

Screen Shots of the New Disability Section Implemented in January 2007

Screen name: DISABILITY_INTRO

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | [HH Roster](#) | [FAQs](#) | [F10](#)

Research has shown that people with disabilities may be more vulnerable to crime victimization. The next questions ask about any health conditions, impairments, or disabilities you may have.

1. Enter 1 to continue

Intro to disability	<input type="checkbox"/>	Victim due to disability
Vision Hearing	<input type="checkbox"/>	Condition 1
Physical Limitation?	<input type="checkbox"/>	Another condition?
Learning Disorder?	<input type="checkbox"/>	Condition 2
Dressing/Bathing	<input type="checkbox"/>	Another condition?
Leaving home	<input type="checkbox"/>	Condition 3
Working	<input type="checkbox"/>	

0000056 | DISABILITY_INTRO | 3:42:06 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: VISION_HEARING

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

**Do you have any of the following long-lasting conditions:
Blindness, deafness, or a severe vision or hearing impairment?**

1. Yes
 2. No

Intro to disability	1	Continue	Victim due to disability
Vision Hearing	<input type="checkbox"/>		Condition 1
Physical Limitation?	<input type="checkbox"/>		Another condition?
Learning Disorder?	<input type="checkbox"/>		Condition 2
Dressing/Bathing	<input type="checkbox"/>		Another condition?
Leaving home	<input type="checkbox"/>		Condition 3
Working	<input type="checkbox"/>		

00000056 | VISION_HEARING | 3:43:38 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: PHYSICAL_LIMIT

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

Do you have any of the following long-lasting conditions:
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

1. Yes
 2. No

Intro to disability	1	Continue	Victim due to disability	<input type="checkbox"/>
Vision Hearing	1	Yes	Condition 1	
Physical Limitation?	1		Another condition?	
Learning Disorder?	<input type="checkbox"/>		Condition 2	
Dressing/Bathing	<input type="checkbox"/>		Another condition?	
Leaving home	<input type="checkbox"/>		Condition 3	
Working	<input type="checkbox"/>			

00000056 | PHYSICAL_LIMIT | 3:45:47 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: LEARN_CONCENTRATE

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:

Learning, remembering, or concentrating?

1. Yes
 2. No

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="checkbox"/>
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	
Learning Disorder?	<input type="text" value="1"/>		Condition 2	
Dressing/Bathing	<input type="text"/>		Another condition?	
Leaving home	<input type="text"/>		Condition 3	
Working	<input type="text"/>			

00000056 | LEARN_CONCENTRATE | 3:46:09 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: DRESS_BATH

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:

Dressing, bathing, or getting around inside the home?

1. Yes
 2. No

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="checkbox"/>
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2	
Dressing/Bathing	<input type="text" value="1"/>		Another condition?	
Leaving home	<input type="checkbox"/>		Condition 3	
Working	<input type="checkbox"/>			

00000056 | DRESS_BATH | 3:46:39 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: LEAVING_HOME

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:

Going outside the home alone to shop or visit a doctor's office?

1. Yes
 2. No

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="checkbox"/>
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2	
Dressing/Bathing	<input type="text" value="1"/>	Yes	Another condition?	
Leaving home	<input type="text" value="1"/>		Condition 3	
Working	<input type="text"/>			

00000056 | LEAVING_HOME | 3:47:11 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WORKING

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:

Working at a job or business?

1. Yes
 2. No

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="checkbox"/>
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2	
Dressing/Bathing	<input type="text" value="1"/>	Yes	Another condition?	
Leaving home	<input type="text" value="1"/>	Yes	Condition 3	
Working	<input type="text" value="1"/>			

00000056 WORKING 3:50:58 PM 2-21-2007 Talking To: Alyssa Robertson About: Alyssa Robertson 186/1491

Screen name: VICTIMDUETODISABLE

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

During the incident you just told me about, do you have reason to suspect you were victimized because of your health condition(s), impairment(s), or disability(ies)?

1. Yes
 2. No
 3. Don't know

Intro to disability	1	Continue	Victim due to disability	1
Vision Hearing	1	Yes	Condition 1	
Physical Limitation?	1	Yes	Another condition?	
Learning Disorder?	1	Yes	Condition 2	
Dressing/Bathing	1	Yes	Another condition?	
Leaving home	1	Yes	Condition 3	
Working	1	Yes		

00000056 | VICTIMDUETODISABLE | 3:51:54 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGET_1

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

What health conditions, impairments, or disabilities do you believe caused you to be targeted for this incident?

- Please specify the first type of health condition, impairment, or disability.
- If multiple health conditions, impairments, or disabilities mentioned enter only the first one mentioned here.

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="text" value="1"/>	Yes
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	<input type="text" value="STROKE"/>	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	<input type="text"/>	
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2		
Dressing/Bathing	<input type="text" value="1"/>	Yes	Another condition?		
Leaving home	<input type="text" value="1"/>	Yes	Condition 3		
Working	<input type="text" value="1"/>	Yes			

00000056 | WHICHDISABILITYTARGET_1 | 3:53:24 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGETELSE_1

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

Any other conditions, impairments, or disabilities?

1. Yes
 2. No
 3. Don't know

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="text" value="1"/>	Yes
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	<input type="text" value="STROKE"/>	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	<input type="text" value="1"/>	
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2		
Dressing/Bathing	<input type="text" value="1"/>	Yes	Another condition?		
Leaving home	<input type="text" value="1"/>	Yes	Condition 3		
Working	<input type="text" value="1"/>	Yes			

00000056 | WHICHDISABILITYTARGETELSE_1 | 3:54:25 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGET_2

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

What other health conditions, impairments, or disabilities do you believe caused you to be targeted for this incident?

- ◆ Please specify the second type of health condition, impairment, or disability.
- ◆ If multiple health conditions, impairments, or disabilities mentioned enter only the second one mentioned here.

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="text" value="1"/>	Yes
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	<input type="text" value="STROKE"/>	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	<input type="text" value="1"/>	Yes
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2	<input type="text" value="HAD BACK SURGERY"/>	
Dressing/Bathing	<input type="text" value="1"/>	Yes	Another condition?	<input type="text"/>	
Leaving home	<input type="text" value="1"/>	Yes	Condition 3	<input type="text"/>	
Working	<input type="text" value="1"/>	Yes			

00000056 | WHICHDISABILITYTARGET_2 | 3:56:10 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGETELSE_2

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

Any other conditions, impairments, or disabilities?

1. Yes
 2. No
 3. Don't know

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="text" value="1"/>	Yes
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	<input type="text" value="STROKE"/>	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	<input type="text" value="1"/>	Yes
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2	<input type="text" value="HAD BACK SURGERY"/>	
Dressing/Bathing	<input type="text" value="1"/>	Yes	Another condition?	<input type="text" value="1"/>	
Leaving home	<input type="text" value="1"/>	Yes	Condition 3		
Working	<input type="text" value="1"/>	Yes			

00000056 | WHICHDISABILITYTARGETELSE_2 | 3:57:22 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGET_3

National Crime Victimization Survey -- NCVS Questions ver 10.01

Forms Answer Navigate Options Help

Main | HH Roster | FAQs | F10

What other health conditions, impairments, or disabilities do you believe caused you to be targeted for this incident?

- ◆ Please specify the third type of health condition, impairment, or disability.
- ◆ If multiple health conditions, impairments, or disabilities mentioned enter only the third one mentioned here.

Intro to disability	<input type="text" value="1"/>	Continue	Victim due to disability	<input type="text" value="1"/>	Yes
Vision Hearing	<input type="text" value="1"/>	Yes	Condition 1	<input type="text" value="STROKE"/>	
Physical Limitation?	<input type="text" value="1"/>	Yes	Another condition?	<input type="text" value="1"/>	Yes
Learning Disorder?	<input type="text" value="1"/>	Yes	Condition 2	<input type="text" value="HAD BACK SURGERY"/>	
Dressing/Bathing	<input type="text" value="1"/>	Yes	Another condition?	<input type="text" value="1"/>	Yes
Leaving home	<input type="text" value="1"/>	Yes	Condition 3	<input type="text" value="SCHIZOPHRENIC"/>	
Working	<input type="text" value="1"/>	Yes			

00000056 | WHICHDISABILITYTARGET_3 | 4:00:08 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491