

<b>BEFORE INTERVIEW - TRANSCRIBE FROM CONTROL CARD</b>						<b>FORM NCVS-1A</b> <small>(9-16-2004)</small>							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">PSU</td> <td style="width:15%; padding: 2px;">Segment/Suffix</td> <td style="width:15%; padding: 2px;">Sample designation/Suffix</td> <td style="width:15%; padding: 2px;">Serial/Suffix</td> <td style="width:15%; padding: 2px;">HH No.</td> <td style="width:15%; padding: 2px;">Spinoff Indicator</td> </tr> </table>						PSU	Segment/Suffix	Sample designation/Suffix	Serial/Suffix	HH No.	Spinoff Indicator	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE	
PSU	Segment/Suffix	Sample designation/Suffix	Serial/Suffix	HH No.	Spinoff Indicator								
<b>PERSONAL CHARACTERISTICS</b>						<b>NATIONAL CRIME VICTIMIZATION SURVEY</b>							
<b>17. NAME</b>						<b>18. Type of interview</b>		<b>19. Line No.</b>					
Last						<b>401</b>		<b>402</b>					
First						1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy } <i>Fill 13 on NCVS-1 cover page</i> 4 <input type="checkbox"/> Tel. – Proxy } 5 <input type="checkbox"/> Noninterview (Type Z) – <i>Fill 19–28 on this page. Also fill 14 and adjust item 15c on cover page of corresponding NCVS-1</i>		Line No.					
<b>AFTER INTERVIEW - TRANSCRIBE FROM CONTROL CARD</b>													
<b>20.</b> <small>(cc 13b)</small> <b>Relationship to reference person</b>	<b>21.</b> <small>(cc 17)</small> <b>Age last birthday</b>	<b>22a.</b> <small>(cc 18)</small> <b>Marital status THIS survey period</b>	<b>22b.</b> <small>(From previous enumeration)</small> <b>Marital status LAST survey period</b>	<b>23.</b> <small>(cc 19)</small> <b>Sex</b>	<b>24.</b> <small>(cc 20)</small> <b>Armed Forces member</b>	<b>25.</b> <small>(cc 21)</small> <b>Educational attainment</b>	<b>26.</b> <small>(cc 22)</small> <b>Attending school</b>	<b>27.</b> <small>(cc 23)</small> <b>Hispanic origin</b>	<b>28.</b> <small>(cc 24)</small> <b>Race</b> <i>Mark (X) all that apply.</i>				
<b>403</b>	<b>404</b>	<b>405</b>	<b>406</b>	<b>407</b>	<b>408</b>	<b>409</b>	<b>411</b>	<b>413</b>	<b>412</b> *				
01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	Age	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Highest level completed	0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> American Indian/Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 6 <input type="checkbox"/> Other – <i>Specify</i>				
<b>29. Date of interview</b> _____						<b>501</b> <input style="width:30px; height:20px;" type="text"/> / <input style="width:30px; height:20px;" type="text"/> / <input style="width:60px; height:20px;" type="text"/> Month                      Day                      Year							
<b>MOBILITY QUESTIONS</b>													
<b>Before we get to the crime questions, I have one or two questions that are helpful in studying where and why crimes occur.</b> <i>If unsure, ASK OR VERIFY –</i>													
<b>33a. How long have you lived at this address?</b> <i>(Enter number of months OR years.)</i>						<b>505</b> _____ Months (1-11) – <b>SKIP</b> to 33b <b>OR</b> <b>506</b> _____ Years (Round to nearest whole year) – <i>Fill Check Item A</i>							
<b>CHECK ITEM A</b>						<input type="checkbox"/> 5 years or more – <b>SKIP</b> to 36a <input type="checkbox"/> Less than 5 years – <i>Ask 33b</i>							
<b>33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 20__?</b>						<b>508</b> _____ Number of times							





**INDIVIDUAL'S SCREEN QUESTIONS**

**44a. During the last 6 months, (other than any incidents already mentioned) did you call the police to report something that happened to YOU which you thought was a crime?**

Briefly describe incident(s) ↘

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**547** 1  Yes – **What happened?**  
Describe above  
2  No – **SKIP** to 45a

<b>548</b>					<b>OFFICE USE ONLY</b>
*					

**CHECK ITEM B**

Look at 44a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

**549** 1  Yes – Ask 44b  
2  No – **SKIP** to 45a

**44b. How many times?**

**550** \_\_\_\_\_  
Number of times (44b)

**45a. During the last 6 months, (other than any incidents already mentioned) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?**

Briefly describe incident(s) ↘

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**551** 1  Yes – **What happened?**  
Describe above  
2  No – **SKIP** to Check Item D

<b>552</b>					<b>OFFICE USE ONLY</b>
*					

**CHECK ITEM C**

Look at 45a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

**553** 1  Yes – Ask 45b  
2  No – **SKIP** to Check Item D

**45b. How many times?**

**554** \_\_\_\_\_  
Number of times (45b)

NOTES

**INDIVIDUAL'S CHECK ITEMS D, E, AND G**

<p><b>CHECK ITEM D</b></p>	<p>Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)</p>	<p><b>555</b> 1 <input type="checkbox"/> Telephone interview – <b>SKIP</b> to Check Item G                  * <b>Personal interview – Mark all that apply.</b>                  2 <input type="checkbox"/> No one besides respondent present                  3 <input type="checkbox"/> Respondent's spouse                  4 <input type="checkbox"/> HHL member(s) 12+, not spouse                  5 <input type="checkbox"/> HHL member(s) under 12                  6 <input type="checkbox"/> Nonhousehold member(s)                  7 <input type="checkbox"/> Someone was present – Can't say who                  8 <input type="checkbox"/> Don't know if someone else present</p>
<p><b>CHECK ITEM E</b></p>	<p>If self-response interview, <b>SKIP</b> to Check Item G</p> <p>Did the person for whom this interview was taken help the proxy respondent answer any screen questions?</p>	<p><b>556</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Person for whom interview taken not present</p>
<p><b>CHECK ITEM G</b></p>	<p>Transcribe "number of times" entry for each of the following:</p> <p><b>(a)</b> Screen Question, Item 36c, page 2  <b>(b)</b> Screen Question, Item 40c, page 2  <b>(c)</b> Screen Question, Item 41c, page 3  <b>(d)</b> Screen Question, Item 42c, page 3  <b>(e)</b> Screen Question, Item 43c, page 3  <b>(f)</b> Screen Question, Item 44b, page 4  <b>(g)</b> Screen Question, Item 45b, page 4</p>	<p><input type="checkbox"/> No entries transcribed below – Go to Check Item H</p> <p>_____ Number of times (36c)                  _____ Number of times (40c)                  _____ Number of times (41c)                  _____ Number of times (42c)                  _____ Number of times (43c)                  _____ Number of times (44b)                  _____ Number of times (45b)</p>

NOTES

*FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this **before** marking Check Item H.*

**INDIVIDUAL'S EMPLOYMENT QUESTIONS**

**Be sure to fill any incident reports before marking Check Item H.**

<b>CHECK ITEM H</b>	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – <b>SKIP</b> to Check Item I
	<b>47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.)</b> <i>(If farm or business operator in household, ask about unpaid work.)</i> ASK OR VERIFY –	<b>576</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to 48a 2 <input type="checkbox"/> No – Ask 47b
	<b>47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?</b> ASK OR VERIFY –	<b>577</b> 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – <b>SKIP</b> to Check Item I
	<b>47c. Did that (job/work) last 2 consecutive weeks or more?</b> ASK OR VERIFY –	<b>578</b> 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – <b>SKIP</b> to Check Item I
	<b>48a. Which of the following best describes your job?</b> PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – <b>Were you employed in the</b> <i>(Read main headings until you get a yes. Then read answer categories) –</i> Mark (X) only one category.	<b>579</b> <p><b>Medical Profession –As a –</b></p> 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – Specify _____ <p><b>Mental Health Services Field – Are your duties –</b></p> 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – Specify _____ <p><b>Teaching Profession – Were you employed in a –</b></p> 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – Specify _____ <p><b>Law Enforcement or Security Field – Were you employed as a –</b></p> 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – Specify _____ <p><b>Retail Sales – Were you employed as a –</b></p> 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – Specify _____ <p><b>Transportation Field – Were you employed as a –</b></p> 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – Specify _____ <p align="center"><b>OR</b></p> 27 <input type="checkbox"/> <b>Something else – Specify</b> _____
	ASK OR VERIFY – <b>48b. Is your job with</b> <i>(Read answer categories) –</i>	<b>580</b> 1 <input type="checkbox"/> <b>A private company, business, or individual for wages?</b> 2 <input type="checkbox"/> <b>The Federal government?</b> 3 <input type="checkbox"/> <b>A State, county, or local government?</b> 4 <input type="checkbox"/> <b>Yourself (Self-employed) in your own business, professional practice, or farm?</b>
	If box 12 is marked in 48a, mark without asking. <b>48c. Are you employed by a college or university?</b>	<b>581</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	<b>48d. While working at your job, do you work mostly in</b> <i>(Read answer categories) –</i>	<b>582</b> 1 <input type="checkbox"/> <b>A city?</b> 2 <input type="checkbox"/> <b>Suburban area?</b> 3 <input type="checkbox"/> <b>Rural area?</b> 4 <input type="checkbox"/> <b>Combination of any of these?</b>
<b>CHECK ITEM I</b>	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – <b>END</b> interview. <input type="checkbox"/> No – See note below before interviewing next household member.
FIELD REPRESENTATIVE – If the current respondent is a parent or legal guardian and the next household member to be interviewed is under 18, tell the current respondent that you will be asking the <b>same</b> questions you just asked him/her.		

