

# *The Everyday Discrimination Scale (EDS-L)*

*Original (recommended) and expanded versions*

[Study Name/ID pre-filled]

Site Name:

Subject ID:

In your day-to-day life, how often do any of the following things happen to you?

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

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

2. You are treated with less respect than other people are.

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

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

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

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

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

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

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

6. People act as if they think you are dishonest.

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

7. People act as if they're better than you are.

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

8. You are called names or insulted.

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

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9. You are threatened or harassed.

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

10. You are followed around in stores.

- \_5. Almost everyday
- \_4. At least once a week
- \_3. A few times a month
- \_2. A few times a year
- \_1. Less than once a year
- \_0. Never

Follow-up Questions (Asked only of those answering “A few times a year” or more frequently to at least one question.)

11. What do you think is the main reason for these experiences? (Check more than one if volunteered).

- |  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| A. Your Ancestry or National Origins             | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| B. Your Gender                                   | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| C. Your Race                                     | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| D. Your Age                                      | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| E. Your Religion                                 | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| F. Your Height                                   | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| G. Your Weight                                   | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| H. Some other Aspect of Your Physical Appearance | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| I. Your Sexual Orientation                       | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |
| J. Your Education or Income Level                | <input type="checkbox"/> _0. No | <input type="checkbox"/> _1. Yes |

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## 12. OTHER POSSIBLE CATEGORIES TO CONSIDER

- |                                    |        |         |
|------------------------------------|--------|---------|
| A. A physical disability           | _0. No | _1. Yes |
| B. Your shade of skin color (NSAL) | _0. No | _1. Yes |
| C. Your tribe (SASH)               | _0. No | _1. Yes |

## 13. Other (SPECIFY) \_\_\_\_\_

### Notes:

Original Everyday Discrimination Scale (original, recommended version) is items 1 - 9 plus follow up;  
Expanded Everyday Discrimination Scale is items 1-10 plus follow up

### Scoring

Summary score: Questions 1 – 10, recode responses of “a few times a year” or more frequently (2-5) as 1, responses of “less than once a year” or “never” as 0; then sum the recoded responses. If 1 or more, ask the follow up questions.

Additional summary scores include total/sum of scores for items 1 – 10, with higher total score indicating greater frequency of experiences.

A weighted summary score estimating number of experiences per year may also be calculated.

Reference: Williams, D.R., Yu, Y., Jackson, J.S., and Anderson, N.B. “Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination.” *Journal of Health Psychology*. 1997; 2(3):335-351.