Overall, during your life until now,

1.  How often *have you been* discriminated against, prevented from doing something, hassled or made to feel inferior because of your race, ethnicity, or color?

\_1. Very often \_2. Somewhat often \_3. Not very often \_4. Never  \_5. Not Sure

2. How often *have you been* discriminated against, prevented from doing something, or hassled or made to feel inferior because of your sexual orientation (for example, gay, lesbian, bisexual) or gender identity (for example feeling that you are a different gender than your gender at birth)?

\_1. Very often \_2. Somewhat often \_3. Not very often \_4. Never \_5. Not Sure

3. How often *have you been* discriminated against, prevented from doing something, or hassled or made to feel inferior because of your chronic pain?

\_1. Very often \_2. Somewhat often \_3. Not very often \_4. Never \_5. Not Sure

4. How often *have you been* discriminated against, prevented from doing something, or hassled or made to feel inferior because of your OUD or opioid use?

\_1. Very often \_2. Somewhat often \_3. Not very often \_4. Never \_5. Not Sure

Notes:  Modified from Perceived Discrimination Scale

References

Krieger N. Racial and gender discrimination: risk factors for high blood pressure? *Soc Sci Med*. 1990;30(12):1273-1281.

Krieger N, Smith K, Naishadham D, Hartman C, Barbeau EM. Experiences of discrimination: validity and reliability of a self-report measure for population health research on racism and health. *Soc Sci Med*. 2005;61(7):1576-1596.