

Emotional Impact																			
<p>25. Being a victim of crime affects people in different ways. Next I would like to ask you some questions about how being a crime victim may have affected you.</p> <p>Did the being a victim of crime lead you to have significant problems with your job or schoolwork, or trouble with your boss, coworkers, or peers?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>																		
<p>26. Did being a victim of this crime lead you to have significant problems with family members or friends, including getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>																		
<p>27. How distressing was being a victim of this crime to you? Was it not at all distressing, mildly distressing, moderately distressing, or severely distressing?</p> <p>(DO NOT READ ANSWER CATEGORIES)</p> <p>(ENTER A SINGLE RESPONSE)</p>	<p><input type="checkbox"/> 1. Not at all distressing - Skip to Q32 <input type="checkbox"/> 2. Mildly distressing - Skip to Q32 <input type="checkbox"/> 3. Moderately distressing - Go to Check Item K <input type="checkbox"/> 4. Severely distressing - Go to Check Item K</p>																		
<p>CHECK ITEM K Is >Yes= marked in Q25 or Q26 or are categories >'3' or >'4' marked in Q27'?</p>	<p><input type="checkbox"/> Yes - Ask Q28 <input type="checkbox"/> No - Skip to Q32</p>																		
<p>28. Still thinking about your distress associated with being a victim of this crime, did you feel any of the following ways for a month or more? Did you feel...</p> <p>(READ ANSWER CATEGORIES)</p> <p>a. Worried or anxious? b. Angry? c. Sad or depressed? d. Vulnerable? e. Violated? f. Like you couldn't trust people? g. Unsafe? h. Some other way?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">YES</th> <th style="text-align: left; width: 50%;">NO</th> </tr> </thead> <tbody> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G - specify</td> <td>2G</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;">_____ SKIP TO Q29 if a-h are all no</p>	YES	NO	1G	2G	1G	2G	1G	2G	1G	2G	1G	2G	1G	2G	1G	2G	1G - specify	2G
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<p>28a. Did you seek any kind of professional help for the feelings you experienced as a result of being a victim of this crime?</p>	<p>1. Yes - Ask Q28b 2. No - Skip to Q29</p>																		

<p>28b. What kind of professional help did you seek?</p> <p>(DO NOT READ ANSWER CATEGORIES)</p> <p>(MARK ALL THAT APPLY)</p>	<p><input type="checkbox"/> a. Counseling</p> <p><input type="checkbox"/> b. Medication</p> <p><input type="checkbox"/> c. Visited doctor or nurse</p> <p><input type="checkbox"/> d. Visited ER/ hospital/clinic</p> <p><input type="checkbox"/> e. Other specify</p> <p>_____</p>
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<p>29. Did you experience any of the following physical problems associated with being a victim of this crime for a MONTH OR MORE? Did you experience.....</p> <p>(READ ANSWER CATEGORIES)</p> <p>a. Headaches?</p> <p>b. Trouble sleeping?</p> <p>c. Changes in your eating or drinking habits?</p> <p>d. Upset stomach?</p> <p>e. Fatigue?</p> <p>f. High blood pressure?</p> <p>g. Muscle tension or back pain?</p>	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> <tr> <td>1G</td> <td>2G</td> </tr> </tbody> </table> <p>SKIP TO Q32 if a-g are all no</p>	YES	NO	1G	2G	1G	2G	1G	2G	1G	2G	1G	2G	1G	2G	1G	2G
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<p>30. Did you seek any kind of professional or medical help for the physical problems you experienced as a result of being a victim of this crime?</p>	<p>1. Yes - Ask Q31</p> <p>2. No - Skip to Q32</p>
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<p>31. What kind of professional help did you seek?</p> <p>(DO NOT READ ANSWER CATEGORIES)</p> <p>(MARK ALL THAT APPLY)</p>	<p><input type="checkbox"/> a. Counseling</p> <p><input type="checkbox"/> b. Medication</p> <p><input type="checkbox"/> c. Visited doctor or nurse</p> <p><input type="checkbox"/> d. Visited ER/ hospital/clinic</p> <p><input type="checkbox"/> e. Other specify</p> <p>_____</p>
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