



Bureau of Justice Statistics



Survey of Crime Victimization Web Instrument

Start Here

➔ Please provide the following information about yourself:

First and Last Name	Age at Last Birthday	Marital Status	Sex	Hispanic Origin	Race <i>(Check all that apply)</i>
<i>(Please print)</i> First Name Last Name	<input type="checkbox"/> 1 18-29 <input type="checkbox"/> 2 30-49 <input type="checkbox"/> 3 50-69 <input type="checkbox"/> 4 70+	<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"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 White <input type="checkbox"/> 2 Black or African American <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Native Hawaiian or other Pacific Islander <input type="checkbox"/> 5 American Indian or Alaska Native

➔ How long have you lived at this address?

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

➔ Please provide your telephone number in case we do not understand an answer:

Area Code + Number

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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 items that have been stolen from you, or any breaking in attempts or vehicle thefts you or another household member might have experienced during the past 6 months, that is since [DATE]. The period of time we are interested in is shown in the right 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
▼ | No
▼ |
|--|-----------------------------|-----------------------------|
| a. Luggage, a wallet, purse, briefcase, book, or other things that you carry | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. Clothing, jewelry, or cell phone | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. Bicycle or sports equipment | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |
| d. Things in your home, such as a TV, stereo, tools | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d |
| e. Things outside your home, such as a garden hose or lawn furniture | <input type="checkbox"/> 1e | <input type="checkbox"/> 2e |
| f. Things belonging to children in the household | <input type="checkbox"/> 1f | <input type="checkbox"/> 2f |
| g. Things from a vehicle, such as a package, groceries, camera, or CDs | <input type="checkbox"/> 1g | <input type="checkbox"/> 2g |

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

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

Number of times

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

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

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

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

Number of times

3a. During the past 6 months, [IF "YES" TO ANY ITEM IN 1a OR 2a FILL: other than incidents you already included,] 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
▼ | No
▼ |
|---|-----------------------------|-----------------------------|
| a. A vehicle belonging to you or anyone in your household | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. Any parts from a vehicle, such as a tire, car stereo, hubcap, or battery | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. Gas from a vehicle belonging to you or anyone in your household | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |

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

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

Number of times

Next, we have some questions about attacks or threats you might have experienced during the past 6 months, that is since [DATE]. Press next to continue.

4a. [IF "YES" TO ANY ITEM IN 1a, 2a, OR 3a FILL: Other than incidents you already included,] 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
▼ | No
▼ |
|--|-----------------------------|-----------------------------|
| a. At home including the porch or yard | <input type="checkbox"/> 1a | <input type="checkbox"/> 2a |
| b. At or near a friend's, relative's, or neighbor's home | <input type="checkbox"/> 1b | <input type="checkbox"/> 2b |
| c. At work or school | <input type="checkbox"/> 1c | <input type="checkbox"/> 2c |
| d. In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport | <input type="checkbox"/> 1d | <input type="checkbox"/> 2d |
| e. While riding in any vehicle | <input type="checkbox"/> 1e | <input type="checkbox"/> 2e |
| f. On the street or in a parking lot | <input type="checkbox"/> 1f | <input type="checkbox"/> 2f |
| g. At a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting | <input type="checkbox"/> 1g | <input type="checkbox"/> 2g |

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

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

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

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

5b. How many times during the past 6 months did you experience such attacks or threats? Please enter '0' if you did not experience any.

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

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

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

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 included,] have any of the following people stolen something from you? Please select "Yes" or "No" for each option.

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

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

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

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 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 included.] 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 |
|-----------------------------|-----------------------------|-----------------------------|
| 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 |

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

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

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 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 included.] 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. Were you attacked or threatened in any way?

- 1 Yes
 2 No

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

- 1 Yes
 2 No

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

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

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 Number of times

10a. [IF "YES" TO ANY ITEM IN 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, OR 9a FILL: Other than incidents you already included,] 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. Were you attacked or threatened in any way?

- 1 Yes
 2 No

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

- 1 Yes
 2 No

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

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

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 Number of times

Instruction Box B: If at least 1 crime reported in Screener questions 1a – 10a (a "yes" response to any crime question), continue with CIR 1. A CIR should be completed for each counted crime in the Screener (questions 1b, 2b, 3b, etc.).

CIRs should be completed in the following order: CIR1: 1st incident of 1st type of crime reported in Screener. CIR2: 2nd incident of same type of crime in CIR1, if applicable, or next type of crime from Screener, Etc. Else, if no crimes reported in Screener, GO TO Closing Questions 60-62, then exit survey.

Incident 1

Instruction Box C: Fill text for question 1 -

IF QUESTION 1a, 7a, 9c, or 10c = YES: items stolen from you or another household member
IF QUESTION 2a = YES: break in or attempted break in
IF QUESTION 3a = YES: vehicle, part, or gas stolen
IF QUESTION 4a = YES: experienced personal attack, threat, or theft
IF QUESTION 5a or 6a = YES: personal attack or threat
IF QUESTION 8a = YES: forced or unwanted sexual act
IF QUESTION 9a = YES: possible crime reported to police
IF QUESTION 10a = YES: possible crime NOT reported to police

[FILL TEXT FOR CIR 2+]: The next questions are about the next theft, break-in, attack, threat or unwanted sexual act you have experienced in the past 6 months, that is since [DATE].

1. [IF CIR 1, OR CIR 2+ AND NEW TYPE OF CRIME]: You reported that in the past 6 months, that is since [DATE], you experienced the following: [FILL 1st/NEXT REPORTED CRIME FROM SCREENER].

[IF CIR 2+ AND NEXT INCIDENT OF SAME TYPE OF CRIME AS IN PREVIOUS CIR]: You reported that in the past 6 months, that is since [DATE], you experienced another: [FILL REPORTED CRIME FROM SCREENER].

When did (IF ONLY 1 CRIME OF THIS TYPE, FILL: this/IF > 1 CRIME OF THIS TYPE AND THIS IS FIRST CIR FOR THE CRIME, FILL: the first/IF > 1 CRIME OF THIS TYPE AND THIS IS CIR2+ FOR THIS CRIME, FILL: the next) incident take place?

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

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.

Instruction Box E: Display CIR crime banner: CRIME BEING DISCUSSED: (FILL SCREENER CRIME AS IN Instruction Box C). DATE. INCIDENT: FILL 1, 2, ETC FOR THIS CRIME).

2. Did the incident take place during the day or at night?

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

3. 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.

Instruction Box F: If this CIR is for the 2nd or higher incident of the same type of crime reported in previous CIR, skip Crime Series questions. GOTO QUESTION 6.

4. Altogether, how many times during the past 6 months did this type of incident happen?

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Number of times → IF 1-5 TIMES, NOT A SERIES. GO TO Question 6

5a. Are these incidents similar to each other in detail or are they for different types of crimes?

- ₁ Similar
₂ Different → NOT A SERIES. GO TO Question 6

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

- ₁ Yes → NOT A SERIES
₂ No → IS A SERIES

(IF CRIME SERIES BASED ON QUESTIONS 4, 5a, or 5b, FILL): The following questions refer only to the most recent incident.

6. Where did this [IF SERIES FILL: most recent] 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

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) _____

10. Were you or other household members present when this [IF SERIES FILL: most recent] incident occurred?

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

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) _____

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
- ₅ Forcible entry (or attempted forcible entry) of house/apartment or car
- ₆ Damaged or destroyed property
- ₇ Other (*Please specify*) _____

GO TO
Question
23

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

- ₁ Unwanted sexual contact
- 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*) _____

GO TO
Question
23

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
- ₄ Weapon present, threatened or attacked with weapon
- ₅ Object thrown at person
- ₆ Followed or surrounded
- ₇ Tried to hit, slap, knock down, grab, hold, trip, jump, push
- ₈ Other (*Please specify*): _____

GO TO
Question
23

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*) _____

20. Did you suffer any injuries?

- ₁ Yes
- ₂ No → GO TO Question 24a

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

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

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

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

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

GO TO
Question
24a

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

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) _____

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

27. Not counting yourself and the offender, how many persons currently living or staying at this address 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 currently living or staying at this address was harmed, threatened or robbed.

Number of people

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

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) _____

34. What was the offender's race? Please select all that apply.

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

GO TO
Question
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) _____

43. What were the offenders' races? *Please select all that apply.*

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

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 living or staying at this address 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	<input type="checkbox"/> _{1a}	<input type="checkbox"/> _{2a}	<input type="checkbox"/> _{3a}
b. Purse or wallet	<input type="checkbox"/> _{1b}	<input type="checkbox"/> _{2b}	<input type="checkbox"/> _{3b}
c. Credit cards, check, or bank cards	<input type="checkbox"/> _{1c}	<input type="checkbox"/> _{2c}	<input type="checkbox"/> _{3c}

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

If 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 Question 50

49. How much cash was taken?

\$

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

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

Instruction Box I: If 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 living or staying at this address any of the following objects? Please select all that apply.

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

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

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

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

	Stole ▼	Tried to Steal ▼	Did Not Steal or Try to Steal ▼
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}

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

\$

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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, someone living or staying at this address 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) _____

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

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.

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

₁ Yes → GO TO Question 62

₂ No

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

₁ Yes

₂ No

62. 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 \$75,000 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.