

FORM **SCV-1**Implementation  
Date: (MM/DD/YYYY)

RTI International

ACTING AS COLLECTING AGENT FOR THE  
BUREAU OF JUSTICE STATISTICS  
U.S. DEPARTMENT OF JUSTICE**SURVEY OF  
CRIME VICTIMIZATION  
SCV-1 BASIC SCREEN QUESTIONNAIRE****S  
C  
V****RESPONDENT'S PERSONAL CHARACTERISTICS****1. To begin, let's collect some information about you:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**1**

<b>2. Age at last Birthday</b>  1 <input type="checkbox"/> 18-29 2 <input type="checkbox"/> 30-49 3 <input type="checkbox"/> 50-69 4 <input type="checkbox"/> 70+	<b>3. Marital status</b>  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	<b>4. Sex</b>  1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>5. Are you of Hispanic Origin?</b>  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>6. What is your race?</b> Please select one or more.  1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 <input type="checkbox"/> American Indian or Alaska Native	<b>7. Please provide your phone numbers, so that we may contact you again in six months. PROBE FOR UP TO THREE NUMBERS</b>  Home: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cell: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Work: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**HOUSEHOLD RESPONDENT ONLY****8. Not including yourself, how many people 18 years of age or older are living at this address?****Include** all persons 18 years if age and older, currently living at this address;**Include** all persons 18 years if age and older, who usually live at this address, but who are temporarily away for reasons such as visiting friends or relatives, travelling for their jobs, or in "general" hospitals;**Include** any lodgers, servants, hired hands, and other persons who usually live at this address.**Do not include** any persons who live in another dwelling unit at this address or within this structure, such as a separate apartment with a separate entrance. Number of people**8a. Please start with your spouse or partner; include unmarried children 18 years of age or older (from oldest to youngest), include married children, their spouses and children 18 years of age or older (from oldest to youngest), include other persons related to you, as well as lodgers and non-relatives staying at this address.****What is the person's first and last name?**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

<b>8b. What is this person's relationship to you?</b>  1 <input type="checkbox"/> Husband/Wife 2 <input type="checkbox"/> Son/Daughter 3 <input type="checkbox"/> Father/Mother 4 <input type="checkbox"/> Brother/Sister 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Not a relative	<b>8c. What was this person's age at their last birthday?</b>  1 <input type="checkbox"/> 18-29 2 <input type="checkbox"/> 30-49 3 <input type="checkbox"/> 50-69 4 <input type="checkbox"/> 70+	<b>8d. What is this person's marital status?</b>  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	<b>8e. What is this person's sex?</b>  1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
<b>8f. Is this person Spanish, Hispanic, or Latino?</b>  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>8g. What is this person's race? Are they...</b>  Please select one or more.  1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 <input type="checkbox"/> American Indian or Alaska Native	<b>9. DISPLAY ROSTER. Any more ADULT household members to add?</b>  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

**RESPONDENT'S SCREEN QUESTIONS**

**17a. SQTHEFT**

I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since \_\_\_\_\_, 20\_\_\_\_.

**Was something belonging to YOU stolen, such as -**  
Read each category.

(a) **Things that you carry, like luggage, a wallet, purse, briefcase book -**

(b) **Clothing, jewelry, or cellphone -**

(c) **Bicycle or sports equipment -**

(d) **Things in your home - like a TV, stereo, or tools -**

(e) **Things outside your home such as a garden hose or lawn furniture -** (Asked of Household Respondent only)

(f) **Things belonging to children in the household -**  
(Asked of Household Respondent only)

(g) **Things from a vehicle, such as a package, groceries, camera, or CDs -**

OR

(h) **Did anyone ATTEMPT to steal anything belonging to you?**

**Did any incidents of this type happen to you?**  
Ask only if necessary

532

- 1  Yes - ASK 17b  
2  No - If Household Respondent SKIP to 18a; Else SKIP to 21a

**17b. SQTHEFTTIMES**

**How many times?**

533

\_\_\_\_\_ Number of times (17b)

**17c. SQTHEFTSPEC**

**What happened?**

Briefly describe incident(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Household Respondent ASK 18a; else SKIP to 21a

**18a. SQBREAKIN** (Asked of Household Respondent Only)

**(Other than any incidents already mentioned,) has anyone -**  
Read each category.

(a) **Broken in or ATTEMPTED to break into your home by forcing a door or window, pushing past someone, jimmying a lock, cutting a screen, or entering through an open door or window?**

(b) **Has anyone illegally gotten in or tried to get into a garage, shed, or storage room?**  
OR

(c) **Illegally gotten in or tried to get into a hotel or motel room or vacation home where you were staying?**

**Did any incidents of this type happen to you?**  
Ask only if necessary

534

- 1  Yes - ASK 18b  
2  No - SKIP to 19

**18b. SQBREAKINTIMES** (Asked of Household Respondent Only)

**How many times?**

535

\_\_\_\_\_ Number of times (18b)

**18c. SQBREAKINSPEC** (Asked of Household Respondent Only)

**What happened?**

Briefly describe incident(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONDENT'S SCREEN QUESTIONS**

<p><b>19.SQTOTALVEHICLES</b> (Asked of Household Respondent Only)</p> <p>What was the <b>TOTAL</b> number of cars, vans, trucks, motorcycles, or other motor vehicles owned by you or any other member of this household during the last 6 months? Include those you no longer own.</p>	<p>536</p> <p>0 <input type="checkbox"/> None - SKIP to 21a</p> <p>1 <input type="checkbox"/> 1</p> <p>2 <input type="checkbox"/> 2</p> <p>3 <input type="checkbox"/> 3</p> <p>4 <input type="checkbox"/> 4 or more</p>
<p><b>20a. SQMVTHEFT</b> (Asked of Household Respondent Only)</p> <p>During the last 6 months, (other than any incidents already mentioned,) (was the vehicle/were any of the vehicles) -</p> <p>Read each category.</p> <p>(a) Stolen or used without permission?</p> <p>(b) Did anyone steal any parts such as a tire, car stereo, hubcap, or battery?</p> <p>(c) Did anyone steal any gas from (it/them)?</p> <p>OR</p> <p>(d) Did anyone ATTEMPT to steal any vehicle or parts attached to (it/them)?</p> <p>Did any incidents of this type happen to you? Ask only if necessary</p>	<p>537</p> <p>1 <input type="checkbox"/> Yes - ASK 20b</p> <p>2 <input type="checkbox"/> No - SKIP to 21a</p>
<p><b>20b.SQMVTHEFTTIMES</b> (Asked of Household Respondent Only)</p> <p>How many times?</p>	<p>538</p> <p>_____</p> <p>Number of times (20b)</p>
<p><b>20c. SQMVTHEFTSPEC</b> (Asked of Household Respondent Only)</p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>21a. SQATTACKWHERE</b></p> <p>(Other than any incidents already mentioned,) since _____, 20____, were you attacked or threatened OR did you have something stolen from you -</p> <p>Read each category.</p> <p>(a) At home including the porch or yard -</p> <p>(b) At or near a friend's, relative's, or neighbor's home -</p> <p>(c) At work or school -</p> <p>(d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport -</p> <p>(e) While riding in any vehicle -</p> <p>(f) On the street or in a parking lot -</p> <p>(g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting -</p> <p>OR</p> <p>(h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?</p> <p>Did any incidents of this type happen to you? Ask only if necessary</p>	<p>539</p> <p>1 <input type="checkbox"/> Yes - ASK 21b</p> <p>2 <input type="checkbox"/> No - SKIP to 22a</p>
<p><b>21b. SQATTACKWHERE TIMES</b></p> <p>How many times?</p>	<p>540</p> <p>_____</p> <p>Number of times (21b)</p>
<p><b>21c. SQATTACKWHERE SPEC</b></p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>

RESPONDENT'S SCREEN QUESTIONS

**22a. SQATTACKHOW**

(Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways -

(Exclude telephone threats) -

Read each category.

- (a) With any weapon, for instance, a gun or knife -
- (b) With anything like a baseball bat, frying pan, scissors, or stick -
- (c) By something thrown, such as a rock or bottle -
  
- (d) Include any grabbing, punching, or choking,
- (e) Any rape, attempted rape or other type of sexual attack -
- (f) Any face to face threats -

OR

(g) Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

541

- 1  Yes - ASK 22b
- 2  No - SKIP to 23a

Did any incidents of this type happen to you?  
Ask only if necessary

**22b. SQATTACKHOWTIMES**

How many times?

542

\_\_\_\_\_ Number of times (22b)

**22c. SQATTACKHOWSPEC**

What happened?

Briefly describe incident(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23a. SQTHEFTATTACKKNOWNOFF**

People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by - (Exclude telephone threats)

Read each category.

- (a) Someone at work or school -
- (b) A neighbor or friend -
- (c) A relative or family member -
- (d) Any other person you've met or known?

543

- 1  Yes - ASK 23b
- 2  No - SKIP to 24a

Did any incidents of this type happen to you?  
Ask only if necessary

**23b. SQTHEFTATTACKKNOWNOFFTIMES**

How many times?

544

\_\_\_\_\_ Number of times (23b)

**23c. SQTHEFTATTACKKNOWNOFFSPEC**

What happened?

Briefly describe incident(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONDENT'S SCREEN QUESTIONS**

<p><b>24a. SQSEXUAL</b></p> <p>Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by -</p> <p>Read each category.</p> <p>(a) Someone you didn't know -</p> <p>(b) A casual acquaintance -</p> <p><b>OR</b></p> <p>(c) Someone you know well?</p> <p><b>Did any incidents of this type happen to you?</b> Ask only if necessary</p>	<p>545</p> <p>1 <input type="checkbox"/> Yes - ASK 24b</p> <p>2 <input type="checkbox"/> No - SKIP to 25a</p>
<p><b>24b. SQSEXUALTIMES</b></p> <p>How many times?</p>	<p>546</p> <p>_____</p> <p align="center">Number of times (24b)</p>
<p><b>24c. SQSEXUALSPEC</b></p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>25a. SQCALLPOLICECRIME</b></p> <p>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?</p>	<p>547</p> <p>1 <input type="checkbox"/> Yes - ASK 25b</p> <p>2 <input type="checkbox"/> No - SKIP to 26a</p>
<p><b>25b. SQCALLPOLICESPEC</b></p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>25c. CHECK ITEM A SQCALLPOLICEATTACKTHREAT</b></p> <p>If not sure ask:</p> <p>Were you attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you or another household member?</p>	<p>549</p> <p>1 <input type="checkbox"/> Yes - ASK 25d</p> <p>2 <input type="checkbox"/> No - SKIP to 26a</p>
<p><b>25d. SQCALLPOLICEATTCKTHREATTIMES</b></p> <p>How many times?</p>	<p>550</p> <p>_____</p> <p align="center">Number of times (25d)</p>
<p><b>26a. SQNOCALLPOLICECRIME</b></p> <p>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?</p>	<p>551</p> <p>1 <input type="checkbox"/> Yes - ASK 26b</p> <p>2 <input type="checkbox"/> No - SKIP to Screener Summary</p>
<p><b>26b. SQNOCALLPOLICESPEC</b></p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>26c. CHECK ITEM B SQNOCALLPOLICEATTACKTHREAT</b></p> <p>If not sure ask:</p> <p>Were you attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you or another household member?</p>	<p>553</p> <p>1 <input type="checkbox"/> Yes - ASK 26d</p> <p>2 <input type="checkbox"/> No - SKIP to Screener Summary</p>
<p><b>26d. SQNOCALLPOLICEATTACKTHREATTIMES</b></p> <p>How many times?</p>	<p>554</p> <p>_____</p> <p align="center">Number of times (26d)</p>

## SUMMARY

IF ONLY 1 CRIME REPORTED IN SCREENER (ONLY ONE SCREENER ITEM=YES AND "HOW MANY TIMES" FOLLOW-UP=1), GO TO CIR2. ONLY 1 CIR WILL BE REQUIRED. THE "WHAT HAPPENED" TEXT BECOMES THE INCIDENT 1 DESCRIPTION.

ELSE, IF >1 CRIME REPORTED IN SCREENER, ASK:

**S1. Please think about ALL the crimes you experienced in the past 6 months. You told us you experienced the following:**

[LIST DESCRIPTION TEXT FROM EACH "WHAT HAPPENED" BOX THAT WAS COMPLETED. DO NOT INCLUDE ANY COUNTS.]

[RESPONSE BOX LABEL: TEXT IN BOX.]

[RESPONSE BOX LABEL: TEXT IN BOX.]

[RESPONSE BOX LABEL: TEXT IN BOX.]

**Total reported crimes:** [SHOULD EQUAL NUMBER OF BOXES COMPLETED]

**Did these crimes ALL happen at the same time, that is, during one crime incident, or did they happen at different times?**

1  Crimes all happened at the same time - SKIP TO S2

2  Crimes happened at different times - SKIP TO S3

**S2.** [LIST DESCRIPTION TEXT FROM EACH "WHAT HAPPENED" BOX AT TOP OF SCREEN FOR REFERENCE]

INTERVIEWER: R REPORTED ALL OF THESE CRIMES HAPPENED AT THE SAME TIME. CREATE 1 BRIEF DESCRIPTION OF THE CRIME INCIDENT.

PROGRAMMER: PROVIDE BOX FOR INTERVIEWER TO TYPE NEW DESCRIPTION. THIS WILL BE USED AS THE FILL FOR CIR2 AND THE BANNER THROUGHOUT THE CIR. THIS INTERVIEW WILL REQUIRE ONE CIR.

INCIDENT 1: \_\_\_\_\_

**S3.** [LIST DESCRIPTION TEXT FROM EACH "WHAT HAPPENED" BOX AT TOP OF SCREEN FOR REFERENCE]

**Crimes can happen in different ways. You might experience:**

- **A single crime incident, such as your car being stolen;**

- **More than 1 type of crime happening at the same time, such as your home being broken into AND your car being stolen, all in the same crime incident;**

- **Or you might experience multiple crime incidents at different times. For example, you might have had your home broken into in June and your car stolen in August.**

**How many different crime incidents did you experience in the past 6 months?**

\_\_\_\_\_

Number of different crime incidents

PROGRAMMER: THIS WILL DRIVE THE NUMBER OF TOTAL CIRs (ALLOWING UP TO 10 CIRs). BASED ON ANSWER TO THIS QUESTION, THE SAME NUMBER OF BOXES SHOULD APPEAR FOR INTERVIEWER TO ENTER BRIEF DESCRIPTIONS. THESE INTERVIEWER DESCRIPTIONS WILL BE USED AS THE FILL FOR CIR2 AND THE BANNER THROUGHOUT THE CIRs.

**S4. You told me that you experienced [FILL NUMBER] different crime incidents in the past 6 months. Let me make sure I have a good description of each of these before we continue with the survey. This will help us keep track of which crime incident we are discussing.**

INTERVIEWER: CREATE A BRIEF DESCRIPTION OF EACH CRIME INCIDENT FROM RESPONDENT'S "WHAT HAPPENED" RESPONSES. IF MULTIPLE CRIMES HAPPENED IN THE SAME INCIDENT, COMBINE THESE INTO ONE DESCRIPTION.

INCIDENT 1: \_\_\_\_\_

INCIDENT 2: \_\_\_\_\_

ETC...