

# Screen Shots of the New Disability Section Implemented in January 2007

Screen name: DISABILITY\_INTRO

National Crime Victimization Survey -- NCVS Questions ver 10.01

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**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

<a href="#">Intro to disability</a>	<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

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**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	<b>Continue</b>	Victim due to disability
<a href="#">Vision Hearing</a>	<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

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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	<b>Continue</b>	Victim due to disability	<input type="checkbox"/>
Vision Hearing	1	<b>Yes</b>	Condition 1	
<a href="#">Physical Limitation?</a>	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

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**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"/>	<b>Continue</b>	Victim due to disability	<input type="checkbox"/>
Vision Hearing	<input type="text" value="1"/>	<b>Yes</b>	Condition 1	
Physical Limitation?	<input type="text" value="1"/>	<b>Yes</b>	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

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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"/>	<b>Continue</b>	Victim due to disability	<input type="checkbox"/>
Vision Hearing	<input type="text" value="1"/>	<b>Yes</b>	Condition 1	
Physical Limitation?	<input type="text" value="1"/>	<b>Yes</b>	Another condition?	
Learning Disorder?	<input type="text" value="1"/>	<b>Yes</b>	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

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

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

Screen name: WORKING

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

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**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	<b>Continue</b>	<a href="#">Victim due to disability</a>	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

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

00000056 | WHICHDISABILITYTARGET\_1 | 3:53:24 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGETELSE\_1

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**Any other conditions, impairments, or disabilities?**

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

Intro to disability	1	<b>Continue</b>	Victim due to disability	1	<b>Yes</b>
Vision Hearing	1	<b>Yes</b>	Condition 1	STROKE	
Physical Limitation?	1	<b>Yes</b>	<a href="#">Another condition?</a>	1	
Learning Disorder?	1	<b>Yes</b>	Condition 2		
Dressing/Bathing	1	<b>Yes</b>	Another condition?		
Leaving home	1	<b>Yes</b>	Condition 3		
Working	1	<b>Yes</b>			

00000056 | WHICHDISABILITYTARGETELSE\_1 | 3:54:25 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGET\_2

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

00000056 | WHICHDISABILITYTARGET\_2 | 3:56:10 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGETELSE\_2

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**Any other conditions, impairments, or disabilities?**

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

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

00000056 | WHICHDISABILITYTARGETELSE\_2 | 3:57:22 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491

Screen name: WHICHDISABILITYTARGET\_3

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

00000056 | WHICHDISABILITYTARGET\_3 | 4:00:08 PM | 2-21-2007 | Talking To: Alyssa Robertson | About: Alyssa Robertson | 186/1491