Appendix

Table A1: The main socio-demographic variables

	N	Min	Max	Mean	Std. Dev.
Female	586	0	1	0.40	0.49
Age	586	18	76	36.68	10.77
White	586	0	1	0.80	0.40
Religiosity	586	1	10	3.12	3.79
Has College Degree	586	0	1	0.47	0.50
Married	586	0	1	0.41	0.50
Age of Oldest Adult	586	18	94	45.27	15.10
Approves Rep. Party	586	0	100	35.38	35.88
Approves Dem. Party	586	0	100	52.86	33.55

Notes about variables: 1) Female - binary measure (1-"Yes"), 2) Age - age of participant, 3) White - binary measure (1-"Yes"), 4) Religiosity - increasing scale [0,10], 5)Has college degree - binary measure (1-"Yes"), 6) Married - binary measure (1-"Yes"), 7) Age of oldest adult - age of the oldest adult in household, 8) Approves Rep. Party - scale [0,100], 9) Approves Dem. Party - scale [0,100]

Table A2: The role of socio-demographic variables in ventilator allocations (OLS regression)

	Dependent variable:		
	index		
	(1)	(2)	(3)
Female	2.943*	2.983*	2.700*
	(1.553)	(1.561)	(1.582)
Age	0.039	0.035	0.030
	(0.079)	(0.079)	(0.079)
White	5.582***	5.817***	5.874***
	(1.905)	(1.906)	(1.918)
Religiosity	−0.132	0.043	0.106
	(0.207)	(0.229)	(0.237)
Has College degree	0.262	0.423	0.499
	(1.507)	(1.504)	(1.509)
Married	0.624	1.235	1.191
	(1.644)	(1.658)	(1.664)
Age of Oldest Adult	0.004	0.00004	−0.006
	(0.055)	(0.055)	(0.055)
Approves Rep. Party		−0.059**	−0.044
		(0.027)	(0.028)
Approves Dem. Party		−0.048*	−0.044*
		(0.025)	(0.026)
Ingroup preferences			−0.736
			(0.673)
Considers Harm consequences in decisions			0.452
			(1.021)
Fairness			0.725
			(1.016)
Constant	52.023***	55.913***	52.621***
	(3.503)	(3.914)	(5.157)
Observations	586	586	586
R^2	0.026	0.036	0.040
Adjusted R^2	0.014	0.021	0.020
Residual Std. Error	18.037 (df = 578)	17.977 (df = 576)	17.984 (df = 573)
F Statistic	2.212** (df = 7; 578)	2.386** (df = 9; 576)	1.999** (df = 12; 573)

Note: *p<0.1; **p<0.05; ***p<0.01

Notes about variables: Since Figure 1A shows that subjects allocate 10 ventilators for middle age groups "40-50" and "50-60") and deviate from the "Treating patients equally" principle for younger and older patients, we constructed an index to capture the changes in allocations on the tails of the distribution. Index=("0-10"/10) *5+("10-20"/10) *4+("20-30"/10) *3+("30-40"/10) *2+("40-50"/10) *1+ ("50-60"/10) *(-1)+("60-70"/10) *(-2)+ ("70-80"/10) *(-3) + ("80-90"/10) * (-4)+ ("90 and older"/10) *(-5)+50. The value of the index varies in the range of [0,100]. The index is sensitive to disproportional allocation on the tails. It receives a value above 50 if a respondent disproportionally favors younger patients. Conversely, if the respondent prefers older patients, then the index receives values in the range of [0,49]. A value of "0" represents full allocation to the oldest group, while a 100 represents full allocation to the youngest age group. "Ingroup preferences", "Considers harm in decisions", and "Fairness preferences" were constructed based on Moral Foundation Questionnaire questions (MFQ-20) [22].

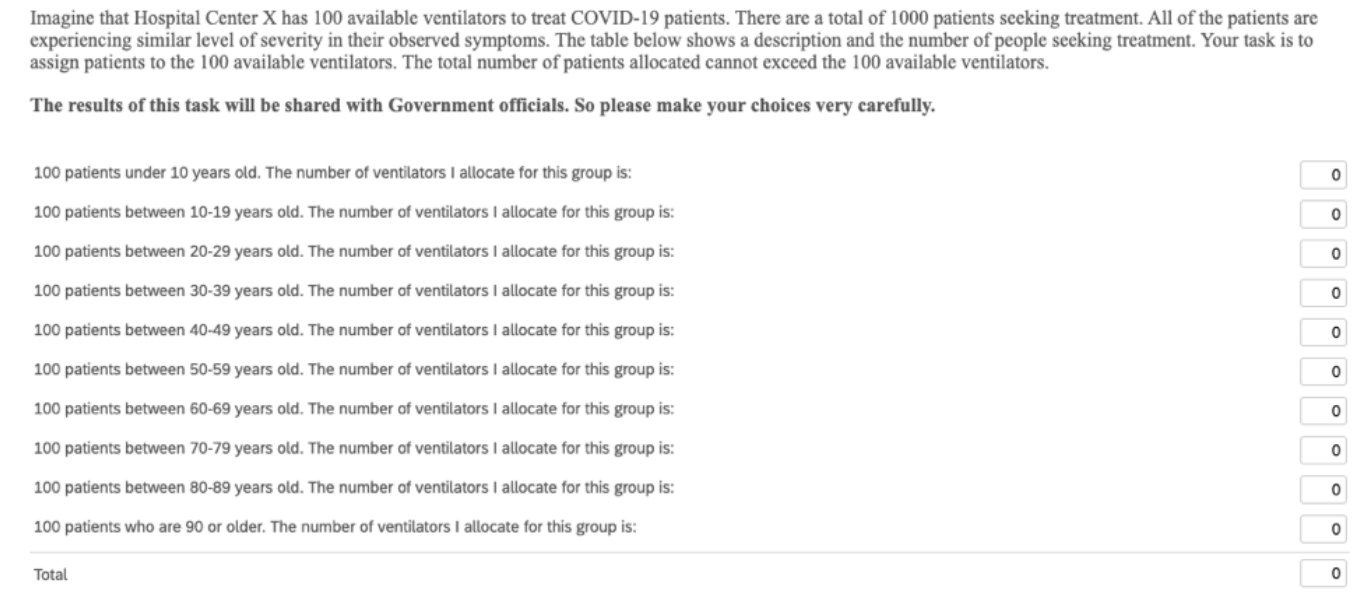

Figure A1: Respondents were presented a hypothetical scenario, in which they had to allocate ventilators among COVID-19 patients. Only the 10% of patients had a chance to get a ventilator. The respondents were required to allocate ventilators based on 10 age groups.