

The Healthy Beginnings Study

COGNITIVE INTERVIEWING GUIDE

Introductory Statement

Thank you for agreeing to participate in this interview. In this section, we would like to talk to you about your thoughts on some of the survey questions we are proposing to include in the national study we are conducting. This will allow us to determine if the survey questions are clearly understandable and meaningful across cultural groups. We also want to determine the most comfortable way to collect this information from study participants. This process allows us to make sure we include important questions in the national survey and that the questions mean the same thing to researchers and the people who take the survey. There are no right or wrong answers and all we need to have is your honest opinions.

INFORMED CONSENT

We would also like to ask for your permission to conduct this interview and to record our conversation during this interview. We are going to ask for your opinions and experiences about stress and discrimination, which may cause you some discomfort and minor stress.

CONTENT OF THE INTERVIEW

There are several parts to this interview. First, we will ask you to take a short test about nutrition and food labels. The goal of this test is to see how well people understand health information. This test is not developed to determine or measure your ability, but to get your feedback on this test. In the second part of this interview, we will ask you about your experiences regarding unfair treatment and discrimination that you have experienced. In the third part of this interview, we would like to ask you to talk about stressful situations you may have experienced. And finally, we will ask you some general questions about your demographic background.

ESTIMATED THE TIME OF THE INTERVIEW AND INCENTIVE

This interview will take about an hour of your time. After the interview, you will be provided with \$25 to thank you for your participation.

CONFIDENTIALITY

Public reporting burden for this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593). Do not return the completed form to this address.

Your answers will be used to improve our research. Your information will remain confidential, which means that your name and all other personal information will remain anonymous.

I. Health Literacy Skills

Introduction: In this section of the interview, we will talk about your thoughts on a brief test you will take called the Newest Vital Sign. Let's take the next few minutes for you to complete this test.

[ADMINISTER THE NEWEST VITAL SIGN]

Thank you for completing the test.

A. Clarity / Comfort /Anxiety with the Test

1. How difficult did you find this test?
 - 1a. Why?
 2. Is there something I could have told you about this test before you took it that would have made it easier?
 - 2a. What could/should I have said?
 - 2b. How could I have made the directions for this test easier to understand?
 3. How did this test make you feel?
 - 3a. Why?

B. Prior Experience with Food Labels

4. Before today, have you ever read food labels like this one? [**VISUAL AID: NON-NVS FOOD LABEL**]
 - Yes → **SKIP TO QUESTION 5**
 - No
- 4a. (**IF NO**) how difficult or stressful did you feel about reading a food label for the first time?
- 4b. Is there anything that I should have told you about this food label before I gave you the test that would have made this test easier to understand?
5. How often do you look at food labels when shopping?
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
- 5a. Why?

C. Face /Content Validity of the NVS: Reading, Math, Health Literacy Skills

6. Tell me what you were seeing and thinking when you were taking the test about food labels.

7. In your own words, what do you think this group of questions was testing?

7a. What are the questions asking you to do?

7b. How important is your ability to **[INSERT RESPONDENT'S ANSWER FROM PREVIOUS QUESTION, #7]** in keeping you or your family healthy?

- Extremely important
- Somewhat important
- Not at all important

7b. Why?

8. How are your reading skills in English: would you say excellent, good, fair, or poor?

- Excellent
- Good
- Fair
- Poor

9. How well does this test measure your reading skills in English?

9a. Why?

10. How are your math skills?

10a. How well does this test measure your math skills?

10b. Why?

11. There are several methods that we can use to administer this “Newest Vital Sign” test. Which method do you think you would prefer?

- a) Face-to-face interview-- like we are doing now
- b) Paper and pencil form that you complete by yourself
- c) Computer survey that you complete by yourself
- d) A computer survey where you wear headphones and hear questions read to you through headphones.

11a. Why?

Many people find it difficult to understand written health information.

Think about the last time you read any written health information to help take care of your child/children. Examples of written health information includes handouts or brochures from the doctor's office, instructions for dosing liquid medication, health insurance paperwork, medical test results and anything else you may need to read in order to get medical care for yourself or your child .

12. What was that health information about?

12a. How well did you understand the information?

12b. In what way did you use that information?

12c. Was it helpful?

12d. Why was it helpful/not helpful?

12e. How could it have been more helpful or understandable?

Think about the most confusing health information you've ever had to read to help take care of your child / children.

13. What was that health information about?

13a. How well did you understand the information?

13b. In what way did you use that information?

13c. Was it helpful?

13d. Why was it helpful/not helpful?

13e. How could it have been more helpful or understandable?

14. How confident are you filling out medical forms by yourself?

- Extremely sure
- Quite a bit sure
- Somewhat sure
- A little bit sure
- Not at all sure

14a. Why?

15. How often do you need to have someone help you when you read instructions, pamphlets or other written material from your doctor or pharmacy?

- Never
- Rarely
- Sometimes
- Often
- Always

15a. Why?

16. What other types of written medical information do you find it most difficult to understand and to use?

16a. Why?

17. How important do you think your reading skills are to your ability to get and use information to keep you and your family healthy?

17a. Why?

18. Compared with Reading Skills, how important do you think your math skills are to your ability to get and use information to keep you and your family healthy?

18a. Why?

II. Discrimination

In this second section, we are going to start our discussion of discrimination by asking you how you typically respond if you feel you or others have been treated unfairly. We will later ask you some questions about your experiences of discrimination in general and some specific questions regarding those experiences of discrimination in the health care setting that you may have had.

[IF RESPONDENT ASKS WHO OTHERS ARE, YOU CAN CLARIFY THAT THESE MAY BE SITUATIONS THAT THEY HAVE OBSERVED]

A. Experiences of Discrimination- Response to Unfair Treatment (a)

1. If you feel you have been treated unfairly, do you usually: **[SHOW CARD EOD #1, SOLICIT RESPONSE, THEN START FOLLOW-UP QUESTION 1]**

- a. Accept it as a fact of life
- b. Try to do something about it

1a. Please repeat the previous question in your own words.

2. What did you have to think about in order to answer the first question [QUESTION #1]?

3. Does your response come from a single incident or by taking a look at more than one incident?

3a. Please describe in more detail.

4. Do you think people are more likely to accept unfair treatment or do something about it as they get older?

B. Experiences of Discrimination- Response to Unfair Treatment (b)

5. If you have been treated unfairly, do you usually: **[SHOW CARD EOD #1A, SOLICIT RESPONSE, THEN START FOLLOW-UP QUESTION 5]**

- a. Talk to other people about it
- b. Keep it to yourself

5a. Tell me more about why you chose this response?

5b. Are there other types of responses other than the two mentioned here?

C. Experiences of Discrimination - Situation

6. Have you ever experienced discrimination (been prevented from doing something, or been hassled or made to feel inferior) because of your race, ethnicity or color? **[ALLOW RESPONDENT TO ANSWER QUESTION, THEN MOVE TO QUESTION #7, IF PARTICIPANT RESPONDS WITH ANOTHER 'ISM' YOU SHOULD REDIRECT TO RACE, ETHNICITY, COLOR]**

7. Please repeat the previous question in your own words.
8. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? [SHOW CARD EOD #2, SOLICIT RESPONSE, RECORD THE RESPONSE (NO/YES), THEN START FOLLOW-UP QUESTION #9]

a. At school?	<input type="checkbox"/> NO <input type="checkbox"/> YES
b. Getting hired or getting a job?	<input type="checkbox"/> NO <input type="checkbox"/> YES
c. At work?	<input type="checkbox"/> NO <input type="checkbox"/> YES
d. Getting housing?	<input type="checkbox"/> NO <input type="checkbox"/> YES
e. Getting medical care?	<input type="checkbox"/> NO <input type="checkbox"/> YES
f. Getting service in a store or restaurant?	<input type="checkbox"/> NO <input type="checkbox"/> YES
g. Getting credit, bank loans, or a mortgage?	<input type="checkbox"/> NO <input type="checkbox"/> YES
h. On the street or in a public setting?	<input type="checkbox"/> NO <input type="checkbox"/> YES
i. From the police or in the courts?	<input type="checkbox"/> NO <input type="checkbox"/> YES

9. What did you have to think about in order to answer the question? [**POTENTIAL FOLLOW-UP: Is there a particular incident that comes to mind? Could you tell me about it?**]
10. What does the term “DISCRIMINATION” mean to you?
11. Do you think unfair treatment and discrimination mean the same thing?

D. Experiences of Discrimination – Frequency

Now I will ask you some questions about the number of times you have been in situations where you have been discriminated. [**Follow-up with QUESTION 8 ABOVE (A-I) TO WHICH THE PARTICIPANT ANSWERED “YES”, ASK**]:

12. You mentioned that you had experienced discrimination in (**SITUATION FROM QUESTION #8**). How many times did this happen? You can answer 1 time, 2 or 3 times or 4 or more times. [**SHOW CARD EOD #2, SOLICIT RESPONSE**]

a. At school?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
b. Getting hired or getting a job?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
c. At work?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
d. Getting housing?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
e. Getting medical care?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
f. Getting service in a store or restaurant?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
g. Getting credit, bank loans, or a mortgage?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
h. On the street or in a public setting?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times
i. From the police or in the courts?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times

12a. Do these items [**SHOW CARD EOD#2**] capture all of the situations that we should be asking about?

12b. What are other situations in which people might experience discrimination?

E. Discrimination in Medical Care Setting

[IF PARTICIPANT ANSWERED “YES” TO E) MEDICAL CARE, IN QUESTION 8, GO TO QUESTION 13, OTHERWISE SKIP TO QUESTION 14]

13. You mentioned unfair treatment when getting medical care – can you describe what happened in more detail? [**SKIP ANY OF THE FOLLOW UP QUESTIONS BELOW IF RESPONDENT INCLUDED INFO IN DESCRIPTION**]

13a. When did the event take place?

13b. How did it make you feel – what emotions did you have?

13c. What did you do in response to the situation?

13d. In general how much stress did this event cause you?

- None
- A Little
- Some
- A lot
- Extreme

13e. Do you think that this event has any effect on the way you use the medical care system or the way you interact with doctors/nurses about your own health?

13f. Has it affected the way you use medical care system or interact with doctors/nurses in regard to your child’s health?

13g. [**IF YES**], please explain.

13h. If you have experienced discrimination in medical care in another situation, please tell me about it?

F. Day to Day Unfair Treatment

Now I will ask you some questions about the day to day unfair treatment experiences that you have had.

15. In your day-to-day life, how often have any of the following things [ever] happened to you [**SHOW CARD EOD #4**]?

[**AND IF YES**], how many times:

- Four or more times
- Two or three times
- Once
- Never

(1) You have been treated with less courtesy than other people	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(2) You have been treated with less respect than other people	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(3) You have received poorer service than other people at restaurants or stores	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(4) You have been treated with less courtesy than other people when <u>getting medical care</u>	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(5) You have been treated with less respect than other people when <u>getting medical care</u>	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(6) You have received poorer service than other people when <u>getting medical care</u>	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(7) People have acted as if they think you are not smart	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(8) People have acted as if they are afraid of you	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(9) People have acted as if they think you are dishonest	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(10) People have acted as if they're better than you are	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(11) You have been called names or insulted	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(12) You have been threatened or harassed	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time
(13) You have been followed around in stores	<input type="checkbox"/> Never <input type="checkbox"/> YES→	<input type="checkbox"/> 4 or more times <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 1 time

G. Day to Day Unfair Treatment - Reason for treatment

[RESPONDENTS WHO INDICATED ANY OF THESE EVENTS OCCURRED ASK QUESTION 16---, ONE QUESTION COVERING ALL THE SITUATIONS, IF 1-13 ABOVE ARE ALL "NEVER", SKIP TO QUESTION 17]

Now I will ask you some questions about the reasons for the unfair treatment experiences that you have had.

16. What do you think was the main reason for this/these experience(s)? **[Show CARD EOD#5]**

- (1) Your ancestry or national origins
- (2) Your gender
- (3) Your race
- (4) Your age
- (5) Your religion
- (6) Your height or weight
- (7) Your shade of skin color
- (8) Your sexual orientation
- (9) Your education or income level
- (10) A physical disability
- (11) Your language or accent
- (12) Your ability to read

Are there other reasons on the list that were a part of the experience?

H. Day to Day Unfair Treatment - Medical Care

[IF PARTICIPANT ANSWERED "YES" TO 4, 5 OR 6 THAT ARE REALTED TO MEDICAL CARE, IN QUESTION 15, SECTION F, GO TO QUESTION 17, OTHERWISE SKIP TO QUESTION 18]

Now I will ask you some more questions about the unfair treatment experiences at the medical care setting that you have had.

17. You mentioned unfair treatment when getting medical care - can you describe what happened in more detail? **(SKIP ANY OF THE FOLLOW UP QUESTIONS BELOW IF RESPONDENT INFO IN DESCRIPTION)**

17a. When did the event take place?

17b. How did it make you feel - what emotions did you have?

17c. What did you do in response to the situation?

17d. In general how much stress did this event cause you?

- None
- A Little
- Some
- A lot
- Extreme

17e. Do you think that this event has any effect on the way you use the medical care system or the way you interact with doctors/nurses about your own health?

17 f. Has it affected the way you use medical care system or interact with doctors/nurses in regard to your child's health? [IF YES], please explain.

I. Comparing Two EOD Questions

Now let's talk about your opinion on some of the questions you have already answered.

[SHOW CARDS EOD #2 & EOD #4A]

18. Please carefully read both of these questions. Do you think they are getting at the same thing or different things?

ITEM CARD EOD #2

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?

- a. At school?
- b. Getting hired or getting a job?
- c. At work?
- d. Getting housing?
- e. Getting medical care?
- f. Getting service in a store or restaurant?
- g. Getting credit, bank loans, or a mortgage?
- h. On the street or in a public setting?
- i. From the police or in the courts?

ITEM CARD EOD #4A

In your day-to-day life, have any of the following things ever happened to you?

Response options:

- (1) You have been treated with less courtesy than other people
- (2) You have been treated with less respect than other people
- (3) You have received poorer service than other people at restaurants or stores

- (4) You have been treated with less courtesy than other people when getting medical care
- (5) You have been treated with less respect than other people when getting medical care
- (6) You have received poorer service than other people when getting medical care
- (7) People have acted as if they think you are not smart
- (8) People have acted as if they are afraid of you
- (9) People have acted as if they think you are dishonest
- (10) People have acted as if they're better than you are
- (11) You have been called names or insulted
- (12) You have been threatened or harassed
- (13) You have been followed around in stores

18a. Why? Please explain.

J. Discrimination Related Stress

Now I would like to ask you some questions related to stress caused by discrimination.

19. In general how much stress has discrimination caused you in the past year?

- None
- A Little
- Some
- A lot
- Extreme

20. In general how much stress has discrimination caused you over your lifetime?

- None
- A Little
- Some
- A lot
- Extreme

K. Acculturation

Now let's talk about how you feel about cultural acceptance in American society.

21. How do you feel about the following statement,

"I feel that I am a part of US/American culture."

22. What did you have to think about to get to your answer?

23. Please repeat the statement in your own words:

"Many people consider fluency (or the ability to speak the official language well) one of the key factors for fitting into the community."

24a. How much would you agree with this statement?

24b. What are others that you can think of?

24. Do you think individuals who have not fully become part of society are treated unfairly or discriminated against?

25a. [IF YES], how?

L. Mode

25. Finally, there are several methods that we can use to ask questions about discrimination and unfair treatment. [SHOW CARD EOD#3], which of the following methods do you think would yield the best responses?

- a) Face-to-face interview-- like we are doing now
- b) Paper and pencil form that you complete by yourself
- c) Computer survey that you complete by yourself
- d) A computer survey where you wear headphones and hear questions read to you through headphones.

25a. Why?

26. In a face to face interview, how difficult would it be to respond truthfully?

26a. Why?

27. In a face to face interview, how difficult would it be to respond truthfully to an interviewer of a different race/ethnicity?

27a. Why?

III. Stress

In this next section, I am going to ask you some questions about stress and your experiences with stress.

A. Types of Stress

1. People often talk about stress – What does this word mean to you?
2. Think back across the last week, what types of things in your life made you feel most stressed?
3. Think back across the last year, what types of things in your life made you feel most stressed?
4. In general, what types of things help you to feel less stressed?

B. Perceived Stress/Appraisal, Emotional Response and Behavioral Response

[FOR EACH SOURCE NAMED BY THE RESPONDENT IN QUESTIONS 2 AND 3 ABOVE ASK THE FOLLOWING]

5. You mentioned _____ as a source of stress, can you explain why this is/was stressful?
 - 5a. How did it make you feel?
 6. How did you cope with the stress?
 - 6a. Did you talk to someone about it or did you keep it to yourself?

C. Parenting Stress

Now let's talk about how stress is related to parenting.

7. If you are stressed, do you think this affects your child?
 - 7a. How?
 - 7b. Can you give an example?
8. Raising a child can be stressful at times, are there parts of your parenting role that you consider to be personally stressful?
 - 8a. **[IF YES]**, can you describe them?
9. If you are stressed, do you think this affects your parenting?

9a. How?

9b. Can you give an example?

10. So going back to the stressors you mentioned earlier, does _____ affect your parenting? **[FILL IN THE BLANK FOR EACH OF THE STRESSORS REPORTED IN QUESTIONS 2 & 3]:**

10a. **IF YES**, How?

D. Stress - Levels of Experienced Stress

11. I am going to list the types of things in your life that are stressors. **[READ ALL SOURCES NAMED BY THE RESPONDENT IN QUESTIONS 2 AND 3 ABOVE]**

11a. Can you order these—which one would you say is the most stressful? Next? Next?....

D. Stress - Frequency

12. How often would you say you feel stressed?

- Never
- Almost Never
- Sometimes
- Fairly Often
- Very often

IV. Educational attainment

Now I will ask you some questions about your educational background.

1. What is the total number of years of formal schooling you have had?
 - 1a. What did you have to think about to answer this question?
2. Please look at the card and tell me what is the highest degree or level of school that {you/NAME} {have/has} completed? [**SHOW CARD EA # 1**]

NO SCHOOL

ELEMENTARY

- NURSERY SCHOOL TO 4TH GRADE
- 5TH-6TH GRADE
- 7TH-8TH GRADE

HIGH SCHOOL

- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE (NO DIPLOMA)
- HIGH SCHOOL DIPLOMA
- GED OR EQUIVALENT

COLLEGE

- SOME COLLEGE CREDITS, BUT LESS THAN 1 YEAR
- 1 OR MORE YEARS OF COLLEGE, BUT NO DEGREE
- ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM
- ASSOCIATE DEGREE: ACADEMIC PROGRAM
- BACHELOR'S DEGREE (e.g., BA, BS)

- GRADUATE
- MASTER'S DEGREE (e.g., MA, MS, MSW, MEng, MBA)
- PROFESSIONAL SCHOOL DEGREE (e.g., MD, DDS, DVM, JD)
- DOCTORAL DEGREE (e.g., Ph.D., Ed.D.)
- REFUSED
- DON'T KNOW

3. How easy was it for you to pick an answer from the list [**SHOW CARD EA #1**] that best fits your education?
 - 3a. Why?

- 3b. Were you educated in another country outside the US? **[IF RESPONDENT ANSWERS YES GO TO QUESTION 4 OTHERWISE SKIP TO QUESTION 5]:**
4. How was the education system similar or different from the education system in the US?
- 4a. How easy or hard was it to answer Question 2 since you were in a different education system?
- 4b. Is there a better way to ask about your level of education?
5. How satisfied are you with the amount of schooling you have had?
- 5a. Why?
6. How satisfied are you with the quality of schooling you have had?
- 6a. Why?

V. Demographic Characteristics

Now I will ask you a few more questions about your background.

1. What is your date of birth? |__|__| |__|__| |__|__|__|__|
MM DD YYYY

2. What is the date of birth of your child (ren)?

Child one: |__|__| |__|__| |__|__|__|__|
MM DD YYYY

Child two: |__|__| |__|__| |__|__|__|__|
MM DD YYYY

Child three: |__|__| |__|__| |__|__|__|__|
MM DD YYYY

Child four: |__|__| |__|__| |__|__|__|__|
MM DD YYYY

Child five: |__|__| |__|__| |__|__|__|__|
MM DD YYYY

3. Now I'd like to ask about your marital status. Currently, are you:

- Married
- Not married but living together with a partner of the opposite sex
- Not married but living together with a partner of the same sex
- Widowed
- Divorced
- Separated, or
- Never been married
- REFUSED
- DON'T KNOW

4. Do you consider yourself to be Hispanic, or Latina?

- Yes [ASK QUESTION 4A]
- No [SKIP TO QUESTION 5]
- REFUSED
- DON'T KNOW

4a. Please give me the number of the group that represents your Hispanic origin or ancestry
[SHOW CARD DC #1]

- PUERTO RICAN
- CUBAN/CUBAN AMERICAN
- DOMINICAN (REPUBLIC)
- MEXICAN
- MEXICAN AMERICAN
- CENTRAL OR SOUTH AMERICAN
- OTHER
- REFUSED
- DON'T KNOW

5. What race do you consider yourself to be? You may select one or more.

[READ LIST TO RESPONDENT and SELECT ALL THAT APPLY] [SHOW CARD DC #2]

- White
- Black or African American
- American Indian or Alaska Native
- Asian, or
- Native Hawaiian or Other Pacific Islander?..
- SOME OTHER RACE? (SPECIFY) _____
- REFUSED
- DON'T KNOW

5a. **[IF CHECKED MORE THAN ONE, ASK]:** "Which group, of those you selected, do you most closely identify with?"

6. Were you born in the United States?

- Yes **[SKIP TO QUESTION 7]**
- No **[GO TO QUESTION 6A]**
- REFUSED
- DON'T KNOW

6a. In what country were you born?

6b. About how long have you lived in the United States?

|__|__|

YEARS

- REFUSED
- DON'T KNOW

7. How well would you say you speak English?

- Very Well
- Well
- Not Well
- Not at All
- REFUSED

8. What language do you prefer to speak?

- English
- Spanish
- Chinese
- Japanese
- Korean
- Tagalog
- OTHER, PLEASE SPECIFY: _____

9. To get a picture of people's financial situation, we need to know the general range of income of all the people we interview. Now, think about your household's total income from all sources, before taxes, including wages, salaries, and any other income. About how much did your household receive in the last year?

[SHOW CARD DC #3]

- <\$5,000
- \$5,000-\$9,999
- \$10,000-\$14,999
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,000
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000-\$79,999
- \$80,000-\$89,999
- \$90,000-\$99,999
- \$100,000+
- REFUSED
- DON'T KNOW

SHOW CARD EOD #1

(Show Card Experience of Discrimination #1)

If you feel you have been treated unfairly, do you usually:

- a. Accept it as a fact of life
- b. Try to do something about it

SHOW CARD EOD #1A

(Show Card Experience of Discrimination #1A)

If you feel you have been treated unfairly, do you usually:

- a. Talk to other people about it
- b. Keep it to yourself

SHOW CARD EOD #2

(Show Card Experience of Discrimination #2)

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?

- j. At school?
- k. Getting hired or getting a job?
- l. At work?
- m. Getting housing?
- n. Getting medical care?
- o. Getting service in a store or restaurant?
- p. Getting credit, bank loans, or a mortgage?
- q. On the street or in a public setting?
- r. From the police or in the courts?

SHOW CARD EOD #3

(Show Card Experience of Discrimination #3)

Finally, there are several methods that we can use to ask questions about discrimination and unfair treatment. Which method do you think would yield the best responses?

- a. Face-to-face interview-- like we are doing now
- b. Paper and pencil form that you complete by yourself
- c. Computer survey that you complete by yourself
- d. Computer survey with questions being read to you through headphones as you complete the survey (ACASI)?

SHOW CARD EOD #4

(Show Card Experience of Discrimination #4)

In your day-to-day life, how often have any of the following things ever happened to you?

Response options:

- Four or more times
- Two or three times
- Once
- Never

- 1) You have been treated with less courtesy than other people
- 2) You have been treated with less respect than other people
- 3) You have received poorer service than other people at restaurants or stores
- 4) You have been treated with less courtesy than other people when getting medical care
- 5) You have been treated with less respect than other people when getting medical care
- 6) You have received poorer service than other people when getting medical care
- 7) People have acted as if they think you are not smart
- 8) People have acted as if they are afraid of you
- 9) People have acted as if they think you are dishonest
- 10) People have acted as if they're better than you are
- 11) You have been called names or insulted
- 12) You have been threatened or harassed
- 13) You have been followed around in stores

SHOW CARD EOD #4A

(Show Card Experience of Discrimination #4A)

In your day-to-day life, have any of the following things ever happened to you?

Response options:

- 1) You have been treated with less courtesy than other people
- 2) You have been treated with less respect than other people
- 3) You have received poorer service than other people at restaurants or stores
- 4) You have been treated with less courtesy than other people when getting medical care
- 5) You have been treated with less respect than other people when getting medical care
- 6) You have received poorer service than other people when getting medical care
- 7) People have acted as if they think you are not smart
- 8) People have acted as if they are afraid of you
- 9) People have acted as if they think you are dishonest
- 10) People have acted as if they're better than you are
- 11) You have been called names or insulted
- 12) You have been threatened or harassed
- 13) You have been followed around in stores

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SHOW CARD EOD #5

(Show Card Experience of Discrimination #5)

What do you think was the main reason for this/these experience(s)?

1. Your ancestry or national origins
2. Your gender
3. Your race
4. Your age
5. Your religion
6. Your height or weight
7. Your shade of skin color
8. Your sexual orientation
9. Your education or income level
10. A physical disability
11. Your language or accent
12. Your ability to read

SHOW CARD EA #1

(Show Card Educational Attainment #1)

Please look at the card and tell me what is the highest degree or level of school that you have completed?

1) No school

ELEMENTARY

2) Nursery school to 4th Grade

3) 5th-6th Grade

4) 7th-8th Grade

HIGH SCHOOL

5) 9th Grade

6) 10th Grade

7) 11th Grade

8) 12th Grade (No diploma)

9) High School Diploma

10) GED or equivalent

COLLEGE

11) Some college credits, but less than 1 year

12) 1 or more years of college, but no degree

13) Associate Degree: occupational, technical, or vocational program

14) Associate Degree: academic program

15) Bachelor's Degree (such as BA, BS)

GRADUATE

16) Master's Degree (such as MA, MS, MSW, MEng, MBA)

17) Professional school degree (such as, MD DDS, DVM, JD)

18) □ Doctoral Degree (such as PhD, EdD)

SHOW CARD DC #1

(Show Card Demographic Characteristics #1)

Please give me the number of the group that represents your Hispanic origin or ancestry:

- 1) □ Puerto Rican
- 2) □ Cuban/Cuban American
- 3) □ Dominican (Republic)
- 4) □ Mexican
- 5) □ Mexican American
- 6) □ Central or South American
- 7) □ Other

SHOW CARD DC #2
(Show Card Demographic Characteristics #2)

What race do you consider yourself to be? You may select one or more:

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian, or
5. Native Hawaiian or Other Pacific Islander
6. Other

SHOW CARD DC #3

(Show Card Demographic Characteristics #3)

To get a picture of people's financial situation, we need to know the general range of income of all the people we interview. Now think about your household's total income from all sources, before taxes, including wages, salaries, and any other income. About how much did your household receive in the last year?

1. <\$5,000
2. \$5,000-\$9,999
3. \$10,000-\$14,999
4. \$15,000-\$24,999
5. \$25,000-\$34,999
6. \$35,000-\$49,000
7. \$50,000-\$59,999
8. \$60,000-\$69,999
9. \$70,000-\$79,999
10. \$80,000-\$89,999
11. \$90,000-\$99,999
12. \$100,000+