

Intake Form

Please complete the survey below.

Thank you!

Participant Information	
Participant Last Name	<div></div>
Participant First Name	<div></div>
Address	<div></div>
Primary Phone	<div></div>
Email address	<div></div>
Preferred Method of Contact	<div><div><input type="checkbox"/> Phone</div><div><input type="checkbox"/> Text</div><div><input type="checkbox"/> Email</div><div><input type="checkbox"/> Other</div></div>
If other, please specify	<div></div>
Date of birth	<div></div>
Backup Contact	
Backup Name (Last, First)	<div></div>
Backup Phone	<div></div>
Backup Email Address	<div></div>
Backup Relationship	<div></div>

Thank you for agreeing to participate in NYU Langone's 12-month health education program. This program will provide you with tools and strategies to manage your blood pressure (e.g. including tips on healthy eating, physical activity, and stress management) as well as ways to get involved in addressing barriers in your community that impact health and access to healthcare. CHWs will provide you with information for how to get involved during the course of your participation in this study.

In order to provide individualized coaching, we will ask you a series of questions about your health, health habits, and what might help you in this program to improve your health:

DEMOGRAPHICS

Please choose the best response to each of the following questions.

What is your age?

What terms best express how you describe your gender identity?

- ☐ Woman
- ☐ Man
- ☐ Transgender
- ☐ Prefer not to answer

What was your sex assigned at birth?

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

Thinking about members of your family living in your household, what is your combined annual income, meaning the total pretax income from all sources earned in the past year?

- ☐ \$0 to \$9,999
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to answer

What is your place of birth?

- ☐ United States
- ☐ Other
- ☐ Prefer not to answer

Other country

Please Select Your Race (select all that apply):

- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ Native American or Pacific Islander
- ☐ Other
- ☐ Prefer not to answer

If other, please specify

If 'Black or African American' was selected, which group(s) best represent(s) your origin or ancestry? (select all that apply)

- ☐ African American
- ☐ Jamaican
- ☐ Guyanese
- ☐ Haitian
- ☐ Trinidadian and Tobagonian
- ☐ Nigerian
- ☐ Ghanaian
- ☐ Ethiopian
- ☐ Somali
- ☐ Other
- ☐ Don't know
- ☐ Prefer not to answer

If other, please specify

Please select your ethnicity

- ☐ Hispanic
☐ Non-Hispanic
☐ Prefer not to answer
-

If "Hispanic" was selected, which group(s) best represents your origin or ancestry?

- ☐ Colombian
☐ Cuban
☐ Dominican
☐ Ecuadorian
☐ Honduran
☐ Mexican
☐ Peruvian
☐ Puerto Rican
☐ Salvadoran
☐ Other
☐ Don't know
☐ Prefer not to answer
-

If other, please specify

Do you speak a language other than English at home?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

If yes, what is the language?

(Can fill in 'don't know' / 'prefer not to answer' if applicable)

What is the highest grade or year of school you completed?

- ☐ Never attended school or only attended kindergarten
☐ Grades 1 through 8 (Elementary)
☐ Grades 9 through 11 (Some high school)
☐ Grade 12 or GED (High school graduate)
☐ College 1 year to 3 years (Some college or technical school)
☐ College 4 years or more (College graduate)
☐ Prefer not to answer
-

What is your marital status?

- ☐ Married
☐ Divorced
☐ Widowed
☐ Separated
☐ Never married
☐ Member of unmarried couple
☐ Prefer not to answer
-

Do you currently rent or own your living accommodations?

- ☐ Own
☐ Rent
☐ Prefer not to answer
-

What is your current work situation?

- ☐ Full-time work
☐ Part-time or temporary work
☐ Unemployed and seeking work
☐ A homemaker
☐ A student
☐ Retired
☐ Unable to work
☐ Don't know / Not sure
☐ Prefer not to answer

Has your job changed since the start of the pandemic? (Please check all that apply)

- ☐ Not at all
- ☐ Fewer hours
- ☐ More hours
- ☐ Lower pay
- ☐ Work from home
- ☐ Laid off
- ☐ Leave without pay (can keep your benefits)
- ☐ Switched to a different job
- ☐ Returned to previous job
- ☐ Other (specify)
- ☐ Prefer not to answer

If other, please specify _____

Do you currently have a primary care doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

Do you have any kind of health care coverage, including health insurance, prepaid plans such as health maintenance organizations (HMOs), or government plans such as Medicare, Medicaid, NYC Care, or Indian Health Service?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

What is the primary source of your health care coverage?

- ☐ A plan purchased through an employer or union (including plans purchased through another person's employer)
- ☐ A plan that you or another family member buys on your own
- ☐ Medicare
- ☐ Medicaid or other state program
- ☐ TRICARE (formerly CHAMPUS), VA, or Military
- ☐ NYC Care Plan
- ☐ Alaska Native, Indian Health Service, Tribal Health Services
- ☐ Some other source
- ☐ None (no coverage)
- ☐ Don't know/Not sure
- ☐ Prefer not to answer

If other state program, please specify _____

PERCEPTIONS OF HEALTH/HEALTHCARE

In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know / Not sure
- ☐ Prefer not to answer

HEALTH SELF-EFFICACY

Please rate the extent to which the following are true:

You feel comfortable asking your doctor about questions on health issues you don't understand or know.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

You feel comfortable about going to the doctor alone.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

You feel comfortable about picking up the phone and investigating where you can go to get medical care.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

You know where to go to get medical attention.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

You prefer to have others accompany you to the doctor for support.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

You can find your way around the city on public transportation with very few problems.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

You have the right to use some of your family income to take care of your personal medical needs.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

You can make your own decisions regarding health concerns.

- ☐ Highly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Highly agree
- ☐ Skipped
- ☐ Not Applicable
- ☐ Prefer not to answer

Please choose the best response to each of the following questions, regarding how often the following scenarios have happened to you.

About how long has it been since you last visited a doctor for a routine checkup?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ Within the past 5 years (2 years but less than 5 years ago)
- ☐ 5 or more years ago
- ☐ Don't know / Not sure
- ☐ Never
- ☐ Refused
- ☐ Prefer not to answer

In the past 12 months, was there a time when you needed to see a doctor, but could not because of cost?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure
- ☐ Refused
- ☐ Prefer not to answer

MENTAL HEALTH/WELLNESS

WORLD HEALTH ORGANIZATION FIVE WELL-BEING INDEX (WHO-5)

Please choose the best response to each of the following statements, regarding how you felt in the last two weeks.

In the last two weeks...

I have felt cheerful and in good spirits

- ☐ At no time
- ☐ Some of the time
- ☐ Less than half of the time
- ☐ More than half of the time
- ☐ Most of the time
- ☐ All the time
- ☐ Prefer not to answer

I have felt calm and relaxed

- ☐ At no time
- ☐ Some of the time
- ☐ Less than half of the time
- ☐ More than half of the time
- ☐ Most of the time
- ☐ All the time
- ☐ Prefer not to answer

I have felt active and vigorous

- ☐ At no time
- ☐ Some of the time
- ☐ Less than half of the time
- ☐ More than half of the time
- ☐ Most of the time
- ☐ All the time
- ☐ Prefer not to answer

I woke up feeling fresh and rested

- ☐ At no time
- ☐ Some of the time
- ☐ Less than half of the time
- ☐ More than half of the time
- ☐ Most of the time
- ☐ All the time
- ☐ Prefer not to answer

My daily life has been filled with things that interest me

- ☐ At no time
- ☐ Some of the time
- ☐ Less than half of the time
- ☐ More than half of the time
- ☐ Most of the time
- ☐ All the time
- ☐ Prefer not to answer

PERCEIVED STRESS SCALE

For each question choose from the following alternatives:

In the last month, how often have you been upset because of something that happened unexpectedly?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you felt that you were unable to control the important things in your life?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you felt nervous and "stressed"?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you felt confident about your ability to handle your personal problems?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you felt that things were going your way?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you found that you could not cope with all the things that you had to do?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you been able to control irritations in your life?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you felt that you were on top of things?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you been angered because of things that were outside of your control?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- ☐ Never
- ☐ Almost Never
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Very Often
- ☐ Prefer not to answer

SHIFT AND PERSIST SCALE

Please rate how well the following statements describe you:

I feel my life has a sense of purpose

- ☐ Not at All
- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Prefer not to answer

My life feels worthwhile

- ☐ Not at All
- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Prefer not to answer

I believe that there is a larger reason or purpose for my life

- ☐ Not at All
 - ☐ A little
 - ☐ Some
 - ☐ A lot
 - ☐ Prefer not to answer
-

I feel my life is going nowhere

- ☐ Not at All
 - ☐ A little
 - ☐ Some
 - ☐ A lot
 - ☐ Prefer not to answer
-

Next you will see a list of things that people sometimes do, think, or feel when something stressful happens. Everybody deals with problems in their own way. Please rate how much you do each of the following things when something stressful happens in your life.

When something stressful happens in my life...

I think about what I can learn from the situation

- ☐ Not at All
 - ☐ A little
 - ☐ Some
 - ☐ A lot
 - ☐ Prefer not to answer
-

I work to change or fix the problem

- ☐ Not at All
 - ☐ A little
 - ☐ Some
 - ☐ A lot
 - ☐ Prefer not to answer
-

I try not to think about it, to forget about it

- ☐ Not at All
 - ☐ A little
 - ☐ Some
 - ☐ A lot
 - ☐ Prefer not to answer
-

I think about the positive aspects, or the good that can come from the situation

- ☐ Not at All
 - ☐ A little
 - ☐ Some
 - ☐ A lot
 - ☐ Prefer not to answer
-

I start to act without thinking

- ☐ Not at All
 - ☐ A little
 - ☐ Some
 - ☐ A lot
 - ☐ Prefer not to answer
-

In life, things don't always go the way that we want. Everyone has different preferences for how they deal with situations in which something doesn't turn out the way that they want, and they are not able to change it. Please rate how much you do each of the following.

When something doesn't turn out the way that I want...

Little things upset me easily

- ☐ Not at All
- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Prefer not to answer

I think about what good things could come from the situation

- ☐ Not at All
☐ A little
☐ Some
☐ A lot
☐ Prefer not to answer

I find it hard to stop thinking about what happened

- ☐ Not at All
☐ A little
☐ Some
☐ A lot
☐ Prefer not to answer

I start working on other new goals

- ☐ Not at All
☐ A little
☐ Some
☐ A lot
☐ Prefer not to answer

I think about what I can learn from the situation

- ☐ Not at All
☐ A little
☐ Some
☐ A lot
☐ Prefer not to answer

HYPERTENSION MANAGEMENT

Health-related Quality of Life

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure (hypertension)?

- ☐ Yes
☐ No
☐ Don't know/Not sure
☐ Prefer not to answer

Have you ever been told by a doctor, nurse, or other health professional that you have any other chronic disease or co-morbidities (i.e.: high cholesterol, diabetes, etc)?

- ☐ Yes
☐ No
☐ Don't know/Not sure
☐ Prefer not to answer

If yes, which chronic disease or co-morbidities (i.e. high cholesterol, diabetes, etc) were you diagnosed with?

How do you manage your blood pressure? (Select all that apply)

- ☐ Medication
☐ Physical activity/exercise
☐ Eat healthy / Watch Diet
☐ Traditional medicine
☐ Other (specify)
☐ Refused
☐ Don't know/Not sure
☐ Prefer not to answer

If other, please specify

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your blood pressure?

- ☐ 0 - None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21+
- ☐ Don't know/Not sure
- ☐ Prefer not to Answer

Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for your high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Prefer not to answer

Are you currently taking medication for your high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Prefer not to answer

MEDICATION ADHERENCE

Adherence to refills and medications scale (ARMS)

Please choose the best response to each of the following questions with regards to your medication for high blood pressure.

How often do you forget to take your medicine (for high blood pressure)?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

Can you please specify reasons why you may forget to take your medicine?

How often do you decide not to take your medicine (for high blood pressure)?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

Can you please specify reasons why you may decide not to take your medicine?

How often do you forget to get prescriptions (for high blood pressure medication) filled?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

How often do you run out of medicine (for high blood pressure)?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

How often do you skip a dose of your (high blood pressure) medicine before you go to the doctor?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

Can you please specify reasons why you may skip a dose of your medicine before you go to the doctor?

How often do you miss taking your (high blood pressure) medicine when you feel better?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

How often do you miss taking your (high blood pressure) medicine when you feel sick?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

How often do you miss taking your (high blood pressure) medicine when you are careless?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

How often do you change the dose of your (high blood pressure) medicine to suit your needs (like when you take more or less pills than you're supposed to)?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not Applicable
- ☐ Prefer not to answer

How often do you forget to take your (high blood pressure) medicine when you are supposed to take it more than once a day?

- ☐ None of the time
☐ Some of the time
☐ Most of the time
☐ All of the time
☐ Not Applicable
☐ Prefer not to answer

How often do you put off refilling your (high blood pressure) medicines because they cost too much money?

- ☐ None of the time
☐ Some of the time
☐ Most of the time
☐ All of the time
☐ Not Applicable
☐ Prefer not to answer

How often do you plan ahead and refill your (high blood pressure) medicine before they run out?

- ☐ None of the time
☐ Some of the time
☐ Most of the time
☐ All of the time
☐ Not Applicable
☐ Prefer not to answer

What are any challenges that you experience when taking your (high blood pressure) medication? (select all that apply)

- ☐ No challenges
☐ Too complicated
☐ Makes me feel sick /side effects
☐ Makes me feel tired and sluggish /side effects
☐ Other side effects (specify)
☐ Can't understand/read label
☐ Embarrassed
☐ It is unnatural for my body to be controlled by medication
☐ Other (specify)

Please specify other side effects

Please specify other challenges

LIFESTYLE

PHYSICAL ACTIVITY

Please choose the best response to each of the following questions.

During the past week, did you participate in any physical activities or exercises such as running, push-ups, gardening, or walking for exercise to improve your health?

- ☐ Yes
☐ No
☐ Don't know / Not sure
☐ Refused
☐ Prefer not to answer

MESA TYPICAL WEEK PHYSICAL ACTIVITY SURVEY (TWPAS)

In a typical week in the past month, did you cook, clean after cooking, straighten up the house, grocery or household shop and put things away?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

In a typical week in the past month, did you do any yard work, clean out the garage, rake the leaves, sweep the porch or sidewalk?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

In a typical week in the past month, did you bathe, feed, or play with a child that you care for?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

In a typical week in the past month, did you drive or ride in a car, bus, or subway?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

In a typical week in the past month, did you walk to and from work, walk to the store or from the car into the store and back, or walk to get the mail?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

In a typical week in the past month, did you dance in church, ceremonies, or for pleasure, or play team sports?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

In a typical week in the past month, did you participate in low impact aerobics, bicycling, swimming, or weight lifting?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

In a typical week in the past month, did you watch tv, read, knit, or sew?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

Did you work as a volunteer and/or work at church doing activities you have not yet mentioned on this survey?

- ☐ Yes
☐ No
☐ Prefer not to answer

If yes, about how many days per week?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

If yes, about how many hours or minutes per day?

Did your volunteer work include light effort like cooking at a church banquet?

- ☐ Yes
☐ No

When you walk outside of your home, what is your usual pace?

- ☐ Slow or Casual strolling pace = 2 mph = 30 minutes per mile
☐ Average or normal pace = 2-3 mph = 20-30 minutes per mile
☐ Fairly brisk pace = 4-5 mph = 12-15 minutes per mile (very fast or almost a slow jog)
☐ Brisk or striding pace = More than 5 mph = 10 minutes per mile (race-walking)
☐ Prefer not to answer

NUTRITION

Now think about the foods you ate or drank during the past month, that is, in the past 30 days, including meals and snacks. Please choose the best response to each of the following questions.

In the past 30 days, not including juices, how often did you eat fruit? You can mark down either the number of times per day, times per week or times per month. (INCLUDES FRESH, FROZEN OR CANNED FRUIT. DOES NOT INCLUDE DRIED FRUITS.)

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Fruit frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Fruit - other amount

In the past 30 days, how often did you drink regular soda? You can mark down either the number of times per day, times per week or times per month. (INCLUDES COKE, SPRITE, GINGER ALE, ETC. DOES NOT INCLUDE DIET SODAS).

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Soda frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Soda - other amount

In the past 30 days, how often did you drink sugary drinks other than regular soda? You can mark down either the number of times per day, times per week or times per month. (INCLUDES SWEET TEA, ENERGY DRINK (RED BULL), MANGO JUICE, ETC. DOES NOT INCLUDE DIET DRINKS AND 100% FRUIT JUICE.)

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Sugar sweetened beverage frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Sugar sweetened beverage - other amount

In the past 30 days, how often did you eat any kind of fried potatoes, including or French fries? You can mark down either the number of times per day, times per week or times per month. (DO NOT INCLUDE POTATO CHIPS.)

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Fried potato frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Fried potato - other amount

In the past 30 days, how often did you eat any other kind of potatoes, such as baked, boiled, mashed potatoes or potato salad? You can mark down either the number of times per day, times per week or times per month. (INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED.)

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Other potato frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Other potato - other amount

In the past 30 days, not including lettuce and potatoes, how often did you eat other vegetables? You can mark down either the number of times per day, times per week or times per month. (INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.)

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Other vegetable frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Other vegetable - other amount

In the past 30 days, how often did you eat red meat, such as beef, pork, or ox? You can mark down either the number of times per day, times per week or times per month. (Do not include chicken, turkey or seafood. Include red meat you had in sandwiches, lasagna, stew, and other mixtures. Red meats may also include veal, lamb, and any lunch meats made with these meats.)

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Red meat frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Red meat - other amount

In the past 30 days, how often did you eat any processed meat, such as bacon, lunch meats, or hot dogs? You can mark down either the number of times per day, times per week or times per month.

(Include processed meats you had in sandwiches, soups, pizza, casseroles, and other foods. Processed meats are those preserved by smoking, curing, or salting, or by the addition of preservatives. Examples are: ham, bacon, pastrami, salami, sausages, hot dogs, salchichon, chorizo, salo/fat back, dried cured meats (beef jerkey), kolbasa or spam.)

- ☐ Never
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know/Not sure
- ☐ Refused
- ☐ Prefer not to answer

Processed meat frequency

- ☐ Times per day
- ☐ Times per week
- ☐ Times per month

Processed meat - other amount

Have you avoided non-cash government benefits in the past year because of concerns related to your immigration status?

- ☐ Yes
☐ No
☐ Not applicable
☐ Don't Know/Not Sure
☐ Prefer not to answer

RACISM/RACIAL DISCRIMINATION

Schedule of Racist Events (SRE)

Now, if it is ok with you, we would like to learn more about any discrimination encounters that you may have had, which may impact your health or quality of life. We are interested in your experiences with racial discrimination / racism. As you answer the questions below, please think about your ENTIRE LIFE, from when you were a child to present. For each question, please circle the number that best captures the things that have happened to you. Answer each question THREE TIMES, once for what happened to you IN THE PAST YEAR, and once for what YOUR ENTIRE LIFE HAS BEEN LIKE, and once for How STRESSFUL the experience was.

Use these numbers:

Circle 1= If this has NEVER happened to you

Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)

Circle 3= If this has happened SOMETIMES (10%-25% of the time)

Circle 4= If this has happened A LOT (26%-49% of the time)

Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)

Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)

How many times have you been treated unfairly by teachers and professors because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
☐ Circle 4= If this has happened A LOT (26%-49% of the time)
☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
☐ Circle 4= If this has happened A LOT (26%-49% of the time)
☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6 (Extremely)
 - ☐ Prefer not to answer
-

How many times have you been treated unfairly by your employers, bosses, and/or supervisors because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
 - ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
 - ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
 - ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
 - ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
 - ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
 - ☐ Prefer not to answer
-

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
 - ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
 - ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
 - ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
 - ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
 - ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
 - ☐ Prefer not to answer
-

How stressful was this for you?

- ☐ 1 (Not at all)
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6 (Extremely)
 - ☐ Prefer not to answer
-

How many times have you been treated unfairly by your peers (e.g., coworkers, fellow students, and colleagues) because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been treated unfairly by people in service jobs (e.g., store clerks, waiters, bartenders, bank tellers, and others) because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been treated unfairly by healthcare providers (e.g., community health workers, doctors, nurses, psychiatrist, case workers, dentists, school counselors, therapists, social workers and others) because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been treated unfairly by educational and other government agencies institutions (e.g., schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others) because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been treated unfairly by people that you thought were your friends because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been treated unfairly by neighbors because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been treated unfairly by strangers because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have people misunderstood your intentions and motives because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times did you want to tell someone off for being racist but didn't say anything?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been really angry about something racist that was done to you?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some racist thing that was done to you?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been called a racist name like nigga, coon, jungle bunny or other names?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you gotten into an argument or a fight about something racist that was done to somebody else?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
- ☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
- ☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
- ☐ Circle 4= If this has happened A LOT (26%-49% of the time)
- ☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
- ☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
- ☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 (Extremely)
- ☐ Prefer not to answer

How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are Black?

How many times in the past year?

- ☐ Circle 1= If this has NEVER happened to you
☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
☐ Circle 4= If this has happened A LOT (26%-49% of the time)
☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
☐ Prefer not to answer

How many times in your entire life?

- ☐ Circle 1= If this has NEVER happened to you
☐ Circle 2= If this has happened ONCE IN A WHILE (less than 10% of the time)
☐ Circle 3= If this has happened SOMETIMES (10%-25% of the time)
☐ Circle 4= If this has happened A LOT (26%-49% of the time)
☐ Circle 5= If this has happened MOST OF THE TIME (50%-70% of the time)
☐ Circle 6= If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)
☐ Prefer not to answer

How stressful was this for you?

- ☐ 1 (Not at all)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 (Extremely)
☐ Prefer not to answer

How different would your life be now if you HAD NOT BEEN treated in a racist and unfair way...

...In the past year?

- ☐ Same as now
☐ A little different
☐ Different in a few ways
☐ Different in a lot of ways
☐ Different in most ways
☐ Totally different
☐ Prefer not to answer

...In your entire life?

- ☐ Same as now
☐ A little different
☐ Different in a few ways
☐ Different in a lot of ways
☐ Different in most ways
☐ Totally different
☐ Prefer not to answer

EVERYDAY DISCRIMINATION SCALE

Please choose the best response to each of the following questions, regarding how often the following scenarios have happened to you.

You are treated with less courtesy than other people are.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

You are treated with less respect than other people are.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

You receive poorer service than other people at restaurants or stores.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

People act as if they think you are not smart.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

People act as if they are afraid of you.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

People act as if they think you are dishonest.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

People act as if they're better than you are.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

You are called names or insulted.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify

You are threatened or harassed.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to answer

What do you think is the main reason for these experiences? (Check more than one if applicable)

- ☐ Your Ancestry or National Origins
- ☐ Your Gender
- ☐ Your Race
- ☐ Your Age
- ☐ Your Religion
- ☐ Your Height
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Sexual Orientation
- ☐ Your Education or Income Level
- ☐ A physical disability
- ☐ Your shade of skin color (NSAL)
- ☐ Your tribe (SASH)
- ☐ Other

If other, please specify _____

FOOD SECURITY/BENEFITS & STRUCTURAL RACISM/DISCRIMINATION

Please answer the following to the best of your ability:

There are fewer food stores offering healthy foods like fresh fruits and vegetables in my neighborhood

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer not to answer

Food companies market and promote unhealthy foods and beverages to people of my race/ethnicity more than people of other race/ethnicities

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer not to answer

Food companies market and promote unhealthy foods and beverages to my neighborhood more than other neighborhoods

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer not to answer

People of my race/ethnicity do not have trusted sources of information about healthy eating and nutrition

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer not to answer

People of my race/ethnicity have the same access to healthy foods as people from other groups

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer not to answer

People in my neighborhood have had less access to food since the COVID-19 pandemic started

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer not to answer

HEALTHCARE AND RACISM/DISCRIMINATION

Is there at least one particular doctor's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer not to answer

What is the most important reason that you go to your doctor's office, clinic, or health center? Select one.

- ☐ It takes my insurance or form of payment
☐ It has the best health care quality
☐ It is open during convenient times when I can go there
☐ The doctors and medical staff speak my language
☐ The staff are friendly or I know them.
☐ It has good service.
☐ It is near or on the way to a place I frequently go to. (For example, home, work, child's school, church)
☐ Other
☐ Prefer not to answer

If other, please specify

SOCIAL SERVICES

In general, where do you go for information on social services (e.g., housing, food, immigration, legal needs) or health? (Choose your top 3)

- ☐ Family
☐ Friends
☐ Community-based organizations (specify)
☐ At Work
☐ Health Care provider
☐ Religious/Spiritual Leader
☐ Internet Search
☐ Other (specify)
☐ Don't Know/Not sure
☐ Prefer not to answer

Please specify which community organizations

If other, please specify

In the past year, did you use a community-based organization or social service provider to receive health or social services or to access information about health or social services?

- ☐ Yes
☐ No
☐ Prefer not to answer

THRIVE SCREENING TOOL

In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?

- ☐ Yes
☐ No
☐ Prefer not to answer

Think about the place you live. Do you have problems with any of the following? (choose all that apply)

- ☐ Pests such as bugs, ants, or mice
☐ Mold
☐ Lead paint or pipes
☐ Lack of heat
☐ Oven or stove not working
☐ Smoke/Carbon Monoxide detectors missing or not working
☐ Water leaks
☐ None of the above
☐ Prefer not to answer

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Within the past 12 months, you worried that your food would run out before you get money to buy more.

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
☐ Sometimes true
☐ Never True
☐ Prefer not to answer
-

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Within the last year, have you been afraid of your partner or ex-partner?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Are you currently being emotionally or physically abused by your partner?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Are you currently being emotionally or physically abused by a family member?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- ☐ Very hard
☐ Somewhat hard
☐ Not hard at all
☐ Prefer not to answer
-

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Do you have trouble taking care of a child, family member or friend?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Are you currently unemployed and looking for a job?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Are you interested in more education or further job-specific training?

- ☐ Yes
☐ No
☐ Prefer not to answer
-

Would you like help connecting to resources? Please select all that apply

- ☐ Housing shelter
- ☐ Food
- ☐ Paying for Medicines
- ☐ Transportation to medical appointments
- ☐ Utilities
- ☐ Child care/ Daycare
- ☐ Care for Elder or disabled
- ☐ Job Search/ Training
- ☐ Education
- ☐ Prefer not to answer

Do you have any questions / Comments regarding this survey / the project? (Please add here)

Total Time for Survey Completion (minutes)

Thank you very much for your time!