



OFFICE OF JUSTICE PROGRAMS

Innovation • Partnership • Safer Neighborhoods

U.S. Department of Justice Survey of Neighborhood Crime & Safety

Cover Page Graphics TBD

Formatting Under Development

NOTICE – Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires 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. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, to gather the data needed, and to complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing burden, to DOJ Clearance Officer (xxxx) ADDRESS, Washington DC ZIP.



U.S. Department of Justice Survey of Neighborhood Crime & Safety

INSTRUCTIONS

- Please use a black or blue pen to complete this form.
- Mark to indicate your answer.
- If you want to change your answer, darken the box and mark the correct answer.

START HERE

Your Neighborhood

The following questions ask about your neighborhood. By neighborhood, we mean the general area around your house or the building you live in, where you might do things such as shopping, going to the park, or visiting with neighbors.

1. On the whole, is this neighborhood a good place to live?

- Yes
- No

2. How much of a problem is litter, broken glass or trash on the sidewalks and streets?

- Never a problem
- Almost never a problem
- Sometimes a problem
- Almost always a problem
- Always a problem

3. How much of a problem is crime in your neighborhood?

- Never a problem
- Almost never a problem
- Sometimes a problem
- Almost always a problem
- Always a problem

For each of the following statements, please indicate whether you strongly agree, agree, disagree, or strongly disagree.

4. People around here are willing to help their neighbors.

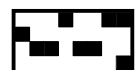
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

5. This is a close-knit neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

6. People in this neighborhood can be trusted.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree



7. People in this neighborhood generally get along with each other.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

8. People in this neighborhood share the same values.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Experiences of People in Your Household

The following questions ask about experiences with victimization you and anyone in your household have had over the last 12 months. Please include all experiences, even if they were not reported to the police.

9. In the last 12 months, has something belonging to anyone in this household been stolen, such as a TV, sports equipment, tools, lawn furniture, bicycle, wallet, purse, jewelry, or cell phone?

- Yes
- No

10. In the last 12 months, did anyone break into or attempt to break into your residence, or a garage, shed, or storage room that you own or rent?

- Yes
- No

11. In the last 12 months, were any cars, vans, trucks or other motor vehicles owned by anyone in this household stolen or used without permission?

- Yes
- No

12. In the last 12 months, did anyone steal or attempt to steal any parts from a vehicle owned by anyone in this household, like a tire, car stereo, hubcap or battery, or anything that was left in a vehicle?

- Yes
- No

The following questions ask about incidents in which someone in your household has been confronted, attacked, or threatened. Such incidents might be between people that don't know each other, but often involve people who do know each other. Please include all incidents, whether or not the people involved knew each other.

13. In the last 12 months, did anyone take or try to take something by force or threat of force from anyone in the household?

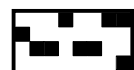
- Yes
- No

14. In the last 12 months, has anyone in this household been attacked with some type of weapon, such as a gun, knife, baseball bat, or rock?

- Yes
- No

15. In the last 12 months, has anyone in this household been attacked in another way, such as someone grabbing, forcing unwanted sexual activity, punching, or choking?

- Yes
- No



16. In the last 12 months, has anyone in this household been threatened with any kind of attack?

- Yes
- No

Police and 911 Services

Please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements.

17. The police are doing a good job in dealing with problems that really concern people in this neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

18. The police do a good job in responding to people in the neighborhood after they have been victims of crime.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

19. When people in your neighborhood call 911, does help arrive quickly?

- Yes
- No
- Don't Know

Your Household

20. Please think about everyone who currently lives in your household. In the table below, please indicate how many females and how many males are in each age range provided.

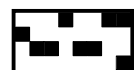
Age Range	Number of Females	Number of Males
Under 18 years old		
18 through 24 years old		
25 through 34 years old		
35 through 54 years old		
55 years old and older		

21. In your household, is any adult not working who would like to find a job? (Do not include students or retired persons.)

- Yes
- No

22. Does anyone in your household work in the following fields?

- Medical or Health Field? Yes No
- Mental Health Services Field? Yes No
- Law Enforcement or Security Field? Yes No
- Retail Sales? Yes No
- Transportation Field? Yes No



23. Do you own or rent the place where you're living?

- Own
- Rent
- Other

24. How long have you lived at this address?

- 1 year or less
- 1 to 5 years
- 5 or more years (skip to 26)

25. How many times have you moved in the past 5 years?

- 0 times
- 1 times
- 2 times
- 3 or more times

26. What is the best phone number to use to contact you? (This phone number will only be used for the purpose of this research study.)

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**Mail
to:**

Thank you for completing this survey. Please return your form in the postage paid envelope provided or mail to:

**Name
Address
City, State Zip**

