

EXPANDED EVERYDAY DISCRIMINATION SCALE, EDS QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Expanded Everyday Discrimination Scale Form (EDS) is to be completed during the participant's clinic visit.

Please answer every question on this form. NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.). Beside each item input is a small double bracket icon which looks like this: 'Declines to answer', etc.). Beside each item input is a small double bracket icon which looks like this: (Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 2 or 3-character, 6-digit number assigned to the specific participant. For the "Event", record that this is happening at the clinic visit (E1).

- **Item 0a.** Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b. Record the SPIROMICS III staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS III data, please contact the GIC in order to receive your own individual staff code.

Items 1-10. Select only one option among the six possible choices.

NOTE:

- If 'Almost everyday', 'At least once a week', 'A few times a month', or 'A few times a year' is selected for at least one of Items 1-10, Go to 11.
- If 'Almost everyday', 'At least once a week', 'A few times a month', or 'A few times a year'
 is NOT selected for at least one of Items 1-10, Go to End of the form and Save and Close the
 form.

Item 11.

Items 11a-11n. Select only one option among the two possible choices to indicate what the participant thinks are the main reasons for the experiences in Items 1-10.

Item 11n1. If "Yes" is selected for Item 11n, specify other reason.

Select Save and Close at the bottom of the page/screen.