

NOTICE - We are conducting this survey under the authority of Title 13, United States Code, Section 8, Section 9 of this law requires us to keep all information about you and your household strictly confidential. We may use this information only for statistical purposes. Also, Title 42, Section 2722, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 2789g and 2775, United States Code, also require us to keep all information about you and your household strictly confidential. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB number.

FORM **SCV-1** RTI International
 Implementation Date: MM/DD/YYYY
 ACTING AS COLLECTING AGENT FOR THE
 BUREAU OF JUSTICE STATISTICS
 U.S. DEPARTMENT OF JUSTICE
**SURVEY OF
 CRIME VICTIMIZATION
 SCV-1 BASIC SCREEN QUESTIONNAIRE**

SCV

Control number
 PSU Segment/Suffix Sample designation/Suffix Serial/Suffix HH No. Spinoff Indicator

1. Field representative identification
 Code Name
 201

2. Type of living quarters (TYPEOFHOUSINGUNIT)
Housing unit
 209 1 House, apartment, flat
 2 HU in nontransient hotel, motel, etc.
 3 HU permanent in transient hotel, motel, etc.
 4 HU in rooming house
 5 Mobile home or trailer with no permanent room added
 6 Mobile home or trailer with one or more permanent rooms added
 7 HU not specified above - Describe
OTHER unit
 8 Quarters not HU in rooming or boarding house
 9 Unit not permanent in transient hotel, motel, etc.
 10 Unoccupied site for mobile home, trailer, or tent
 11 Student quarters in college dormitory
 12 OTHER unit not specified above - Describe

3a. Use of telephone (TELEPHONELOCATION)
 Location of phone - Mark first box that applies.
 210 1 Phone in unit
 2 Phone in common area (hallway, etc.)
 3 Phone in another unit (neighbor, friend, etc.)
 4 Work/office phone
 5 No phone - SKIP to 4
 } Fill 3b

3b. Is phone interview acceptable? (TELEPHONEACCEPTABLE)
 211 1 Yes 2 No 3 Refused to give number

4. Household Income (HOUSEHOLDINCOME)
 214 1 Less than \$5,000 6 \$15,000 - 17,499 11 \$35,000 - 39,999
 2 \$5,000 - 7,499 7 \$17,500 - 19,999 12 \$40,000 - 49,999
 3 7,500 - 9,999 8 \$20,000 - 24,999 13 \$50,000 - 74,999
 4 \$10,000 - 12,499 9 \$25,000 - 29,999 14 \$75,000 and over
 5 \$12,500 - 14,999 10 \$30,000 - 34,999

5. Proxy information - Fill for all proxy interviews
a. Proxy interview obtained for **b. Proxy respondent (PICKPROXYRESP)**

Line No.	Name	Line No.
301		302
304		305
307		308
310		311

6a. Household members 18 years of age and OVER
 321 _____ Total number

6b. Crime Incident Reports filled
 323 _____ Total number of NCVS-2s filled None

RESPONDENT'S PERSONAL CHARACTERISTICS

7. Name of respondent (NAME) Last _____ First _____	8. Type of interview 401 <input type="checkbox"/> 1 Per. - Self-respondent <input type="checkbox"/> 2 Tel. - Self-respondent <input type="checkbox"/> 3 Per. - Proxy <input type="checkbox"/> 4 Tel. - Proxy } Fill 5 on cover page	9. Line No. 402 Line No. _____
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10. (RELATIONSHIP) Relationship to reference person 403 <input type="checkbox"/> 1 Husband <input type="checkbox"/> 2 Wife <input type="checkbox"/> 3 Son <input type="checkbox"/> 4 Daughter <input type="checkbox"/> 5 Father <input type="checkbox"/> 6 Mother <input type="checkbox"/> 7 Brother <input type="checkbox"/> 8 Sister <input type="checkbox"/> 9 Other relative <input type="checkbox"/> 10 Nonrelative <input type="checkbox"/> 11 Ref. person	11. Age last Birthday 404 Age _____	12a. (MARTAL) Marital status THIS survey period 405 <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Widowed <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Separated <input type="checkbox"/> 5 Never married	12b. (From previous enumeration) Marital status LAST survey period 406 <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Widowed <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Separated <input type="checkbox"/> 5 Never married <input type="checkbox"/> 6 Not interviewed last survey period	13. (SEX) Sex 407 <input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	14. (SP-ORIGIN) Hispanic Origin 413 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	15. (RACE) Race Mark all that apply. 412 * <input type="checkbox"/> 1 White <input type="checkbox"/> 2 Black/African American <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 5 American Indian/Alaska Native
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16. Date of interview 501 _____ / _____ / _____
 Month Day Year

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?

Ask only if necessary

Did any incidents of this type happen to you?

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?

Ask only if necessary

Did any incidents of this type happen to you?

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)

Notes

RESPONDENT'S SCREEN QUESTIONS

<p>19. SQTOTALVEHICLES (Asked of Household Respondent Only)</p> <p>What was the TOTAL 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 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 or more</p>
<p>20a. SQMVTHEFT (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>Ask only if necessary</p> <p>Did any incidents of this type happen to you?</p>	<p>537</p> <p>1 <input type="checkbox"/> Yes - ASK 20b 2 <input type="checkbox"/> No - SKIP to 21a</p>
<p>20b. SQMVTHEFTTIMES (Asked of Household Respondent Only)</p> <p>How many times?</p>	<p>538</p> <p>_____</p> <p>Number of times (20b)</p>
<p>20c. SQMVTHEFTSPEC (Asked of Household Respondent Only)</p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>21a. SQATTACKWHERE</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>Ask only if necessary</p> <p>Did any incidents of this type happen to you?</p>	<p>539</p> <p>1 <input type="checkbox"/> Yes - ASK 21b 2 <input type="checkbox"/> No - SKIP to 22a</p>
<p>21b. SQATTACKWHERTIMES</p> <p>How many times?</p>	<p>540</p> <p>_____</p> <p>Number of times (21b)</p>
<p>21c. SQATTACKWHERESPEC</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.

Ask only if necessary

Did any incidents of this type happen to you?

541 1 Yes - ASK 22b
 2 No - SKIP to 23a

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?

Ask only if necessary

Did any incidents of this type happen to you?

543 1 Yes - ASK 23b
 2 No - SKIP to 24a

23b. SQTHEFTATTACKKNOWNOFFTIMES

How many times?

544 _____
 Number of times (23b)


23c. SQTHEFTATTACKKNOWNOFFSPEC

What happened?

Briefly describe incident(s)

Notes

RESPONDENT'S SCREEN QUESTIONS

<p>24a. SQSEXUAL</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>OR</p> <p>(c) Someone you know well?</p> <p>Ask only if necessary</p> <p>Did any incidents of this type happen to you?</p>	<p>545</p> <p>1 <input type="checkbox"/> Yes - ASK 24b</p> <p>2 <input type="checkbox"/> No - SKIP to 25a</p>
<p>24b. SQSEXUALTIMES</p> <p>How many times?</p>	<p>546</p> <p>_____</p> <p>Number of times (24b)</p>
<p>24c. SQSEXUALSPEC</p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>25a. SQCALLPOLICECRIME</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>25b. SQCALLPOLICESPEC</p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>25c.  SQCALLPOLICEATTACKTHREAT</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>25d. SQCALLPOLICEATTCKTHREATTIMES</p> <p>How many times?</p>	<p>550</p> <p>_____</p> <p>Number of times (25d)</p>
<p>Notes</p>	

RESPONDENT'S SCREEN QUESTIONS

<p>26a. SQNOCALLPOLICECRIME</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 1 <input type="checkbox"/> Yes - ASK 26b 2 <input type="checkbox"/> No - SKIP to 27a</p>
<p>26b. SQNOCALLPOLICESPEC</p> <p>What happened?</p>	<p>Briefly describe incident(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>26c. CHECK ITEM B SQNOCALLPOLICEATTACKTHREAT</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 1 <input type="checkbox"/> Yes - ASK 26d 2 <input type="checkbox"/> No - SKIP to 27a</p>
<p>26d. SQNOCALLPOLICEATTACKTHREATTIMES</p> <p>How many times?</p>	<p>554 _____</p> <p align="center">Number of times (26d)</p>
RESPONDENT'S EMPLOYMENT QUESTIONS	
<p>All incident reports must be completed before asking this series of questions.</p>	
<p>27a. JOBLASTWEEK</p> <p>Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.)</p> <p>(If farm or business operator in household, ask about unpaid work.)</p>	<p>576 1 <input type="checkbox"/> Yes - SKIP to 28 2 <input type="checkbox"/> No - ASK 27b</p>
<p>27b. JOBDURINGREFPERIOD</p> <p>Ask or verify -</p> <p>Did you have a job or work at a business DURING THE LAST 6 MONTHS?</p>	<p>577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
RESPONDENT'S CHECK ITEM C	
<p>28. CHECK ITEM C</p> <p>Is this the last household member to be interviewed?</p>	<p><input type="checkbox"/> Yes - If Household Respondent finish collecting income and telephone information, then END Interview. Otherwise END interview</p> <p><input type="checkbox"/> No - GO TO question 17a for the next respondent. See note below before interviewing next household member.</p>
<p>FIELD REPRESENTATIVE -- (Read to the Household Respondent Only.) If there are any household members under 18, tell the Household Respondent that you will be asking the same questions you just asked him/her.</p>	
<p>Notes</p>	

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FORM SCV-2 Implementation Date: (dd-mm-yyyy) CRIME INCIDENT REPORT SURVEY OF CRIME VICTIMIZATION	RTI-INTERNATIONAL ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE	Control number PSU Segment/Suffix Sample designation/Suffix Serial/Suffix HH No. Spinoff Indicator Notes
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S
C
V

1a. LINE NUMBER OF RESPONDENT	601	<input type="text"/>	Line number (ex., 01)
1b. SCREEN QUESTION NUMBER	602	<input type="text"/>	Screen question number (ex., 39)
1c. INCIDENT NUMBER	603	<input type="text"/>	Incident number (ex., 01)

2

2. INCIDENTADDRESS You said that during the last 6 months - (description of the crime reported in the screen question.) Did (this/the first) incident happen while you were living here or before you moved to this address?	605 1 <input type="checkbox"/> While living at this address 2 <input type="checkbox"/> Before moving to this address
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3. INCIDENTDATE In what month did (this/the first) incident happen? Encourage respondent to give exact month.	606 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year
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4. INCIDENTNUMBEROFTIMES If unsure, ask - Altogether, how many times did this type of incident happen during the last 6 months?	607 _____ Number of incidents
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5a. CHECK ITEM A How many incidents? (Refer to 4.)	608 1 <input type="checkbox"/> 1-5 incidents (not a "series") - SKIP to 6 2 <input type="checkbox"/> 6 or more incidents - ASK 5b
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5b. CHECK ITEM B INCIDENTSSIMILAR If unsure, ask: Are these incidents similar to each other in detail or are they for different types of crimes?	609 1 <input type="checkbox"/> Similar - ASK 5c 2 <input type="checkbox"/> Different (not a "series") - SKIP to 6
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5c. CHECK ITEM C RECALDETAILS If unsure, ask: Can you recall enough details of each incident to distinguish them from each other?	610 1 <input type="checkbox"/> Yes (not a "series") 2 <input type="checkbox"/> No (is a "series")
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6. INCIDENTTIME (If box 2 is marked in 5c, read: The following questions refer only to the most recent incident.) About what time did (this/the most recent) incident happen?	612 During day 1 <input type="checkbox"/> After 6 a.m. - 12 noon 2 <input type="checkbox"/> After 12 noon - 3 p.m. 3 <input type="checkbox"/> After 3 p.m. - 6 p.m. 4 <input type="checkbox"/> Don't know what time of day At night 5 <input type="checkbox"/> After 6 p.m. - 9 p.m. 6 <input type="checkbox"/> After 9 p.m. - 12 midnight 7 <input type="checkbox"/> After 12 midnight - 6 a.m. 8 <input type="checkbox"/> Don't know what time of night OR 9 <input type="checkbox"/> Don't know whether day or night
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<p>7a. INCIDENTPLACE</p> <p>In what city, town, or village did this incident occur?</p>	<p>613</p> <p>1 <input type="checkbox"/> Outside U.S.</p> <p>2 <input type="checkbox"/> Not inside a city/town/village</p> <p>3 <input type="checkbox"/> SAME city/town/village as present residence</p> <p>4 <input type="checkbox"/> DIFFERENT city/town/village from present residence</p> <p>5 <input type="checkbox"/> Don't know</p>
<p>8a. LOCATION_GENERAL</p> <p>Did this incident happen ...</p> <p>Read each category until respondent says "yes", then enter appropriate precode.</p>	<p>1 <input type="checkbox"/> In your home or lodging? - ASK 8b</p> <p>2 <input type="checkbox"/> Near your home? - SKIP to 8c</p> <p>3 <input type="checkbox"/> At, in or near a friend's/relative's/neighbor's home?</p> <p>4 <input type="checkbox"/> At a commercial place?</p> <p>5 <input type="checkbox"/> In a parking lot or garage?</p> <p>6 <input type="checkbox"/> At school?</p> <p>7 <input type="checkbox"/> In open areas, on the street, or on public transportation?</p> <p>8 <input type="checkbox"/> Some where else?</p> <p>} SKIP to 15a</p>
<p>8b. LOCATION_IN_HOME</p> <p>Ask if necessary:</p> <p>Where in your home or lodging did this incident happen?</p>	<p>616</p> <p>1 <input type="checkbox"/> In own dwelling, own attached garage, or enclosed porch (Include illegal entry or attempted illegal entry of same)</p> <p>2 <input type="checkbox"/> In detached building on own property, such as detached garage, storage shed, etc. (Include illegal entry of same)</p> <p>3 <input type="checkbox"/> In vacation home/second home (Include illegal entry or attempted illegal entry of same)</p> <p>4 <input type="checkbox"/> In hotel or motel room respondent was staying in (Include illegal entry or attempted illegal entry of same)</p> <p>} SKIP to 9</p>
<p>8c. LOCATION_NEAR_HOME</p> <p>Ask if necessary:</p> <p>Where near your home or lodging did this incident happen?</p>	<p>5 <input type="checkbox"/> Own yard, sidewalk, driveway, carport, unenclosed porch (does not include apartment yards).....</p> <p>6 <input type="checkbox"/> Apartment hall, storage area, laundry room (does not include apartment parking lot/garage).....</p> <p>7 <input type="checkbox"/> On street immediately adjacent to own home or lodging.....</p> <p>} SKIP to 15a</p>
<p>9. OFFENDERLIVE</p> <p>Did the offender live (here/there) or have a right to be (here/there), for instance, as a guest or a repairperson?</p>	<p>617</p> <p>1 <input type="checkbox"/> Yes - SKIP to 15a</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } ASK 10</p>
<p>10. OFFENDERINSIDE</p> <p>Did the offender actually get INSIDE your (house/apartment/room/garage/ shed/ enclosed porch)?</p>	<p>618</p> <p>1 <input type="checkbox"/> Yes - SKIP to 12</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } ASK 11</p>
<p>11. OFFENDERTRY</p> <p>Did the offender TRY to get in your (house/ apartment/room/garage/shed/porch)?</p>	<p>619</p> <p>1 <input type="checkbox"/> Yes - ASK 12</p> <p>2 <input type="checkbox"/> No - SKIP to 15a</p> <p>3 <input type="checkbox"/> Don't know - ASK 12</p>
<p>12. FORCEENTRY</p> <p>Was there any evidence, such as a broken lock or broken window, that the offender(s) (got in by force/TRIED to get in by force)?</p>	<p>620</p> <p>1 <input type="checkbox"/> Yes - ASK 13</p> <p>2 <input type="checkbox"/> No - SKIP to 14</p>

<p>13. EVIDENCE</p> <p>What was the evidence?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>Window</p> <p>625 * <input type="checkbox"/> 1 Damage to window (include frame, glass broken/removed/cracked)</p> <p><input type="checkbox"/> 2 Screen damaged/removed</p> <p><input type="checkbox"/> 3 Lock on window damaged/tampered with in some way</p> <p><input type="checkbox"/> 4 Other - Specify</p> <p>Door</p> <p><input type="checkbox"/> 5 Damage to door (include frame, glass panes or door removed)</p> <p><input type="checkbox"/> 6 Screen damaged/removed</p> <p>626 * <input type="checkbox"/> 7 Lock or door handle damaged/tampered with in some way</p> <p><input type="checkbox"/> 8 Other - Specify</p> <p>Other</p> <p><input type="checkbox"/> 9 Other than window or door - Specify</p> <p>SKIP to 15a</p> <p>SKIP to 15a</p>
<p>14. OFFENDERGETIN</p> <p>How did the offender (get in/TRY to get in)?</p>	<p>627 <input type="checkbox"/> 1 Let in</p> <p><input type="checkbox"/> 2 Offender pushed his/her way in after door opened</p> <p><input type="checkbox"/> 3 Through OPEN DOOR or other opening ...</p> <p><input type="checkbox"/> 4 Through UNLOCKED door or window</p> <p><input type="checkbox"/> 5 Through LOCKED door or window - Had key</p> <p><input type="checkbox"/> 6 Through LOCKED door or window - Picked lock, used credit card, etc., other than key</p> <p><input type="checkbox"/> 7 Through LOCKED door or window - Don't know how</p> <p><input type="checkbox"/> 8 Don't know</p> <p><input type="checkbox"/> 9 Other - Specify</p>
<p>15a. HHMEMBERPRESENT</p> <p>Ask or verify -</p> <p>Were you or any other member of this household present when this incident occurred?</p> <p>You may need to probe to obtain more details to determine if respondent was present.</p>	<p>634 <input type="checkbox"/> 1 Yes - ASK 15b</p> <p><input type="checkbox"/> 2 No - SKIP to 34</p>
<p>15b. WHICHMEMBER</p> <p>Ask or verify -</p> <p>Which household members were present?</p>	<p>635 <input type="checkbox"/> 1 Respondent only</p> <p><input type="checkbox"/> 2 Respondent and other household member(s)</p> <p><input type="checkbox"/> 3 Only other household member(s), not respondent - SKIP to 34</p> <p>Ask 16</p>
<p>16. SEEOFFENDER</p> <p>Ask or verify -</p> <p>Did you personally see an offender?</p>	<p>636 <input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p>
<p>17. WEAPONPRESENT</p> <p>Did the offender have a weapon such as a gun or knife, or something to use as a weapon, such as a bottle or wrench?</p>	<p>637 <input type="checkbox"/> 1 Yes - ASK 18a</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 Don't know</p> <p>SKIP to 19</p>
<p>18a. WEAPON</p> <p>What was the weapon?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>638 * <input type="checkbox"/> 1 Hand gun (pistol, revolver, etc.)</p> <p><input type="checkbox"/> 2 Other gun (rifle, shotgun, etc.)</p> <p><input type="checkbox"/> 3 Knife</p> <p><input type="checkbox"/> 4 Other sharp object (scissors, ice pick, axe, etc.)</p> <p><input type="checkbox"/> 5 Blunt object (rock, club, blackjack, etc.)</p> <p><input type="checkbox"/> 6 Other - Specify - ASK 18b</p> <p>SKIP to 19</p>
<p>18b. WEAPON_SPEC</p> <p>Please specify the other weapon.</p>	<p>Specify</p> <p>_____</p>

19. ATTACK Did the offender hit you, knock you down or actually attack you in any way?	639 1 <input type="checkbox"/> Yes - SKIP to 24a 2 <input type="checkbox"/> No - ASK 20
20. TRYATTACK Did the offender TRY to attack you?	640 1 <input type="checkbox"/> Yes - SKIP to 23a 2 <input type="checkbox"/> No - ASK 21
21. THREATEN Did the offender THREATEN you with harm in any way?	641 1 <input type="checkbox"/> Yes - SKIP to 23c 2 <input type="checkbox"/> No - ASK 22a
22a. WHATHAPPEN What actually happened? Probe: Anything else? Enter all that apply.	642 * 1 <input type="checkbox"/> Something taken without permission 2 <input type="checkbox"/> Attempted or threatened to take something 3 <input type="checkbox"/> Harassed, argument, abusive language 4 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 5 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Forcible entry or attempted forcible entry of house/apartment 7 <input type="checkbox"/> Forcible entry or attempted forcible entry of car 8 <input type="checkbox"/> Damaged or destroyed property 9 <input type="checkbox"/> Attempted or threatened to damage or destroy property 10 <input type="checkbox"/> Other - Specify - ASK 22b
22b. WHATHAPPEN_SPEC Please specify what actually happened.	Specify - SKIP to 28a _____
23a. HOWTRYATTACK How did the offender TRY to attack you? Probe: Any other way? Enter all that apply.	643 * 1 <input type="checkbox"/> Verbal threat of rape 2 <input type="checkbox"/> Verbal threat to kill 3 <input type="checkbox"/> Verbal threat of attack other than to kill or rape 4 <input type="checkbox"/> Verbal threat of sexual assault other than rape 5 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 644 * 7 <input type="checkbox"/> Weapon present or threatened with weapon ... 8 <input type="checkbox"/> Shot at (but missed) 9 <input type="checkbox"/> Attempted attack with knife/sharp weapon ... 10 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon 645 * 11 <input type="checkbox"/> Object thrown at person 12 <input type="checkbox"/> Followed or surrounded 13 <input type="checkbox"/> Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc. 14 <input type="checkbox"/> Other - Specify - ASK 23b
23b. HOWTRYATTACK_SPEC Please specify how the offender TRIED to attack you.	Specify - SKIP to 28a _____
23c. HOWTHREATEN How were you threatened? Probe: Any other way? Enter all that apply.	643 * 1 <input type="checkbox"/> Verbal threat of rape 2 <input type="checkbox"/> Verbal threat to kill 3 <input type="checkbox"/> Verbal threat of attack other than to kill or rape 4 <input type="checkbox"/> Verbal threat of sexual assault other than rape 5 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 644 * 7 <input type="checkbox"/> Weapon present or threatened with weapon ... 8 <input type="checkbox"/> Shot at (but missed) 9 <input type="checkbox"/> Attempted attack with knife/sharp weapon ... 10 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon 645 * 11 <input type="checkbox"/> Object thrown at person 12 <input type="checkbox"/> Followed or surrounded 13 <input type="checkbox"/> Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc. 14 <input type="checkbox"/> Other - Specify - ASK 23d
23d. HOWTHREATEN_SPEC Please specify how you were threatened.	Specify - SKIP to 28a _____

<p>24a. HOWATTACK</p> <p>How were you attacked?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>646 * 1 <input type="checkbox"/> Raped</p> <p>2 <input type="checkbox"/> Tried to rape</p> <p>3 <input type="checkbox"/> Sexual assault other than rape or attempted rape</p> <p>4 <input type="checkbox"/> Shot</p> <p>5 <input type="checkbox"/> Shot at (but missed)</p> <p>6 <input type="checkbox"/> Hit with gun held in hand</p> <p>647 * 7 <input type="checkbox"/> Stabbed/cut with knife/sharp weapon</p> <p>8 <input type="checkbox"/> Attempted attack with knife/sharp weapon</p> <p>9 <input type="checkbox"/> Hit by object (other than gun) held in hand</p> <p>10 <input type="checkbox"/> Hit by thrown object</p> <p>648 * 11 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon</p> <p>12 <input type="checkbox"/> Hit, slapped, knocked down</p> <p>13 <input type="checkbox"/> Grabbed, held, tripped, jumped, pushed, etc</p> <p>14 <input type="checkbox"/> Other - Specify - ASK 24b</p> <p style="text-align: right;">} SKIP to 25a</p>
<p>24b. HOWATTACK_SPEC</p> <p>Please specify how you were attacked.</p>	<p>Specify</p> <p>_____</p>
<p>25a. INJURY</p> <p>What were the injuries you suffered, if any?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>655 * 1 <input type="checkbox"/> None</p> <p>2 <input type="checkbox"/> Raped</p> <p>3 <input type="checkbox"/> Attempted rape</p> <p>4 <input type="checkbox"/> Sexual assault other than rape or attempted rape</p> <p>5 <input type="checkbox"/> Knife or stab wounds</p> <p>656 * 6 <input type="checkbox"/> Gun shot, bullet wounds</p> <p>7 <input type="checkbox"/> Broken bones or teeth knocked out</p> <p>8 <input type="checkbox"/> Internal injuries</p> <p>9 <input type="checkbox"/> Knocked unconscious</p> <p>10 <input type="checkbox"/> Bruises, black eye, cuts, scratches, swelling, chipped teeth</p> <p>11 <input type="checkbox"/> Other - Specify - ASK 25b</p> <p style="text-align: right;">} SKIP to 26a</p>
<p>25b. INJURY_SPEC</p> <p>Please specify the injuries you suffered.</p>	<p>Specify</p> <p>_____</p>
<p>26a. MEDICALCARE</p> <p>Were you injured to the extent that you received any medical care, including self treatment?</p>	<p>659 1 <input type="checkbox"/> Yes - ASK 26b</p> <p>2 <input type="checkbox"/> No - SKIP to 28a</p>
<p>26b. RECEIVECAREWHERE</p> <p>Where did you receive this care?</p> <p>Probe: Anywhere else?</p> <p>Enter all that apply.</p>	<p>660 * 1 <input type="checkbox"/> At the scene</p> <p>2 <input type="checkbox"/> At home/neighbor's/friend's</p> <p>3 <input type="checkbox"/> Health unit at work/school, first aid station at a stadium/park, etc</p> <p>4 <input type="checkbox"/> Doctor's office/health clinic</p> <p>5 <input type="checkbox"/> Emergency room at hospital/emergency clinic</p> <p>6 <input type="checkbox"/> Hospital (other than emergency room)</p> <p>7 <input type="checkbox"/> Other - Specify</p>
<p>26c. CHECK ITEM D Is (box 6) "Hospital" marked in 26b?</p>	<p>1 <input type="checkbox"/> Yes - ASK 27a</p> <p>2 <input type="checkbox"/> No - SKIP to 28a</p>
<p>27a. CAREOVERNIGHT</p> <p>Did you stay overnight in the hospital?</p>	<p>662 1 <input type="checkbox"/> Yes - ASK 27b</p> <p>2 <input type="checkbox"/> No - SKIP to 28a</p>
<p>27b. CAREDAYHOSPIT</p> <p>How many days did you stay in the hospital?</p>	<p>663 _____ Number of days</p>
<p>28a. PROTECTSELF</p> <p>Did you do anything with the idea of protecting YOURSELF or your PROPERTY while the incident was going on?</p>	<p>666 1 <input type="checkbox"/> Yes - ASK 29</p> <p>2 <input type="checkbox"/> No/took no action/kept still - ASK 28b</p>
<p>28b. DURINGINCIDENT</p> <p>Was there anything you did or tried to do about the incident while it was going on?</p>	<p>667 1 <input type="checkbox"/> Yes - ASK 29</p> <p>2 <input type="checkbox"/> No/took no action/kept still - SKIP to 30</p>

<p>29. ACTIONS DURING INCIDENT</p> <p>What did you do?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>USED PHYSICAL FORCE TOWARD OFFENDER</p> <p>668 * <input type="checkbox"/> 1 Attacked offender with gun; fired gun <input type="checkbox"/> 2 Attacked with other weapon <input type="checkbox"/> 3 Attacked without weapon (hit, kicked, etc.) <input type="checkbox"/> 4 Threatened offender with gun <input type="checkbox"/> 5 Threatened offender with other weapon <input type="checkbox"/> 6 Threatened to injure, no weapon</p> <p>RESISTED OR CAPTURED OFFENDER</p> <p>669 * <input type="checkbox"/> 7 Defended self or property (struggled, ducked, blocked blows, held onto property) <input type="checkbox"/> 8 Chased, tried to catch or hold offender</p> <p>SCARED OR WARNED OFF OFFENDER</p> <p><input type="checkbox"/> 9 Yelled at offender, turned on lights, threatened to call police, etc.</p> <p>PERSUADED OR APPEASED OFFENDER</p> <p>670 * <input type="checkbox"/> 10 Cooperated, or pretended to (stalled, did what they asked) <input type="checkbox"/> 11 Argued, reasoned, pleaded, bargained, etc.</p> <p>ESCAPED OR GOT AWAY</p> <p><input type="checkbox"/> 12 Ran or drove away, or tried; hid, locked door</p> <p>GOT HELP OR GAVE ALARM</p> <p>671 * <input type="checkbox"/> 13 Called police or guard <input type="checkbox"/> 14 Tried to attract attention or help, warn others (cried out for help, called children inside)</p> <p>REACTED TO PAIN OR EMOTION</p> <p><input type="checkbox"/> 15 Screamed from pain or fear</p> <p>OTHER</p> <p><input type="checkbox"/> 16 Other - Specify _____</p>
<p>30. ANYONE PRESENT</p> <p>Was anyone present during the incident besides you and the offender? (Other than children under age 12.)</p>	<p>677 <input type="checkbox"/> 1 Yes - ASK 31 <input type="checkbox"/> 2 No } SKIP to 34 <input type="checkbox"/> 3 Don't know }</p>
<p>31. PERSONS HARMED</p> <p>Not counting yourself, were any of the persons present during the incident harmed (Pause), threatened with harm (Pause), or robbed by force or threat of harm? (Do not include yourself, the offender, or children under 18 years of age.)</p>	<p>682 <input type="checkbox"/> 1 Yes - ASK 32 <input type="checkbox"/> 2 No } SKIP to 34 <input type="checkbox"/> 3 Don't know }</p>
<p>32. PERSONS HARMED NUM</p> <p>How many? (Do not include yourself, the offender or children under 18 years of age.)</p>	<p>683 _____ Number of persons</p>
<p>33a. HHMEM HARMED</p> <p>How many of these persons are members of your household now? (Do not include yourself, the offender or children under 18 years of age.)</p>	<p>684 _____ Number of persons</p> <p><input type="checkbox"/> 0 None - SKIP to 34</p>
<p>33b. HHMEM HARMED NAMES</p> <p>If not sure ask:</p> <p>Who are these household members? (Do not include yourself, the offender, or children under 18 years of age)</p> <p>Enter the line number(s) of other household members.</p>	<p>Line number(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>34. ONE OR MORE OFFENDERS</p> <p>Ask or verify -</p> <p>Was the crime committed by only one or by more than one offender?</p>	<p>692 <input type="checkbox"/> 1 Only one - SKIP to 36 <input type="checkbox"/> 2 More than one - SKIP to 45 <input type="checkbox"/> 3 Don't know - ASK 35</p>

35. KNOWOFFENDERS Do you know anything about one of the offenders?	693 1 <input type="checkbox"/> Yes - ASK 36 2 <input type="checkbox"/> No - SKIP to 57
36. SINGOFFENDERGENDER Was the offender male or female?	698 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Don't know
37. SINGOFFENDERAGE How old would you say the offender was?	699 1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21-29 2 <input type="checkbox"/> 12-14 6 <input type="checkbox"/> 30 or older 3 <input type="checkbox"/> 15-17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18-20
38a. SINGOFFENDERGANG Was the offender a member of a street gang, or don't you know?	700 1 <input type="checkbox"/> Yes (a member of a street gang) 2 <input type="checkbox"/> No (not a member of a street gang) 3 <input type="checkbox"/> Don't know (if a member of a street gang)
38b. SINGOFFENDERDRINKDRUG Was the offender drinking or on drugs, or don't you know?	701 1 <input type="checkbox"/> Yes (drinking or on drugs) - ASK 39 2 <input type="checkbox"/> No (not drinking/not on drugs)..... } SKIP to 40 3 <input type="checkbox"/> Don't know (if drinking or on drugs)
39. SINGOFFENDERDRINKORDRUG Which was it? (Drinking or on drugs?)	702 1 <input type="checkbox"/> Drinking 2 <input type="checkbox"/> On drugs 3 <input type="checkbox"/> Both (drinking and on drugs) 4 <input type="checkbox"/> Drinking or on drugs - could not tell which
40. SINGOFFENDERKNEW Was the offender someone you knew or a stranger you had never seen before?	703 1 <input type="checkbox"/> Knew or had seen before - SKIP to 42 2 <input type="checkbox"/> Stranger 3 <input type="checkbox"/> Don't know
41. SINGOFFENDERRECOG Would you be able to recognize the offender if you saw him/her?	704 1 <input type="checkbox"/> Yes } SKIP to 44 2 <input type="checkbox"/> Not sure (possibly or probably) 3 <input type="checkbox"/> No
42. SINGOFFENDERHOWWELL How well did you know the offender - by sight only, casual acquaintance, or well known?	705 1 <input type="checkbox"/> Sight only - SKIP to 44 2 <input type="checkbox"/> Casual acquaintance ... } ASK 43 3 <input type="checkbox"/> Well known
43. SINGOFFENDERRELATION How well did you know the offender? For example, was the offender a friend, cousin, etc.?	707 RELATIVE 1 <input type="checkbox"/> Spouse at time of incident 2 <input type="checkbox"/> Ex-spouse at time of incident 3 <input type="checkbox"/> Parent or step-parent 4 <input type="checkbox"/> Own child or step-child 5 <input type="checkbox"/> Brother/sister 6 <input type="checkbox"/> Other relative - Specify _____ NONRELATIVE 7 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend 8 <input type="checkbox"/> Friend or ex-friend 9 <input type="checkbox"/> Roommate, boarder 10 <input type="checkbox"/> Schoolmate 11 <input type="checkbox"/> Neighbor 12 <input type="checkbox"/> Customer/client 14 <input type="checkbox"/> Patient 15 <input type="checkbox"/> Supervisor (current or former) 16 <input type="checkbox"/> Employee (current or former) 17 <input type="checkbox"/> Co-worker (current or former) 18 <input type="checkbox"/> Teacher/school staff 13 <input type="checkbox"/> Other nonrelative - Specify _____
44. SINGOFFENDERRACE What was the offender's race?	708 1 <input type="checkbox"/> White } SKIP to 57 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian/other Pacific Islander 5 <input type="checkbox"/> American Indian/Alaska Native 6 <input type="checkbox"/> Don't know
45. HOWMANYOFFENDERS How many offenders?	710 _____ Number of offenders

<p>46. MULTOFFENDERGENDER Were they male or female?</p>	<p>711 1 <input type="checkbox"/> All male 2 <input type="checkbox"/> All female } SKIP to 48 3 <input type="checkbox"/> Don't know sex of any offenders... 4 <input type="checkbox"/> Both male and female if only two offenders, SKIP to 72; otherwise ASK 47</p>
<p>47. MULTOFFENDERMOSTGENDER Were they mostly male or mostly female?</p>	<p>712 1 <input type="checkbox"/> Mostly male 2 <input type="checkbox"/> Mostly female 3 <input type="checkbox"/> Evenly divided 4 <input type="checkbox"/> Don't know</p>
<p>48. MULTOFFENDERYOUNG How old would you say the youngest was?</p>	<p>713 1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21-29 2 <input type="checkbox"/> 12-14 6 <input type="checkbox"/> 30 or older 3 <input type="checkbox"/> 15-17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18-20</p>
<p>49. MULTOFFENDEROLD How old would you say the oldest was?</p>	<p>714 1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21-29 2 <input type="checkbox"/> 12-14 6 <input type="checkbox"/> 30 or older 3 <input type="checkbox"/> 15-17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18-20</p>
<p>50a. MULTOFFENDERGANG Were any of the offenders a member of a street gang, or don't you know?</p>	<p>715 1 <input type="checkbox"/> Yes (a member of a street gang) 2 <input type="checkbox"/> No (not a member of a street gang) 3 <input type="checkbox"/> Don't know (if a member of a street gang)</p>
<p>50b. MULTOFFENDERDRINKDRUG Were any of the offenders drinking or on drugs, or don't you know?</p>	<p>716 1 <input type="checkbox"/> Yes (drinking or on drugs) - ASK 51 2 <input type="checkbox"/> No (not drinking/not on drugs) } SKIP to 52 3 <input type="checkbox"/> Don't know (if drinking or on drugs)</p>
<p>51. MULTOFFENDERDRINKORDRUG Which was it? (Drinking or on drugs?)</p>	<p>717 1 <input type="checkbox"/> Drinking 2 <input type="checkbox"/> On drugs 3 <input type="checkbox"/> Both (drinking and on drugs) 4 <input type="checkbox"/> Drinking or on drugs - could not tell which</p>
<p>52. MULTOFFENDERKNEW Were any of the offenders known to you, or were they strangers you had never seen before?</p>	<p>718 1 <input type="checkbox"/> All known } SKIP 2 <input type="checkbox"/> Some known } to 54 3 <input type="checkbox"/> All strangers } ASK 53 4 <input type="checkbox"/> Don't know</p>
<p>53. MULTOFFENDERRECOG Would you be able to recognize any of them if you saw them?</p>	<p>719 1 <input type="checkbox"/> Yes } SKIP to 56 2 <input type="checkbox"/> Not sure (possibly or probably) 3 <input type="checkbox"/> No</p>
<p>54. MULTOFFENDERHOWWELL How well did you know the offender(s) - by sight only, casual acquaintance, or well known? Probe: Anything else? Enter all that apply.</p>	<p>720 * 1 <input type="checkbox"/> Sight only 2 <input type="checkbox"/> Casual acquaintance 3 <input type="checkbox"/> Well known</p>
<p>55. MULTOFFENDERRELATION How did you know them? For example, were they friends, cousins, etc.? Probe: Anything else? Enter all that apply.</p>	<p>RELATIVE 723 * 1 <input type="checkbox"/> Spouse at time of incident 2 <input type="checkbox"/> Ex-spouse at time of incident 3 <input type="checkbox"/> Parent or step-parent 4 <input type="checkbox"/> Own child or step-child 5 <input type="checkbox"/> Brother/sister 6 <input type="checkbox"/> Other relative - Specify _____</p> <p>NONRELATIVE 724 * 7 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend 8 <input type="checkbox"/> Friend or ex-friend 9 <input type="checkbox"/> Roommate, boarder 10 <input type="checkbox"/> Schoolmate 725 * 11 <input type="checkbox"/> Neighbor 12 <input type="checkbox"/> Customer/client 14 <input type="checkbox"/> Patient 15 <input type="checkbox"/> Supervisor (current or former) 16 <input type="checkbox"/> Employee (current or former) 17 <input type="checkbox"/> Co-worker (current or former) 18 <input type="checkbox"/> Teacher/school staff 19 <input type="checkbox"/> Other nonrelative - Specify _____</p>

<p>56. MULTIOFFENDERRACE</p> <p>What were the offenders' races?</p> <p>Probe: Anything else? Enter all that apply.</p>	<p>726 * 1 <input type="checkbox"/> White</p> <p>2 <input type="checkbox"/> Black/African American</p> <p>3 <input type="checkbox"/> Asian</p> <p>4 <input type="checkbox"/> Native Hawaiian/other Pacific Islander</p> <p>5 <input type="checkbox"/> American Indian/Alaska Native</p> <p>6 <input type="checkbox"/> Don't know</p>
<p>57. THEFT</p> <p>Ask or verify:</p> <p>Was something stolen or taken without permission that belonged to you or others in the household? (Include anything stolen from the business operated from the respondent's home.)</p>	<p>731 1 <input type="checkbox"/> Yes - SKIP to 65a</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>58. ATTEMPTTHEFT</p> <p>Ask or verify:</p> <p>Did the offender(s) ATTEMPT to take something that belonged to you or others in the household? (Include anything stolen from the operated from the respondent's home.)</p>	<p>732 1 <input type="checkbox"/> Yes - ASK 59</p> <p>2 <input type="checkbox"/> No.....</p> <p>3 <input type="checkbox"/> Don't know..... } SKIP to 74</p>
<p>59. ATTEMPTTHEFTWHAT</p> <p>What did the offender try to take?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>733 * 1 <input type="checkbox"/> Cash</p> <p>2 <input type="checkbox"/> Purse</p> <p>3 <input type="checkbox"/> Wallet</p> <p>4 <input type="checkbox"/> Credit cards, checks, bank cards</p> <p>5 <input type="checkbox"/> Car</p> <p>6 <input type="checkbox"/> Other motor vehicle</p> <p>734 * 7 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.)</p> <p>8 <input type="checkbox"/> Gasoline or oil</p> <p>9 <input type="checkbox"/> Bicycle or parts</p> <p>735 * 10 <input type="checkbox"/> TV, DVD player, VCR, stereo, other household appliances</p> <p>11 <input type="checkbox"/> Silver, china, art objects</p> <p>12 <input type="checkbox"/> Other household furnishings (furniture, rugs, etc.)</p> <p>736 * 13 <input type="checkbox"/> Personal effects (clothing, jewelry, toys, etc.)</p> <p>14 <input type="checkbox"/> Handgun (pistol, revolver)</p> <p>15 <input type="checkbox"/> Other firearm (rifle, shotgun)</p> <p>737 * 16 <input type="checkbox"/> Other - Specify</p> <p>17 <input type="checkbox"/> Don't know</p>
<p>60. ATTEMPTTHEFTOWNER</p> <p>Did the (property/money) the offender tried to take belong to you personally, to someone else in the household, or to both you and other household members?</p>	<p>738 1 <input type="checkbox"/> Respondent only</p> <p>2 <input type="checkbox"/> Respondent and other household member(s)</p> <p>3 <input type="checkbox"/> Other household member(s) only</p> <p>4 <input type="checkbox"/> Nonhousehold member(s) only</p> <p>5 <input type="checkbox"/> Other - Specify</p>
<p>61. CHECK ITEM E Did the offender try to take cash, a purse, or a wallet? (Is box 1, 2, or 3 marked in 59?)</p>	<p><input type="checkbox"/> Yes - ASK 62</p> <p><input type="checkbox"/> No - SKIP to 63</p>
<p>62. ATTEMPTTHEFTONPERSON</p> <p>Ask or verify:</p> <p>Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?</p>	<p>742 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>63. ATTEMPTTHEFTITEMONPERSON</p> <p>Ask or verify:</p> <p>Was there anything (else) the offender(s) tried to take directly from you, for instance, from your pocket or hands, or something that you were wearing?</p> <p>Exclude property not belonging to respondent or other household member</p>	<p>745 1 <input type="checkbox"/> Yes - ASK 64</p> <p>2 <input type="checkbox"/> No - SKIP to 74</p>

64. ATTEMPTTHEFTITEMS

Which items did the offender(s) try to take directly from you?

Exclude property not belonging to respondent or other household member.

- 746 * 4 Credit cards, checks, bank cards
 - 5 Car
 - 6 Other motor vehicle
 - 7 Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.)
 - 8 Gasoline or oil
 - 9 Bicycle or parts
 - 10 TV, DVD player, VCR, stereo, other household appliances
 - 11 Silver, china, art objects
 - 12 Other household furnishings (furniture, rugs, etc.)
 - 13 Personal effects (clothing, jewelry, toys, etc.)
 - 14 Handgun (pistol, revolver)
 - 15 Other firearm (rifle, shotgun)
 - 16 Other
 - 40 Tried to take everything marked in 63 directly from respondent
- } SKIP to 74

65a. WHATWASTAKEN

What was taken that belonged to you or others in the household?

Probe: **Anything else?**

Enter all that apply.

- CASH/PURSE/WALLET/CREDIT CARDS**
- 748 * 1 Cash
 - 2 Purse
 - 3 Wallet
 - 4 Credit cards, check, bank cards
- VEHICLE OR PARTS**
- 5 Car
 - 6 Other motor vehicle
 - 749 * 7 Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.)
 - 8 Unattached motor vehicle accessories or equipment (unattached CD player or satellite radio, etc.)
 - 9 Gasoline or oil
 - 10 Bicycle or parts
- HOUSEHOLD FURNISHINGS**
- 750 * 11 TV, DVD player, VCR, stereo, other household appliances
 - 12 Silver, china, art objects
 - 13 Other household furnishings (furniture, rugs, etc.)
- PERSONAL EFFECTS**
- 751 * 14 Portable electronic and photographic gear (Personal stereo, TV, cellphone, camera, etc.)
 - 15 Clothing, furs, luggage, briefcase
 - 16 Jewelry, watch, keys
 - 752 * 17 Collection of stamps, coins, etc.
 - 18 Toys, sports and recreation equipment (not listed above)
 - 19 Other personal and portable objects
- FIREARMS**
- 753 * 20 Handgun (pistol, revolver)
 - 21 Other firearm (rifle, shotgun)
- MISCELLANEOUS**
- 22 Tools, machines, office equipment
 - 754 * 23 Farm or garden produce, plants, fruit, logs
 - 24 Animals -pet or livestock
 - 25 Food or liquor
 - 755 * 26 Other - Specify _____
 - 27 Don't know

65b. CHECK ITEM F Follow the skip pattern for the first category met, based on the entries in 65a.

- If Box 2 and/or 3 is marked in 65a - SKIP to 65c
- If Box 1 is marked in 65a - SKIP to 65d
- If none of the conditions above are met - SKIP to 66

65c. PRSWLT_CONTAINMONEY

Did the stolen (purse/wallet) contain any money?

- 1 Yes - ASK 65d
 - 2 No
- If Box 1 is marked in 65a ASK 65d otherwise SKIP to 66

65d. AMOUNTCASHTAKEN

If not sure, ask:

How much cash was taken?

747 \$ _____ . 00 Amount of cash taken

66. CHECK ITEM G1 Was a car or other motor vehicle stolen? (Is box 5 or 6 marked in 69a?)	<input type="checkbox"/> Yes - ASK 67 <input type="checkbox"/> No - SKIP to 69
67. PERMISSION GIVEN Had permission to use the (car/motor vehicle) ever been given to the offender(s)?	763 1 <input type="checkbox"/> Yes - ASK 68 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 69
68. RETURN CAR Did the offender return the (car/motor vehicle) this time?	764 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
69. CHECK ITEM G2 Did the offender(s) take a handgun? (Is box 20 marked in 69a?)	<input type="checkbox"/> Yes - ASK 70a <input type="checkbox"/> No - SKIP to 70b
70a. NUMBER HANDGUNS How many handguns were taken?	923 _____ Number of handguns
70b. CHECK ITEM G3 Did the offender(s) take some other type of firearm? (Is box 21 marked in 65a?)	<input type="checkbox"/> Yes - ASK 70c <input type="checkbox"/> No - SKIP to 70d
70c. NUMBER FIREARMS How many other types of firearms were taken?	924 _____ Number of firearms
70d. CHECK ITEM H1 Was cash, a purse, or a wallet taken? (Is box 1, 2, or 3 marked in 65a?)	<input type="checkbox"/> Yes - ASK 71a <input type="checkbox"/> No - SKIP to 71b
71a. CASH ON PERSON Ask or verify: Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?	767 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
71b. OTHER ON PERSON Ask or verify: Was there anything (else) the offender(s) took directly from you, for instance, from your pocket or hands, or something that you were wearing? Exclude property not belonging to respondent or other household member	768 1 <input type="checkbox"/> Yes - ASK 72 2 <input type="checkbox"/> No - SKIP to 73a
Notes	

<p>72. ITEMSTAKEN</p> <p>Which items did the offender(s) take directly from you?</p> <p>Exclude property not belonging to respondent or other household member.</p>	<p>769 *</p> <p>4 <input type="checkbox"/> Credit cards, check, bank cards</p> <p>5 <input type="checkbox"/> Car</p> <p>6 <input type="checkbox"/> Other motor vehicle</p> <p>7 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.)</p> <p>8 <input type="checkbox"/> Unattached motor vehicle accessories or equipment (unattached CD player or satellite radio, etc.)</p> <p>9 <input type="checkbox"/> Gasoline or oil</p> <p>10 <input type="checkbox"/> Bicycle or parts</p> <p>11 <input type="checkbox"/> TV, DVD player, VCR, stereo, other household appliances</p> <p>12 <input type="checkbox"/> Silver, china, art objects</p> <p>13 <input type="checkbox"/> Other household furnishings (furniture, rugs, etc.)</p> <p>14 <input type="checkbox"/> Portable electronic and photographic gear (Personal stereo, TV, cellphone, camera, etc.)</p> <p>15 <input type="checkbox"/> Clothing, furs, luggage, briefcase</p> <p>16 <input type="checkbox"/> Jewelry, watch, keys</p> <p>17 <input type="checkbox"/> Collection of stamps, coins, etc.</p> <p>18 <input type="checkbox"/> Toys, sports and recreation equipment (not listed above)</p> <p>19 <input type="checkbox"/> Other personal and portable objects</p> <p>20 <input type="checkbox"/> Handgun (pistol, revolver)</p> <p>21 <input type="checkbox"/> Other firearm (rifle, shotgun)</p> <p>22 <input type="checkbox"/> Tools, machines, office equipment</p> <p>23 <input type="checkbox"/> Farm or garden produce, plants, fruit, logs</p> <p>24 <input type="checkbox"/> Animals -pet or livestock</p> <p>25 <input type="checkbox"/> Food or liquor</p> <p>26 <input type="checkbox"/> Other</p> <p>40 <input type="checkbox"/> Everything marked in 96a was taken directly from respondent</p>
<p>73a. CHECK ITEM H2 Were only cash, a purse, or a wallet taken? (Are boxes 1, 2, or 3 the only boxes marked in 69a?)</p>	<p><input type="checkbox"/> Yes - SKIP to 74</p> <p><input type="checkbox"/> No - ASK 73b</p>
<p>73b. PROPERTYVALUE</p> <p>What was the value of the PROPERTY that was taken? Include recovered property. (Exclude any stolen (cash/checks/credit cards) If jointly owned with a nonhousehold member(s), include only the share owned by household members.)</p> <p>Enter total dollar value for all items taken.</p>	<p>770 \$ _____ 00 Value of property taken</p>
<p>74. POLICEINFORMED</p> <p>Were the police informed or did they find out about this incident in any way?</p>	<p>800</p> <p>1 <input type="checkbox"/> Yes - ASK 75a</p> <p>2 <input type="checkbox"/> No - SKIP to 76</p> <p>3 <input type="checkbox"/> Don't know - SKIP to 78</p>
<p>75a. POLICEFINDOUT</p> <p>How did the police find out about it?</p> <p>Enter first precode that applies.</p> <p>If proxy interview, we want the proxy respondent to answer questions 75a - 79 for herself/himself, not for the person for whom the proxy interview is being taken.</p>	<p>801</p> <p>1 <input type="checkbox"/> Respondent</p> <p>2 <input type="checkbox"/> Other household member</p> <p>3 <input type="checkbox"/> Someone official called police (guard, apt manager, school official, etc.).....</p> <p>4 <input type="checkbox"/> Someone else</p> <p>5 <input type="checkbox"/> Police were at scene</p> <p>6 <input type="checkbox"/> Offender was a police officer</p> <p>7 <input type="checkbox"/> Some other way - Specify - ASK 75b</p> <p>} SKIP to 77</p>
<p>75b. POLICEFINDOUT_SPEC</p> <p>Please specify how the police found out about it.</p>	<p>Specify - SKIP to 77</p> <p>_____</p>
<p>Notes</p>	

<p>76. NOTREPORTEDPOLICE</p> <p>What was the reason it was not reported to the police?</p> <p>Probe: Can you tell me a little more? Any other reason?</p> <p>Enter all that apply.</p> <p>STRUCTURED PROBE - Was the reason because you dealt with it another way, it wasn't important enough to you, insurance wouldn't cover it, police couldn't do anything, police wouldn't help, or was there some other reason?</p>	<p>DEALT WITH ANOTHER WAY</p> <p>802 * 1 <input type="checkbox"/> Reported to another official (guard, apt. manager, school official, etc.) 2 <input type="checkbox"/> Private or personal matter or took care of it myself or informally; told offender's parent</p> <p>NOT IMPORTANT ENOUGH TO RESPONDENT</p> <p>3 <input type="checkbox"/> Minor or unsuccessful crime, small or no loss, recovered property 4 <input type="checkbox"/> Child offender(s), "kid stuff" 5 <input type="checkbox"/> Not clear it was a crime or that harm was intended</p> <p>INSURANCE WOULDN'T COVER</p> <p>6 <input type="checkbox"/> No insurance, loss less than deductible, etc.</p> <p>POLICE COULDN'T DO ANYTHING</p> <p>803 * 7 <input type="checkbox"/> Didn't find out until too late 8 <input type="checkbox"/> Could not recover or identify property 9 <input type="checkbox"/> Could not find or identify offender, lack of proof</p>
	<p>POLICE WOULDN'T HELP</p> <p>10 <input type="checkbox"/> Police wouldn't think it was important enough, wouldn't want to be bothered or get involved</p> <p>804 * 11 <input type="checkbox"/> Police would be inefficient, ineffective (they'd arrive late or not at all, wouldn't do a good job, etc.) 12 <input type="checkbox"/> Police would be biased, would harass/insult respondent, cause respondent trouble, etc.) 13 <input type="checkbox"/> Offender was police officer</p> <p>OTHER REASON</p> <p>805 * 14 <input type="checkbox"/> Did not want to get offender in trouble with the law 15 <input type="checkbox"/> Was advised not to report to police 16 <input type="checkbox"/> Afraid of reprisal by offender or others 17 <input type="checkbox"/> Did not want to or could not take time - too inconvenient 18 <input type="checkbox"/> Other - Specify _____ 19 <input type="checkbox"/> Respondent not present or doesn't know why it wasn't reported</p>
<p>77. CHECK ITEM I Were the police informed? (Is "Yes" marked in 74?)</p>	<p>1 <input type="checkbox"/> Yes - ASK 78 2 <input type="checkbox"/> No - SKIP to 80</p>
<p>78. CONTACTAUTHORITIES</p> <p>Have you (or someone in your household) had contact with any other authorities about this incident (such as a prosecutor, court, or juvenile officer)?</p>	<p>829 1 <input type="checkbox"/> Yes - ASK 79 2 <input type="checkbox"/> No } SKIP to 80 3 <input type="checkbox"/> Don't know</p>
<p>79. AUTHORITIES</p> <p>Which authorities?</p> <p>Probe: Any others?</p> <p>Enter all that apply.</p>	<p>830 * 1 <input type="checkbox"/> Prosecutor, district attorney..... 2 <input type="checkbox"/> Magistrate 3 <input type="checkbox"/> Court 4 <input type="checkbox"/> Juvenile, probation, or parole officer... 5 <input type="checkbox"/> Other - Specify _____</p>
<p>80. DOINGATINCIDENTTIME</p> <p>Ask or verify:</p> <p>What were you doing when this incident (happened/started)?</p>	<p>832 1 <input type="checkbox"/> Working or on duty - SKIP to 82 2 <input type="checkbox"/> On the way to or from work - SKIP to 82 3 <input type="checkbox"/> On the way to or from school 4 <input type="checkbox"/> On the way to or from other place 5 <input type="checkbox"/> Shopping, errands..... 6 <input type="checkbox"/> Attending school..... 7 <input type="checkbox"/> Leisure activity away from home..... 8 <input type="checkbox"/> Sleeping 9 <input type="checkbox"/> Other activities at home..... 10 <input type="checkbox"/> Other - Specify _____ 11 <input type="checkbox"/> Don't know - ASK 81</p> <p style="text-align: right;">} ASK 81</p>
<p>81. JOBDURINGINCIDENT</p> <p>Ask or verify:</p> <p>Did you have a job at the time of the incident?</p>	<p>840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

82 CHECK ITEM J Is this incident part of a series of crimes? (Is box 2 (is a "series") marked in 5c?)	1 <input type="checkbox"/> Yes - ASK 83a 2 <input type="checkbox"/> No - SKIP to 89
83a. SERIESNUMTIMES You have told me about the most recent incident. How many times did this kind of thing happen to you during the last 6 months?	883 _____ Number of incidents - SKIP to 84a <input type="checkbox"/> Don't know - ASK 83b
83b. SERIESDK Is that because there is no way of knowing, or because it happened too many times, or is there some other reason?	884 1 <input type="checkbox"/> No way of knowing 2 <input type="checkbox"/> Happened too many times 3 <input type="checkbox"/> Some other reason - Specify _____
84a. SERIESWHICHMONTHQ1 In what month or months did these incidents take place? Probe: How many in (name months)?	Number of incidents per quarter 885 Jan., Feb., or Mar. (Qtr. 1) _____
84b. SERIESWHICHMONTHQ2 In what month or months did these incidents take place? Probe: How many in (name months)?	886 Apr., May, or Jun. (Qtr. 2) _____
84c. SERIESWHICHMONTHQ3 In what month or months did these incidents take place? Probe: How many in (name months)?	887 Jul., Aug., or Sept. (Qtr. 3) _____
84d. SERIESWHICHMONTHQ4 In what month or months did these incidents take place? Probe: How many in (name months)?	888 Oct., Nov., or Dec. (Qtr. 4) _____
85. SERIESLOCATION Did all, some, or none of these incidents occur in the same place?	889 1 <input type="checkbox"/> All in the same place 2 <input type="checkbox"/> Some in the same place 3 <input type="checkbox"/> None in the same place
86. SERIESOFFENDER Were all, some, or none of these incidents done by the same person(s)?	890 1 <input type="checkbox"/> All by same person 2 <input type="checkbox"/> Some by same person 3 <input type="checkbox"/> None by same person 4 <input type="checkbox"/> Don't know
87a. SAMETHINGEACHTIME Did the same thing happen each time?	893 1 <input type="checkbox"/> Yes - SKIP to 88 2 <input type="checkbox"/> No - ASK 87b
87b. HOWINCIDENTSDIFFER How did the incidents differ?	Specify _____
Notes	

88. CHECK ITEM K SERIES CONTACT OR NOT

Do not read to respondent.

Enter precode that best describes this series of crimes. If more than one category describes this series, enter the appropriate precode with the lowest number.

895

CONTACT CRIMES

- 1 Completed or threatened violence in the course of the victim's job (police officer, security guard, psychiatric social worker, etc.)
- 2 Completed or threatened violence between spouses, other relatives, friends, neighbors, etc.
- 3 Completed or threatened violence at school or on school property
- 4 Other contact crimes (other violence, pocket picking, purse snatching, etc.) - Specify _____

NONCONTACT CRIMES

- 5 Theft or attempted theft of motor vehicles.....
- 6 Theft or attempted theft of motor vehicle parts (tire, hubcap, battery, attached car stereo, etc.)
- 7 Theft or attempted theft of contents of motor vehicle, including unattached parts
- 8 Theft or attempted theft at school or on school property
- 9 Illegal entry of, or attempt to enter, victim's home, other building on property, second home, hotel, motel
- 10 Theft or attempted theft from victim's home or vicinity by person(s) KNOWN to victim (roommate, babysitter, etc.)
- 11 Theft or attempted theft from victim's home or vicinity by person(s) UNKNOWN to victim
- 12 Other theft or attempted theft (at work, while shopping, etc.) - Specify _____

89. CHECK ITEM L SUMMARY

Summarize this incident. Also include any details about the incident that were not asked about in the incident report that might help clarify the incident.

Notes