
Domain: Stressful Life Events**Racial / Ethnic Harassment and Discrimination**

- In your day to day life, how often do any of the following things happen to you?⁴⁹

⁴⁵ [Study of Pregnancy and Neonatal Health \(SPAN\)](#) – Attained measures via personal communication

⁴⁶ [JHU Community Response](#)

⁴⁷ [Environmental Influences on Child Health Outcomes \(ECHO\) COVID-19 Questionnaire](#)

⁴⁸ [JHU Community Response](#)

⁴⁹ [Everyday Discrimination Scale \(Short version\)](#)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy or respect than other people.						
You receive poorer service than other people at restaurants or stores.						
People act as if they think you are not smart						
People act as if they are afraid of you.						
You are threatened or harassed.						

➤ **Please answer the below question for each experience that you marked as “A few times a year” or more. If you did not answer “A few times a year” or more to any question, no further questions for this data element**

What do you think is the main reason for these experiences (Check all that apply)⁵⁰

- Your ancestry or national origins
- Your gender
- Your race
- Your age
- Your religion
- Your height
- Your weight
- Some other aspect of your physical appearance
- Your sexual orientation
- Your education or income level
- A physical disability
- Your shade of skin color
- Your tribe
- Other (specify) _____

Intimate Partner Violence

- “Has your current partner **ever** threatened you or made you feel afraid?” (For example, threatened to hurt you or your children if you did or did not do something, controlled who you talked to or where you went, or gone into rages)⁵¹
 - No
 - Yes

⁵⁰ [Everyday Discrimination Scale \(Short version\)](#)

⁵¹ [Intimate Partner Violence ACOG Practice Bulletin](#)

- Has your partner **ever** hit, choked, or physically hurt you?
 - No
 - Yes
- Has your partner **ever** forced you to do something sexually that you did not want to do, or refused your request to use condoms?
 - No
 - Yes
- Does your partner support your decision about when or if you want to become pregnant?
 - No
 - Yes
- Has your partner **ever** tampered with your birth control or tried to get you pregnant when you didn't want to be?
 - No
 - Yes

Now I would like to ask you some questions about experiences with your partner or spouse. ***In the last 12 months***, how often has a partner or spouse...⁵²

- Yelled at you or said things to you that made you feel bad about yourself, embarrassed you in front of others, or frightened you?
 - Never
 - Almost never
 - Sometimes
 - Fairly often
 - Very often
- Done things like push, grab, hit, slap, kick, or throw things at you during an argument or because they were angry with you?
 - Never
 - Almost never
 - Sometimes
 - Fairly often
 - Very often

Change in Frequency of Abuse (Tier 2)

- In the last 12 months has the frequency of these behaviors increased, decreased or stayed the same?⁵³
 - Increased
 - Decreased
 - Stayed the same

⁵² [RAND American Life Panel Impact of COVID-19 Survey](#)

⁵³ [RAND American Life Panel Impact of COVID-19 Survey](#)