



# Discrimination Form

FORM CODE: DIS  
VERSION B 02/12/2009

ID NUMBER

CONTACT YEAR

LAST NAME

INITIALS

**INSTRUCTIONS:** This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it

“These next questions have to do with things that may have happened to you and the way you have been treated over your lifetime. We know from other research that experiences of unfair treatment are common and very important to consider in understanding people’s health. These questions will give a picture of the various kinds of experiences of people in the Jackson Heart Study. There are no right or wrong answers; only your experiences. I want to remind you that any information you provide is strictly confidential and will never be identified with you as an individual. Let’s start with experiences you may have had on a day-to-day basis.”

1. Using the responses on this card, tell me how often each of the following things happen to you in your day-to-day life. Just tell me the letter beside the response that most closely matches your experience.

- [HAND RC #1] ..... Several times a day 1
- [Don't Know = 77, Refused = 88, Missing = 99]
- Almost every day 2
- At least once a week 3
- A few times a month 4
- A few times a year 5
- Less than a few times a year 6
- Never 7

**RESPONSE CODES**

1 - Several times a day	6 - Less than a few times a year
2 - Almost every day	7 - Never
3 - At least once a week	77 - Don't Know
4 - A few times a month	88 - Refused
5 - A few times a year	99 - Missing

Since your last JHS examination, how often on a day-to-day basis do you have the following experiences?  
[CIRCLE CODE]

1a. You are treated with less  
courtesy than other people..... 1      2      3      4      5      6      7  
**[Don't Know = 77, Refused = 88, Missing = 99]**

1b. You are treated with less  
respect than other people..... 1      2      3      4      5      6      7  
**[Don't Know = 77, Refused = 88, Missing = 99]**

1c. You receive poorer service  
than others at restaurants..... 1      2      3      4      5      6      7  
**[Don't Know = 77, Refused = 88, Missing = 99]**

1d. People act as if they think  
you are not smart..... 1      2      3      4      5      6      7  
**[Don't Know = 77, Refused = 88, Missing = 99]**

1e. People act as if they are  
afraid of you..... 1      2      3      4      5      6      7  
**[Don't Know = 77, Refused = 88, Missing = 99]**

1f. People act as if they think  
you are dishonest..... 1      2      3      4      5      6      7  
**[Don't Know = 77, Refused = 88, Missing = 99]**

1g. People act as if they think you are not as good as they are..... 1 2 3 4 5 6 7  
 [Don't Know = 77, Refused = 88, Missing = 99]

1h. You are called names or insulted..... 1 2 3 4 5 6 7  
 [Don't Know = 77, Refused = 88, Missing = 99]

1i. You are threatened or harassed..... 1 2 3 4 5 6 7  
 [Don't Know = 77, Refused = 88, Missing = 99]

**If all responses in Item 1 are "NEVER," Code G, then go to Item 4a**

2a. Thinking over these day-to-day experiences, what is the main reason for this treatment?

- Your age 1
  - Your gender 2
  - Your race 3
  - Your height or weight 4
  - Some other reason for discrimination 5
- Go to Item 3a

2b. Specify other reason:




3h. Avoid it..... Yes 1  $\xrightarrow{\text{IF Yes}}$  3h1. [CIRCLE VALUE GIVEN TO RESPONSE]  
 No 2  
 A lot 1  
 Some 2  
 A Little 3

3i. Get violent?..... Yes 1  $\xrightarrow{\text{IF Yes}}$  3i1. [CIRCLE VALUE GIVEN TO RESPONSE]  
 No 2  
 A lot 1  
 Some 2  
 A Little 3

3j. Forget it? ..... Yes 1  $\xrightarrow{\text{IF Yes}}$  3j1. [CIRCLE VALUE GIVEN TO RESPONSE]  
 No 2  
 A lot 1  
 Some 2  
 A Little 3

3k. Blame yourself?..... Yes 1  $\xrightarrow{\text{IF Yes}}$  3k1. [CIRCLE VALUE GIVEN TO RESPONSE]  
 No 2  
 A lot 1  
 Some 2  
 A Little 3

3l. Other? ..... Yes 1  $\xrightarrow{\text{IF Yes}}$  3l1. [CIRCLE VALUE GIVEN TO RESPONSE]  
 No 2  
 A lot 1  
 Some 2  
 A Little 3

3m. Specify other:


4. Thinking back over these types of day-to-day experiences, compared with when you were younger, are they more frequent, less frequent, or about the same? ..... More frequent 1  
 [Don't Know = 7, Refused = 8, Missing = 9] Less frequent 2  
 About the same 3

5. When you have had day-to-day experiences like these, would you say they have been very stressful, moderately stressful, or not stressful? ..... Very stressful 1  
 [Don't Know = 7, Refused = 8, Missing = 9] Moderately stressful 2  
 Not stressful 3

6. Overall, how much has day-to-day discrimination interfered with you having a full and productive life? Would you say a lot, some, a little, or not at all? ..... A lot 1  
 [Don't Know = 7, Refused = 8, Missing = 9] Some 2  
 A little 3  
 Not at all 4

7. Overall, how much harder has your life been because of day-to-day discrimination? Would you say a lot, some, a little, or not at all? ..... A lot 1  
 [Don't Know = 7, Refused = 8, Missing = 9] Some 2  
 A little 3  
 Not at all 4

8. Because of the shade of your skin color, do you think white people treat you a lot better, somewhat better, no different, somewhat worse, or a lot worse than other Blacks? ..... A lot better 1  
 [Don't Know = 7, Refused = 8, Missing = 9]  
 Somewhat better 2  
 No different 3  
 Somewhat worse 4  
 A lot worse 5
9. Because of the shade of your skin color, do you think Black people treat you a lot better, somewhat better, no different, somewhat worse, or a lot worse than other Blacks? ..... A lot better 1  
 [Don't Know = 7, Refused = 8, Missing = 9]  
 Somewhat better 2  
 No different 3  
 Somewhat worse 4  
 A lot worse 5

**ADMINISTRATIVE INFORMATION**

10. Date of data collection: ..... 

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11. Method of data collection: ..... Computer 1  
 Paper form 2

12. Code number of person completing this form: ..... 

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