**Attachment 1a: Questions to be cognitively tested**

Form Approved

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**Proposed Questions:**

Whole Person Health

1. How would you rate your health in general?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
2. How would you rate your quality of life, focusing on what matters most to you?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
3. How would you rate your social and family connections?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
4. How would you rate your diet?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
5. How would you rate your physical activity?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
6. How would you rate your ability to manage stress?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
7. How would you rate your sleep?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
8. How would you rate your spirituality or belief in God?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor
9. How would you rate your ability to manage your most bothersome symptom or health concern?
   * Excellent
   * Very good
   * Good
   * Fair
   * Poor

Everyday Discrimination Scale

In your day-to-day life how often have any of the following things happened to you? Would you say: Almost every day, At least once a week, A few times a month, A few times a year, Less than once a year, or Never…

1. You are treated with less courtesy or respect than other people.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

1. You receive poorer service than other people at restaurants or stores.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

1. People act as if they think you are not smart.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

1. People act as if they are afraid of you.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

1. You are threatened or harassed.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

Heightened Vigilance Scale

In your day-to-day life, how often do you do the following things: Almost every day, At least once a week, A few times a month, A few times a year, Less than once a year, Never

1. You try to prepare for possible insults from other people before leaving home.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

1. Feel that you always have to be very careful about your appearance to get good service or avoid being harassed.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

1. Carefully watch what you say and how you say it.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never

1. Try to avoid certain social situations and places.

* Almost every day
* At least once a week
* A few times a month
* A few times a year
* Less than once a year
* Never