



Bureau of Justice Statistics



Survey of Crime Victimization

Start Here

Thank you for filling out the Survey of Crime Victimization. This survey asks for information about possible crimes you and other household members might have experienced during the past 6 months. It also includes questions on the characteristics of the persons who committed them. The survey will take about 10-20 minutes to complete on average, depending on your experiences. **Please complete this form and return in the postage paid envelope.**

If you need help or have questions about completing this form, please call 1-800-XXX-XXXX. The telephone call is free.

For additional information about the survey, or to complete the questionnaire online, please visit www.scv.rti.org

➔ Please print today's date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

➔ How long have you lived at this address?

- 1 6 months or more
 2 Less than 6 months

➔ Please print your name and telephone number in case we do not understand an answer:

First Name

Last Name

Area Code + Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1a. During the past 6 months, that is since [DATE], have any of the following items belonging to you been stolen? Please mark "Yes" or "No" for each item.

- | | Yes
▼ | No
▼ |
|------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| a. Luggage, a wallet, purse, briefcase, book, or other things that you carry | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. Clothing, jewelry, or cell phone | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. Bicycle or sports equipment | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |
| d. Things in your home, such as a TV, stereo, tools | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d |
| e. Things outside your home, such as a garden hose or lawn furniture | <input type="checkbox"/> 1e | <input type="checkbox"/> 2e |
| f. Things belonging to children in the household | <input type="checkbox"/> 1f | <input type="checkbox"/> 2f |
| g. Things from a vehicle, such as a package, groceries, camera, or CDs | <input type="checkbox"/> 1g | <input type="checkbox"/> 2g |

1b. How many times during the past 6 months did you experience any thefts? Please write '0' if you did not experience any thefts.

Number of times

2a. During the past 6 months, that is since [DATE], has anyone broken in or attempted to break in any of the following places? Please mark "Yes" or "No" for each location.

- | | Yes
▼ | No
▼ |
|--------------------------------------------------|-----------------------------|-----------------------------|
| a. Your home | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. Your garage, shed, or storage room | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. Your hotel room, motel room, or vacation home | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |

2b. How many times during the past 6 months did you experience any break-ins? Please write '0' if you did not experience any break-ins.

Number of times

3a. During the past 6 months, that is since [DATE], has anyone stolen, attempted to steal, or use without permission any of the following vehicles or parts? Please mark "Yes" or "No" for each item.

- | | Yes
▼ | No
▼ |
|-----------------------------------------------------------------------------|-----------------------------|-----------------------------|
| a. A vehicle belonging to you or anyone in your household | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. Any parts from a vehicle, such as a tire, car stereo, hubcap, or battery | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. Gas from a vehicle belonging to you or anyone in your household | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |

3b. How many times during the past 6 months did you experience any vehicle-related thefts? Please write '0' if you did not experience any.

Number of times

4a. Have you personally experienced any attacks, OR threats, OR thefts at any of the following locations during the past 6 months? Please mark "Yes" or "No" for each location.

- | | Yes
▼ | No
▼ |
|----------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| a. At home including the porch or yard | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. At or near a friend's, relative's, or neighbor's home | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. At work or school | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |
| d. In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d |
| e. While riding in any vehicle | <input type="checkbox"/> 1e | <input type="checkbox"/> 2e |
| f. On the street or in a parking lot | <input type="checkbox"/> 1f | <input type="checkbox"/> 2f |
| g. At a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting | <input type="checkbox"/> 1g | <input type="checkbox"/> 2g |

4b. How many times during the past 6 months did you experience such attacks OR thefts OR threats? Please write '0' if you did not experience any.

Number of times

5a. During the past 6 months, that is since [DATE], have you personally been attacked or threatened in any of the following ways? Do not include telephone threats. Please mark "Yes" or "No" for each.

- | | Yes
▼ | No
▼ |
|-------------------------------------------------------------------------|-----------------------------|-----------------------------|
| a. With any weapon, such as a gun or a knife | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. With anything like a baseball bat, frying pan, scissors, or stick | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. By something thrown, such as a rock or bottle | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |
| d. By grabbing, punching, or choking | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d |
| e. By raping, attempting to rape, or being sexually attacked in any way | <input type="checkbox"/> 1e | <input type="checkbox"/> 2e |
| f. By being threatened face to face | <input type="checkbox"/> 1f | <input type="checkbox"/> 2f |

5b. Altogether, how many times during the past 6 months did this type of incident happen? Please write '0' if you did not experience any.

Number of times → IF more than 5 times, GO TO Question 6. IF 5 times or less, continue with Question 4.

6a. People often do not think of incidents committed by someone they know. During the past 6 months, that is since [DATE], have any of the following people attacked or threatened you in any way? Do not include telephone threats. Please mark "Yes" or "No" for each option.

- | | Yes
▼ | No
▼ |
|-------------------------------------------|-----------------------------|-----------------------------|
| a. Someone at work or school | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. A neighbor or friend | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. A relative or family member | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |
| d. Any other person you have met or known | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d |

6b. How many times during the past 6 months did you experience attacks or threats by such people? Please write '0' if you did not experience any.

Number of times

7a. During the past 6 months, that is since [DATE], have any of the following people stolen something from you? Please mark "Yes" or "No" for each option.

- | | Yes
▼ | No
▼ |
|-------------------------------------------|-----------------------------|-----------------------------|
| a. Someone at work or school | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. A neighbor or friend | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. A relative or family member | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |
| d. Any other person you have met or known | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d |

7b. How many times during the past 6 months did you experience any thefts by such people? Please write '0' if you did not experience any.

Number of times

8a. Incidents involving forced or unwanted sexual acts are often difficult to think about. During the past 6 months, that is since [DATE], have you been forced or coerced to engage in unwanted sexual activity by any of the following people? Please mark "Yes" or "No" for each option.

- | | Yes
▼ | No
▼ |
|-----------------------------|-----------------------------|-----------------------------|
| a. Someone you did not know | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. A casual acquaintance | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. Someone you know well | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |

8b. How many times during the past 6 months did you engage in unwanted sexual activity? Please write '0' if you did not engage in any.

Number of times

9a. Other than the incidents you already counted in previous questions, during the past 6 months did you call the police to report something that happened to you or another household member, which you thought was a crime?

1 Yes

2 No → GO TO Question 10a

The following questions collect basic demographic information that is used for classification purposes.

9b. Were you attacked or threatened in any way?

- ₁ Yes
₂ No

9c. Did someone steal or attempt to steal something that belonged to you or another household member?

- ₁ Yes
₂ No

9d. How many times did you call the police to report something that happened to you or another household member?

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 Number of times

10a. Other than the incidents you already counted in previous questions, during the past 6 months did anything that you thought was a crime happen to you or another household member, but you did NOT report it to the police?

- ₁ Yes
₂ No → GO TO Question 11

10b. Were you attacked or threatened in any way?

- ₁ Yes
₂ No

10c. Did someone steal or attempt to steal something that belonged to you or another household member?

- ₁ Yes
₂ No

10d. How many times did something that you thought was a crime happen to you or another household member, but you did NOT report it to the police?

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 Number of times

11. What is your gender?

- ₁ Male
₂ Female

12. What is your age?

- ₁ 18-29
₂ 30-49
₃ 50-69
₄ 70+

13. Did you have a job or work at a business last week?

- ₁ Yes → GO TO Question 19
₂ No

14. Did you have a job or work at a business during the last 6 months?

- ₁ Yes
₂ No

15. What was the total combined income of all members of this household during the past 12 months, that is since [DATE]? Please include money from jobs, business, farm or rent, pensions, dividends, interest, Social Security payments, and any other money income received by members of this HOUSEHOLD who are 18 years of age or older.

- ₁ Less than \$10,000
₂ \$10,000-\$19,999
₃ \$20,000-\$34,999
₄ \$35,000-\$49,999
₅ \$50,000-\$75,999
₆ \$76,000 or more

Instruction Box A: If you reported at least one crime incident during the past 6 months, please continue with Incident 1 on the next page. Otherwise, please follow the mailing instructions at the back of this questionnaire booklet and return in the prepaid envelope.

Incident 1

1. When did the first incident take place? *Please think only about crimes within the past 6 months.*

Month	Year

2. What did you experience during this incident? *Please check all that apply.*

- ₁ Stolen item(s)
- ₂ Break in or attempted break in
- ₃ Stolen vehicle, part or gas
- ₄ An attack or a threat
- ₅ Forced or unwanted sexual act
- ₆ Other (*Please specify*) _____

3. Altogether, how many times the type of incident described above in Question 2 happened during the past 6 months?

		Number of times → IF more than 5 times, GO TO Question 6. IF 5 times or less, continue with Question 4.
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4. Are the incidents similar to each other in detail or are they for different types of crimes?

- ₁ Similar
- ₂ Different → GO TO Question 6

5. Can you recall enough detail of each incident to distinguish them from each other?

- ₁ Yes
- ₂ No

Instruction Box B: If you answered "Yes" to Question 5, please answer the following questions about the **FIRST** incident of this type.

If you answered "No" to Question 5, please answer the following questions about the **MOST RECENT** incident of this type.

6. Where did this incident happen?

- ₁ In own home, attached garage, or porch
- ₂ In detached building on own property (detached garage, storage shed)
- ₃ In vacation home, second home, hotel or motel room
- ₄ Own yard, sidewalk, driveway, carport, unenclosed porch (*Do not include apartment yards*) → GO TO Question 10 page 6
- ₅ Apartment hall, storage area, laundry room (*Please do not include apartment parking lot or garage*) → GO TO Question 10 on page 6
- ₆ On street immediately adjacent to own home or lodging → GO TO Question 10 on page 6
- ₇ In a public place → GO TO Question 10, p.6
- ₈ At work or school → GO TO Question 10, p.6
- ₉ Other (*Please specify*) _____
→ GO TO Question 10 on page 6

7. Did someone get inside or try to get inside your home, garage, shed or porch?

- ₁ Yes
- ₂ No → GO TO Question 10 on page 6

8. Was there a broken lock or window, suggesting that someone got in by force or tried to get in by force?

- ₁ Yes
- ₂ No → GO TO Question 10 on page 6

9. How could you tell that someone got in or tried to get in by force? *Please check all that apply.*

- ₁ Damage to window (including frame; broken, removed, or cracked glass)
- ₂ Window screen damaged or removed
- ₃ Lock on window damaged or tampered with in some way
- ₄ Damage to door (including frame; glass panes or door removed)
- ₅ Door screen damaged or removed
- ₆ Lock or door handle damaged or removed
- ₇ Other (*Please specify*) _____

Incident 1 (continued)

10. Were you or other household members present when this incident occurred?

- ₁ I was present
- ₂ I and other household members were present
- ₃ Only other household members were present
→ GO TO Question 23 on page 7
- ₄ No one was present → GO TO Question 23 on page 7

11. Did the person who committed the crime, that is, the offender, have a weapon, such as a gun or knife, or something to use as a weapon?

- ₁ Yes
- ₂ No → GO TO Question 13
- ₃ Don't know → GO TO Question 13

12. What kind of weapon did the offender have? Please check all that apply.

- ₁ Hand gun, such as a pistol or revolver
- ₂ Other gun, such as a rifle or a shotgun
- ₃ Knife
- ₄ Sharp object such as scissors, ice pick, axe
- ₅ Blunt object, such as a rock, club, blackjack
- ₆ Other (Please specify) _____

13. Did offender hit you, knock you down, or actually attack you in any way?

- ₁ Yes → GO TO Question 19 on page 7
- ₂ No

14. Did the offender try to attack you?

- ₁ Yes → GO TO Question 17
- ₂ No

15. Did the offender threaten you with harm in any way?

- ₁ Yes → GO TO Question 18
- ₂ No

16. What happened during the incident? Please check all that apply.

- ₁ Something was taken without permission _____
 - ₂ Offender attempted or threatened to take something _____
 - ₃ Offender harassed or argued with someone or used abusive language _____
 - ₄ Unwanted sexual contact _____
 - ₅ Forcible entry (or attempted forcible entry) of house/apartment or car _____
 - ₆ Damaged or destroyed property _____
 - ₇ Other (Please specify) _____
- GO TO Question 23 on page 7

17. How did the offender try to attack you? Please check all that apply.

- ₁ Unwanted sexual contact _____
 - ₂ Weapon present or attempted attack with weapon (shot at but missed, attempted attack) _____
 - ₃ Object thrown at person _____
 - ₄ Followed or surrounded _____
 - ₅ Tried to hit, slap, knock down, grab, hold, trip, jump, push _____
 - ₆ Other (Please specify) _____
- GO TO Question 23 on page 7

18. How did the offender threaten you? Please check all that apply.

- ₁ Verbal threat of rape or other sexual assault _____
 - ₂ Verbal threat to attack or kill _____
 - ₃ Unwanted sexual contact _____
 - ₄ Weapon present, threatened or attacked with weapon _____
 - ₅ Object thrown at person _____
 - ₆ Followed or surrounded _____
 - ₇ Tried to hit, slap, knock down, grab, hold, trip, jump, push _____
 - ₈ Other (Please specify) _____
- GO TO Question 23 on page 7

Incident 1 (continued)

19. How were you attacked? *Please check all that apply.*

- ₁ Raped
- ₂ Tried to rape
- ₃ Sexual assault other than rape or attempted rape
- ₄ Shot, shot at (but missed), hit with a gun held in hand
- ₅ Attempted attack with knife or sharp weapon
- ₆ Stabbed, cut with knife, sharp weapon or hit by object (other than gun) held in hand
- ₇ Hit by thrown object
- ₈ Attempted attack with weapon other than gun/knife/sharp weapon
- ₉ Hit, slapped, knocked down, grabbed, held, tripped, jumped, pushed, etc
- ₁₀ Other (*Please specify*) _____

20. Did you suffer any injuries?

- ₁ Yes
- ₂ No → GO TO Question 23

21. What were the injuries you suffered? *Please check all that apply.*

- ₁ Raped, attempted rape or sexual assault
- ₂ Knife, stab wounds, gunshot, or bullet wounds
- ₃ Broken bones, teeth knocked out, internal injuries, knocked unconscious
- ₄ Bruises, black eye, cuts, scratches, swelling, chipped teeth
- ₅ Other (*Please specify*) _____

22. Were you injured to the extent that you received any medical care, including self treatment?

- ₁ Yes
- ₂ No
- ₆ Hospital
- ₇ Other (*Please specify*) _____

23. Was the crime committed by only one or by more than one person?

- ₁ Only one
- ₂ More than one → GO TO Question 28
- ₃ Don't know → GO TO Question 35 on page 8

24. Was the person who committed the crime, that is, the offender, male or female?

- ₁ Male
- ₂ Female
- ₃ Don't know

25. How old would you say the offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

26. At the time of the incident, what was your relationship with the offender?

- ₁ Spouse or ex-spouse at time of incident
- ₂ Parent or step-parent at time of incident
- ₃ Child or step-child at time of incident
- ₄ Brother or sister
- ₅ Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend, friend or ex-friend
- ₆ Roommate, neighbor, co-worker or schoolmate
- ₇ Casual acquaintance
- ₈ Stranger
- ₉ Other (*Please specify*) _____

27. What was the offender's race? *Please check all that apply.*

- ₁ White →
 - ₂ Black or African American →
 - ₃ Asian →
 - ₄ Native Hawaiian or other Pacific Islander →
 - ₅ American Indian or Alaska Native →
 - ₆ Don't know →
- GO TO Question 35 on page 8

28. How many persons were there?

Number of persons

Incident 1 (continued)

29. Were the persons who committed the crime, that is, the offenders, male or female?

- ₁ All male
- ₂ All female
- ₃ Both male and female, but mostly male
- ₄ Both male and female, but mostly female
- ₅ Both male and female, evenly divided
- ₆ Don't know

30. How old would you say the youngest offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

31. How old would you say the oldest offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

32. Were any of the offenders known to you, or were they strangers you had never seen before?

- ₁ All known
- ₂ Some known
- ₃ All strangers → GO TO Question 34

33. What was your relationship with any of the offenders? *Please check all that apply.*

- ₁ Spouse or ex-spouse at time of incident
- ₂ Parent or step-parent at time of incident
- ₃ Child or step-child at time of incident
- ₄ Brother or sister
- ₅ Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend
- ₆ Friend or ex-friend
- ₇ Other (*Please specify*) _____

34. What were the offenders' races? *Please check all that apply.*

- ₁ White
- ₂ Black or African American
- ₃ Asian
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ American Indian or Alaska Native
- ₆ Don't know

35. Was something stolen or taken without permission that belonged to you or other household members?

- ₁ Yes → GO TO Question 37
- ₂ No

36. Did the offender (s) attempt to steal something that belonged to you or others in the household?

- ₁ Yes
- ₂ No → GO TO Question 48 on page 10

37. Did the offender(s) steal or try to steal from you or others living or staying at this address any items such as cash, purse, or credit cards? *Please check all that apply.*

	Stole	Tried to Steal	Did Not Steal or Try to Steal
	▼	▼	▼
a. Cash	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Purse or wallet	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Credit cards, check, or bank cards	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}

Instruction Box C: If you marked CASH, PURSE or WALLET in Question 37, continue with Question 38 on page 9. Otherwise, GO TO Question 41 on page 9.

Incident 1 (continued)

38. Was the cash, purse, or wallet on your person?

- ₁ Yes
₂ No

Instruction Box D: If you marked CASH in Question 37, GO TO Question 40.

If you marked PURSE or WALLET in Question 37, continue with Question 39.

39. Did the stolen purse or wallet contain any money?

- ₁ Yes
₂ No → GO TO Question 41

40. How much cash was taken?

\$

41. Did the offender(s) steal or try to steal from you or others living or staying at this address any vehicles or vehicle parts? *Please check all that apply.*

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. Car or other motor vehicle	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Part of motor vehicle, accessories or equipment	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Gasoline or oil	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}
d. Bicycle or bicycle parts	<input type="checkbox"/> _{1d}	<input type="checkbox"/> _{2d}	<input type="checkbox"/> _{3d}

Instruction Box E: If you marked CAR or MOTOR VEHICLE in Question 41, continue with Question 42. Otherwise, GO TO Question 44.

42. Had permission to use the car or motor vehicle been given to the offender(s)?

- ₁ Yes
₂ No → GO TO Question 44

43. Did the offender return the car or motor vehicle?

- ₁ Yes
₂ No

44. Did the offender(s) steal or try to steal from you or others living or staying at this address any of the following objects? *Please check all that apply.*

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. TV, DVD player, VCR, stereo, other household appliances	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Silver, china, art objects	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Other household furnishings (furniture, rugs, etc.)	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}

45. Did the offender(s) steal or try to steal from you or others living or staying at this address any of the following personal items? *Please check all that apply.*

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. Portable electronics and cameras	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Clothing, furs, luggage	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Jewelry, watch, keys, stamps or coin collections	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}
d. Toys, sports and recreation equipment	<input type="checkbox"/> _{1d}	<input type="checkbox"/> _{2d}	<input type="checkbox"/> _{3d}
e. Other personal and portable objects	<input type="checkbox"/> _{1e}	<input type="checkbox"/> _{2e}	<input type="checkbox"/> _{3e}

Incident 2

1. When did the next incident take place? *Please think only about crimes within the past 6 months.*

Month	Year

2. What did you experience during this incident? *Please check all that apply.*

- ₁ Stolen item(s)
- ₂ Break in or attempted break in
- ₃ Stolen vehicle, part or gas
- ₄ An attack or a threat
- ₅ Forced or unwanted sexual act
- ₆ Other (*Please specify*) _____

3. Altogether, how many times the type of incident described above in Question 2 happened during the past 6 months?

		Number of times → IF more than 5 times, GO TO Question 6. IF 5 times or less, continue with Question 4.
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4. Are the incidents similar to each other in detail or are they for different types of crimes?

- ₁ Similar
- ₂ Different → **GO TO Question 6**

5. Can you recall enough detail of each incident to distinguish them from each other?

- ₁ Yes
- ₂ No

Instruction Box B: If you answered "Yes" to Question 5, please answer the following questions about the **FIRST** incident of this type.

If you answered "No" to Question 5, please answer the following questions about the **MOST RECENT** incident of this type.

6. Where did this incident happen?

- ₁ In own home, attached garage, or porch
- ₂ In detached building on own property (detached garage, storage shed)
- ₃ In vacation home, second home, hotel or motel room
- ₄ Own yard, sidewalk, driveway, carport, unenclosed porch (*Do not include apartment yards*) → **GO TO Question 10 on page 12**
- ₅ Apartment hall, storage area, laundry room (*Please do not include apartment parking lot or garage*) → **GO TO Question 10 on page 12**
- ₆ On street immediately adjacent to own home or lodging → **GO TO Question 10 on page 12**
- ₇ In a public place → **GO TO Question 10**
- ₈ At work or school → **GO TO Question 10**
- ₉ Other (*Please specify*) _____
→ **GO TO Question 10 on page 12**

7. Did someone get inside or try to get inside your home, garage, shed or porch?

- ₁ Yes
- ₂ No → **GO TO Question 10 on page 12**

8. Was there a broken lock or window, suggesting that someone got in by force or tried to get in by force?

- ₁ Yes
- ₂ No → **GO TO Question 10 on page 12**

9. How could you tell that someone got in or tried to get in by force? *Please check all that apply.*

- ₁ Damage to window (including frame; broken, removed, or cracked glass)
- ₂ Window screen damaged or removed
- ₃ Lock on window damaged or tampered with in some way
- ₄ Damage to door (including frame; glass panes or door removed)
- ₅ Door screen damaged or removed
- ₆ Lock or door handle damaged or removed
- ₇ Other (*Please specify*) _____

Incident 2 (continued)

10. Were you or other household members present when this incident occurred?

- ₁ I was present
- ₂ I and other household members were present
- ₃ Only other household members were present
→ GO TO Question 23 on page 13
- ₄ No one was present → GO TO Question 23 on page 13

11. Did the person who committed the crime, that is, the offender, have a weapon, such as a gun or knife, or something to use as a weapon?

- ₁ Yes
- ₂ No → GO TO Question 13
- ₃ Don't know → GO TO Question 13

12. What kind of weapon did the offender have? Please check all that apply.

- ₁ Hand gun, such as a pistol or revolver
- ₂ Other gun, such as a rifle or a shotgun
- ₃ Knife
- ₄ Sharp object such as scissors, ice pick, axe
- ₅ Blunt object, such as a rock, club, blackjack
- ₆ Other (Please specify) _____

13. Did offender hit you, knock you down, or actually attack you in any way?

- ₁ Yes → GO TO Question 19 on page 13
- ₂ No

14. Did the offender try to attack you?

- ₁ Yes → GO TO Question 17
- ₂ No

15. Did the offender threaten you with harm in any way?

- ₁ Yes → GO TO Question 18
- ₂ No

16. What happened during the incident? Please check all that apply.

- ₁ Something was taken without permission
 - ₂ Offender attempted or threatened to take something
 - ₃ Offender harassed or argued with someone or used abusive language
 - ₄ Unwanted sexual contact
 - ₅ Forcible entry (or attempted forcible entry) of house/apartment or car
 - ₆ Damaged or destroyed property
 - ₇ Other (Please specify) _____
- GO TO Question 23 on page 13

17. How did the offender try to attack you? Please check all that apply.

- ₁ Unwanted sexual contact
 - ₂ Weapon present or attempted attack with weapon (shot at but missed, attempted attack)
 - ₃ Object thrown at person
 - ₄ Followed or surrounded
 - ₅ Tried to hit, slap, knock down, grab, hold, trip, jump, push
 - ₆ Other (Please specify) _____
- GO TO Question 23 on page 13

18. How did the offender threaten you? Please check all that apply.

- ₁ Verbal threat of rape or other sexual assault
 - ₂ Verbal threat to attack or kill
 - ₃ Unwanted sexual contact
 - ₄ Weapon present, threatened or attacked with weapon
 - ₅ Object thrown at person
 - ₆ Followed or surrounded
 - ₇ Tried to hit, slap, knock down, grab, hold, trip, jump, push
 - ₈ Other (Please specify) _____
- GO TO Question 23 on page 13

Incident 2 (continued)

19. How were you attacked? *Please check all that apply.*

- ₁ Raped
- ₂ Tried to rape
- ₃ Sexual assault other than rape or attempted rape
- ₄ Shot, shot at (but missed), hit with a gun held in hand
- ₅ Attempted attack with knife or sharp weapon
- ₆ Stabbed, cut with knife, sharp weapon or hit by object (other than gun) held in hand
- ₇ Hit by thrown object
- ₈ Attempted attack with weapon other than gun/knife/sharp weapon
- ₉ Hit, slapped, knocked down, grabbed, held, tripped, jumped, pushed, etc
- ₁₀ Other (*Please specify*) _____

20. Did you suffer any injuries?

- ₁ Yes
- ₂ No → GO TO Question 23

21. What were the injuries you suffered? *Please check all that apply.*

- ₁ Raped, attempted rape or sexual assault
- ₂ Knife, stab wounds, gunshot, or bullet wounds
- ₃ Broken bones, teeth knocked out, internal injuries, knocked unconscious
- ₄ Bruises, black eye, cuts, scratches, swelling, chipped teeth
- ₅ Other (*Please specify*) _____

22. Were you injured to the extent that you received any medical care, including self treatment?

- ₁ Yes
- ₂ No
- ₆ Hospital
- ₇ Other (*Please specify*) _____

23. Was the crime committed by only one or by more than one person?

- ₁ Only one
- ₂ More than one → GO TO Question 28
- ₃ Don't know → GO TO Question 35 on page 8

24. Was the person who committed the crime, that is, the offender, male or female?

- ₁ Male
- ₂ Female
- ₃ Don't know

25. How old would you say the offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

26. At the time of the incident, what was your relationship with the offender?

- ₁ Spouse or ex-spouse at time of incident
- ₂ Parent or step-parent at time of incident
- ₃ Child or step-child at time of incident
- ₄ Brother or sister
- ₅ Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend, friend or ex-friend
- ₆ Roommate, neighbor, co-worker or schoolmate
- ₇ Casual acquaintance
- ₈ Stranger
- ₉ Other (*Please specify*) _____

27. What was the offender's race? *Please check all that apply.*

- ₁ White
 - ₂ Black or African American
 - ₃ Asian
 - ₄ Native Hawaiian or other Pacific Islander
 - ₅ American Indian or Alaska Native
 - ₆ Don't know
- GO TO Question 35 on page 14

28. How many persons were there?

Number of persons

Incident 2 (continued)

29. Were the persons who committed the crime, that is, the offenders, male or female?

- ₁ All male
- ₂ All female
- ₃ Both male and female, but mostly male
- ₄ Both male and female, but mostly female
- ₅ Both male and female, evenly divided
- ₆ Don't know

30. How old would you say the youngest offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

31. How old would you say the oldest offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

32. Were any of the offenders known to you, or were they strangers you had never seen before?

- ₁ All known
- ₂ Some known
- ₃ All strangers → GO TO Question 34

33. What was your relationship with any of the offenders? *Please check all that apply.*

- ₁ Spouse or ex-spouse at time of incident
- ₂ Parent or step-parent at time of incident
- ₃ Child or step-child at time of incident
- ₄ Brother or sister
- ₅ Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend
- ₆ Friend or ex-friend
- ₇ Other (*Please specify*) _____

34. What were the offenders' races? *Please check all that apply.*

- ₁ White
- ₂ Black or African American
- ₃ Asian
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ American Indian or Alaska Native
- ₆ Don't know

35. Was something stolen or taken without permission that belonged to you or other household members?

- ₁ Yes → GO TO Question 37
- ₂ No

36. Did the offender (s) attempt to steal something that belonged to you or others in the household?

- ₁ Yes
- ₂ No → GO TO Question 48 on page 16

37. Did the offender(s) steal or try to steal from you or others living or staying at this address any items such as cash, purse, or credit cards? *Please check all that apply.*

	Stole	Tried to Steal	Did Not Steal or Try to Steal
	▼	▼	▼
a. Cash	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Purse or wallet	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Credit cards, check, or bank cards	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}

Instruction Box H: If you marked CASH, PURSE or WALLET in Question 37, continue with Question 38 on page 15. Otherwise, GO TO Question 41 on page 15.

Incident 2 (continued)

38. Was the cash, purse, or wallet on your person?

- ₁ Yes
₂ No

Instruction Box I: If you marked CASH in Question 37, GO TO Question 40.

If you marked PURSE or WALLET in Question 37, continue with Question 39.

39. Did the stolen purse or wallet contain any money?

- ₁ Yes
₂ No → GO TO Question 41

40. How much cash was taken?

\$

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41. Did the offender(s) steal or try to steal from you or others living or staying at this address any vehicles or vehicle parts? Please check all that apply.

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. Car or other motor vehicle	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Part of motor vehicle, accessories or equipment	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Gasoline or oil	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}
d. Bicycle or bicycle parts	<input type="checkbox"/> _{1d}	<input type="checkbox"/> _{2d}	<input type="checkbox"/> _{3d}

Instruction Box J: If you marked CAR or MOTOR VEHICLE in Question 41, continue with Question 42. Otherwise, GO TO Question 44.

42. Had permission to use the car or motor vehicle been given to the offender(s)?

- ₁ Yes
₂ No → GO TO Question 44

43. Did the offender return the car or motor vehicle?

- ₁ Yes
₂ No

44. Did the offender(s) steal or try to steal from you or others living or staying at this address any of the following objects? Please check all that apply.

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. TV, DVD player, VCR, stereo, other household appliances	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Silver, china, art objects	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Other household furnishings (furniture, rugs, etc.)	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}

45. Did the offender(s) steal or try to steal from you or others living or staying at this address any of the following personal items? Please check all that apply.

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. Portable electronics and cameras	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Clothing, furs, luggage	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Jewelry, watch, keys, stamps or coin collections	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}
d. Toys, sports and recreation equipment	<input type="checkbox"/> _{1d}	<input type="checkbox"/> _{2d}	<input type="checkbox"/> _{3d}
e. Other personal and portable objects	<input type="checkbox"/> _{1e}	<input type="checkbox"/> _{2e}	<input type="checkbox"/> _{3e}

Incident 3

1. When did the next incident take place? *Please think only about crimes within the past 6 months.*

Month	Year

2. What did you experience during this incident? *Please check all that apply.*

- ₁ Stolen item(s)
- ₂ Break in or attempted break in
- ₃ Stolen vehicle, part or gas
- ₄ An attack or a threat
- ₅ Forced or unwanted sexual act
- ₆ Other (*Please specify*) _____

3. Altogether, how many times the type of incident described above in Question 2 happened during the past 6 months?

		Number of times → IF more than 5 times, GO TO Question 6. IF 5 times or less, continue with Question 4.
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4. Are the incidents similar to each other in detail or are they for different types of crimes?

- ₁ Similar
- ₂ Different → **GO TO Question 6**

5. Can you recall enough detail of each incident to distinguish them from each other?

- ₁ Yes
- ₂ No

Instruction Box B: If you answered "Yes" to Question 5, please answer the following questions about the **FIRST** incident of this type.

If you answered "No" to Question 5, please answer the following questions about the **MOST RECENT** incident of this type.

6. Where did this incident happen?

- ₁ In own home, attached garage, or porch
- ₂ In detached building on own property (detached garage, storage shed)
- ₃ In vacation home, second home, hotel or motel room
- ₄ Own yard, sidewalk, driveway, carport, unenclosed porch (*Do not include apartment yards*) → **GO TO Question 10 page 18**
- ₅ Apartment hall, storage area, laundry room (*Please do not include apartment parking lot or garage*) → **GO TO Question 10 on page 18**
- ₆ On street immediately adjacent to own home or lodging → **GO TO Question 10 on page 18**
- ₇ In a public place → **GO TO Question 10**
- ₈ At work or school → **GO TO Question 10**
- ₉ Other (*Please specify*) _____
→ **GO TO Question 10 on page 18**

7. Did someone get inside or try to get inside your home, garage, shed or porch?

- ₁ Yes
- ₂ No → **GO TO Question 10 on page 18**

8. Was there a broken lock or window, suggesting that someone got in by force or tried to get in by force?

- ₁ Yes
- ₂ No → **GO TO Question 10 on page 18**

9. How could you tell that someone got in or tried to get in by force? *Please check all that apply.*

- ₁ Damage to window (including frame; broken, removed, or cracked glass)
- ₂ Window screen damaged or removed
- ₃ Lock on window damaged or tampered with in some way
- ₄ Damage to door (including frame; glass panes or door removed)
- ₅ Door screen damaged or removed
- ₆ Lock or door handle damaged or removed
- ₇ Other (*Please specify*) _____

Incident 3 (continued)

10. Were you or other household members present when this incident occurred?

- ₁ I was present
- ₂ I and other household members were present
- ₃ Only other household members were present → GO TO Question 23 on page 19
- ₄ No one was present → GO TO Question 23 on page 19

11. Did the person who committed the crime, that is, the offender, have a weapon, such as a gun or knife, or something to use as a weapon?

- ₁ Yes
- ₂ No → GO TO Question 13
- ₃ Don't know → GO TO Question 13

12. What kind of weapon did the offender have? Please check all that apply.

- ₁ Hand gun, such as a pistol or revolver
- ₂ Other gun, such as a rifle or a shotgun
- ₃ Knife
- ₄ Sharp object such as scissors, ice pick, axe
- ₅ Blunt object, such as a rock, club, blackjack
- ₆ Other (Please specify) _____

13. Did offender hit you, knock you down, or actually attack you in any way?

- ₁ Yes → GO TO Question 19 on page 19
- ₂ No

14. Did the offender try to attack you?

- ₁ Yes → GO TO Question 17
- ₂ No

15. Did the offender threaten you with harm in any way?

- ₁ Yes → GO TO Question 18
- ₂ No

16. What happened during the incident? Please check all that apply.

- ₁ Something was taken without permission
 - ₂ Offender attempted or threatened to take something
 - ₃ Offender harassed or argued with someone or used abusive language
 - ₄ Unwanted sexual contact
 - ₅ Forcible entry (or attempted forcible entry) of house/apartment or car
 - ₆ Damaged or destroyed property
 - ₇ Other (Please specify) _____
- GO TO Question 23 on page 19

17. How did the offender try to attack you? Please check all that apply.

- ₁ Unwanted sexual contact
 - ₂ Weapon present or attempted attack with weapon (shot at but missed, attempted attack)
 - ₃ Object thrown at person
 - ₄ Followed or surrounded
 - ₅ Tried to hit, slap, knock down, grab, hold, trip, jump, push
 - ₆ Other (Please specify) _____
- GO TO Question 23 on page 19

18. How did the offender threaten you? Please check all that apply.

- ₁ Verbal threat of rape or other sexual assault
 - ₂ Verbal threat to attack or kill
 - ₃ Unwanted sexual contact
 - ₄ Weapon present, threatened or attacked with weapon
 - ₅ Object thrown at person
 - ₆ Followed or surrounded
 - ₇ Tried to hit, slap, knock down, grab, hold, trip, jump, push
 - ₈ Other (Please specify) _____
- GO TO Question 23 on page 19

Incident 3 (continued)

- 19.** How were you attacked? *Please check all that apply.*
- ₁ Raped
 - ₂ Tried to rape
 - ₃ Sexual assault other than rape or attempted rape
 - ₄ Shot, shot at (but missed), hit with a gun held in hand
 - ₅ Attempted attack with knife or sharp weapon
 - ₆ Stabbed, cut with knife, sharp weapon or hit by object (other than gun) held in hand
 - ₇ Hit by thrown object
 - ₈ Attempted attack with weapon other than gun/knife/sharp weapon
 - ₉ Hit, slapped, knocked down, grabbed, held, tripped, jumped, pushed, etc
 - ₁₀ Other (*Please specify*) _____

- 20.** Did you suffer any injuries?
- ₁ Yes
 - ₂ No → GO TO Question 23

- 21.** What were the injuries you suffered? *Please check all that apply.*
- ₁ Raped, attempted rape or sexual assault
 - ₂ Knife, stab wounds, gunshot, or bullet wounds
 - ₃ Broken bones, teeth knocked out, internal injuries, knocked unconscious
 - ₄ Bruises, black eye, cuts, scratches, swelling, chipped teeth
 - ₅ Other (*Please specify*) _____

- 22.** Were you injured to the extent that you received any medical care, including self treatment?
- ₁ Yes
 - ₂ No
 - ₆ Hospital
 - ₇ Other (*Please specify*) _____

- 23.** Was the crime committed by only one or by more than one person?
- ₁ Only one
 - ₂ More than one → GO TO Question 28
 - ₃ Don't know → GO TO Question 35, page 20

- 24.** Was the person who committed the crime, that is, the offender, male or female?
- ₁ Male
 - ₂ Female
 - ₃ Don't know

- 25.** How old would you say the offender was?
- ₁ Under 12
 - ₂ 12-17
 - ₃ 18-29
 - ₄ 30 or older
 - ₅ Don't know

- 26.** At the time of the incident, what was your relationship with the offender?
- ₁ Spouse or ex-spouse at time of incident
 - ₂ Parent or step-parent at time of incident
 - ₃ Child or step-child at time of incident
 - ₄ Brother or sister
 - ₅ Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend, friend or ex-friend
 - ₆ Roommate, neighbor, co-worker or schoolmate
 - ₇ Casual acquaintance
 - ₈ Stranger
 - ₉ Other (*Please specify*) _____

- 27.** What was the offender's race? *Please check all that apply.*
- ₁ White
 - ₂ Black or African American
 - ₃ Asian
 - ₄ Native Hawaiian or other Pacific Islander
 - ₅ American Indian or Alaska Native
 - ₆ Don't know
- GO TO Question 35 on page 20

- 28.** How many persons were there?
- Number of persons

Incident 3 (continued)

29. Were the persons who committed the crime, that is, the offenders, male or female?

- ₁ All male
- ₂ All female
- ₃ Both male and female, but mostly male
- ₄ Both male and female, but mostly female
- ₅ Both male and female, evenly divided
- ₆ Don't know

30. How old would you say the youngest offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

31. How old would you say the oldest offender was?

- ₁ Under 12
- ₂ 12-17
- ₃ 18-29
- ₄ 30 or older
- ₅ Don't know

32. Were any of the offenders known to you, or were they strangers you had never seen before?

- ₁ All known
- ₂ Some known
- ₃ All strangers → GO TO Question 34

33. What was your relationship with any of the offenders? *Please check all that apply.*

- ₁ Spouse or ex-spouse at time of incident
- ₂ Parent or step-parent at time of incident
- ₃ Child or step-child at time of incident
- ₄ Brother or sister
- ₅ Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend
- ₆ Friend or ex-friend
- ₇ Other (*Please specify*) _____

34. What were the offenders' races? *Please check all that apply.*

- ₁ White
- ₂ Black or African American
- ₃ Asian
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ American Indian or Alaska Native
- ₆ Don't know

35. Was something stolen or taken without permission that belonged to you or other household members?

- ₁ Yes → GO TO Question 37
- ₂ No

36. Did the offender (s) attempt to steal something that belonged to you or others in the household?

- ₁ Yes
- ₂ No → GO TO Question 48 on page 22

37. Did the offender(s) steal or try to steal from you or others living or staying at this address any items such as cash, purse, or credit cards? *Please check all that apply.*

	Stole	Tried to Steal	Did Not Steal or Try to Steal
	▼	▼	▼
a. Cash	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Purse or wallet	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Credit cards, check, or bank cards	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}

Instruction Box M: If you marked CASH, PURSE or WALLET in Question 37, continue with Question 38 on page 21. Otherwise, GO TO Question 41 on page 21.

Incident 3 (continued)

38. Was the cash, purse, or wallet on your person?

- ₁ Yes
₂ No

Instruction Box N: If you marked CASH in Question 37, GO TO Question 40.

If you marked PURSE or WALLET in Question 37, continue with Question 39.

39. Did the stolen purse or wallet contain any money?

- ₁ Yes
₂ No → GO TO Question 41

40. How much cash was taken?

\$

41. Did the offender(s) steal or try to steal from you or others living or staying at this address any vehicles or vehicle parts? *Please check all that apply.*

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. Car or other motor vehicle	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Part of motor vehicle, accessories or equipment	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Gasoline or oil	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}
d. Bicycle or bicycle parts	<input type="checkbox"/> _{1d}	<input type="checkbox"/> _{2d}	<input type="checkbox"/> _{3d}

Instruction Box O: If you marked CAR or MOTOR VEHICLE in Question 41, continue with Question 42. Otherwise, GO TO Question 44.

42. Had permission to use the car or motor vehicle been given to the offender(s)?

- ₁ Yes
₂ No → GO TO Question 44

43. Did the offender return the car or motor vehicle?

- ₁ Yes
₂ No

44. Did the offender(s) steal or try to steal from you or others living or staying at this address any of the following objects? *Please check all that apply.*

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. TV, DVD player, VCR, stereo, other household appliances	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Silver, china, art objects	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Other household furnishings (furniture, rugs, etc.)	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}

45. Did the offender(s) steal or try to steal from you or others living or staying at this address any of the following personal items? *Please check all that apply.*

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
a. Portable electronics and cameras	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Clothing, furs, luggage	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Jewelry, watch, keys, stamps or coin collections	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}
d. Toys, sports and recreation equipment	<input type="checkbox"/> _{1d}	<input type="checkbox"/> _{2d}	<input type="checkbox"/> _{3d}
e. Other personal and portable objects	<input type="checkbox"/> _{1e}	<input type="checkbox"/> _{2e}	<input type="checkbox"/> _{3e}

Thank you for completing the survey!

Please place your Questionnaire in the envelope provided and return to RTI International. If the envelope has been misplaced, please mail the questionnaire to:

**RTI International – [project number]
3040 E Cornwallis Rd.
Research Triangle Park, NC 27709**