**Attachment 2**

**CATI: Detailed Incident Interview**

**E1.** You said that during the last 12 months (INCIDENT), what month did (this/the first) incident happen?

\_\_\_\_\_\_\_\_\_\_\_Month

**E2.** Altogether, how many times did this type of incident happen during the last 12 months?

\_\_\_\_\_\_\_\_\_\_\_ Number of incidents

IF 5 OR LESS INCIDENTS GO TO E5

IF 6 OR MORE INCIDENTS GO TO E3

**E3.** Are these incidents similar to each other in detail, or are they for different types of crimes?

🞎 Similar

🞎 Different (not a "series") GO TO 56

**E4.** Can you recall enough details of each incident to distinguish them from each other?

🞎 Yes (not a "series")

🞎 No (is a "series") – TREAT AS ONE INCIDENT

**E5.** (The following questions refer only to the most recent incident) In what city, town, or village did this incident occur?

🞎 Outside U.S.

🞎 Not inside a city/town/village

🞎 SAME city/town/village as present residence

🞎 DIFFERENT city/town/village from present residence

🞎 Don’t know

**E6.** Where did this incident happen?

**IN RESPONDENT’S HOME OR LODGING**

🞎 In own dwelling, own attached garage, or enclosed porch (Include illegal entry or attempted illegal entry of same)

🞎 In detached building on own property, such as detached garage, storage shed, etc. (Include illegal entry or attempted illegal entry of same)

🞎 In vacation home/second home (Include illegal entry or attempted illegal entry of same)

🞎 In hotel or motel room respondent was staying in (Include illegal entry or attempted illegal entry of same)

GO TO E7

**NEAR OWN HOME**

🞎 Own yard, sidewalk, driveway, carport, unenclosed porch (does not include apartment yards)

🞎 Apartment hall, storage area, laundry room (does not include apartment parking lot/garage)

🞎 On street immediately adjacent to own home

GO TO E12

**AT, IN, OR NEAR A FRIEND’S/RELATIVE’S/NEIGHBOR’S HOME**

🞎 At or in home or other building on their property

🞎 Yard, sidewalk, driveway, carport (does not include apartment yards)

🞎 Apartment hall, storage area, laundry room (does not include apartment parking lot/garage)

🞎 On street immediately adjacent to their home

GO TO E12

**COMMERCIAL PLACES**

🞎 Inside restaurant, bar, nightclub

🞎 Inside bank

🞎 Inside gas station

🞎 Inside other commercial building, such as a store

🞎 Inside office

🞎 Inside factory or warehouse

GO TO E12

**PARKING LOTS/GARAGES**

🞎 Commercial parking lot/garage

🞎 Noncommercial parking lot/garage

🞎 Apartment/townhouse parking lot/garage

GO TO E12

**SCHOOL**

🞎 Inside school building

🞎 On school property (school parking area, play area, school bus, etc.)

GO TO E12

**OPEN AREAS, ON STREET OR PUBLIC TRANSPORTATION**

🞎 In apartment yard, park, field, playground (other than school)

🞎 On the street (other than immediately adjacent to own/friend’s/relative’s/neighbor’s home)

🞎 On public transportation or in station (bus, train, plane, airport, depot, etc.)

GO TO E12

**OTHER**

🞎 Other – Specify

GO TO E12

**E7.** Did the offender live (here/there) or have a right to be (here/there), for instance, as a guest or a repairperson?

🞎 Yes GO TO E12

🞎 No

🞎 Don’t know

**E8.** Did the offender actually get INSIDE your (house/apartment /room/garage/ shed/ enclosed porch)?

🞎 Yes GO TO E10

🞎 No

🞎 Don’t know

**E9.** Did the offender TRY to get in your (house/apartment/room/garage/shed/porch)?

🞎 Yes

🞎 No GO TO E12

🞎 Don’t know

**E10.** 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)?

🞎 Yes

🞎 No GO TO E12

**E11.** What was the evidence? Anything else?

**WINDOW**

🞎 Damage to window (include frame, glass broken/removed/cracked)

🞎 Screen damaged/removed

🞎 Lock on window damaged/tampered with in some way

🞎 Other – Specify

**DOOR**

🞎 Damage to door (include frame, glass panes or door removed)

🞎 Screen damaged/removed

🞎 Lock or door handle damaged/tamperedwith in some way

🞎 Other – Specify

**OTHER**

🞎 Other than window or door

**E12.** Were you or any other member of this household present when this incident occurred?

🞎 Yes

🞎 No GO TO E31

**E13.** Which household members were present?

🞎 Respondent and other household member(s)

🞎 Only other household member(s), not respondent GO TO E31

**E14.** 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?

🞎 Yes

🞎 No GO TO E16

🞎 Don’t know GO TO E16

**E15.** What was the weapon? Anything else?

🞎 Hand gun (pistol, revolver, etc.)

🞎 Other gun (rifle, shotgun, etc.)

🞎 Knife

🞎 Other sharp object (scissors, ice pick, axe, etc.)

🞎 Blunt object (rock, club, blackjack, etc.)

🞎 Other – Specify

**E16.** Did the offender hit you, knock you down or actually attack you in any way?

🞎 Yes GO TO E22

🞎 No

**E17.** Did the offender TRY to attack you?

🞎 Yes GO TO E20

🞎 No

**E18.** Did the offender THREATEN you with harm in any way?

🞎 Yes GO TO E21

🞎 No

**E19.** What actually happened? Anything else?

🞎 Something taken without permission

🞎 Attempted or threatened to take something

🞎 Harassed, argument, abusive language

🞎 Unwanted sexual contact with force (grabbing, fondling, etc.)

🞎 Unwanted sexual contact without force (grabbing, fondling, etc.)

🞎 Forcible entry or attempted forcible entry of house/apartment

🞎 Forcible entry or attempted forcible entry of car

🞎 Damaged or destroyed property

🞎 Attempted or threatened to damage or destroy property

🞎 Other – Specify

GO TO E28

**E20.** How did the offender TRY to attack you? Any other way?

🞎 Verbal threat of rape

🞎 Verbal threat to kill

🞎 Verbal threat of attack other than to kill or rape

🞎 Verbal threat of sexual assault other than rape

🞎 Unwanted sexual contact with force (grabbing, fondling, etc.)

🞎 Unwanted sexual contact without force (grabbing, fondling, etc.)

🞎 Weapon present or threatened with weapon

🞎 Shot at (but missed)

🞎 Attempted attack with knife/sharp weapon

🞎 Attempted attack with weapon other than gun/knife/sharp weapon

🞎 Object thrown at person

🞎 Followed or surrounded

🞎 Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc.

🞎 Other – Specify

GO TO E28

**E21.** How were you threatened? Any other way?

🞎 Verbal threat of rape

🞎 Verbal threat to kill

🞎 Verbal threat of attack other than to kill or rape

🞎 Verbal threat of sexual assault other than rape

🞎 Unwanted sexual contact with force (grabbing, fondling, etc.)

🞎 Unwanted sexual contact without force (grabbing, fondling, etc.)

🞎 Weapon present or threatened with weapon

🞎 Shot at (but missed)

🞎 Attempted attack with knife/sharp weapon

🞎 Attempted attack with weapon other than gun/knife/sharp weapon

🞎 Object thrown at person

🞎 Followed or surrounded

🞎 Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc.

🞎 Other – Specify

GO TO E28

**E22.** How were you attacked? Any other way?

🞎 Raped

🞎 Tried to rape

🞎 Sexual assault other than rape or attempted rape

🞎 Shot

🞎 Shot at (but missed)

🞎 Hit with gun held in hand

🞎 Stabbed/cut with knife/sharp weapon

🞎 Attempted attack with knife/sharp weapon

🞎 Hit by object (other than gun) held in hand

🞎 Hit by thrown object

🞎 Attempted attack with weapon other than gun/knife/sharp weapon

🞎 Hit, slapped, knocked down

🞎 Grabbed, held, tripped, jumped, pushed, etc.

🞎 Other – Specify

**E23.** What were the injuries you suffered, if any? Anything else?

🞎 None GO TO E28

🞎 Raped

🞎 Attempted rape

🞎 Sexual assault other than rape or attempted rape

🞎 Knife or stab wounds

🞎 Gun shot, bullet wounds

🞎 Broken bones or teeth knocked out

🞎 Internal injuries

🞎 Knocked unconscious

🞎 Bruises, black eye, cuts, scratches, swelling, chipped teeth

🞎 Other – Specify

**E24.** Were you injured to the extent that you received any medical care, including self treatment?

🞎 Yes

🞎 No GO TO E28

**E25.** Where did you receive this care? Anywhere else?

🞎 At the scene

🞎 At home/neighbor’s/friend’s

🞎 Health unit at work/school, first aid station at a stadium/park, etc.

🞎 Doctor’s office/health clinic

🞎 Emergency room at hospital/emergency clinic

🞎 Hospital (other than emergency room)

🞎 Other – Specify

IF E25 = HOSPITAL GO TO E26, ELSE GO TO E28

**E26.** Did you stay overnight in the hospital?

🞎 Yes

🞎 No GO TO E28

**E27.** How many days did you stay (in the hospital)?

\_\_\_\_\_ Number of days

**E28.** Not counting yourself, were any of the persons present during the incident harmed, threatened with harm, or robbed by force or threat of harm? Do not include yourself, the offender, or children under 12 years of age.

🞎 Yes

🞎 No GO TO E31

🞎 Don’t know GO TO E31

**E29.** How many? (Do not include yourself, the offender or children under 12 years of age.)

\_\_\_\_\_\_\_Number of persons

**E30.** How many of these persons are members of your household now? (Do not include yourself, the offender or children under 12 years of age.)

🞎 None

\_\_\_\_\_\_\_\_\_\_\_\_Number of persons

**E31.** Was something stolen or taken without permission that belonged to you or others in the household?

🞎 Yes GO TO E37

🞎 No

🞎 Don’t know

**E32.** Did the offender(s) ATTEMPT to take something that belonged to you or others in the household?

🞎 Yes

🞎 No GO TO E50

🞎 Don’t know GO TO E50

**E33.** What did the offender try to take? Anything else?

🞎 Cash

🞎 Purse

🞎 Wallet

🞎 Credit cards, checks, bank cards

🞎 Car

🞎 Other motor vehicle

🞎 Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.)

🞎 Gasoline or oil

🞎 Bicycle or parts

🞎 TV, DVD player, VCR, stereo, other household appliances

🞎 Silver, china, art objects

🞎 Other household furnishings (furniture, rugs, etc.)

🞎 Personal effects (clothing, jewelry, toys, etc.)

🞎 Handgun (pistol, revolver)

🞎 Other firearm (rifle, shotgun)

🞎 Other – Specify

🞎 Don’t know

**E34.** 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? Mark (X) only one box.

🞎 Respondent only

🞎 Respondent and other household member(s)

🞎 Other household member(s) only

🞎 Nonhousehold member(s) only

🞎 Other – Specify \_\_\_\_\_\_\_\_\_

**E35.** Was/Were the article(s) IN or ATTACHED to a motor vehicle when the attempt was made to take (it/them)?

🞎 Yes

🞎 No

**E36.** (IF THE OFFENDER ATTEMPTED TO TAKE CASH/PURSE/WALLET IN E33) Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?

🞎 Yes

🞎 No

GO TO E50

**E37.** What was taken that belonged to you or others in the household? Anything else?

**Cash**

\_\_\_\_\_\_\_\_Amount of cash taken

🞎 Only cash taken – Enter amount above

**Property**

**PURSE/WALLET/CREDIT CARDS**

🞎 Purse Ask: Did it contain money?

🞎 Wallet Ask: Did it contain money?

🞎 Credit cards, check, bank cards

**VEHICLE OR PARTS**

🞎 Car

🞎 Other motor vehicle

🞎 Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.)

🞎 Unattached motor vehicle accessories or equipment (unattached CD player or satellite radio, etc.)

🞎 Gasoline or oil

🞎 Bicycle or parts

**HOUSEHOLD FURNISHINGS**

🞎 TV, DVD player, VCR, stereo, other household Appliances

🞎 Silver, china, art objects

🞎 Other household furnishings (furniture, rugs, etc.)

**PERSONAL EFFECTS**

🞎 Portable electronic and photographic gear (Personal stereo, TV, cellphone, camera, etc.)

🞎 Clothing, furs, luggage, briefcase

🞎 Jewelry, watch, keys

🞎 Toys, sports and recreation equipment (not listed above)

🞎 Collection of stamps, coins, etc.

🞎 Other personal and portable objects

**FIREARMS**

🞎 Handgun (pistol, revolver)

🞎 Other firearm (rifle, shotgun)

**MISCELLANEOUS**

🞎 Tools, machines, office equipment

🞎 Farm or garden produce, plants, fruit, logs

🞎 Animals –pet or livestock

🞎 Food or liquor

🞎 Other – Specify

🞎 Don’t know

**E38.** Did the stolen (property/money) belong to you personally, to someone else in the household, or to both you and other household members? Mark (X) only one box

🞎 Respondent only

🞎 Respondent and other household member(s)

🞎 Other household member(s) only

🞎 Nonhousehold member(s) only

🞎 Other

**E39.** IF CAR OR MOTOR VEHICLE STOLEN IN E37 GO TO E40, ELSE GO TO E42

**E40.** Had permission to use the (car/motor vehicle) ever been given to the offender(s)?

🞎 Yes

🞎 No GO TO E42

🞎 Don’t know GO TO E42

**E41.** Did the offender return the (car/motor vehicle) this time?

🞎 Yes

🞎 No

**E42.** IF HANDGUN STOLEN IN E37 GO TO E43, ELSE GO TO E44

**E43.** How many handguns were taken?

\_\_\_\_\_\_\_\_Number of handguns

🞎 Don’t know (Number of handguns taken)

**E44.** IF OTHER FIREARMS STOLEN IN E37 GO TO E45, ELSE GO TO E46

**E45.** How many other types of firearms were taken?

\_\_\_\_\_\_\_\_Number of handguns

🞎 Don’t know (Number of handguns taken)

**E46.** IF CASH/PURSE/WALLET STOLEN IN E37 GO TO E47, ELSE GO TO E48

**E47.** Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?

🞎 Yes

🞎 No

**E48.** IF CASH/CHECKS/CREDIT CARDS STOLEN IN E37 GO TO E49, ELSE GO TO E50

**E49.** 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 non household member(s), include only share owned by household members.)

\_\_\_\_\_\_\_\_\_\_Value of property taken

**E50.** Were the police informed or did they find out about this incident in any way?

🞎 Yes

🞎 No

🞎 Don’t know

**E51. Check Item W**

Summarize this incident or series of incidents. Include what was taken, how entry was gained, how victim was threatened/attacked, what weapons were present and how they were used, any injuries, what victim was doing at time of attack/threat, whether the incident was reported to the police or whether only nonhousehold property was stolen.

ALSO INCLUDE DETAILS ABOUT THE INCIDENT THAT ARE NOT PROVIDED IN THE ANSWER CATEGORIES AND THAT WILL HELP CLARIFY THE INCIDENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_