

Endpoint Form

Please complete the survey below.

Thank you!

Thank you for agreeing to participate in NYU Langone's 12-month health education program to 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. We hope that the information you have received over the past year is helpful.

Please tell us more about your health and health habits over the past year since you started the program.

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	<input type="radio"/> At no time <input type="radio"/> Some of the time <input type="radio"/> Less than half of the time <input type="radio"/> More than half of the time <input type="radio"/> Most of the time <input type="radio"/> All the time <input type="radio"/> Prefer not to answer
I have felt calm and relaxed	<input type="radio"/> At no time <input type="radio"/> Some of the time <input type="radio"/> Less than half of the time <input type="radio"/> More than half of the time <input type="radio"/> Most of the time <input type="radio"/> All the time <input type="radio"/> Prefer not to answer
I have felt active and vigorous	<input type="radio"/> At no time <input type="radio"/> Some of the time <input type="radio"/> Less than half of the time <input type="radio"/> More than half of the time <input type="radio"/> Most of the time <input type="radio"/> All the time <input type="radio"/> Prefer not to answer
I woke up feeling fresh and rested	<input type="radio"/> At no time <input type="radio"/> Some of the time <input type="radio"/> Less than half of the time <input type="radio"/> More than half of the time <input type="radio"/> Most of the time <input type="radio"/> All the time <input type="radio"/> Prefer not to answer
My daily life has been filled with things that interest me	<input type="radio"/> At no time <input type="radio"/> Some of the time <input type="radio"/> Less than half of the time <input type="radio"/> More than half of the time <input type="radio"/> Most of the time <input type="radio"/> All the time <input type="radio"/> 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

MEDICATION ADHERENCE

Adherence to refills and medication 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) 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

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
- ☐ Refused
- ☐ Prefer not to answer

Fruit frequency

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

Fruit - other amount

4.2 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
- ☐ Refused
- ☐ Prefer not to answer

Soda frequency

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

Soda - other amount

4.3 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
- ☐ Refused
- ☐ Prefer not to answer

Sugar sweetened beverage frequency

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

Sugar sweetened beverage - other amount

4.4 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
- ☐ Refused
- ☐ Prefer not to answer

Fried potato frequency

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

Fried potato - other amount

4.5 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
- ☐ Refused
- ☐ Prefer not to answer

Other potato frequency

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

Other potato - other amount

4.6 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.

INCLUDES TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDES RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DOES 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
- ☐ 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
- ☐ 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.

INCLUDES 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
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- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ Other amount
- ☐ Don't know
- ☐ Refused
- ☐ Prefer not to answer

Processed meat frequency

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

Processed meat - other amount

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)
- ☐ 7, Prefer not to answer
- ☐ 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 _____

Acceptability of Intervention Measure (AIM)

Now if it is ok with you, we would like to ask a few questions to understand your perception of the team based hypertension program. Thinking back about all of the program's components: working with the nurse to help you manage your hypertension, using the remote blood pressure monitor and working with your community health worker

This team-based hypertension program meets my approval.

- ☐ 1= Completely disagree
- ☐ 2= Disagree
- ☐ 3= Neither agree nor disagree
- ☐ 4= Agree
- ☐ 5= Completely agree
- ☐ Prefer not to answer

This team-based hypertension program is appealing to me.

- ☐ 1= Completely disagree
- ☐ 2= Disagree
- ☐ 3= Neither agree nor disagree
- ☐ 4= Agree
- ☐ 5= Completely agree
- ☐ Prefer not to answer

I like this team-based hypertension program.

- ☐ 1= Completely disagree
- ☐ 2= Disagree
- ☐ 3= Neither agree nor disagree
- ☐ 4= Agree
- ☐ 5= Completely agree
- ☐ Prefer not to answer

I welcome this team-based hypertension program.

- ☐ 1= Completely disagree
- ☐ 2= Disagree
- ☐ 3= Neither agree nor disagree
- ☐ 4= Agree
- ☐ 5= Completely agree
- ☐ Prefer not to answer

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

Total time for survey completion (in minutes): _____