Everyday Discrimination Scale and Heightened Vigilance Scales (Child Self Report)

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

In your day-to-day life how often have any of the following things happened to you?										
	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never				
You are treated with less courtesy or respect than other people.	0	0	0	0	0	0				
You receive poorer service than other people at restaurants or stores.	0	0	0	0	0	0				
People act as if they think you are not smart.	0	0	0	0	0	0				
People act as if they are afraid of you.	0	0	0	0	0	0				
You are threatened or harassed.	0	0	0	0	0	0				
If you answered "A few times a year" or more										
What do you think is the main reason for these experiences? (Check all that apply) Your age Your religion Your height Your weight Some other aspect of your physical apper Your sexual orientation Your family's education or income level A physical disability Your shade of skin color Other (SPECIFY)										
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In dealing with these day-to-day experiences that you just told me about, how often do you:										
Think in advance about the kinds of problems you are likely to experience?	Very often	Fairly oft	en Not too		dly ever	Never				
Try to prepare for possible insults before leaving home?	0	0	С)	0	0				

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Feel that you always have to be very careful about your appearance to get good service or avoid being harassed?	0	0	0	0	0
Carefully watch what you say and how you say it?	0	0	0	0	0
Carefully observe what happens around you?	0	0	0	0	0
Try to avoid certain social situations and places?	0	\circ	\circ	\circ	0

