

Attachment 1a: Questions to be cognitively tested

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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
2. 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
3. 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
4. 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

5. 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

2. 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

3. 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

4. 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