

Solutions

2.1

Before 10; after 12, from a total 60 across five volunteers.

2.2

One rose; four fell.

2.3

Only one of five scores increased; quiz concerns wording comprehension, not health; no suitable comparison isolates the notice's effect.

2.4

One percentage point; 100% relative increase/doubling; different collections do not isolate a formatting cause.

3.1

Mean 12 versus 10; one improved/four fell; no health effect or isolated notice cause; one percentage point rather than two; doubling without isolated formatting cause; relevant question clarifies the fairness/access/measurement criterion without inventing evidence.

3.2

Local analytic rubric, 8 × B1: correct ten-to-twelve mean; one increase and four decreases; average versus individual distinction; comprehension rather than health and no isolated effect; separate one-percentage-point/doubling distinction; different-collection causal limit; relevant question defining access or evidence rather than issuing healthcare policy; coherent truthful 80–110 word response. Example: “The quiz mean rose from ten to twelve correct answers, but only one volunteer’s score increased; the other four fell. Therefore, a higher mean does not establish that most people improved. The quiz concerns notice comprehension, not health, and the lack of a comparison group prevents isolating the notice’s effect. Separately, the date-label rate changed from 1% to 2%, which is one percentage point or a doubling relative to the original rate. Different collections do not establish its cause. Before judging fairness, should we check who could access the notice and define what outcome a suitable comparison would measure?”