

# Everyday Discrimination Scale (EDS)

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

**You are called names or insulted.**

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

**You are threatened or harassed.**

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost everyday       | At least once a week  | A few time a month    | A few times a year    | Less than once a year | Never                 |

**Follow-up question** for those answering "A few times a year" or more frequently to at least one question:

What do you think is the main reason for these experiences? (Check more than one if you are comfortable doing so or wish to provide more information).

Your ancestry or national origin

Your height

Your gender

Your weight

Your race

Some other aspect of your physical appearance

Your age

Your sexual orientation

Your religion

Your education or income level

**Other possible categories to consider:**

A physical disability

Your shade of skin color (National Survey of American Life)

Your tribe ( South African Study of Stress and Health)

**Other (specify):** \_\_\_\_\_

**Scoring**

The Everyday Discrimination Scale is scored by first recoding responses to questions 1 through 10.

1. For each question, recode answers of "a few times a year" or more frequently (responses 2-5) as 1, and answers of "less than once a year" or "never" as 0.
2. The sum these recoded responses to obtain the summary score.
3. If the total score is 1 or higher, follow-up questions should be asked to better understand the reported experiences.

**Reference**

Williams, D. R., Jackson, J. S., & Anderon, N. B. (1997). Racial differences in physical and mental health: socioeconomic status, stress, and discrimination. *Journal of Health Psychology*. 1997; 2(3):335-351.