	Floods	0.00	0.01	-0.04	0.97	-0.03	0.03

Table SM26: Difference in marginal means (infectious disease risk knowledge; reference category: lower infectious disease risk knowledge).

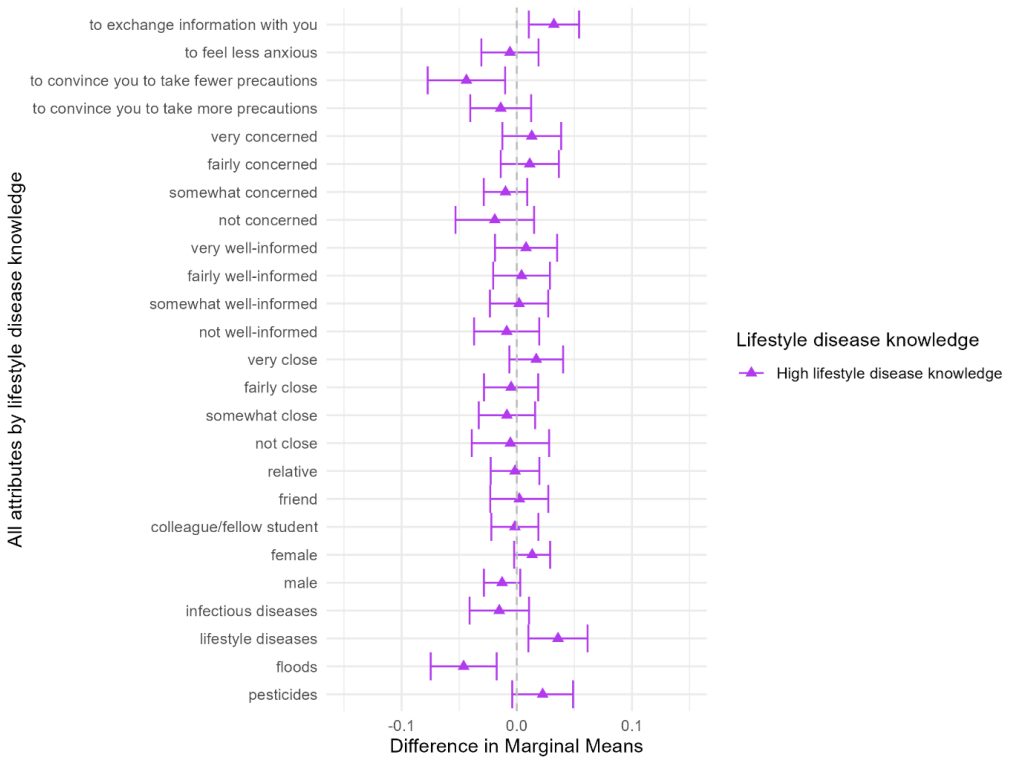


Note: Figure SM34 shows the differences in marginal means between respondents with low and high risk knowledge (infectious disease) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk knowledge influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk knowledge compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM34: Differences in marginal means (infectious disease risk perception)

Feature	Level	Estimate	Std. error	<i>z</i>	<i>p</i>	Lower	Upper
Apparent knowledge of the interlocutor	Very well-informed	0.01	0.01	0.59	0.56	-0.02	0.04
	Fairly well-informed	0.00	0.01	0.33	0.74	-0.02	0.03
	Somewhat well-informed	0.00	0.01	0.16	0.88	-0.02	0.03
	Not well-informed	-0.01	0.01	-0.60	0.55	-0.04	0.02
Closeness with the respondent	Very close	0.02	0.01	1.43	0.15	-0.01	0.04
	Fairly close	0.00	0.01	-0.40	0.69	-0.03	0.02
	Somewhat close	-0.01	0.01	-0.68	0.49	-0.03	0.02
	Not close	-0.01	0.02	-0.32	0.75	-0.04	0.03
Relation to the respondent	Relative	0.00	0.01	-0.14	0.89	-0.02	0.02
	Friend	0.00	0.01	0.18	0.86	-0.02	0.03
	Colleague/fellow student	0.00	0.01	-0.15	0.88	-0.02	0.02
Apparent concern of the interlocutor	Very concerned	0.00	0.01	1.00	0.32	-0.01	0.04
	Fairly concerned	0.01	0.01	0.88	0.38	-0.02	0.03
	Somewhat concerned	-0.01	0.01	-1.01	0.31	-0.03	0.01
	Not concerned	-0.02	0.02	-1.09	0.27	-0.05	0.02
Apparent motivation of the interlocutor	To exchange information with you	0.03	0.01	2.90	0.004	0.01	0.05
	To feel less anxious	-0.01	0.01	-0.46	0.64	-0.03	0.02
	To convince you to take fewer precautions	-0.04	0.02	-2.54	0.01	-0.08	-0.01
	To convince you to take more precautions	-0.01	0.01	-1.03	0.30	-0.04	0.02
Gender of the interlocutor	Female	0.00	0.01	1.68	0.09	-0.01	0.02
	Male	-0.01	0.01	-1.58	0.12	-0.03	0.00
Topic	Lifestyle diseases	0.04	0.02	2.74	0.006	0.01	0.06
	Infectious diseases	-0.02	0.02	-1.15	0.25	-0.04	0.01
	Pesticides	0.02	0.01	1.67	0.09	-0.00	0.05
	Floods	-0.05	0.01	-3.15	0.002	-0.07	-0.02

Table SM27: Difference in marginal means (lifestyle disease risk knowledge; reference category: lower lifestyle disease risk knowledge).



Note: Figure SM35 shows the differences in marginal means between respondents with low and high risk knowledge (lifestyle disease) (ref. cat.: low). This graphic lets the reader assess, whether respondents' risk knowledge influenced their preferences in the conjoint analysis. The graphical points indicate the preferences of respondents with high risk knowledge compared with the reference group. The lines indicate the 95% confidence interval.

Figure SM35: Differences in marginal means (lifestyle disease risk knowledge)

Appendix H: Extended Results of the Exploratory Sub-Group Comparisons

We conducted cross-group comparisons to examine how demographic and behavioral variables influence preferences for risk talk. We investigated the following variables: gender, age, education, self-reported behaviors, risk perception, and risk knowledge impact preferences for interlocutors and topics of risk conversations. The following sections summarize the key differences between these subgroups, first those relating to previously suggested hypotheses followed by non-hypothesized findings.

Gender

Research shows that people often prefer spending time with people of their own gender (Bukowski & DeLay, 2020; Martin et al., 2011; Mehta & Strough, 2009), whether due to expectations of shared experience (Martin et al., 2011), gender norms (Kesebir et al., 2020), or gendered communication styles (Leaper et al., 1995) (Leaper et al., 1995; Tenenbaum et al., 2011). Although one may anticipate that this trend extends to risk talk, we found no statistically significant difference in preference for male (DMM = -0.004 , $p = 0.66$) and female (DMM = 0.003 , $p = 0.68$) interlocutor between male and female respondents.

Based on the research elucidated in chapter 2.3.5. *Gender* – in particular, the findings of Newman et al. (2008) – we could further expect that women are more amenable to risk talk, in which the interlocutor seeks anxiety relief, while men are more amenable to risk talk, in which the interlocutor seeks to exchange information. Contrary to this, the analysis showed that women have a slightly stronger preference for both interlocutors with the motivations to exchange information (DMM = 0.02 , $p = 0.04$) and to relieve anxiety (DMM = 0.03 , $p = 0.02$) compared to their male counterparts. Additional findings showed that female respondents are moderately more averse to interlocutors, whom they perceive to want to convince them to take fewer precautions (DMM = -0.06 , $p < 0.001$) than are male respondents.

Compared to male respondents, female respondents also have a weak preference for risk conversations on lifestyle diseases (DMM = 0.03 , $p = 0.01$) and less of a preference to risk conversations on floods (DMM = -0.03 , $p = 0.02$). Finally, we found that male respondents had a slight preference for interlocutors who were somewhat well-informed (DMM = -0.03 , $p = 0.01$), although this preference did not extend to fairly or very well-informed interlocutors.

Age

One could furthermore anticipate older respondents to have a stronger preference for talking about infectious diseases, as data was collected in the wake of the COVID-19 pandemic, which posed a bigger risk to older individuals than younger individuals. We did not find this to be the case (DMM = 0.02, $p = 0.1$), although we did observe that older respondents had a stronger preference for interlocutors who wanted to convince them to take more precautions (DMM = 0.03, $p = 0.04$), which could reflect a greater openness to adapting their behavior to avoid risk.

Aside from this finding, the groups showed limited variation. The only other significant difference in preference were that younger respondents had a stronger preference for talking to people with whom they are very close (DMM = -0.03, $p = 0.02$) as well as a preference for talking about floods (DMM = -0.03, $p = 0.04$) compared to older respondents.

Education

We furthermore explore whether respondents' preferences to vary depending on their educational background. First, people with a university education, having had training in critical readings of diverse materials, might be more likely to use a variety of sources, while people without a university education may rely more on oral sources like family and friends (Cotten & Gupta, 2004; Dunwoody & Griffin, 2013; Feinberg et al., 2016; Figueiras et al., 2021; Seo & Matsaganis, 2013). We thus expect that respondents without a university education have a stronger preference for family and friends as well as a stronger preference for interlocutors, to whom they are closer. In addition, people with higher education might take more responsibility for the information seeking process and risk prevention behavior and may therefore value information exchanges to a higher degree (Ford & Kaphingst, 2009; Smith et al., 2009).

Unexpectedly, we found that university-educated respondents had a stronger preference for talking to interlocutors, to whom they were very close (DMM = 0.03, $p = 0.04$, ref. cat.: non-university-educated respondents). There was no difference in preference, however, between talking to colleagues or fellow students and talking to friends (DMM = -0.02, $p = 0.28$) and relatives (DMM = -0.00, $p = 0.69$).

We did find, however, that university-educated respondents had a stronger preference for interlocutors wanting to engage in information exchange (DMM = 0.04, $p = 0.003$). Finally, we found that university-educated respondents a preference for talking about pesticides (DMM = 0.04, $p = 0.01$) compared to non-university-educated

respondents.

Self-Reported Risk Talk Behavior

When people are exposed to frequent risk information, they may also become more aware of information insufficiencies with themselves and seek information in order to address these insufficiencies (Lee et al., 2013; Lin et al., 2017). It is therefore to be expected that people with who frequently engage in risk talk perceive more information insufficiencies and therefore are more concerned with information exchange and having knowledgeable conversational partners.

The analysis found no significant differences between the groups whatsoever. That is, there were no significant difference neither in their preference for information exchange (DMM = 0.00, $p = 0.71$, ref. cat.: respondents with low risk talk frequency) nor in their preferences for having knowledgeable conversational partners (DMM(somewhat well-informed) = 0.01, $p = 0.24$; DMM(fairly well-informed) = 0.00, $p = 0.86$; DMM(very well-informed) = -0.01, $p = 0.63$; ref. cat.: not well-informed).

Self-Reported Information Seeking Behavior

As with risk talk behavior, we also anticipate frequent information seeking to prompt stronger feelings of information insufficiency, leading to a preference for both information exchange and having knowledgeable conversational partners.

As with risk talk behavior, we found that the groups differed neither in preference for interlocutors seeking to engage in information exchange (DMM = 0.01, $p = 0.31$, ref. cat.: respondents with low self-reported information seeking behavior) nor in preference for well-informed interlocutors ((DMM(somewhat well-informed) = 0.01, $p = 0.52$; DMM(fairly well-informed) = -0.01, $p = 0.23$; DMM(very well-informed) = 0.00, $p = 0.93$; ref. cat.: not well-informed). We did find, however, that respondents with high self-reported information seeking behavior had a slightly stronger preference for talking to relatives (DMM = 0.02, $p = 0.02$) as well as less of a preference for talking to colleagues or fellow students (DMM = -0.03, $p = 0.01$).

Additionally, we found that respondents with high self-reported information seeking behavior had a slightly stronger preference for interlocutors seeking anxiety relief (DMM = -0.03, $p = 0.01$), while respondents with low self-reported information seeking behavior had a stronger preference for interlocutors seeking to convince them to take more precautions (DMM = -0.04, $p = 0.001$).

Risk Perception

Following the same logic as with risk talk and information seeking frequency, as well as simply because people are generally more interested in talking about topics they consider relevant, we explored if people with higher risk perception of a given topic leads to a stronger preference for that topic. We found that this was indeed true for flood risk perception (DMM=0.05, $p = 0.001$; ref. cat.: respondents with low flood risk perception), pesticide risk perception (DMM = 0.04, $p = 0.004$; ref. cat.: respondents with low pesticide risk perception), and infectious disease risk perception (DMM = 0.03, $p = 0.01$; ref. cat.: respondents with low infectious disease risk perception). Curiously, this was not the case for lifestyle risk (DMM = 0.00, $p = 0.80$, ref. cat.: respondents with low lifestyle disease risk perception).

In addition, we investigated if people with a higher general risk perception have a stronger preference than people with a lower general risk perception for more concerned interlocutors. We found this to be true for very concerned interlocutors (DMM = 0.04, $p = 0.004$, ref. cat.: respondents with low general risk perception), but not for somewhat concerned (DMM = -0.00, $p = 0.45$) or fairly concerned interlocutors (DMM = 0.00, $p = 0.88$). Respondents with a lower general risk perception, however, had a stronger preference for non-concerned interlocutors than respondents with high general risk perception (DMM = -0.04, $p = 0.04$).

Finally, we examined if people with higher general risk perception are more open to interlocutors seeking to convince them to take more precautions, while people with lower general risk perception are more open to interlocutors seeking to convince them to take fewer precautions, as these interlocutor stances are in line with their own views. We indeed found that respondents with a high general risk perception had a moderately stronger preference for interlocutors wanting to convince them to take more precautions (DMM = 0.05, $p = 0.001$, ref. cat.: respondents with a low general risk perception), although we did not find people with low risk general risk perception to prefer interlocutors wanting to convince them to take fewer precautions (DMM = -0.03, $p = 0.12$, ref. cat.: respondents with a low general risk perception).

In addition to the findings above we found some variations in preference based on risk perception. We found that respondents with a high general risk perception had a stronger preference for fairly well-informed interlocutors (DMM = 0.03, $p = 0.02$), although there was no such difference in preference with somewhat or very well-informed interlocutors. In addition, we found that respondents with high topic-specific risk perception of one topic shared similarities with respondents with high topic-specific risk

perception of other topics. Specifically, we found stronger preferences for very concerned interlocutors for respondents with high pesticide-related risk perception (DMM = 0.04, $p = 0.006$, ref. cat.: respondents with low pesticide risk perception), infectious disease-related risk perception (DMM = 0.04, $p = 0.003$, ref. cat.: respondents with low infectious disease risk perception), and lifestyle disease-related risk perception (DMM = 0.03, $p = 0.01$, ref. cat.: respondents with low lifestyle disease risk perception). Furthermore, respondents with low infectious disease risk perception were less averse to non-concerned interlocutors (DMM = -0.04 , $p = 0.003$). Respondents with high risk perception of infectious diseases and lifestyle diseases were also more amenable to interlocutors who wanted to convince them to take more precautions (infectious disease: DMM = 0.03, $p = 0.03$; lifestyle disease: DMM = 0.03, $p = 0.02$, ref. cat.: respondents with low lifestyle disease risk perception). This effect was found for respondents with risk perception of floods as well, although only with borderline significance (DMM = 0.02, $p = 0.09$). Respondents with both high flood risk perception and high lifestyle risk perception had a stronger preference for fairly well-informed interlocutors (flood: DMM = 0.03, $p = 0.03$; pesticides: DMM = 0.03, $p = 0.05$, lifestyle disease: DMM = 0.02, $p = 0.04$). This effect was borderline significant in respondents with high pesticide risk perception (DMM = 0.02, $p = 0.06$). These similarities are not surprising, as high risk perception in one area was found to be highly correlated with high risk perception in other areas (see Table SM17 above), i.e., these groups have a high degree of overlap.

A few additional effects that did not indicate general trends were also present. People with low pesticide risk perception had a stronger preference for talking to relatives (DMM = -0.03 , $p = 0.01$, ref. cat.: respondents with low pesticide risk perception), while respondents with high pesticide risk perception had a stronger preference for talking to colleagues or fellow students (DMM = 0.03, $p = 0.006$ ref. cat.: respondents with low pesticide risk perception). Respondents with a high flood risk perception were more averse to talking about lifestyle diseases (DMM = -0.04 , $p = 0.01$, ref. cat.: respondents with low flood risk perception). Meanwhile, respondent with a high infectious disease risk perception were more averse to talking about floods (DMM = -0.03 , $p = 0.01$, ref. cat.: respondents with low infectious disease risk perception).

Risk Knowledge

Finally, we explored if people who see themselves as knowledgeable on a specific risk topic to also have a certain interest in the topic, leading to a stronger preference for

that topic than people who do not see themselves as knowledgeable. Respondents with high topic-specific risk knowledge generally had stronger preferences for conversations on the topic (flood: DMM = 0.03, $p = 0.05$; pesticides: DMM = 0.04, $p = 0.02$, ref. cat.: respondents with low pesticide risk knowledge; DMM = 0.04, $p = 0.006$, ref. cat.: respondents with low lifestyle disease risk knowledge), although infectious disease risk (DMM = 0.01, $p = 0.56$, ref. cat.: respondents with low infectious disease risk knowledge) did not demonstrate such a correlation.

In addition, we expect that people who see themselves as knowledgeable on risk generally have a stronger preference for both interlocutors seeking to exchange information and more knowledgeable partners, due to them seeing themselves as more knowledge oriented. We did not find this to be the case, however: respondents with high general risk knowledge did not have a statistically significantly stronger preference for somewhat well-informed (DMM = 0.02, $p = 0.26$, ref.cat.: respondents with low general risk knowledge), fairly well-informed (DMM = -0.00, $p = 0.88$, or very well-informed interlocutors (DMM = -0.02, $p = 0.43$).

In addition to the findings above, we found a number of correlations. Respondents with high general risk knowledge had a slightly stronger preference for somewhat concerned interlocutors (DMM = 0.02, $p = 0.05$), but neither for fairly (DMM = -0.00, $p = 0.79$) nor very concerned interlocutors (DMM = -0.02, $p = 0.27$). Respondents with high lifestyle disease risk knowledge had a slightly stronger preference for interlocutors seeking to exchange information (DMM = 0.03, $p = 0.004$, ref. cat.: respondents with low lifestyle risk knowledge) and less of a preference for interlocutors seeking to convince them to take more precautions (DMM = -0.02, $p = 0.04$). Respondents with high infectious disease risk knowledge had a significant preference for talking to interlocutors, with whom they were somewhat close (DMM = 0.02, $p = 0.05$ ref. cat.: respondents with low infectious disease risk knowledge). Finally, respondents with low pesticide risk knowledge had a stronger preference for risk conversation on lifestyle diseases (DMM = -0.03, $p = 0.02$, ref. cat.: respondents with low pesticide risk knowledge), while people with high lifestyle disease risk knowledge are more averse to risk conversations on floods (DMM = -0.04, $p = 0.02$, ref. cat.: respondents with low lifestyle disease risk knowledge).

Chapter 4 Appendices

The Chapter 4 Appendices include details on scale validation, descriptive statistics, and SEM development referenced in the main text.

Appendix A: Detailed Descriptive Statistics

The independent variable of this study was originally meant to measure risk talk valence rather than risk talk engagement. That is, the original research plan was to measure if people would speak more positively about a socially acceptable risk and more negatively about a risk that is socially frowned upon. The results were somehow unexpected, however, and pointed toward a different reality of risk talk than first assumed. Specifically, while the original index called for the reversion of items 3 and 5 to align with the concept of risk talk valence, the internal consistency analysis revealed that such a reversion resulted in very low Cronbach's Alphas. Instead, the analysis revealed that keeping all items as they had been asked resulted in high Cronbach's Alphas across the board, even when excluding straight-liners. My interpretation of this result was that risk talk, rather than varying on a scale from more positive to more negative sentiment, as was the case in a previous study (Kusumi et al., 2017), may instead vary on a scale of intensity. That is, when a risk is more contentious—that is, less socially acceptable—people may be more inclined to deliberate both the positive and the negative aspects of risk activities in conversation.

To investigate whether this interpretation was correct, the risk talk item was included in a subsequent survey. Instead of asking respondents to answer the question, however, they were asked what they thought that the researchers wanted to find out with the question. The results of this survey question can be seen in Table SM28.

The survey showed that over 70% of respondents interpreted the question in the manner that aligned with the new interpretation, that is, that I was trying to measure

In a previous survey, we asked a series of questions, which you can read below. [...] What do you think that we wanted to find out with these questions?

Answer option	N	%
... To what extent the participant was inclined to discuss the various aspects of a particular risk activity.	1024	70.4
... To what extent the participant was inclined to emphasize the positive aspects of a particular risk activity.	381	26.2
... Something else, namely...	50	3.4

Table SM28: Results of post-survey index validation question.

the extent to which respondents would discuss various aspects of a risk activity. This new dependent variable, while not part of the original project, nevertheless presented as an answer to an interesting research gap within the field of risk talk research. As such, the study was redesigned, and the index was instead constructed according to the new interpretation—in other words, without reversing items 3 and 5.

Appendix B: Robustness Check of the Selection of Risk Types

The chosen risk types theoretically chosen as high- vs. low-social acceptability alternatives and were vetted through pilot-testing prior to the survey. As a robustness check, a series of t-tests comparing each high- and low-social acceptability alternative were included. The results of these t-tests may be found in Table SM29. The results confirmed that alcohol consumption (M = 62.79) was assessed as more socially acceptable than smoking (M=47.16), skiing (M = 62.09) as more socially acceptable than climbing (M = 41.17), and consumption of sushi (M = 62.61) as more socially acceptable than consumption of raw egg (M = 38.40), with all results being significant at the 0.001-level. While the perceived social risk acceptability measure used in the subsequent regression analysis is the respondent-level value rather than the binary categorization of social acceptability, these t-tests demonstrate that the chosen risk types are in line with initial expectations and are therefore sufficiently broad for an investigation on the social acceptability of risk.

Activity	Soc. accept.	Mean	T-test	DF	<i>p</i> -value
Alcohol consumption	High	62.79	10.74	885	< 0.001
Smoking	Low	47.16			
Skiing	High	62.09	14.02	884	< 0.001
Climbing	Low	41.17			
Consumption of sushi	High	62.61	14.95	874.6	< 0.001
Consumption of raw egg	Low	38.40			

Table SM29: T-tests: low and high social acceptability activities (Welch two-sample *t*-test).

CHAPTER 4 APPENDICES

Risk type	Variable	Mean	Median	SD	Min	Max
Alcohol consumption	Risk talk engagement	5.73	6.00	1.97	0	10
	Perceived social risk acceptability	6.28	7.00	2.15	0	10
	Individual risk willingness	4.83	5.00	3.24	0	10
	Risk perception	3.94	3.75	2.91	0	10
	Risk knowledge	6.99	7.50	2.37	0	10
Smoking	Risk talk engagement	6.48	6.50	1.99	0	10
	Perceived social risk acceptability	4.72	4.00	2.19	0	10
	Individual risk willingness	2.32	1.00	3.25	0	10
	Risk perception	5.95	5.63	2.93	0	10
	Risk knowledge	7.89	7.50	2.13	0	10
Skiing	Risk talk engagement	5.42	5.50	2.04	0	10
	Perceived social risk acceptability	6.21	7.00	2.17	0	10
	Individual risk willingness	3.87	3.00	3.29	0	10
	Risk perception	3.68	3.75	2.78	0	10
	Risk knowledge	4.61	5.00	2.97	0	10
Rock climbing	Risk talk engagement	6.19	6.50	1.90	0	10
	Perceived social risk acceptability	4.12	4.00	2.28	0	10
	Individual risk willingness	2.87	1.00	3.04	0	10
	Risk perception	4.27	3.75	2.92	0	10
	Risk knowledge	3.60	2.50	3.06	0	10
Consumption of sushi	Risk talk engagement	4.47	4.50	2.34	0	10
	Perceived social risk acceptability	6.26	7.00	2.34	0	10
	Individual risk willingness	4.65	5.00	3.62	0	10
	Risk perception	2.28	1.25	2.31	0	10
	Risk knowledge	3.51	2.50	2.79	0	10
Consumption of raw eggs	Risk talk engagement	5.33	5.00	1.89	0	10
	Perceived social risk acceptability	3.84	3.00	2.46	0	10
	Individual risk willingness	2.49	1.00	2.98	0	10
	Risk perception	3.79	3.75	2.68	0	10
	Risk knowledge	4.83	5.00	2.86	0	10
Compound scores	Risk talk engagement	5.69	6.00	2.13	0	10
	Perceived social risk acceptability	5.22	5.00	2.50	0	10
	Individual risk willingness	3.49	2.00	3.39	0	10
	Risk perception	4.00	3.75	2.96	0	10
	Risk knowledge	5.25	5.00	3.17	0	10

Table SM30: Descriptive statistics on risk variables ($N = 1329$).

Appendix C: Development of the SEM

An initial iteration of the SEM based on the theoretical relationships between the variables was developed; however, this first iteration would only converge upon inclusion of a pathway from self-assessed risk knowledge to risk perception. This inclusion is theoretically meaningful, as more knowledge of a given risk is likely to lead to greater sensitivity to said risk, and, as such, the inclusion was deemed appropriate. In the second iteration it was found that there was no difference in model fit or regression coefficients whether self-assessed risk knowledge was included as a moderator of the relationship between perceived social risk acceptability and risk talk engagement, or as a direct predictor of risk talk engagement. This finding was not surprising given the linear regression results, which also showed the interaction term to be non-significant. Consequently, and to counteract model constraints, the interaction term between perceived social risk acceptability and risk knowledge was removed and risk knowledge was instead included as a direct predictor of risk talk engagement. The resulting model was considered the main preliminary model. The results of this model may be found in Table SM31. The resulting modification indices and whether these were included or rejected may be found in Table SM32. When modification index analysis was run on this preliminary model, three additional pathways were shown to have both high modification indices and theoretical justification. First, risk knowledge appeared as a predictor of individual risk willingness ($MI = 44.936$, $EPC = 0.124$). This relationship could theoretically be meaningful, as individuals with higher self-assessed knowledge may be more willing to engage in the associated risk behaviour due to being feeling more confident in navigating said risk. As it is equally meaningful to make the opposite argument – that more knowledge of a risk could lead to more cautionary behaviour regarding that risk – and as the theorized relationship between risk knowledge and risk willingness is contraindicative to the relationship between risk knowledge and risk perception, however, this relationship was not included. Second, risk talk engagement emerged as a potential predictor of risk knowledge ($MI=21.988$, $EPC=-0.515$). This relationship has better theoretical backing on the surface: more risk talk may lead to stronger feelings of knowledge insufficiency. However, given the operationalization of risk talk engagement, which measured proclivity to engage in risk talk on a given topic rather than previous risk talk behaviour, this relationship becomes less convincing and the reverse causality more salient. Due to the theoretical support of this pathway being weak, then, this pathway was similarly rejected. Finally, individual risk willingness emerged as a potential predictor of risk perception ($MI = 44.936$, $EPC = -0.391$).

A theoretical explanation behind this relationship could be that a greater desire to engage in a certain risk behaviour may prompt individuals to adjust their risk perception of the associated risk to avoid cognitive dissonance. Interestingly, when risk perception and individual risk willingness were both included as predictors of one another in the model, only individual risk willingness as a predictor of risk perception remained significant, while risk perception as a predictor of individual risk willingness became non-significant³⁴. This indicates that, at least as far as recreational risks are concerned, risk willingness is more likely to shape risk perception rather than the other way around. Consequently, for the final iteration, risk perception was replaced as a predictor of risk willingness with risk willingness as a predictor of risk perception. The preliminary and the revised model (the latter model identical to Figure 4.2 of the main text) may be found in Figure SM36, and the final results of this model may be found in Table SM33.

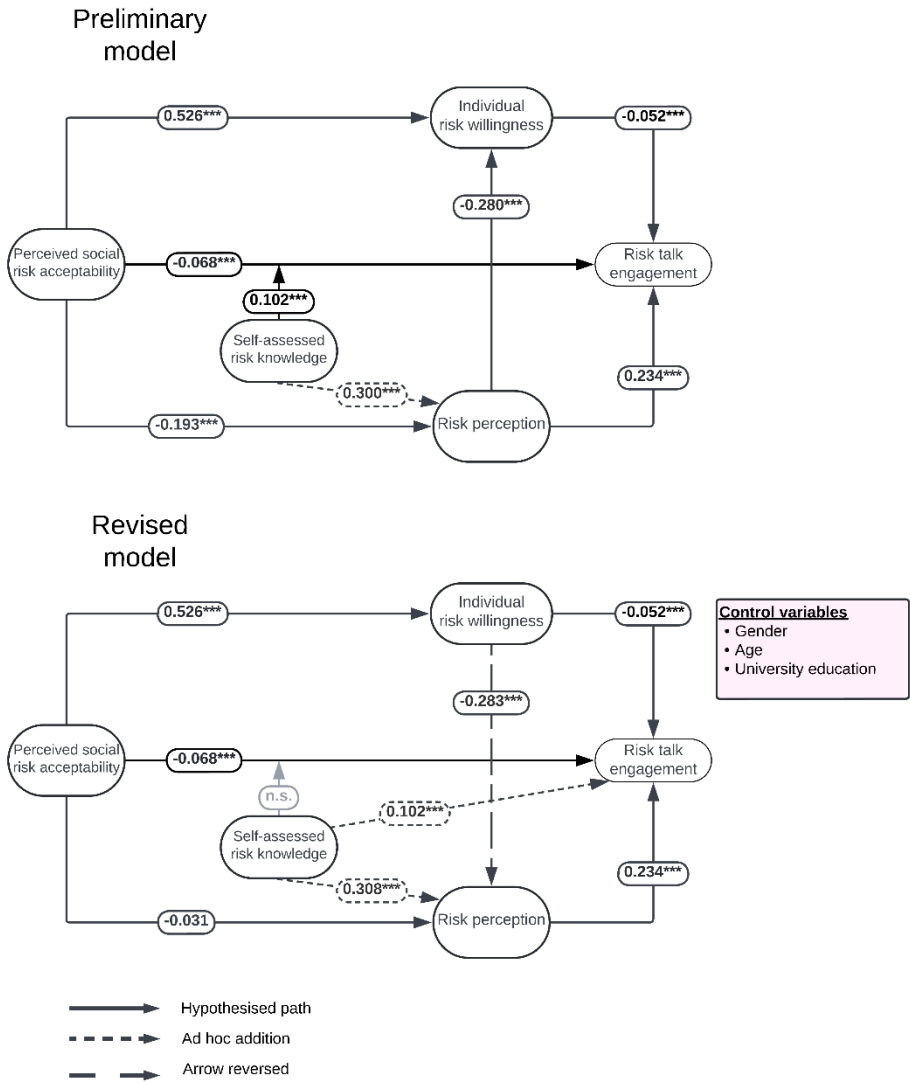


Figure SM36: Preliminary and revised SEMs.

Regressions	Label	B	SE	β
<i>Exogenous variable: PSRA</i>				
Female, NB ¹		-0.139	0.096	-1.452
Age		-0.265***	0.029	-9.122
Education: high ²		0.221	0.121	1.826
<i>Exogenous variable: RK</i>				
Female, NB ¹		-0.106	0.124	-0.857
Age		-0.114**	0.038	-3.042
Education: high ²		-0.049	0.156	0.312
<i>Endogenous variable 1: RP</i>				
PSRA	a1	-0.193***	0.023	23.005
RK		0.300***	0.019	-14.818
Female, NB ¹		0.150	0.111	-4.915
Age		0.118***	0.034	-8.470
Education: high ²		-0.023	0.140	0.839
<i>Endogenous variable 2: IRW</i>				
PSRA	a2	0.526***	0.023	23.005
RP		-0.280***	0.019	-14.818
Female, NB ¹		-0.548***	0.111	-4.915
Age		-0.290***	0.034	-8.470
Education: high ²		0.118	0.140	0.839
<i>Endogenous 3: RTE</i>				
PSRA	c	-0.068***	0.017	-4.079
RP	b1	0.234***	0.014	16.891
IRW	b2	-0.052***	0.013	-3.956
RK		0.102***	0.012	8.257
Female, NB ¹		-0.150*	0.075	-2.003
Age		-0.009	0.023	-0.370
Education: high ²		-0.151	0.094	-1.604
<i>Defined (indirect effects)</i>				
ab1 (PSRA → RP → RTE)	a1 * b1	-0.045***	0.006	-7.810
ab2 (PSRA → IRW → RTE)	a2 * b2	-0.027***	0.007	-3.899
Total (PSRA → RTE)	c + ab1 + ab2	-0.141***	0.016	-8.795

Note. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

¹Ref. cat.: male. ²Ref. cat.: education low/medium.

RTE = risk talk engagement; PRSA = perceived social risk acceptability; RP = risk perception; IRW = individual risk willingness; RK = risk knowledge.

Table SM31: Preliminary SEM including individual risk willingness and self-assessed risk knowledge ($\chi^2(3) = 53.648$; CFI = 0.975; TLI = 0.850; RMSEA = 0.080; SRMR = 0.027).

Iter.	Suggestion	MI	EPC	Theoretical justification	Decision	Reason
1	RP ~ RK	277.751	2.934	Higher knowledge may lead to greater sensitivity to risk	Added	Necessary for model convergence
	IRW ~ RK	44.936	0.124	Higher knowledge may lead to greater willingness to engage with risk	Rejected	Low theoretical justification, contradictive to RP ~ RK
3	RK ~ RTE	21.988	-0.515	Higher engagement in risk talk may lead to greater feelings of knowledge insufficiency Greater desire to engage in a certain risk	Rejected	Low theoretical justification
	RP ~ IRW	44.936	-0.391	behaviour may result in lower risk perception to avoid cognitive dissonance	Replaced IRW ~ RP	Theoretically justifiable, inclusion of both pathways showed only RP ~ IRW as significant

Table SM32: Post-hoc suggestions (direct paths).

Regressions	Label	B	SE	β
<i>Exogenous variable: PSRA</i>				
Female, NB ¹		-0.139	0.096	-1.452
Age		-0.265***	0.029	-9.122
Education: high ²		0.221	0.121	1.826
<i>Exogenous variable: RK</i>				
Female, NB ¹		-0.106	0.124	-0.857
Age		-0.114**	0.038	-3.042
Education: high ²		0.049	0.156	0.312
<i>Endogenous variable 1: RP</i>				
PSRA	a1	-0.031	0.023	-1.340
RK		0.308***	0.016	18.998
IRW		-0.283***	0.017	-16.338
Gender		-0.014	0.109	-0.136
Age		0.029	0.032	0.913
Education: high ²		0.011	0.130	-0.084
<i>Endogenous variable 2: IRW</i>				
PSRA	a2	0.575***	0.023	24.485
Female, NB ¹		-0.582***	0.116	-5.015
Age		-0.315***	0.036	-8.843
Education: high ²		0.049	0.146	0.831
<i>Endogenous 3: RTE</i>				
PSRA	c	-0.068***	0.017	-4.091
RP	b1	0.234***	0.014	16.686
IRW	b2	-0.052***	0.013	-3.924
RK		0.102***	0.012	8.189
Female, NB ¹		-0.150*	0.075	-2.003
Age		-0.009	0.023	-0.370
Education: high ²		-0.151	0.094	-1.604
<i>Defined (indirect effects)</i>				
ab1 (PSRA → RP → RTE)	a1 * b1	-0.007	0.005	-1.82
ab2 (PSRA → IRW → RTE)	a2 * b2	-0.030***	0.008	-3.875
Total (PSRA → RTE)	c + ab1 + ab2	-0.105***	0.016	-6.481

Note. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

¹Ref. cat.: male. ²Ref. cat.: education low/medium.

RTE = risk talk engagement; PRSA = perceived social risk acceptability; RP = risk perception; IRW = individual risk willingness; RK = risk knowledge.

Table SM33: Final SEM ($\chi^2(df) = 7.963 (2)$; CFI = 0.997; TLI = 0.963; RMSEA = 0.034; SRMR = 0.012).

Chapter 5 Appendices

The Chapter 5 Appendices include the following content:

- *The survey consent form*
- *The main question block (Table SM34)*
- *Detailed overview of motivations, outcomes, emotions, and conversational trends by topic (Tables SM35-38)*
- *Crosstabulations between motivations and outcomes (Tables S39 and S40)*

Appendix A: Consent Form

Original Dutch version

Introductie

Welkom bij onze enquête over gezondheidsrisico's! Wij willen u bedanken voor uw tijd en deelname. De enquête duurt ongeveer 5 minuten.

Deze enquête wordt uitgevoerd om beter te begrijpen waarom mensen praten over gezondheidsrisico's die ze in hun dagelijks leven tegenkomen. Verder willen wij meer te weten komen over hoe ze deze gesprekken ervaren.

De antwoorden die u geeft worden vertrouwelijk behandeld. We verzamelen geen gegevens waarmee u direct identificeerbaar bent. Uw persoonsgegevens zullen niet worden opgeslagen. Na afloop van het project zullen de geanonimiseerde resultaten van de enquête enkel worden gedeeld met andere wetenschappers.

Het staat u op elk moment vrij om de enquête te verlaten door het tabblad te sluiten. Als u de enquête niet voltooit, zullen uw resultaten niet worden

gebruikt. De enquête slaat uw voortgang automatisch op, zodat u kunt stoppen en later door kan gaan als dat nodig is. We raden u echter aan om ongeveer 5 minuten vrij te maken en de enquête in één keer in te vullen.

Nogmaals heel erg bedankt voor uw deelname. Uw antwoorden zijn waardevol en zullen inzicht geven over hoe mensen praten over gezondheidsrisico's en hoe zij deze beoordelen in hun dagelijks leven.

- Ik geef toestemming
- Ik geef geen toestemming

English translation

Introduction

Welcome to our survey about health risks! We would like to thank you for your time and participation. It takes approximately 5 minutes to complete the survey.

This survey is conducted in order to better understand why people talk about the health risks that they face in their daily lives. We also want to learn more about how people experience these conversations.

Your responses will be treated confidentially. We collect no information that could directly identify you. Your personal data will not be stored. After the project, the anonymized results of the survey will be shared only with other researchers.

You are free to discontinue the survey at any moment by closing the browser tab. If you do not complete the survey, your results will not be used. The survey automatically saves your progress so that you may stop and continue at a later time if necessary. Nevertheless, we encourage you to set aside 5 minutes to complete the survey in one sitting.

Once again, thank you very much for your participation. Your responses are valuable and will provide insights into how people talk about health risks and how they evaluate such risks in their daily lives.

- I consent*
- I do not consent*

Appendix B: The Main Question Block

Variable codes	Lang	Question
Introduction	NL	Deze enquête onderzoekt de redenen die mensen hebben om over risico's voor de lichamelijke gezondheid te praten (daarmee bedoelen wij mogelijke bedreigingen voor uw lichaam of fysieke gezondheid, zoals ziekte, blessures of blootstelling aan schadelijke stoffen). Zulke risicogesprekken kunnen bijvoorbeeld gaan over een nieuw virus, mogelijke bijwerkingen van een geneesmiddel, of de veiligheid van bepaalde activiteiten. Onze focus ligt echter niet op financiële risico's.
	EN	<i>This survey investigates the reasons people have for talking about physical risk (meaning possible threats to your body or physical health, for instance, illness, injury or exposure to harmful substances). Such risk conversations could for instance be about a new virus, possible side effects of medication, or the safety of specific activities. Our focus is not on financial risk.</i>
rt_topic	NL	Denk aan de laatste keer dat u een gesprek over een gezondheidsrisico bent aangegaan. Over welk risico ging dit gesprek? [OEQ]
	EN	<i>Think about the last time you initiated a conversation about a health risk. What risk was the conversation about? [OEQ]</i>
rt_when	NL	Wanneer vond dit gesprek plaats? Als u het niet zeker weet, kiest u alstublieft het antwoord dat het meest juist aanvoelt. <input type="checkbox"/> In de laatste 24 uur

SM5(continued).

Variable codes	Lang	Question
		<input type="checkbox"/> In de afgelopen 7 dagen <input type="checkbox"/> In de afgelopen maand <input type="checkbox"/> Meer dan een maand geleden
	EN	<i>When did this conversation take place? If you are not certain, please choose the response that feels the most correct.</i> <input type="checkbox"/> <i>In the past 24 hours</i> <input type="checkbox"/> <i>In the past 7 days</i> <input type="checkbox"/> <i>In the past month</i> <input type="checkbox"/> <i>More than a month ago</i>
rt_who	NL	Met wie sprak u? <input type="checkbox"/> Familie <input type="checkbox"/> Een of meer vrienden <input type="checkbox"/> Een of meer collega's <input type="checkbox"/> Mensen online (die niet tot een van de andere categorieën horen) <input type="checkbox"/> Anders, namelijk... [OEQ]
	EN	<i>Who did you talk to?</i> <input type="checkbox"/> <i>Family</i> <input type="checkbox"/> <i>One or more friends</i> <input type="checkbox"/> <i>One or more colleagues</i> <input type="checkbox"/> <i>People online (not belonging to one of the other categories)</i> <input type="checkbox"/> <i>Other, namely... [OEQ]</i>
rt_how	NL	Hoe vond dit gesprek plaats? <input type="checkbox"/> Persoonlijk <input type="checkbox"/> Telefonisch <input type="checkbox"/> Via berichtenplatform (WhatsApp, Messenger, Telegram, etc.)

SM5(continued).

Variable codes	Lang	Question
		<input type="checkbox"/> Sociale media (Facebook, Instagram, X, etc.) <input type="checkbox"/> Anders, namelijk... [OEQ]
	EN	<i>How did this conversation take place?</i> <input type="checkbox"/> <i>Face-to-face</i> <input type="checkbox"/> <i>Over the phone</i> <input type="checkbox"/> <i>Via messaging app (WhatsApp, Messenger, Telegram, etc.)</i> <input type="checkbox"/> <i>Social media (Facebook, Instagram, X, etc.)</i> <input type="checkbox"/> <i>Other, namely... [OEQ]</i>
rt_where	NL	Waar was u tijdens dit gesprek? <input type="checkbox"/> Thuis <input type="checkbox"/> Aan het werk/ op school <input type="checkbox"/> Anders, namelijk... [OEQ]
	EN	<i>Where were you during the conversation?</i> <input type="checkbox"/> <i>At home</i> <input type="checkbox"/> <i>At work / at school</i> <input type="checkbox"/> <i>Other, namely... [OEQ]</i>
rt_why	NL	Kunt u alstublieft uitleggen waarom u [piped text from rt_topic] ter sprake bracht? (minimaal 50 tekens) [OEQ]
	EN	<i>Could you please describe why you brought up [piped text from rt_topic]? (minimum 50 characters)</i> <i>[OEQ]</i>
rt_outcome	NL	Als u erop terugkijkt, wat zou u zeggen dat u uit dit gesprek hebt gehaald? (minimaal 50 tekens) [OEQ]

SM5(continued).

Variable codes	Lang	Question
	EN	<i>Looking back, what would you say that you got out of the conversation? (minimum 50 characters)</i> [OEQ]
rt_emo	NL	Hoe voelde u zich na dit gesprek? Vink alstublieft alle opties aan die van toepassing zijn. <input type="checkbox"/> Hoopvol <input type="checkbox"/> Gesterkt <input type="checkbox"/> Optimistisch <input type="checkbox"/> Dankbaar <input type="checkbox"/> Verbonden <input type="checkbox"/> Opgelucht <input type="checkbox"/> Benieuwd <input type="checkbox"/> Verrast <input type="checkbox"/> Beschaamd <input type="checkbox"/> Bezorgd <input type="checkbox"/> Van streek <input type="checkbox"/> Bang <input type="checkbox"/> Gefrustreerd <input type="checkbox"/> Verdrietig <input type="checkbox"/> Anders, namelijk... [OEQ]
	EN	<i>How did you feel following this conversation? Please check all that apply.</i> <input type="checkbox"/> <i>Hopeful</i> <input type="checkbox"/> <i>Encouraged</i> <input type="checkbox"/> <i>Optimistic</i> <input type="checkbox"/> <i>Thankful</i> <input type="checkbox"/> <i>Connected</i> <input type="checkbox"/> <i>Relieved</i> <input type="checkbox"/> <i>Curious</i> <input type="checkbox"/> <i>Surprised</i>

SM5(continued).

Variable codes	Lang	Question
		<input type="checkbox"/> <i>Shameful</i> <input type="checkbox"/> <i>Worried</i> <input type="checkbox"/> <i>Distraught</i> <input type="checkbox"/> <i>Scared</i> <input type="checkbox"/> <i>Frustrated</i> <input type="checkbox"/> <i>Sad</i> <input type="checkbox"/> <i>Other, namely... [OEQ]</i>
rt_emo2	NL	<p>Bij de vorige vraag gaf u aan de volgende gevoelens te hebben ervaren in relatie tot het hierboven beschreven gesprek.</p> <p>[piped answers from <code>rt_emo</code>]</p> <p>Wat veroorzaakte deze gevoelens? (min 50 tekens)</p> <p>[OEQ]</p>
	EN	<p><i>In the previous question, you indicated having felt the following feelings following the conversation you have described above:</i></p> <p><i>[piped answers from <code>rt_emo</code>]</i></p> <p><i>What caused these feelings? (min. 50 characters)</i></p> <p><i>[OEQ]</i></p>

Table SM34: Main question block with translations.

Appendix C: Detailed Overview of Motivations, Outcomes, and Conversational Trends by Topic

Main topic	Top 5 motivation codes	Central discussion points
Infectious diseases (261)	Social alignment/ Reflection over collective risks (53)	Talking about how to perceive an infectious disease and whether taking steps is needed.
	Social alignment/ Processing media contents (27)	Processing information about a disease that has appeared in the news.
	Mutual problem solving/ Joint prevention strategy (implicit) (24)	Discussing what steps to take in the face of an infectious disease from a strategic standpoint.
	Social alignment/ Recall memories (20)	Reminiscing about previous experience with an infectious disease (mainly COVID-19).
	Social alignment/ Norms/behavior (19)	Discussing what steps to take in the face of an infectious disease from a normative standpoint.
External health risks (52)	Social alignment/ Processing media contents (10)	Processing information about an external risk (mainly food hazards) that has appeared in the news.
	Social alignment/ Reflection over collective risks (8)	Talking about how to perceive an external health risk and whether taking steps is needed.
	Emotion/ Worries over future/risks (5)	Expressing worry about external health risks.
	Information/ Relaying information (4)	Telling others about external health risks.
	Emotion/ Frustration with ailment/condition (3)	Expressing frustration about external health risks.
Behavior and lifestyle (174)	Influencing behavior/ Altruistic influence (27)	Trying to convince a loved one to improve their lifestyle habits.
	Social alignment/ Reflection over collective risks (17)	Talking about the importance of a healthy lifestyle.
	Seeking and giving help and support/ Seeking advice (implicit) (15)	Seeking advice to improve lifestyle habits.

Appendix 5C

SM35(continued).

Main topic	Top 5 motivation codes	Central discussion points
Physical health (327)	Social alignment/ Norms/behavior (11)	Discussing how to achieve and maintain a healthy lifestyle from a normative standpoint.
	Mutual problem solving/ Joint prevention strategy (explicit) (11)	Discussing how to achieve and maintain a healthy lifestyle from a strategic standpoint.
	Keeping each other up to date/ Tell others about one's own state of health (implicit) (42)	Keeping others in the loop about the status of a physical ailment.
	Emotion/ Worries over future/risks (33)	Expressing worry about a physical ailment.
	Emotion/ Frustration with ailment/condition (29)	Expressing frustration about a physical ailment.
Mental and neurological health (49)	Social alignment/ Reflection over collective risks (28)	Talking about how to perceive a risk to the body (mainly cancer or physical injury) and whether taking steps is needed.
	Keeping each other up to date/ Tell others about one's own state of health (explicit) (19)	Keeping others in the loop about the status of a physical ailment.
	Emotion/ Frustration with ailment/condition (9)	Expressing frustration about a mental or neurological ailment.
	Keeping each other up to date/ Tell others about one's own state of health (implicit) (9)	Keeping others in the loop about the status of one's mental or neurological health.
	Social alignment/ Norms/behavior (3)	Discussing the importance of mental health from a normative standpoint.
Misc. (25)	Keeping each other up to date/ Tell others about one's own state of health (prompted) (3)	Keeping others in the loop about the status of one's mental or neurological health.
	Information/ Seeking an explanation for a symptom/symptoms (3)	Looking for the explanation for a mental or neurological symptom.
	Keeping each other up to date/ Tell others about one's own state of health (explicit) (5)	Keeping others in the loop about the status of one's health (undefined).
	Emotion/ Frustration with ailment/condition (3)	Expressing frustration about an ailment (undefined).

SM35(continued).

Main topic	Top 5 motivation codes	Central discussion points
	Information/ Seeking an explanation for a symptom/symptoms (3)	Looking for the explanation for a symptom (undefined).
	Seeking and giving help and support/ Seeking advice (explicit) (3)	Seeking advice (various).
	Learn about the health of a loved one (2)	–

Table SM35: Motivations by main topic.

Main topic	Top 5 outcome codes	Central discussion points
Infectious diseases (249)	Being cautious (23)	The respondent and their interlocutor(s) agree to maintain situational caution without specifying the concrete steps this entails.
	Made plans or agreement (16)	The respondent and their interlocutor(s) agree to maintain situational caution and define what this looks like, e.g., not shaking hands or maintaining social distancing.
	Disappointment/loss of faith in society (16)	The respondent is left with a loss of faith in either the government or other people in how they handle a given disease.
	Gathered information (16)	The respondent learns about the disease in question, how to prevent it, or how to treat it.
	Risk perception (higher) (14)	The respondent is more aware of the risk of the disease in question.

Appendix 5C

SM36(continued).

Main topic	Top 5 outcome codes	Central discussion points
External health risks (50)	Disappointment/loss of faith in society (8)	The respondent is left with a loss of faith with larger societal bodies, most often the government in the case of environmental risk and the food industry in the case of food contamination.
	Gathered information (8)	The respondent learns about the risk in question, how to prevent it, or how to treat it.
	Risk perception (higher) (5)	The respondent feels more aware or more worried about a risk.
	Awareness (4)	The respondent is aware that something has to change.
Behavior and lifestyle (177)	Emotional investment in loved ones (3)	The respondent is worried about the health of a loved one.
	Emotional investment in loved ones (27)	The respondent feels invested in the health of a loved one, either worrying about their lifestyle habits or being optimistic about their attempts to change their habits.
	Awareness (26)	The respondent realizes that their lifestyle is unhealthy but does not yet take any active steps to change it.
	Received advice (18)	The respondent has received advice from loved ones on how to change their lifestyle habits.

SM36(continued).

Main topic	Top 5 outcome codes	Central discussion points
Physical health (311)	Gave advice (17)	The respondent has given advice to a loved one on how to change their lifestyle habits.
	Made plans or agreement (13)	The respondent makes concrete plans or joint agreements on changing their (sing. or pl.) behavior.
	Received advice (35)	The respondent has received advice from loved ones.
	Received support/understanding (31)	The respondent has received support or understanding from loved ones, mainly in response to serious illness (e.g., cancer).
	Awareness (23)	The respondent realizes that they are at risk, in most cases for preventable diseases, but does not yet take any active steps to change it.
	Emotional relief (22)	The respondent feels relief after the conversation. In most cases this relief is a temporary respite from a long-term ailment.
Mental and neurological health (51)	Gathered information (21)	The respondent has gathered information on how to prevent or treat a given ailment.
	Received support/understanding (17)	The respondent feels empathy or understanding following the conversation.
	Risk perception (higher) (6)	The respondent feels more aware or more worried about a risk.

SM36(continued).

Main topic	Top 5 outcome codes	Central discussion points
	Received advice (5)	The respondent has received advice on how to tackle their situation, in most cases their mental health.
	Emotional relief (4)	The respondent feels relief after the conversation that they have been able to talk about their mental health.
Misc. (23)	Did not receive understanding (2)	The respondent does not feel understood by their interlocutor.
	Received support/understanding (4)	NA
	Received advice (4)	The respondent has received advice from their surroundings, mainly about consulting their general practitioner.
	Value of life and health (2)	NA
	Emotional relief (2)	NA

Table SM36: Outcomes by main topic.

Topic	Subtopic	Central discussion points
Infectious diseases (275)	<i>Overall</i>	<i>Conversations about infectious diseases primarily take the form of social meaning-making, such as how to understand the disease, what precautions to take, and how to consolidate new information with what one already knows.</i>
	COVID-19 (113)	The overall trend applies. A subset of conversations consists of people looking back at life during the pandemic and either reminiscing about it or comparing it to how things have been after.
	Seasonal flu and common cold (93)	The overall trend applies. A subset of conversations is about making sense of what people observe in their day-to-day lives, such as understanding why they have symptoms of illness or why so many of their colleagues are calling in sick.
	Vaccination (38)	The overall trend applies. Notable with this subtopic is a considerable number of conversations about whether or not to vaccinate from a normative point of view.
	Other infectious diseases (31)	The overall trend applies. This subtopic comprises primarily other lung infections.

Appendix 5C

SM37(continued).

Topic	Subtopic	Central discussion points
External health risks (55)	<i>Overall</i>	<i>Conversations about external health risks primarily revolve around sharing information on what foods to avoid and identifying where the limits of personal control are.</i>
	Food safety (22)	The overall trend applies.
	Environmental risks (19)	The overall trend applies. Compared to food safety, there is more emphasis on how to understand the risk factor, and precautions align more closely with those of infectious diseases.
	Medication side effects and addiction (14)	The overall trend does not apply. Conversations about medication side effects and addiction comprise a mix of expressing worries or frustrations and seeking advice.
Behavior and lifestyle (195)	<i>Overall</i>	<i>Conversations about behavior and lifestyle primarily revolve around efforts to change lifestyle habits, either the respondent's own habits or those of a loved one. Expressions of wanting to change may take the form of expressing a desire to change, seeking advice, or lamenting an inability to change.</i>
	Smoking and vaping (75)	The overall trend applies. Respondents tend to view habit change as an individual responsibility.

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SM37(continued).

Topic	Subtopic	Central discussion points
	Being overweight (47)	The overall trend applies. Respondents' view of habit change is more collectively oriented with a focus on collective efforts such as changing habits within the family or in friend groups.
	Healthy lifestyle (42)	The overall trend applies. The same collective orientation also applies here.
	Alcohol and drugs (31)	The overall trend applies with a similar view of habit change as an individual responsibility as with smoking and vaping, although with a more normative angle (primarily in the case of alcohol). A handful of respondents described conversations in which they remained unwilling to decrease their consumption in spite of the risks or the opinions of their peers.
Physical health (354)	<i>Overall</i>	<i>Conversations about physical health are varied, but many center either around worries or frustrations about respondents' states of health, keeping each other up to date on ailments, or about how to mitigate risk.</i>

SM37(continued).

Topic	Subtopic	Central discussion points
	Cancer (95)	Conversations about cancer range from collectively reflecting on cancer risk and how to minimize it to dealing with the illness of oneself or that of a loved one to collectively mourning a loved one lost to cancer. The most prevalent topics are about either staying and keeping others up to date on an existing cancer diagnosis or worrying about one’s own health or that of a loved one, either due to an existing diagnosis or due to being at risk.
	Organ systems (94)	The majority of conversations about organ systems concern the cardiovascular system with a minority being on either the respiratory system (outside of infectious diseases) or other organ-related ailments. Conversations within this category are centered around staying and keeping others up to date on personal health issues, expressing frustration or worry, or preventing and managing risk, mainly through lifestyle changes.
	Musculoskeletal system (68)	Conversations about the musculoskeletal system cover a variety of topics, with the most prevalent topics being updates about new or existing ailments/injuries, expressions of worry and/or frustration, risk prevention, or seeking help and support.

SM37(continued).

Topic	Subtopic	Central discussion points
	Diabetes and high blood sugar (30)	Conversations about diabetes and high blood sugar mirror conversations about the cardiovascular system, being centered around either staying and keeping others up to date on personal health issues or about risk prevention and management, mainly through lifestyle changes.
	Sports (24)	Conversations in the realm of sports deal primarily with either the prevention of sports injuries or the return to activity after an injury. Conversations mainly take the form of exchanging advice or collectively problem solving.
	Reproductive health (12)	NA
	Immune deficiencies (11)	NA
	Surgery (11)	Conversations concerning the risks of surgery mainly take the form of supported decision-making, i.e., the respondent consults their family to decide whether or not to undergo the surgery in question.
	ENT, mouth and eyes (6)	NA
	Other chronic illnesses (3)	NA

SM37(continued).

Topic	Subtopic	Central discussion points
Mental and neurological health (53)	<i>Overall</i>	<i>Conversations about mental and neurological health are varied and depend on the type of issue the respondent or a loved one is facing or worried about.</i>
	Mental health (34)	Conversations about mental health usually are about communicating the difficulties of having a given mental disorder, either in the form of venting or in an attempt to be better understood by one’s surroundings.
	Head and brain (11)	Conversations about head and brain usually mirror conversations about mental health, only the emphasis is usually less on being understood and more on finding explanations for symptoms such as persistent headaches.
	Dementia and Alzheimer’s (8)	Most conversations about dementia or Alzheimer’s concern family members with one of the illnesses.
Misc. (25)	Healthcare structure and policy (5)	Conversations around healthcare structure and policy center around frustrations with the healthcare system.
	Unexplained symptoms (5)	Conversations around unexplained symptoms center around searching for an explanation for unexplained symptoms.
	Death (4)	NA

SM37(continued).

Topic	Subtopic	Central discussion points
	Genes and heritability (3)	Conversations about genes and heritability explore the extent to which several family members are affected by specific genes that pose a risk to health and well-being.

Table SM37: Conversational trends by topic and subtopics.

Emotion	#
Worried	269
Connected	256
Relieved	204
Hopeful	198
Optimistic	194
Encouraged	192
Thankful	191
Frustrated	97
Curious	71
Sad	71
Other	63
Scared	58
Surprised	53
Distraught	42
Shameful	20

Table SM38: Emotions following conversations.

Risk talk motivations	Risk talk outcomes						Grand Total
	Perception changed	Relational dynamics affected	Information given or received	Emotion felt	Action intended or taken	Help/support given or received	
Social alignment	38 (18.4%)	42 (20.4%)	21 (10.2%)	57 (27.7%)	32 (15.5%)	16 (7.8%)	206 (100.0%)
Emotional relief	19 (13.3%)	7 (4.9%)	5 (3.5%)	55 (38.5%)	20 (14.0%)	37 (25.9%)	143 (100.0%)
Keeping each other up to date	6 (4.5%)	14 (10.4%)	13 (9.7%)	36 (26.9%)	15 (11.2%)	50 (37.3%)	134 (100.0%)
Seeking and giving help and support	4 (3.4%)	10 (8.6%)	10 (8.6%)	6 (5.2%)	26 (22.4%)	60 (51.7%)	116 (100.0%)
Collective problem-solving	4 (4.7%)	2 (2.3%)	6 (7.0%)	2 (2.3%)	62 (72.1%)	10 (11.6%)	86 (100.0%)
Exchanging information	5 (7.1%)	4 (5.7%)	24 (34.3%)	5 (7.1%)	19 (27.1%)	13 (18.6%)	70 (100.0%)
Influencing behavior	0 (0.0%)	0 (0.0%)	2 (3.8%)	1 (1.9%)	2 (3.8%)	48 (90.6%)	53 (100.0%)
Grand Total	76 (9.4%)	79 (9.8%)	81 (10.0%)	162 (20.0%)	176 (21.8%)	234 (29.0%)	808 (100.0%)

Table SM39: Crosstabulation of risk talk motivations and outcomes (row-wise percentages).

Risk talk motivations	Risk talk outcomes						Grand Total
	Perception changed	Relational dynamics affected	Information given or received	Emotion felt	Action intended or taken	Help or support given or received	
Social alignment	38 (50.0%)	42 (53.2%)	21 (25.9%)	57 (35.2%)	32 (18.2%)	16 (6.8%)	206 (25.5%)
Emotional relief	19 (25.0%)	7 (8.9%)	5 (6.2%)	55 (34.0%)	20 (11.4%)	37 (15.8%)	143 (17.7%)
Keeping each other up to date	6 (7.9%)	14 (17.7%)	13 (16.0%)	36 (22.2%)	15 (8.5%)	50 (21.4%)	134 (16.6%)
Seeking and giving help and support	4 (5.3%)	10 (12.7%)	10 (12.3%)	6 (3.7%)	26 (14.8%)	60 (25.6%)	116 (14.4%)
Collective problem-solving	4 (5.3%)	2 (2.5%)	6 (7.4%)	2 (1.2%)	62 (35.2%)	10 (4.3%)	86 (10.6%)
Exchanging information	5 (6.6%)	4 (5.1%)	24 (29.6%)	5 (3.1%)	19 (10.8%)	13 (5.6%)	70 (8.7%)
Influencing behavior	0 (0.0%)	0 (0.0%)	2 (2.5%)	1 (0.6%)	2 (1.1%)	48 (20.5%)	53 (6.6%)
Grand Total	76 (100.0%)	79 (100.0%)	81 (100.0%)	162 (100.0%)	176 (100.0%)	234 (100.0%)	808 (100.0%)

Table SM40: Crosstabulation of risk talk motivations and outcomes (column-wise percentages).

Notes

³³The Scopus search query only differs from the one used for Web of Science and Academic Search Premier in that quotation marks (“”) were replaced with curly brackets (). In Scopus, quotation marks deliver approximate matches, whereas curly brackets deliver exact matches.

³⁴In order to run this model without running out of degrees of freedom, age was removed as a predictor of risk talk engagement and education was removed as a predictor of risk perception. These variables were chosen, as they had consistently been highly non-significant both in the OLS regressions and in the preliminary model. The variables were added back in for the final model.

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