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I. The Everyday Discrimination Scale

a. The Original and Still Recommended Scale


- Studies of Validity and Reliability

- Measure:
  In your day-to-day life, how often do any of the following things happen to you?
  1. You are treated with less courtesy than other people are.
  2. You are treated with less respect than other people are.
  3. You receive poorer service than other people at restaurants or stores.
  4. People act as if they think you are not smart.
  5. People act as if they are afraid of you.
  6. People act as if they think you are dishonest.
  7. People act as if they're better than you are.
  8. You are called names or insulted.
  9. You are threatened or harassed.

  Recommended response categories for all items:
  Almost everyday
  At least once a week
  A few times a month
  A few times a year
  Less than once a year
  Never

- Follow-up Question (Asked only of those answering “A few times a year” or more frequently to at least one question.): What do you think is the main reason for these experiences? (CHECK MORE THAN ONE IF VOLUNTEERED).
  RECOMMENDED OPTIONS
  1. Your Ancestry or National Origins
  2. Your Gender
3. Your Race
4. Your Age
5. Your Religion
6. Your Height
7. Your Weight
8. Some other Aspect of Your Physical Appearance
9. Your Sexual Orientation
10. Your Education or Income Level

OTHER POSSIBLE CATEGORIES TO CONSIDER
1. A physical disability
2. Your shade of skin color (NSAL)
3. Your tribe (SASH)
Other (SPECIFY) _____________________________

b. Everyday Discrimination Scale (Short Version) alpha = .77

- Developed for the Chicago Community Adult Health Study (CCAHS)


- Measure:
  In your day-to-day life how often have any of the following things happened to you?
  1. You are treated with less courtesy or respect than other people.
  2. You receive poorer service than other people at restaurants or stores.
  3. People act as if they think you are not smart.
  4. People act as if they are afraid of you.
  5. You are threatened or harassed.

  FOLLOW-UP QUESTION AT END OF SCALE AND RESPONSE CATEGORIES:
  The same as the original scale.

c. Expanded Everyday Discrimination Scale

- A 10th item was added to the original scale: “You are followed around in stores.”

- This scale was used in the National Survey of American Life (NSAL) and the South African Study of Stress and Health study (SASH)
II. Major Experiences of Discrimination

a. Major Experiences of Discrimination (NSAL and SASH version)

- Adapted from 1995 DAS and MIDUS


- Questionnaire
  In the following questions, we are interested in the way other people have treated you or your beliefs about how other people have treated you. Can you tell me if any of the following has ever happened to you:
  1. At any time in your life, have you ever been unfairly fired?
  2. For unfair reasons, have you ever not been hired for a job?
  3. Have you ever been unfairly denied a promotion?
  4. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?
  5. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?
  6. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?
  7. Have you ever moved into a neighborhood where neighbors made life difficult for you or your family?
  8. Have you ever been unfairly denied a bank loan?
  9. Have you ever received service from someone such as a plumber or car mechanic that was worse than what other people get?

  Follow-up questions after each item:
  1. What do you think was the main reason for this experience?
     a. Your Ancestry or National Origins
     b. Your Gender
     c. Your Race
     d. Your Age
     e. Your Religion
     f. Your Height
     g. Your Weight
     h. Some other Aspect of Your Physical Appearance
     i. Your Sexual Orientation
j. Your Education or Income Level
2. When was the last time this happened?
   a. Past week
   b. Past month
   c. Past year
   d. More than a year ago
3. How many times has this happened during your lifetime?

b. Major Experiences of Discrimination (Abbreviated Version)

- Adapted from NSAL for the CCAHS study

- Measure:
  In the following questions, we are interested in your perceptions about the way other people have treated you. Can you tell me if any of the following has ever happened to you:
  1. At any time in your life, have you ever been unfairly fired from a job or been unfairly denied a promotion?
  2. For unfair reasons, have you ever not been hired for a job?
  3. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?
  4. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?
  5. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?
  6. Have you ever been unfairly denied a bank loan?

USE SAME FOLLOW-UP QUESTIONS AS FOR THE FULL SCALE

III. Work Discrimination

a. Chronic Work Discrimination and Harassment (YES Study)

- Developed for the YES Study
- Adapted from 2 sources:
• Measure:
Here are some situations that can arise at work. Please tell me how often you have experienced them during the LAST 12 MONTHS.
1. How often are you UNFAIRLY given the jobs that no one else wants to do?
2. At work, when different opinions would be helpful, how often is your opinion not asked for?
3. How often are you watched more closely than others?
4. How often does your supervisor or boss use racial or ethnic slurs or jokes?
5. How often do your coworkers use racial or ethnic slurs or jokes?
6. How often do your coworkers use racial or ethnic slurs or jokes at you?
7. How often do your coworkers direct racial or ethnic slurs or jokes at you?
8. How often do you feel that you have to work twice as hard as others work?
9. How often do you feel that you are ignored or not taken seriously by your boss?
10. How often do others assume that you work in a lower status job than you do and treat you as such?
11. How often has a coworker with less experience and fewer qualifications gotten promoted before you?
12. How often have you been unfairly humiliated in front of others at work?

Response scale for all items:
Once a week or more........1
A few times a month........2
A few times a year........3
Less than once a year........4
Never..................5

b. Chronic Work Discrimination and Harassment (Abbreviated)

• Developed for the CCAHS Study
• Measure:
Here are some more situations that can arise at work. Please tell me how often you have experienced them during the past 12 months.

Discrimination (3 items, alpha =.73)
1. How often do you feel that you have to work twice as hard as others to get the same treatment or evaluation?
2. How often are you watched more closely than other workers?
3. How often are you unfairly humiliated in front of others at work?

Harassment (3 items, alpha = .84)
1. How often do your supervisor or coworkers make slurs or jokes about racial or ethnic groups?
2. How often do your supervisor or coworkers make slurs or jokes about women?
3. How often do your supervisor or co-workers make slurs or jokes about gays or lesbians?

Response scale for all items:
- Once a week or more………1
- A few times a month………2
- A few times a year………3
- Less than once a year………4
- Never…………………5

IV. Heightened Vigilance Scale

a. From DAS and YES Study
   - Source: DAS and YES Study
   - In dealing with these day-to-day experiences that you just told me about, how often do you:
     1. Think in advance about the kinds of problems you are likely to experience?
     2. Try to prepare for possible insults before leaving home?
     3. Feel that you always have to be very careful about your appearance to get good service or avoid being harassed?
     4. Carefully watch what you say and how you say it?
     5. Carefully observe what happens around you?
     6. Try to avoid certain social situations and places?

Response scale for all items:
- Very often………1
- Fairly often………2
- Not too often………3
- Hardly ever………4
- Never ………5

b. Heightened Vigilance Scale (Abbreviated) (4 items, alpha = .72)
   - Developed for the Chicago Community Adult Health Study
   - Measure:
In your day-to-day life, how often do you do the following things:
1. You try to prepare for possible insults from other people before leaving home.
2. Feel that you always have to be very careful about your appearance (to get good service or avoid being harassed).
3. Carefully watch what you say and how you say it.
4. Try to avoid certain social situations and places.

Response scale for all items:
Almost every day.........1
At least once a week........2
A few times a month........3
A few times a year.........4
Less than once a year........5
Never........6

V. Appendix A: Publications by David R. Williams on Racism and Discrimination

1. Conceptual/Review Papers on Racism, Discrimination and Health


2. **Empirical Publications on Racism, Discrimination and Health**


VI. Appendix B: Other Versions of Major Experiences of Discrimination Scale

a. Major Experiences of Discrimination: Original 6 item version

- Developed for the 1995 Detroit Area Study (DAS)


- Measure:
  In the following questions, we are interested in your beliefs about the way other people have treated you.
  1. Do you think you have ever been unfairly fired or denied a promotion?
  2. For unfair reasons, do you think you have ever not been hired for a job?
  3. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?
  4. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?
5. Do you think you have ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?

6. Have you ever moved into a neighborhood where neighbors made life difficult for you or your family?

FOR EACH YES RESPONSE TO THE ABOVE QUESTIONS, HERE ARE THE FOLLOW-UP QUESTIONS:

1. What was the main reason?
   - Your ethnicity...1
   - Your gender...2
   - Your race...3
   - Your age...4
   - Your religion...5
   - Your physical appearance...6
   - Your sexual orientation...7
   - Your income level/social class...8
   - Other Specify __________

2. Did that happen in the last 12 months?

b. Major Experiences of Discrimination: 9 item version from the MIDUS Study

- Adapted from the 1995 DAS
- See http://www.midus.wisc.edu/ for more information

- Questionnaire
  S13. How many times in your life have you been discriminated against in each of the following ways because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics? (If the experience happened to you, but for some reason other than discrimination, enter "0").

# OF TIMES IN YOUR LIFE
1. You were discouraged by a teacher or advisor from seeking higher education?
2. You were denied a scholarship?
3. You were not hired for a job?
4. You were not given a job promotion?
5. You were fired?
6. You were prevented from renting or buying a home in the neighborhood you wanted?
7. You were prevented from remaining in a neighborhood because neighbors made life so uncomfortable?
8. You were hassled by the police?
9. You were denied a bank loan?
10. You were denied or provided inferior medical care?
11. You were denied or provided inferior service by a plumber, car mechanic, or other service provider?

Follow-up question for each item: number of times in your life?

S15. GLOBAL FOLLOW UP QUESTION AFTER ALL ITEMS: What was the main reason for the discrimination you experienced? (If more than one main reason, circle all that apply.)
1. Your age
2. Your gender
3. Your race
4. Your ethnicity or nationality
5. Your religion
6. Your height or weight
7. Some other aspect of your appearance
8. A physical disability
9. Your sexual orientation
10. Some other reason for discrimination (Please specify:)

________________________________________________________________
________________________________________________________________

S16. Overall, how much has discrimination interfered with you having a full and productive life?
1. A lot
2. Some
3. A little
4. Not at all

S17. Overall, how much harder has your life been because of discrimination?
1. A lot
2. Some
3. A little
4. Not at all

c. Major Experiences of Discrimination (Expanded 19 item version)
Expanded from the 1995 Detroit Area Study and the MIDUS study for the YES Health Study


Questionnaire
We are interested in your beliefs about the way other people have treated you. In this section, I am going to ask you about experiences of being treated unfairly.

Employment
First, I will ask you about being treated unfairly at work. Can you tell me if each of the following has ever happened to you:
1. At any time in your life, have you ever been UNFAIRLY fired?
2. For UNFAIR reasons, do you think you have ever not been hired for a job?
3. Have you ever felt that others at your place of employment UNFAIRLY got promotions or pay raises faster than you did?
4. Have you ever been UNFAIRLY denied a promotion?
5. In addition to what we have talked about, is there any other way you have been treated UNFAIRLY AT WORK, for example, prevented from doing something or been hassled or made to feel inferior?

Housing
6. Have you ever been UNFAIRLY prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?
7. Have you ever moved into a neighborhood where neighbors UNFAIRLY made life difficult for you or your family?
8. (IF YES) Was it so bad that that you moved out?
9. In addition to what we have talked about, have you ever been treated UNFAIRLY, prevented from doing something, or been hassled or made to feel inferior in getting into or staying in a neighborhood that you wanted?

Education
10. Have you ever been UNFAIRLY discouraged by a teacher or advisor from continuing your education?
11. Have you ever been UNFAIRLY denied a scholarship?
12. In addition to what we have talked about, have you ever been treated UNFAIRLY, prevented from doing something, or been hassled or made to feel inferior by teachers or classmates?

Police/Courts
13. Have you ever been UNFAIRLY stopped, searched, or questioned by the police?
14. Have you ever been UNFAIRLY physically threatened or abused by the police?
15. Have you ever been UNFAIRLY suspected or accused of doing something illegal by the authorities?
16. In addition to what we have talked about, have you ever been treated UNFAIRLY, prevented from doing something, or been hassled or made to feel inferior by the police or the courts?

Other Major Experiences of Unfair Treatment
17. Have you ever been UNFAIRLY denied a bank loan?
18. Have you ever been UNFAIRLY denied medical care or provided medical care that was worse than what other people get?
19. Have you ever UNFAIRLY received service from someone such as a plumber or car mechanic that was worse than what other people get?
20. Thinking over your entire life, in addition to what we have talked about, have you ever been treated UNFAIRLY, prevented from doing something, or been hassled or made to feel inferior in some other aspect of your life?

Response categories for all of the previous questions are Yes/No.

- Follow-up Questions:
We want to talk in more detail about experiences of unfair treatment you told me about earlier.

For each Question:
H1. You told me that you have been UNFAIRLY ____________.
H1a. How many times has this happened in your ENTIRE LIFE?
1. ONCE
5. MORE THAN ONCE (SPECIFY):
GO TO H1c.
H1b. In what month or year did this happen? (GO TO H5b)
H1c. How many times has this happened in the last year?__________
H1d. In what year did you first have an experience of ____________?
H1e. What do you think was the main reason for this experience? (CHECK MORE THAN ONE IF VOLUNTEERED).
1. Your ancestry or National Origins
2. Your Gender
3. Your Race
4. Your Age
5. Your Religion
6. Your Height or Weight
7. Some other Aspect of Your Physical Appearance
8. Your Sexual Orientation
9. Your Education or Income Level
10. A Physical Disability
11. Other (SPECIFY) ________________
H1f. How certain are you that ______ was the main reason for this experience?
Absolutely positive
Pretty sure
Somewhat doubtful
Very doubtful

H2. Think of your WORST experience of _______________. Could you tell me more about what happened? (PROBE: ensure that information is included about the age, gender, and race of the perpetrator).

H3. Was your worst experience of ________________ also your VERY FIRST experience?
Response Categories:  YES -   GO TO H4.  NO

H3a. What do you think was the main reason for your worst experience? (CHECK MORE THAN ONE IF VOLUNTEERED).

H4. Was your worst experience of ________________ also your MOST RECENT experience?
Response Categories:  YES -   GO TO H5e.  NO

H5. In what year was your MOST RECENT EXPERIENCE of ________________?

H5a. In what month did it happen? __________________________

H5b. Could you tell me more about what happened? (PROBE: ensure that information is included about the age, gender, and race of the perpetrator).

H5c. What do you think was the main reason for this (your most recent experience)? (CHECK MORE THAN ONE IF VOLUNTEERED).

H5d. How certain are you that ______ was the main reason for this experience?
Absolutely positive
Pretty sure
Somewhat doubtful
Very doubtful

H5e. How did this experience make you feel? (check all that apply).
1. Angry
2. Frustrated
3. Sad
4. Powerless
5. Hopeless
6. Scared
7. Vulnerable
8. Humiliated
9. Vengeful
10. Inferior
11. Not surprised/resigned

H5f. How stressful was this experience for you? Would you say it was:
Very stressful
Quite stressful
Somewhat stressful
Not at all stressful
e. **Coping with Discrimination**

- Used in the Yes Health Study
- Adapted from 2 sources:

H6. How did you respond to this experience? Please tell me if you did each of the following things A LOT, SOME, or NOT AT ALL:

1. Tried to do something about it.
2. Accepted it as a fact of life.
3. Worked harder to prove them wrong.
4. Talked to someone about what to do about the situation.
5. Didn’t let it get to you; refused to think about it too much.
6. Felt that you brought it on yourself.
7. Talked to someone about how you were feeling.
8. Tried to keep your feelings to yourself.
9. Criticized or lectured yourself.
10. Increased your efforts to make things work.
11. Talked to someone who could do something concrete about the situation.
12. Went on as if nothing had happened.
13. Expressed anger to the person who caused the problem.
14. Tried to forget that it had happened.
15. Sought or found spiritual comfort and support.

Global Evaluation

H7. How well do you feel you have dealt up to now with this experience and any changes or problems which may have resulted from it?

VERY WELL
QUITE WELL
SOMEBEWHAT WELL
NOT TOO WELL

e. **Coping with Discrimination – NSAL Study (Abbreviated)**

- Adapted from 2 sources:
assessment of the experience of white racism among African Americans.” *Ethnicity and Disease*. 1996; 6 (1,2), 154-166.


• How did you respond to this/these experience(s)? Please tell me if you did each of the following things.
  1. Tried to do something about it.
  2. Accepted it as a fact of life.
  3. Worked harder to prove them wrong.
  4. Realized that you brought it on yourself.
  5. Talked to someone about how you were feeling.
  6. Expressed anger or got mad.
  7. Prayed about the situation.