

1 SAMPLE 2 PSU SEGMENT-CK-SERIAL

3 HOUSEHOLD NUMBER 43 SEGMENT 44 GQ ELIGIBLE 45 LETTER SENT

6a ADDRESS (Sheet line) 6b STATE 6c ZIP CODE

6d What is your exact address? (Make corrections to address above.)

6e Is this your mailing address? Yes No - Specify below include ZIP Code

6f GQ name Type code Sample No.

HOUSEHOLD ROSTER Last name first

What are the names of all persons living or staying here? Start with the name of the person or one of the persons who (owns/rents) this home. List all persons who usually live here and all persons who are temporarily absent. Be sure to INCLUDE infants under 1 year of age.

12 PGH 3 13a 13b 13c

14 PGH 3 14a 14b 14c

15a Unit is - 1 In a GQ - SKIP to 16 above 2 Not in a GQ - Go to 15b

15b ASK IF NOT APPARENT Do all persons in this household live or eat together?

15c ASK IF NOT APPARENT Does any other household on the property live or eat with this household?

16 PGH 4 16a 16b 16c 16d 16e 16f 16g 16h 16i 16j 16k 16l 16m 16n 16o 16p 16q 16r 16s 16t 16u 16v 16w 16x 16y 16z

17 AGE LAST BIRTHDAY

18 MARRITAL STATUS

19 SEX

20 ARMED FORCES?

21 ATTENDING SCHOOL

22 BUILDING CHARACTERISTICS - Observe or ask

23 ASK ONCE FOR ENTIRE HHLD

24 LAND USE

25 CHANGES IN HHLD COMPOSITION

26 RACE CODES FOR ITEM 24

27 HH COMPOSITION CODES FOR ITEM 25

28 TOTAL HOUSEHOLD INCOME IN PAST 12 MONTHS - Ask during 1st, 3rd, 5th, and 7th enumeration periods. (Show Flashcard)

29 CONTROL NUMBER OF ORIGINAL SAMPLE UNIT

30 RELATIONSHIP CODES FOR ITEM 13b

31 RACE CODES FOR ITEM 24

32 HH COMPOSITION CODES FOR ITEM 25

33 DATE ENTERED OR LEFT

34 DATE OF INTERVIEW

35 HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

FORM NO. 500 (5-12-2004)

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**NOTICE** - We are conducting this survey under the authority of Title 13, United States Code, Section 8, Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 572c, United States Code, authorizes the Bureau of Justice Statistics, Dept. of Justice, to collect information using this survey. Title 42, Sections 3789g and 3785c, United States Code, also requires us to keep all information about you and your household strictly confidential. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

**FORM NCVS-500**  
**NATIONAL CRIME VICTIMIZATION SURVEY**

**30 RECORD OF VISITS AND TELEPHONE CALLS**

Enum. period (a)	Month and year (b)	Line No. of HH Resp. (c)	Tally of personal visits (d)		Tally of phone calls (e)		Noninter-view reason Enter code from box beside 33 (f)
			B	A	B	A	
1							
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7							

Notes (Callbacks, CATI, Field Representative's ID)

30h CATI  
Recycle  
31 SUPERVISORS  
R - Reinterview  
O - Observed

**32 FIG 5 BOUNDING INFORMATION - RECORD OF INCIDENTS**

Enumeration period (a)	Series (b)	Month and year of incident (quarter and year of series) (c)	Description of incident (d)	Line number on incident report (e)

**33 PERSON TO CONTACT FOR NONINTERVIEW HOUSEHOLD INFORMATION - Fill when appropriate**

1	2	3	4	5	6	7	8	9			
Name and description (neighbor, apt. manager, etc.)	TYPE A 01 No one home 02 Temporarily absent 03 Refused 04 Other occupied	TYPE B 10 Vacant - stages of HH furniture 11 Temporarily occupied by persons with UFE 12 Under construction, not ready to be demolished 13 Under construction, not ready for business or storage 14 Unoccupied site for mobile home, trailer, or tent 15 Permit granted, construction not started 16 Other	TYPE C 20 Unused line of listing sheet 21 Demolished 22 House or trailer moved 23 Outside segment 24 Converted to permanent business or storage 25 Merged 26 Condemned 27 Built after April 1, 1990 28 Permit abandoned 29 Other	START HERE (1) Check the listing sheet. Is the address of the additional living quarter already listed? <input type="checkbox"/> Yes - Stop <input type="checkbox"/> No - Go to column (2), (4), (5) or (6) depending on segment type	AREA SEGMENTS (2) Are the additional living quarters within the area boundaries? <input type="checkbox"/> Yes - Go to column (3) <input type="checkbox"/> No - Stop Table X; do not interview	PERMIT SEGMENTS (4) Are the additional living quarters within the same structure and space (see footnote 7) occupied by the original sample unit? <input type="checkbox"/> Yes - Go to column (7) <input type="checkbox"/> No - Stop Table X; do not interview	UNIT SEGMENTS (5) Single Unit Are the additional living quarters within the basic address (house number and street name) of the original sample unit? <input type="checkbox"/> Yes - Go to column (7) <input type="checkbox"/> No - Stop Table X; do not interview	MULTI-UNIT SEGMENTS (6) Multi-Unit Are the additional living quarters within the same space (see footnote 7) occupied by the original sample unit and apartment? <input type="checkbox"/> Yes to both questions - Go to column (7) <input type="checkbox"/> No to either question - Stop Table X; do not interview	SEPARATENESS (7) Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property? <input type="checkbox"/> Yes - Go to column (8) <input type="checkbox"/> No - not a separate unit - Stop Table X; include additional living quarters with the original unit and continue interview.	(8) Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall? <input type="checkbox"/> Yes, an EXTRA unit - Go to column (9) <input type="checkbox"/> No - not a separate unit - Stop Table X; include additional living quarters with the original unit and continue interview.	NUMBER OF EXTRA UNITS (9) Have you found more than 3 EXTRA units? <input type="checkbox"/> Yes - Call your RO for instructions on which units to interview. Then, enter the basic address (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See footnote 7) <input type="checkbox"/> No - Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See footnote 7)

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