Everyday Discrimination Scale and Heightened Vigilance Scales (Parent Report)

Read the following questions carefully, and respond with the choice(s) that most accurately represents you. Please answer all the questions.

In your child's day-to-day life how often have any of the following things happened to them?									
	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never			
Your child is treated with less courtesy or respect than other people.	0	0	0	0	0	0			
Your child receives poorer service than other people at restaurants or stores.	0	0	0	0	0	0			
People act as if they think your child is not smart.	0	0	0	0	0	0			
People act as if they are afraid of your child.	0	0	0	0	0	0			
Your child is threatened or harassed.	0	0	0	0	0	0			
If you answered "A few times a year" or more frequently to at least one question above: What do you think is the main reason for these experiences? (Check all that apply)			 Your child's ancestry or national origins Your child's gender Your child's race Your child's age Your child's religion Your child's height Your child's weight Some other aspect of your child's physical appearance Your child's sexual orientation Your familiy's education or income level A physical disability Your child's shade of skin color Other (SPECIFY) 						
In dealing with these day-to child:	-day exper	riences that Fairly oft			how often o	·			
Think in advance about the kinds of problems they are likely to experience?	O		en Not too			Never			

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Try to prepare for possible insults before leaving home?	0	0	0	0	0
Feel that they always have to be very careful about their appearance to get good service or avoid being harassed?	0	0	0	0	0
Carefully watch what they say and how they say it?	0	0	0	0	0
Carefully observe what happens around them?	0	0	0	0	0
Try to avoid certain social situations and places?	\circ	0	\circ	\circ	\circ