



Bureau of Justice Statistics



Survey of Crime Victimization Web Instrument

REVISED 2/1/12

WAVE 2 REFERENCE PERIOD STARTS ON DATE OF THE HH MEMBER'S WAVE 1 INTERVIEW AND ENDS ON THE DAY PRIOR TO THE CURRENT INTERVIEW DATE.

INFORMED CONSENT SCREEN:

Your address is one of over 3,800 scientifically sampled for participation in the Survey of Crime Victimization (SCV), sponsored by the Bureau of Justice Statistics (BJS). The purpose of the study is to gather information on crimes experienced by individuals and households. The results will be used to improve the way BJS measures crime in the U.S.

The SCV asks about the types and amount of crime committed against you and your household. It also asks about characteristics of the victims affected by the offenses and the offenders who have committed these crimes. During the survey, you will never be asked to identify or report any offenders by name. The survey will take about 10-20 minutes on average.

Participation in the SCV is voluntary, and there are no penalties for refusing to answer any questions. The only potential risk to participating is that you may become uneasy about some of the questions in the survey. You may skip any question or stop the survey at any time. Federal law assures that all the information you provide will be kept confidential and used for research purposes only. Your name and address will not be connected to the answers that you provide.

If you have any questions about the SCV, please call the project toll-free number, 1-866-xxx-xxxx. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

Press Next to continue with the survey.

SURVEY INTRO/NAVIGATION SCREEN:

Thank you for participating in the Survey of Crime Victimization. This survey asks about crimes you or other members of your household may have experienced during the past six months, that is, since [FILL DATE]. When answering these questions, please think only about things that happened during this 6-month period.

The navigation buttons in the bottom tool bar will help you move through the survey.

- ➔ The [NEXT] button at the bottom right side of your screen will allow you to move forward from one question to the next.
- ➔ The [PREVIOUS] button will let you back up and change an answer to a previous question. You can then use the [NEXT] button to move forward again to the next unanswered question.
- ➔ The [LOGOFF] button can be used if you need to exit the survey and finish it at a later time. Any information you have already entered will be saved.

U Please provide the following information about yourself:

| First and Last Name □ | Age at Last Birthday □ | Marital Status □ | Sex □ | Hispanic Origin □ | Race <i>(Please select one or more.)</i> □ |
|--|---|---|---------------------------------------|---------------------------------------|---|
| (Please print) First Name <input type="text"/> | <input type="checkbox"/> ₁ 18-29 | <input type="checkbox"/> ₁ Married | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ White |
| <input type="text"/> | <input type="checkbox"/> ₂ 30-49 | <input type="checkbox"/> ₂ Widowed | Male | Yes | <input type="checkbox"/> ₂ Black or African American |
| Last Name <input type="text"/> | <input type="checkbox"/> ₃ 50-69 | <input type="checkbox"/> ₃ Divorced | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ Asian |
| <input type="text"/> | <input type="checkbox"/> ₄ 70+ | <input type="checkbox"/> ₄ Separated | Female | No | <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander |
| | | <input type="checkbox"/> ₅ Never married | | | <input type="checkbox"/> ₅ American Indian or Alaska Native |

Web Age Range prompt: (Age) Please confirm your answer before continuing with the survey. We are only interviewing adults age 18 and older. If you are under age 18, please press [Logout] to exit the survey. If the age you entered is incorrect, press [OK] to correct your answer and continue with the survey.

U How long have you lived at this address?

- ₁ 6 months or more
- ₂ Less than 6 months

U Please provide your telephone number in case we need to reach you again:

Area Code + Number

| | | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|--|
| | | | - | | | | - | | | |
|--|--|--|---|--|--|--|---|--|--|--|

Web soft check if left blank or wrong format: Please enter your 10-digit phone number, including area code, in the specified format.

Instruction Box A: Display reference period at top of each survey screen: SURVEY REFERENCE PERIOD: START DATE – END DATE .

Next, we have some questions about crime incidents you or other members of your household may have experienced in the past 6 months, that is, since [DATE]. Crime incident refers to a single crime – for example, your purse being snatched – or to several crimes that happened to you at the same time. For example, you may have been attacked and your purse was stolen at the same time.

The period of time we are interested in is shown in the left hand corner of your screen as you go through the survey.

Press Next to continue.

1a. During the past 6 months, that is since [DATE], have any of the following items belonging to you been stolen? Please select “Yes” or “No” for each item.

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|
| 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 |

Web soft check if any items (a-g) left blank

[ASK 1b IF ANY “YES” IN 1a. ELSE, GO TO 2a.]

1b. You indicated in the previous question that items belonging to you had been stolen in the past 6 months. How many times in the past 6 months did this happen?

Number of times

2a. During the past 6 months, [IF “YES” TO ANY ITEM IN 1a FILL: other than incidents you already mentioned,] has anyone broken in or attempted to break in in any of the following places? Please select “Yes” or “No” for each location.

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|
| 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 |

Web soft check if any items (a-c) left blank

[ASK 2b IF ANY “YES” IN 2a. ELSE, GO TO 3a.]

2b. You indicated in the previous question you had experienced a break-in or break-in attempt in the past 6 months. How many times in the past 6 months did this happen? .

Number of times

3a. During the past 6 months, [IF “YES” TO ANY ITEM IN 1a OR 2a FILL: other than incidents you already mentioned,] has anyone stolen, attempted to steal, or use without permission any of the following vehicles or parts? Please select “Yes” or “No” for each item.

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|
| 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 |

Web soft check if any items (a-c) left blank

[ASK 3b IF ANY “YES” IN 3a. ELSE, GO TO 4a.]

3b. You indicated in the previous question that someone had stolen,, attempted to steal, or used without permission vehicles or parts in the past 6 months. How many times in the past 6 months did this happen?

| | | |
|--|--|-----------------|
| | | Number of times |
|--|--|-----------------|

4a. [IF “YES” TO ANY ITEM IN 1a, 2a, OR 3a FILL: Other than incidents you already mentioned,] Have you personally experienced any attacks OR threats OR thefts at any of the following locations during the past 6 months? Please select “Yes” or “No” for each location.

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|
| 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 |

Web soft check if any items (a-g) left blank

[ASK 4b IF ANY “YES” IN 4a. ELSE, GO TO 5a.]

4b. You indicated in the previous question that you personally experienced attacks OR threats OR thefts at one or more locations in the past 6 months. How many times in the past 6 months did this happen?

| | | |
|--|--|-----------------|
| | | Number of times |
|--|--|-----------------|

5a. During the past 6 months, [IF “YES” TO ANY ITEM IN 1a, 2a, 3a, or 4a FILL: other than incidents you already mentioned,] have you personally been attacked or threatened in any of the following ways? Do not include telephone threats. Please select “Yes” or “No” for each.

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|
| 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 |

Web soft check if any items (a-f) left blank

[ASK 5b IF ANY “YES” IN 5a. ELSE, GO TO 6a.]

5b. You indicated in the previous question that you personally had been attacked or threatened in one or more ways in the past 6 months. How many times in the past 6 months did this happen??

| | | |
|--|--|-----------------|
| | | Number of times |
|--|--|-----------------|

6a. People often do not think of incidents committed by someone they know. During the past 6 months, [IF “YES” TO ANY ITEM IN 1a, 2a, 3a, 4a, OR 5a FILL: other than incidents you already mentioned,] have any of the following people attacked or threatened you in any way? Do not include telephone threats. Please select “Yes” or “No” for each option.

- | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|---------------------------------|--------------------------------|
| 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 |

Web soft check if any items (a-d) left blank

[ASK 6b IF ANY “YES” IN 6a. ELSE, GO TO 7a.]

6b. You indicated in the previous question that you had been attacked or threatened by someone you know. How many times in the past 6 months did this happen?

| | | |
|----------------------|----------------------|-----------------|
| <input type="text"/> | <input type="text"/> | Number of times |
|----------------------|----------------------|-----------------|

7a. During the past 6 months, [IF “YES” TO ANY ITEM IN 1a, 2a, 3a, 4a, 5a, OR 6a FILL: other than incidents you already mentioned.] have any of the following people stolen something from you? Please select “Yes” or “No” for each option.

- | | Yes | No |
|---|-----------------------------|-----------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |

Web soft check if any items (a-d) left blank

[ASK 7b IF ANY “YES” IN 7a. ELSE, GO TO 8a.]

7b. You indicated in the previous question that certain people have stolen items from you in the past 6 months. How many times in the past 6 months did this happen?

| | | |
|----------------------|----------------------|-----------------|
| <input type="text"/> | <input type="text"/> | Number of times |
|----------------------|----------------------|-----------------|

8a. Incidents involving forced or unwanted sexual acts are often difficult to think about. During the past 6 months, [IF “YES” TO ANY ITEM IN 1a, 2a, 3a, 4a, 5a, 6a, OR 7a FILL: other than incidents you already mentioned.] have you been forced or coerced to engage in unwanted sexual activity by any of the following people? Please select “Yes” or “No” for each option.

- | | Yes | No |
|-----------------------------|-----------------------------|-----------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |

Web soft check if any items (a-c) left blank

[ASK 8b IF ANY “YES” IN 8a. ELSE, GO TO 9a.]

8b. You indicated in the previous question that you had been forced or coerced to engage in unwanted sexual activity in the past 6 months. How many times in the past 6 months did this happen?

| | | |
|----------------------|----------------------|-----------------|
| <input type="text"/> | <input type="text"/> | Number of times |
|----------------------|----------------------|-----------------|

9a. [IF “YES” TO ANY ITEM IN 1a, 2a, 3a, 4a, 5a, 6a, 7a, OR 8a FILL: Other than incidents you already mentioned.] 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

9b. Did you call the police to report that: Please select “Yes” or “No” for each option.

- | | Yes | No |
|--|-----------------------------|-----------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| a. You were attacked or threatened in any way? | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. Someone stole or attempted to steal something that belonged to you or another household member? | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |

[ASK 9c IF 9a = YES. ELSE, GO TO 10a.]

9c. You indicated that you called the police to report something you thought was a crime that happened to you or another household member in the past 6 months. How many times in the past 6 months did this happen?

| | | |
|----------------------|----------------------|-----------------|
| <input type="text"/> | <input type="text"/> | Number of times |
|----------------------|----------------------|-----------------|

10a. [IF “YES” TO ANY ITEM IN 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, OR 9a FILL: Other than incidents you already mentioned.] 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 Instruction Box B

10b. What incidents were NOT reported to the police?
Please select "Yes" or "No" for each option.

Yes No

- a. Were you attacked or threatened in any way? _{1a} _{2a}
- b. Did someone steal or attempt to steal something that belonged to you or another household member? _{1b} _{2b}

[ASK 10c IF 10a = YES. ELSE, GO TO Instruction Box B.]

10c. You indicated that something had happened to you or another household member in the past 6 months that you thought was a crime but you did NOT report it to the police. How many times in the past 6 months did this happen?

Number of times

Instruction Box B: INSTRUCTIONS FOR CRIME REVIEW SCREEN & CIR DELIVERY:

IF NO CRIMES REPORTED IN SCREENER, GO TO CLOSING QUESTIONS 60-62. THEN EXIT SURVEY.

IF ONLY 1 CRIME REPORTED IN SCREENER, PROCEED TO CIR1 INTRO.

ELSE, IF >1 CRIME REPORTED IN SCREENER, ASK THE FOLLOWING QUESTION SERIES:

Please think about ALL the crimes you experienced in the past 6 months. You told us you experienced the following: [LIST CRIME TYPE & COUNT IN GRID FORMAT AS FOLLOWS, USING LABELS DEFINED IN INSTRUCTION BOX C]

Items belonging to you stolen X time/times

R1. Did these crimes ALL happen at the same time, that is, during one crime incident, or did they happen at different times?

___ Crimes all happened at the same time → GOTO CIR1 INTRO (ONLY 1 CIR NEEDED)

___ Crimes happened at different times → CONTINUE WITH R2

R2. 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 in past 6 months → GOTO CIR1 INTRO

CIR1 INTRO (IF 1 CRIME INCIDENT REPORTED IN SCREENER): Next, we'd like to get some additional details about the crime incident you experienced in the past 6 months, that is, since [FILL DATE]. You told us you experienced the following: [FILL REPORTED CRIME FROM SCREENER PER INSTRUCTION BOX C].

CIR1 INTRO (IF R1 = CRIMES HAPPENED AT SAME TIME OR R2 = 1): Next, we'd like to get some additional details about this one crime incident you experienced in the past 6 months, that is, since [FILL DATE].

CIR1 INTRO (IF R2 > 1): Next, we'd like to get some additional details about each crime incident you experienced in the past 6 months. For these next questions, please think only about the first of these incidents.

CIR2+ INTRO: The next questions are about the [FILL BASED ON R2 COUNT: second/third/fourth...] crime incident you experienced in the past 6 months, that is, since [FILL DATE].

Incident 1

Instruction Box C (FILL TEXT FOR CIR1 INTRO WHEN ONLY 1 CRIME INCIDENT REPORTED IN SCREENER (AND SCREENER SUMMARY IF MULTIPLE CRIMES)):

- IF QUESTION 1a = YES: items were stolen from you or another household member
- IF QUESTION 2a = YES: experienced break in or attempted break in
- IF QUESTION 3a = YES: vehicle, vehicle part, or gas was stolen
- IF QUESTION 4a = YES: experienced personal attack, threat, or theft at a particular location
- IF QUESTION 5a = YES: personally attacked or threatened in any way
- IF QUESTION 6a = YES: attacked or threatened by someone you know
- IF QUESTION 7a = YES: items stolen by someone you know
- IF QUESTION 8a = YES: experienced forced or unwanted sexual act
- IF QUESTION 9a = YES: called police to report possible crime
- IF QUESTION 10a = YES: experienced possible crime but did NOT report it to police

INSTRUCTION BOX D1: IF DATE IN Q1 MATCHES THE DATE ENTERED IN A PREVIOUS CIR, ASK Q2; ELSE, GOTO Q3.

2. The date you entered, FILL MONTH/YEAR, matches the date you reported earlier for another crime incident: [FILL CRIME DESCRIPTION FROM BOX C]. Did these crimes happen at the same time—that is on the same day, during the same incident-- or did they happen at different times?

- ₁ Happened at the same time [SAY: We do not need to collect any more details about this crime incident since you described it earlier.]
- ₂ Happened at different times → CONTINUE

3. What happened? Please enter a short description of this crime incident.

(Allow 100 characters. Soft check to require answer from R: "Please enter a brief description of this crime.")

1. When did this incident take place?

| | | | | | |
|-------|--|------|--|--|--|
| Month | | Year | | | |
| | | | | | |

[FOR CIR2 AND HIGHER, DISPLAY BELOW RESPONSE FIELD: If you did not experience any additional crimes in the past 6 months, please enter "9s" for the Month and Year and press [NEXT] to continue.

Instruction Box E: Display CIR crime banner:

CRIME BEING DISCUSSED: MONTH/YEAR
DISPLAY RESPONSE FROM Q3

IF NO DESCRIPTION ENTERED IN Q3, ONLY DISPLAY DATE FROM Q1. IF NO DATE OR DESCRIPTION GIVEN, DO NOT DISPLAY BANNER.

Instruction Box D: If date in question 1 is outside of reference period, fill: *We are only asking about crimes that happened in the past 6 months. We will not collect information on this incident. Press next to continue.*

Then ask: 1a. Did you have anything else like this happen between [FILL REFERENCE PERIOD]?

- ₁ Yes → Start new CIR to get date of this incident; then proceed with remaining CIR questions.
- ₂ No → Start CIR for next type of crime reported in Screener, or go to Closing Questions 60-62 if no more crimes.

4. To help you keep track of the crime incident we are discussing, please refer to the "CRIME BEING DISCUSSED" above each question. This shows the date (FILL IF RESPONSE TO Q3: and description) you provided for this incident.

Did this incident take place during the day or at night?

- ₁ During the day (6 am – 6 pm)
- ₂ At night (6 pm – 6 am)

5. In what city, town or village did this incident occur?

- 1 The same city, town, or village as my current residence
- 2 A different city, town, or village as my current residence
- 3 Not inside a city, town or village
- 4 Outside U.S.

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 (*Please do not include apartment yards*) → **GO TO Question 10**
- 5 Apartment hall, storage area, laundry room (*Please do not include apartment parking lot or/garage*) → **GO TO Question 10**
- 6 On street immediately adjacent to own home or lodging → **GO TO Question 10**
- 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**

Web Soft check if Specify field left blank

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

- 1 Yes
- 2 No → **GO TO Question 10**

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

- 1 Yes
- 2 No → **GO TO Question 10**

9. How could you tell that someone got in or tried to get in by force? *Please select 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*) _____

Web Soft check if Specify field left blank

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 28**
- 4 No one was present → **GO TO Question 28**

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 select 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*) _____

Web Soft check if Specify field left blank

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

- 1 Yes → **GO TO Question 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 select 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, with or without force (grabbing, fondling, etc.)
- 5 Forcible entry (or attempted forcible entry) of house/apartment or car
- 6 Damaged or destroyed property (or attempted or threatened to damage or destroy)
- 7 Other (Please specify) _____

Web Soft check if Specify field left blank

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

- 1 Unwanted sexual contact, with or without force (grabbing, fondling, etc.)
- 2 Weapon present or attempted attack with weapon (shot at but missed, attempted attack)
- 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) _____

Web Soft check if Specify field left blank

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

- 1 Verbal threat of rape or other sexual assault
- 2 Verbal threat to attack or kill
- 3 Unwanted sexual contact, with or without force (grabbing, fondling, etc.)
- 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): _____

Web Soft check if Specify field left blank

GO TO Question 28

19. How were you attacked? Please select 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) _____

Web Soft check if Specify field left blank

20. Did you suffer any injuries?

- 1 Yes
- 2 No → GO TO Question 24a

GO TO Question 28

GO TO Question 28

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

- ₁ Rape
- ₂ Attempted rape
- ₃ Sexual assault other than rape or attempted rape
- ₄ Knife, stab wounds, gunshot, or bullet wounds
- ₅ Broken bones, teeth knocked out, internal injuries, knocked unconscious
- ₆ Bruises, black eye, cuts, scratches, swelling, chipped teeth
- ₇ Other (*Please specify*) _____

Web Soft check if Specify field left blank

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

- ₁ Yes
- ₂ No → GO TO Question 24a

22b. Where did you receive medical care, including self treatment?

- ₁ At the scene
- ₂ At home or at a neighbor's or friend's house
- ₃ Health unit at work or school, or a first aid station
- ₄ Doctor's office or health clinic
- ₅ Emergency room at hospital or emergency clinic
- ₆ Hospital → GO TO Question 23
- ₇ Other (*Please specify*) _____
→ GO TO Question 24a

Web Soft check if Specify field left blank

23. How many days did you stay in the hospital? *Please enter '0' if you did not stay in the hospital overnight.*

Number of days (Web Soft Range 000-200)

24a. Did you do anything with the idea of protecting yourself or your property while the incident was going on?

- ₁ Yes
- ₂ No → GO TO Question 25

24b. What did you do or try to do to protect yourself or your property while this incident was going on? *Please select all that apply.*

- ₁ Attacked offender with weapon
- ₂ Threatened offender with weapon
- ₃ Threatened to injure offender without a weapon
- ₄ Defended self or property
- ₅ Ran or drove away, or tried to run/drive way; hid; locked door
- ₆ Called police or guard, tried to attract attention
- ₇ Other (*Please specify*) _____

Web Soft check if Specify field left blank

25. Was anyone present during the incident besides you and the offender?

- ₁ Yes
- ₂ No → GO TO Question 28

26. Not counting yourself and the offender, how many people present during the incident were harmed, threatened with harm, or robbed by force or threat of harm? *Do not include children under 18 years of age. Please enter '0' if no one else was harmed.*

Number of people (Web Soft Range 00-96)

27. Not counting yourself and the offender, how many other household members were harmed, threatened with harm, or robbed by force or threat of harm? *Do not include children under 18 years of age. Please enter '0' if no other household member was harmed, threatened or robbed.*

Number of people (Web Soft Range 00-96)

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

- ₁ Only one
- ₂ More than one → GO TO Question 35
- ₃ Don't know → GO TO Question 44

GO TO
Question
24a

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

- ₁ Male
- ₂ Female
- ₃ Don't know

30. 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

31. Was the offender a member of a street gang?

- ₁ Yes
- ₂ No
- ₃ Don't know

32. Was the offender drinking or on drugs?

- ₁ Not drinking or on drugs
- ₂ Drinking only
- ₃ On drugs only
- ₄ Both drinking and on drugs
- ₅ Drinking or on drugs – could not tell which
- ₆ Don't know

33. 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*) _____

Web Soft check if Specify field left blank

34. Was the offender Hispanic or Latino?

- ₁ Yes
- ₂ No
- ₃ Don't know

34a. What race or races was the offender? **Please select one or more.** Was the offender...

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

**GO TO
Question
44**

35. How many persons were there?

Number of offenders

36. 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

37. 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

38. 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

39. Were any of the offenders members of a street gang?

- ₁ Yes
- ₂ No
- ₃ Don't know

40. Were any of the offenders drinking or on drugs? *Please select one.*

- ₁ Not drinking or on drugs
- ₂ Drinking only
- ₃ On drugs only
- ₄ Both drinking and on drugs
- ₅ Drinking or on drugs – could not tell which
- ₆ Don't know

41. 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 43

42. What was your relationship with any of the offenders? *Please select 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*)_____

Web Soft check if Specify field left blank

43. Were any of the offenders Hispanic or Latino?

- ₁ Yes
- ₂ No
- ₃ Don't know

43a. What ethnicity were most of the offenders?

- ₁ Mostly Hispanic or Latino
- ₂ Mostly non-Hispanic or Latino
- ₃ Equal number of each ethnicity
- ₄ Don't Know

43b. What race or races were the offenders? **Please select one or more.** Were they...

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

IF ONLY ONE RACE, GO TO Question 44.

43c. What race were most of the offenders?

- ₁ Mostly White
- ₂ Mostly Black or African American
- ₃ Mostly American Indian or Alaska Native
- ₄ Mostly Asian
- ₅ Mostly Native Hawaiian or Other Pacific Islander
- ₆ Equal number of each race
- ₇ Don't know

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

- ₁ Yes → GO TO Question 46
- ₂ No

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

- ₁ Yes
- ₂ No → GO TO Question 57

46. Did the offender(s) steal or try to steal from you or others in the household any items such as cash, purse, or credit cards? *Please select all that apply.*

| | Stole □ | Tried to Steal □ | Did Not Steal or Try to Steal □ |
|--|-----------------|---------------------------|---|
| a. Cash | □ _{1a} | □ _{2a} | □ _{3a} |
| b. Purse or wallet | □ _{1b} | □ _{2b} | □ _{3b} |
| c. Credit cards, check, or bank cards | □ _{1c} | □ _{2c} | □ _{3c} |

Web soft check if any items (a-c) left blank

Instruction Box G: If stolen CASH, PURSE or WALLET selected in Question 46, continue with Question 47. Otherwise, GO TO Question 50.

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

- ₁ Yes
- ₂ No

Instruction Box H: If stolen CASH selected in Question 46, GO TO Question 49.

If stolen PURSE or WALLET selected in Question 46, continue with Question 48.

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

- ₁ Yes
- ₂ No → GO TO Instruction Box H2

Instruction Box H2: If you marked stolen CASH in Question 46, continue with Question 49. Otherwise, GO TO Question 50.

49. How much cash was taken?

\$

(Web Soft Range check 00000-99996)

50. Did the offender(s) steal or try to steal from you or others in the household any vehicles or vehicle parts? *Please select all that apply.*

| | Stole □ | Tried to Steal □ | Did Not Steal or Try to Steal □ |
|--|-----------------|---------------------------|---|
| a. Car or other motor vehicle | □ _{1a} | □ _{2a} | □ _{3a} |
| b. Part of motor vehicle, accessories or equipment | □ _{1b} | □ _{2b} | □ _{3b} |
| c. Gasoline or oil | □ _{1c} | □ _{2c} | □ _{3c} |
| d. Bicycle or bicycle parts | □ _{1d} | □ _{2d} | □ _{3d} |

Web soft check if any items (a-d) left blank

Instruction Box I: If stolen CAR or MOTOR VEHICLE selected in Question 50, continue with Question 51. Otherwise, GO TO Question 53.

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

- ₁ Yes
- ₂ No → GO TO Question 53

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

- ₁ Yes
- ₂ No

53. Did the offender(s) steal or try to steal from you or others in the household any of the following objects? *Please select all that apply.*

| | Stole <input type="checkbox"/> | Tried to Steal <input type="checkbox"/> | Did Not Steal or Try to Steal <input type="checkbox"/> |
|--|-----------------------------------|--|--|
| 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 |

Web soft check if any items (a-c) left blank

54. Did the offender(s) steal or try to steal from you or others in the household any of the following personal items? *Please select all that apply.*

| | Stole <input type="checkbox"/> | Tried to Steal <input type="checkbox"/> | Did Not Steal or Try to Steal <input type="checkbox"/> |
|---|-----------------------------------|--|--|
| 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 |

Web soft check if any items (a-e) left blank

55. Did the offender(s) steal or try to steal from you or others in the household any of the following miscellaneous items? *Please select all that apply.*

| | Stole <input type="checkbox"/> | Tried to Steal <input type="checkbox"/> | Did Not Steal or Try to Steal <input type="checkbox"/> |
|--------------------------------------|-----------------------------------|--|--|
| a. Handgun or other firearm | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a | <input type="checkbox"/> 3a |
| b. Tools, machines, office equipment | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b | <input type="checkbox"/> 3b |
| c. Farm or garden produce | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c | <input type="checkbox"/> 3c |
| d. Pets or livestock | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d | <input type="checkbox"/> 3d |
| e. Food or liquor | <input type="checkbox"/> 1e | <input type="checkbox"/> 2e | <input type="checkbox"/> 3e |

Web soft check if any items (a-e) left blank

56. Not counting any stolen cash, checks or credit cards, what was the value of the property that was taken? *Please include recovered property.*

\$

[Web Soft range check 00000-99996]

57. Were the police informed or did they find out about this most recent incident any way?

- 1 No, incident was NOT reported to the police → **GO TO Question 59**
- 2 Yes, I or someone else in my household called the police
- 3 Yes, someone official called the police (guard, apartment manager, etc.)
- 4 Yes, someone else informed the police
- 5 Yes, police were at scene
- 6 Yes, offender was a police officer
- 7 Other (*Please specify*) _____

Web Soft check if Specify field left blank

58a. Have you or someone else in your household had contact with any other authorities about this incident?

- 1 Yes
- 2 No → **GO TO Question 59**

58b. What other authorities were contacted about this incident?

- ₁ Prosecutor, district attorney
- ₂ Magistrate
- ₃ Court
- ₄ Juvenile officer, probation officer, or parole officer
- ₅ Other (*Please specify*) _____

Web Soft check if Specify field left blank

59. Instruction Box J: Start new CIR for the next crime reported in the Screener. If no additional crimes reported in Screener, continue with questions 60-62 below, then exit survey.

The last questions are about your work and annual household income.

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

- ₁ Yes → GO TO Question 61
- ₂ No

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

- ₁ Yes
- ₂ No

61. 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

Thank you for completing the survey!

[IF HH ELIGIBLE FOR INCENTIVE, FILL]: We will mail \$10 cash to you as compensation for your time. Please confirm we have your correct name and address for this mailing. [DISPLAY NAME AND SAMPLE ADDRESS FOR VERIFICATION.]

[DISPLAY ON CLOSING SCREEN]: If there are other adults age 18 or older living in this household, please have them go online to the SCV website and complete this survey.