

## Section I: Discrimination

**These questions are about the way you have been treated during your life because of issues such as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics. The answers to these questions will help us understand different experiences people in the SHOW study have had. There are no right or wrong answers, only your experiences.**

### Over your lifetime...

	Yes	No	Don't know
1. Have you ever felt unfairly treated at school or during training? (For example, you were discouraged by a teacher or advisor from seeking higher education, or were denied a scholarship).....	DSC010_A <input type="radio"/>	FMT_YES_NO <input type="radio"/>	<input type="radio"/>
2. Have you ever felt unfairly treated in getting a job? (For example, you were not hired or you were told you could not apply).....	DSC010_B <input type="radio"/>	FMT_YES_NO <input type="radio"/>	<input type="radio"/>
3. Have you ever felt unfairly treated at work.....	DSC010_C <input type="radio"/>	FMT_YES_NO <input type="radio"/>	<input type="radio"/>
4. Have you ever felt unfairly treated in getting housing or finding a place to live? (For example, you were prevented from renting or buying a home in the neighborhood you wanted, or were prevented from remaining in a neighborhood because neighbors made life uncomfortable).....	DSC010_D <input type="radio"/>	FMT_YES_NO <input type="radio"/>	<input type="radio"/>
5. Have you ever felt unfairly treated in getting resources or money? (For example, you were denied a bank loan, a credit card or some other form of credit).....	DSC010_E <input type="radio"/>	FMT_YES_NO <input type="radio"/>	<input type="radio"/>
6. Have you ever felt unfairly treated in getting medical care? (For example, you were denied or provided inferior medical care, you were made to wait long periods of time before getting care or you could not get care from a medical specialist such as a heart doctor).....	DSC010_F <input type="radio"/>	FMT_YES_NO <input type="radio"/>	<input type="radio"/>

(Continued)

Over your lifetime...

- |  | Yes                               | No                                  | Don't know            |
|--|-----------------------------------|-------------------------------------|-----------------------|
| 7. Have you ever felt unfairly treated on the street or in a public place? (For example, you were hassled by the police, were the target of public ridicule, etc.).....  | DSC010_G<br><input type="radio"/> | FMT_YES_NO<br><input type="radio"/> | <input type="radio"/> |
| 8. Have you ever felt unfairly treated in getting services? (For example, you were denied or provided inferior service by a plumber, in a restaurant, the grocery store, or by some other service provider)..... | DSC010_H<br><input type="radio"/> | FMT_YES_NO<br><input type="radio"/> | <input type="radio"/> |

If you filled in only “No” or “Don’t know” in response to questions 1 through 8, you are done with the Discrimination questionnaire. Please go to question 1, page 29. →

If you filled in “Yes” in response to any questions 1 through 8, please continue with question 9.



9. Thinking about the most recent of these experiences over your lifetime, what was the main reason for the discrimination you experienced?

- |   |           |
|---|-----------|
| <input type="radio"/> Your age                                    |           |
| <input type="radio"/> Your gender                                 |           |
| <input type="radio"/> Your race                                   | DSC020    |
| <input type="radio"/> Your culture or ethnic background           | FMT_QGDSC |
| <input type="radio"/> Your height, weight, or physical appearance |           |
| <input type="radio"/> Your religion                               |           |
| <input type="radio"/> Your sexual orientation                     |           |
| <input type="radio"/> Some other reason for discrimination        |           |
| <input type="radio"/> Don't know                                  |           |

10. Thinking back over these types of experiences, compared with when you were younger, are the experiences more frequent, less frequent, or about the same?

- |                                      |          |
|--------------------------------------|----------|
| <input type="radio"/> More frequent  |          |
| <input type="radio"/> Less frequent  | DSC030   |
| <input type="radio"/> About the same | FMT_QG5_ |
| <input type="radio"/> Don't know     |          |

Self-Administered Questionnaire (SAQ)

**11. When you have had experiences like those discussed in this section over your lifetime, would you say they have been stressful, moderately stressful, or not stressful?**

- ☐ Very stressful
- ☐ Moderately stressful
- ☐ Not stressful
- ☐ Don't know

DSC040  
FMT\_QG6\_

**12. Overall, how much harder has your life been because of discrimination? Would you say a lot, some, a little, or not at all?**

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ Don't know

DSC050  
FMT\_QG7\_