

Discrimination Form (DIS) Instructions

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I. General Instructions

The Discrimination Form (DIS) is completed during the participant's clinic visit. The interviewer must be certified and should have a working knowledge of the document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

II. Specific Instructions

Read the introductory script:

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 JHS. 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 the experiences you may have had on a day-to-day basis.

Items 1-3 are intended to refer to everyday, common experiences of being treated unfairly of the participant.

1. This Item documents how often the participant has had each of several day-to-day experiences. Give the participant the response card. Instruct the participant to give the number beside the response that most closely matches the experience. Read each item 1a -1i and enter the code which corresponds to the participant's response. Follow the skip pattern. If all responses are "Never," code 7, then go to Item 4.
2. This Item documents the participant's perception of the main reason(s) for the treatment received during the day-to-day experiences from Item 1a -1i. Read each response and enter the corresponding number. The participant may specify some other reason(s). Record the other reason specified in 2b.
3. This Item documents the participant's coping/response(s) to the day-to-day experiences of lesser or unfair treatment from Item 1a - 1i. Read each response and circle the corresponding number. The participant may specify some other coping/response(s). Record the coping/response specified in 3b.
4. This item documents the frequency of the experience as compared to when the participant was younger. Read each response and enter the corresponding number.
5. This item documents how stressful the experiences have been for the participant. Read each

response and enter the corresponding number.

6. This item documents how much the experiences have interfered with the participant having a full and productive life. Read each response and circle the corresponding number.
7. This item documents how much harder the participant's life has been because of the experiences. Read each response and enter the corresponding number.
8. This item documents the influence that shade of the participant's skin color and on the treatment received by white people. Read each response and enter the corresponding number.
9. This item documents the influence the shade of the participant's skin color and on the treatment received by Black people. Read each response and enter the corresponding number.
10. Enter the date of data collection.
11. Enter the method of data collection.
12. Enter the code number of person completing this form.