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 with an “X” and circle the correct response.

“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 A
   Almost every day B
   At least once a week C
   A few times a month D
   A few times a year E
   Less than a few times a year F
   Never G

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........ A B C D E F G

1b. You are treated with less respect than other people........ A B C D E F G
A – Several times a day
B – Almost every day
C – At least once a week
D – A few times a month
E – A few times a year
F – Less than a few times a year
G – Never

1c. You receive poorer service than others at restaurants........ A  B  C  D  E  F  G
1d. People act as if they think you are not smart....................... A  B  C  D  E  F  G
1e. People act as if they are afraid of you........................... A  B  C  D  E  F  G
1f. People act as if they think you are dishonest.................. A  B  C  D  E  F  G
1g. People act as if they think you are not as good as they are.... A  B  C  D  E  F  G
1h. You are called names or insulted............................... A  B  C  D  E  F  G
1i. You are threatened or harassed................................. A  B  C  D  E  F  G

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

Your gender

Your race

Your height or weight

Some other reason for discrimination

2b. Specify other reason:

3a. And when you receive lesser or unfair treatment in your day-to-day life, do you usually:

Speak up

Accept it

Ignore it

Try to change it

Keep it to yourself

Work harder to prove them wrong

Pray

Avoid it

Get violent

Forget it

Blame yourself

Other

3b. Specify other:
“Now let’s talk about things that may have happened over your lifetime because of such issues as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics.”

4a. Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, were denied a scholarship, etc.) ................................................................. Yes Y

Go to Item 4b. No N

Over your entire life, how many times has this happened?
4b. Specify number of times: ................................................................. times

When was the last time?
4c. Specify years ago: ................................................................. years

4d. Specify months ago: ................................................................. months

5a. Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply.) ................................................................. Yes Y

Go to Item 6a. No N

Over your entire life, how many times has this happened?
5b. Specify number of times: ................................................................. times

When was the last time?
5c. Specify years ago: ................................................................. years

5d. Specify months ago: ................................................................. months

6a. Have you ever felt unfairly treated at work?
(For example, you were not promoted, you were overworked or hassled, you were fired or you were unable to get health insurance.) ................................................. Yes Y

Go to Item 7a

No N

Never worked W

Over your entire life, how many times has this happened?

6b. Specify number of times: ................................................................. times

When was the last time?

6c. Specify years ago: ........................................................................ years

6d. Specify months ago: ...................................................................... months

7a. Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted or you were prevented from remaining in a neighborhood because neighbors made life so uncomfortable.) ................................................................. Yes Y

Go to Item 8

No N

Over your entire life, how many times has this happened?

7b. Specify number of times: ................................................................. times

When was the last time?

7c. Specify years ago: ........................................................................ years

7d. Specify months ago: ...................................................................... months

8a. Have you ever felt unfairly treated in getting resources or money? (For example, you were denied a bank loan,
a credit card or some other form of credit.) …………………………………. Y  Yes  N No

Over your entire life, how many times has this happened?
8b. Specify number of times: …………………………………………………. times

When was the last time?
8c. Specify years ago: ………………………………………………………… years
8d. Specify months ago: ……………………………………………………… months

9a. Have you ever felt unfairly treated in getting medical care?
(For example, you were denied or provided inferior medical care, you were made to wait long periods of time before getting care or you could not get care from a medical specialist such as a heart doctor.) …………………………………. Y  Yes  N No

Over your entire life, how many times has this happened?
9b. Specify number of times: …………………………………………………. times

When was the last time?
9c. Specify years ago: ………………………………………………………… years
9d. Specify months ago: ……………………………………………………… months

10a. Have you ever felt unfairly treated on the street or in a public place? (For example, you were hassled by the
police, were the target of public ridicule, etc.) …………………………….. Yes  Y

Over your entire life, how many times has this happened?
10b. Specify number of times: …………………………………………………… times

When was the last time?
10c. Specify years ago: ………………………………………………………… years

10d. Specify months ago: ……………………………………………………… months

11a. Have you ever felt unfairly treated in getting services?
(For example, you were denied or provided inferior service by a plumber, in a restaurant, the grocery store, or by some other service provider.) ………………………………………….. Yes  Y

Over your entire life, how many times has this happened?
11b. Specify number of times: …………………………………………………… times

When was the last time?
11c. Specify years ago: ………………………………………………………… years

11d. Specify months ago: ……………………………………………………… months

12a. In addition to these areas we have talked about, have you been treated unfairly in any other ways? ……………………………… Yes  Y

Over your entire life, how many times has this happened?
12b. Specify:

Over your entire life, how many times has this happened?

12b. Specify:

Over your entire life, how many times has this happened?
12c. Specify number of times: ................................................................. times

When was the last time?

12d. Specify years ago: ................................................................. years

12e. Specify months ago: ................................................................. months

If all responses in Items 4a-12a are “NO” or “NEVER WORKED” (Item 6a), go to Item 15

13a. Thinking about the most recent of these experiences over your lifetime, what was the main reason for the discrimination you experienced?

- Your age A
- Your gender B
- Your race C
- Your height or weight D
- Some other reason for discrimination E

13b. Specify other reason:

14. What did you do? ................................................................. Did you do that a lot, some, or a little?
14a. Speak up? .................. Yes Y  
IF YES  14a1. [CIRCLE VALUE GIVEN TO RESPONSE]  
No 
N 
A lot 
A  
Some 
B  
A Little 
C 

14b. Accept it? .................. Yes Y  
IF YES  14b1. [CIRCLE VALUE GIVEN TO RESPONSE]  
No 
N 
A lot 
A  
Some 
B  
A Little 
C 

14c. Ignore it? .................. Yes Y  
IF YES  14c1. [CIRCLE VALUE GIVEN TO RESPONSE]  
No 
N 
A lot 
A  
Some 
B  
A Little 
C 

14d. Try to change it? .......... Yes Y  
IF YES  14d1. [CIRCLE VALUE GIVEN TO RESPONSE]  
No 
N 
A lot 
A  
Some 
B  
A Little 
C 

14e. Keep to yourself? ............ Yes Y 
IF YES  14e1. [CIRCLE VALUE GIVEN TO RESPONSE]  
No 
N 
A lot 
A  
Some 
B  
A Little 
C 

14f. Work harder to prove them wrong? ............. Yes Y  
IF YES  14f1. [CIRCLE VALUE GIVEN TO RESPONSE]  
No 
N 
A lot 
A  
Some 
B  
A Little 
C
Did you do that a lot, some, or a little?

14g. Pray? .......................... Yes
   No
   IF YES
   Y → 14g1. [CIRCLE VALUE GIVEN TO RESPONSE]
   No
   N
   A lot
   Some
   A Little

14h. Avoid it? ..................... Yes
   No
   IF YES
   Y → 14h1. [CIRCLE VALUE GIVEN TO RESPONSE]
   No
   N
   A lot
   Some
   A Little

14i. Get violent? ................... Yes
   No
   IF YES
   Y → 14i1. [CIRCLE VALUE GIVEN TO RESPONSE]
   No
   N
   A lot
   Some
   A Little

14j. Forget it? ..................... Yes
   No
   IF YES
   Y → 14j1. [CIRCLE VALUE GIVEN TO RESPONSE]
   No
   N
   A lot
   Some
   A Little

14k. Blame yourself? .............. Yes
   No
   IF YES
   Y → 14k1. [CIRCLE VALUE GIVEN TO RESPONSE]
   No
   N
   A lot
   Some
   A Little

14l. Other? .......................... Yes
   Go to Item 15
   No
   IF YES
   Y → 14l1. [CIRCLE VALUE GIVEN TO RESPONSE]
   No
   N
   A lot
   Some
   A Little
14m. Specify other:


15. Thinking back over these types of experiences, compared with when you were younger, are the experiences more frequent, less frequent, or about the same?  
More frequent  A
Less frequent  B
About the same  C

16. When you have had experiences like these over your lifetime, would you say they have been very stressful, moderately stressful, or not stressful?  
Very stressful  A
Moderately stressful  B
Not stressful  C

17. Overall, how much has discrimination interfered with you having a full and productive life? Would you say a lot, some, a little, or not at all?  
A lot  A
Some  B
A little  C
Not at all  D

18. Overall, how much harder has your life been because of discrimination? Would you say a lot, some, a little, or not at all?  
A lot  A
Some  B
A little  C
Not at all  D
19. 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 A
Somewhat better B
No different C
Somewhat worse D
A lot worse E

20. 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 A
Somewhat better B
No different C
Somewhat worse D
A lot worse E

ADMINISTRATIVE INFORMATION

21. Date of data collection: 

22. Method of data collection: Computer

23. Code number of person completing this form: