

<p>FORM <b>SCV-2</b></p> <p>Implementation Date: (dd-mm-yyyy)</p>	<p>RTI-INTERNATIONAL ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE</p>
<p><b>CRIME INCIDENT REPORT</b></p> <p><b>SURVEY OF CRIME VICTIMIZATION</b></p>	
<p><b>2. INCIDENT ADDRESS</b></p> <p>[FOR CIR2+, FILL: Next.] <b>You reported that in the past 6 months, that is since</b> FILL DATE, <b>you experienced the following:</b> FILL INCIDENT (1,2,3..) DESCRIPTION CREATED BY INTERVIEWER. <b>Did this incident happen while you were living here or before you moved to this address?</b></p>	<p>605 1 <input type="checkbox"/> While living at this address 2 <input type="checkbox"/> Before moving to this address</p>
<p><b>3a. INCIDENTDATE</b></p> <p><b>In what month and year did this incident happen?</b></p> <p>Encourage respondent to give exact month.</p>	<p>606 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Month Year</p> <p>IF DATE IS OUTSIDE OF REFERENCE PERIOD, ASK 3b. ELSE, CONTINUE TO 4.</p>
<p><b>3b. We are only asking about crimes that happened in the past 6 months. We will not collect information on this incident. Did you have anything else like this happen between</b> [FILL REFERENCE PERIOD]?</p>	<p>1 <input type="checkbox"/> Yes - START NEW CIR TO GET DATE OF THIS INCIDENT; THEN PROCEED WITH REMAINING CIR QUESTIONS. 2 <input type="checkbox"/> No - START CIR FOR NEXT TYPE OF CRIME REPORTED IN SCREENER, OR GO TO END.</p>
<p><b>4. INCIDENTNUMBEROFTIMES</b></p> <p>If unsure, ask -</p> <p><b>Altogether, how many times did this type of incident happen during the last 6 months?</b></p>	<p>607 _____ Number of incidents</p>
<p><b>5a. CHECK ITEM A</b> How many incidents? (Refer to 4.)</p>	<p>608 1 <input type="checkbox"/> 1-5 incidents (not a "series") - SKIP to 6 2 <input type="checkbox"/> 6 or more incidents - ASK 5b</p>
<p><b>5b. CHECK ITEM B INCIDENTSSIMILAR</b></p> <p>If unsure, ask:</p> <p><b>Are these incidents similar to each other in detail or are they for different types of crimes?</b></p>	<p>609 1 <input type="checkbox"/> Similar - ASK 5c 2 <input type="checkbox"/> Different (not a "series") - SKIP to 6</p>
<p><b>5c. CHECK ITEM C RECALLEDDETAILS</b></p> <p>If unsure, ask:</p> <p><b>Can you recall enough details of each incident to distinguish them from each other?</b></p>	<p>610 1 <input type="checkbox"/> Yes (not a "series") 2 <input type="checkbox"/> No (is a "series")</p>
<p><b>6. INCIDENTTIME</b></p> <p>(If box 2 is marked in 5c, read: <b>The following questions refer only to the most recent incident.</b>)</p> <p><b>About what time did (this/the most recent) incident happen?</b></p>	<p>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</p>

SCV 2 INCIDENT REPORT

<p><b>7a. INCIDENTPLACE</b></p> <p><b>In what city, town, or village did this incident occur?</b></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><b>8a. LOCATION_GENERAL</b></p> <p><b>Did this incident happen ...</b></p> <p>Read each category until respondent says "yes", then enter appropriate precode.</p>	<p>1 <input type="checkbox"/> <b>In your home or lodging?</b> - ASK 8b</p> <p>2 <input type="checkbox"/> <b>Near your home?</b> - SKIP to 8c</p> <p>3 <input type="checkbox"/> <b>At, in or near a friend's/relative's/neighbor's home?</b></p> <p>4 <input type="checkbox"/> <b>At a commercial place?</b></p> <p>5 <input type="checkbox"/> <b>In a parking lot or garage?</b></p> <p>6 <input type="checkbox"/> <b>At school?</b></p> <p>7 <input type="checkbox"/> <b>In open areas, on the street, or on public transportation?</b></p> <p>8 <input type="checkbox"/> <b>Some where else?</b></p> <p>} SKIP to 15a</p>
<p><b>8b. LOCATION_IN_HOME</b></p> <p>Ask if necessary:</p> <p><b>Where in your home or lodging did this incident happen?</b></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><b>8c. LOCATION_NEAR_HOME</b></p> <p>Ask if necessary:</p> <p><b>Where near your home or lodging did this incident happen?</b></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><b>9. OFFENDERLIVE</b></p> <p><b>Did the person who committed the crime, that is the offender, live (here/there or have a right to be (here/there), for instance, as a guest or a repair person?</b></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><b>10. OFFENDERINSIDE</b></p> <p><b>Did the offender actually get INSIDE your (house/apartment/room/garage/ shed/ enclosed porch)?</b></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><b>11. OFFENDERTRY</b></p> <p><b>Did the offender TRY to get in your (house/ apartment/room/garage/shed/porch)?</b></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><b>12. FORCEENTRY</b></p> <p><b>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)?</b></p>	<p>620</p> <p>1 <input type="checkbox"/> Yes - ASK 13</p> <p>2 <input type="checkbox"/> No - SKIP to 14</p>

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

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

<p><b>24a. HOWATTACK</b></p> <p><b>How were you attacked?</b></p> <p>Probe: <b>Any other way?</b></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><b>24b. HOWATTACK_SPEC</b></p> <p>Please specify how you were attacked.</p>	<p>Specify</p> <p>_____</p>
<p><b>25a. INJURY</b></p> <p><b>What were the injuries you suffered, if any?</b></p> <p>Probe: <b>Anything else?</b></p> <p>Enter all that apply.</p>	<p>655 * 1 <input type="checkbox"/> None ..... SKIP to 28a</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><b>25b. INJURY_SPEC</b></p> <p>Please specify the injuries you suffered.</p>	<p>Specify</p> <p>_____</p>
<p><b>26a. MEDICALCARE</b></p> <p><b>Were you injured to the extent that you received any medical care, including self treatment?</b></p>	<p>659 1 <input type="checkbox"/> Yes - ASK 26b</p> <p>2 <input type="checkbox"/> No - SKIP to 28a</p>
<p><b>26b. RECEIVECAREWHERE</b></p> <p><b>Where did you receive this care?</b></p> <p>Probe: <b>Anywhere else?</b></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><b>26c. CHECK ITEM D</b> 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><b>27a. CAREOVERNIGHT</b></p> <p><b>Did you stay overnight in the hospital?</b></p>	<p>662 1 <input type="checkbox"/> Yes - ASK 27b</p> <p>2 <input type="checkbox"/> No - SKIP to 28a</p>
<p><b>27b. CAREDAYHOSPIT</b></p> <p><b>How many days did you stay in the hospital?</b></p>	<p>663 _____ Number of days</p>
<p><b>28a. PROTECTSELF</b></p> <p><b>Did you do anything with the idea of protecting YOURSELF or your PROPERTY while the incident was going on?</b></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><b>28b. DURINGINCIDENT</b></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><b>29. ACTIONS DURING INCIDENT</b></p> <p><b>What did you do?</b></p> <p>Probe: <b>Anything else?</b></p> <p>Enter all that apply.</p>	<p><b>USED PHYSICAL FORCE TOWARD OFFENDER</b></p> <p>668 * 1 <input type="checkbox"/> Attacked offender with gun; fired gun  2 <input type="checkbox"/> Attacked with other weapon  3 <input type="checkbox"/> Attacked without weapon (hit, kicked, etc.)  4 <input type="checkbox"/> Threatened offender with gun  5 <input type="checkbox"/> Threatened offender with other weapon  6 <input type="checkbox"/> Threatened to injure, no weapon</p> <p><b>RESISTED OR CAPTURED OFFENDER</b></p> <p>669 * 7 <input type="checkbox"/> Defended self or property (struggled, ducked, blocked blows, held onto property)  8 <input type="checkbox"/> Chased, tried to catch or hold offender</p> <p><b>SCARED OR WARNED OFF OFFENDER</b></p> <p>9 <input type="checkbox"/> Yelled at offender, turned on lights, threatened to call police, etc.</p> <p><b>PERSUADED OR APPEASED OFFENDER</b></p> <p>10 <input type="checkbox"/> Cooperated, or pretended to (stalled, did what they asked)  670 * 11 <input type="checkbox"/> Argued, reasoned, pleaded, bargained, etc.</p> <p><b>ESCAPED OR GOT AWAY</b></p> <p>12 <input type="checkbox"/> Ran or drove away, or tried; hid, locked door</p> <p><b>GOT HELP OR GAVE ALARM</b></p> <p>13 <input type="checkbox"/> Called police or guard  671 * 14 <input type="checkbox"/> Tried to attract attention or help, warn others (cried out for help, called children inside)</p> <p><b>REACTED TO PAIN OR EMOTION</b></p> <p>15 <input type="checkbox"/> Screamed from pain or fear</p> <p><b>OTHER</b></p> <p>16 <input type="checkbox"/> Other - Specify _____</p>
<p><b>30. ANYONE PRESENT</b></p> <p><b>Was anyone present during the incident besides you and the offender? (Other than children under age 12.)</b></p>	<p>677 1 <input type="checkbox"/> Yes - ASK 31  2 <input type="checkbox"/> No ..... } SKIP to 34  3 <input type="checkbox"/> Don't know }</p>
<p><b>31. PERSONS HARMED</b></p> <p><b>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.)</b></p>	<p>682 1 <input type="checkbox"/> Yes - ASK 32  2 <input type="checkbox"/> No ..... } SKIP to 34  3 <input type="checkbox"/> Don't know }</p>
<p><b>32. PERSONS HARMED NUM</b></p> <p><b>How many? (Do not include yourself, the offender or children under 18 years of age.)</b></p>	<p>683 _____ Number of persons</p>
<p><b>33a. HHMEM HARMED</b></p> <p><b>How many of these persons are members of your household now? (Do not include yourself, the offender or children under 18 years of age.)</b></p>	<p>684 _____ Number of persons  0 <input type="checkbox"/> None - SKIP to 34</p>
<p><b>33b. HHMEM HARMED NAMES</b></p> <p>If not sure ask:</p> <p><b>Who are these household members? (Do not include yourself, the offender, or children under 18 years of age)</b></p> <p>Enter the line number(s) of other household members.</p>	<p>Line number(s)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>34. ONE OR MORE OFFENDERS</b></p> <p>Ask or verify -</p> <p><b>Was the crime committed by only one or by more than one offender?</b></p>	<p>692 1 <input type="checkbox"/> Only one - SKIP to 36  2 <input type="checkbox"/> More than one - SKIP to 45  3 <input type="checkbox"/> Don't know - ASK 35</p>

<b>35. KNOWOFFENDERS</b> <b>Do you know anything about one of the offenders?</b>	<input type="checkbox"/> 693 1 <input type="checkbox"/> Yes - ASK 36 2 <input type="checkbox"/> No - SKIP to 57
<b>36. SINGOFFENDERGENDER</b> <b>Was the offender male or female?</b>	<input type="checkbox"/> 698 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Don't know
<b>37. SINGOFFENDERAGE</b> <b>How old would you say the offender was?</b>	<input type="checkbox"/> 699 1 <input type="checkbox"/> Under 12 2 <input type="checkbox"/> 12-17 3 <input type="checkbox"/> 18-29 4 <input type="checkbox"/> 30 or older 5 <input type="checkbox"/> Don't know
<b>38a. SINGOFFENDERGANG</b> <b>Was the offender a member of a street gang, or don't you know?</b>	<input type="checkbox"/> 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)
<b>38b. SINGOFFENDERDRINKDRUG</b> <b>Was the offender drinking or on drugs, or don't you know?</b>	<input type="checkbox"/> 701 1 <input type="checkbox"/> Yes (drinking or on drugs) - ASK 39 2 <input type="checkbox"/> No (not drinking/not on drugs) 3 <input type="checkbox"/> Don't know (if drinking or on drugs) } SKIP to 40
<b>39. SINGOFFENDERDRINKORDRUG</b> <b>Which was it? (Drinking or on drugs?)</b>	<input type="checkbox"/> 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
<b>40. SINGOFFENDERKNEW</b> <b>Was the offender someone you knew or a stranger you had never seen before?</b>	<input type="checkbox"/> 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
<b>41. SINGOFFENDERRECOG</b> <b>Would you be able to recognize the offender if you saw him/her?</b>	<input type="checkbox"/> 704 1 <input type="checkbox"/> Yes ..... } SKIP to 44a 2 <input type="checkbox"/> Not sure (possibly or probably) ..... 3 <input type="checkbox"/> No
<b>42. SINGOFFENDERHOWWELL</b> <b>How well did you know the offender - by sight only, casual acquaintance, or well known?</b>	<input type="checkbox"/> 705 1 <input type="checkbox"/> Sight only - SKIP to 44 2 <input type="checkbox"/> Casual acquaintance ... } ASK 43 3 <input type="checkbox"/> Well known .....
<b>43. SINGOFFENDERRELATION</b> <b>How well did you know the offender? For example, was the offender a friend, cousin, etc.?</b>	<input type="checkbox"/> 707 <b>RELATIVE</b> 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 _____ <b>NONRELATIVE</b> 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 _____
<b>44a. Were any of the offenders Hispanic or Latino?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>44b. SINGOFFENDERRACE</b> <b>What race or races was the offender? Please select one or more.</b> <b>Was the offender...</b>	<input type="checkbox"/> 708 1 <input type="checkbox"/> White? 2 <input type="checkbox"/> Black or African American? 3 <input type="checkbox"/> American Indian or Alaska Native? 4 <input type="checkbox"/> Asian? 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander? 6 <input type="checkbox"/> Don't know } SKIP to 57
<b>45. HOWMANYOFFENDERS</b> <b>How many offenders?</b>	<input type="checkbox"/> 710 _____ Number of offenders

<p><b>46. MULTOFFENDERGENDER</b></p> <p><b>Were they male or female?</b></p>	<p>711</p> <p>1 <input type="checkbox"/> All male .....</p> <p>2 <input type="checkbox"/> All female .....</p> <p>3 <input type="checkbox"/> Don't know sex of any offenders..</p> <p>4 <input type="checkbox"/> Both male and female .....</p> <p>} SKIP to 48</p> <p>If only two offenders, SKIP to 72; otherwise ASK 47</p>
<p><b>47. MULTOFFENDERMOSTGENDER</b></p> <p><b>Were they mostly male or mostly female?</b></p>	<p>712</p> <p>1 <input type="checkbox"/> Mostly male</p> <p>2 <input type="checkbox"/> Mostly female</p> <p>3 <input type="checkbox"/> Evenly divided</p> <p>4 <input type="checkbox"/> Don't know</p>
<p><b>48. MULTOFFENDERYOUNG</b></p> <p><b>How old would you say the youngest was?</b></p>	<p>713</p> <p>1 <input type="checkbox"/> Under 12</p> <p>2 <input type="checkbox"/> 12-17</p> <p>3 <input type="checkbox"/> 18-29</p> <p>4 <input type="checkbox"/> 30 or older</p> <p>5 <input type="checkbox"/> Don't know</p>
<p><b>49. MULTOFFENDEROLD</b></p> <p><b>How old would you say the oldest was?</b></p>	<p>714</p> <p>1 <input type="checkbox"/> Under 12</p> <p>2 <input type="checkbox"/> 12-17</p> <p>3 <input type="checkbox"/> 18-29</p> <p>4 <input type="checkbox"/> 30 or older</p> <p>5 <input type="checkbox"/> Don't know</p>
<p><b>50a. MULTOFFENDERGANG</b></p> <p><b>Were any of the offenders a member of a street gang, or don't you know?</b></p>	<p>715</p> <p>1 <input type="checkbox"/> Yes (a member of a street gang)</p> <p>2 <input type="checkbox"/> No (not a member of a street gang)</p> <p>3 <input type="checkbox"/> Don't know (if a member of a street gang)</p>
<p><b>50b. MULTOFFENDERDRINKDRUG</b></p> <p><b>Were any of the offenders drinking or on drugs, or don't you know?</b></p>	<p>716</p> <p>1 <input type="checkbox"/> Yes (drinking or on drugs) - ASK 51</p> <p>2 <input type="checkbox"/> No (not drinking/not on drugs) .....</p> <p>3 <input type="checkbox"/> Don't know (if drinking or on drugs) .....</p> <p>} SKIP to 52</p>
<p><b>51. MULTOFFENDERDRINKORDRUG</b></p> <p><b>Which was it? (Drinking or on drugs?)</b></p>	<p>717</p> <p>1 <input type="checkbox"/> Drinking</p> <p>2 <input type="checkbox"/> On drugs</p> <p>3 <input type="checkbox"/> Both (drinking and on drugs)</p> <p>4 <input type="checkbox"/> Drinking or on drugs - could not tell which</p>
<p><b>52. MULTOFFENDERKNEW</b></p> <p><b>Were any of the offenders known to you, or were they strangers you had never seen before?</b></p>	<p>718</p> <p>1 <input type="checkbox"/> All known</p> <p>2 <input type="checkbox"/> Some known</p> <p>3 <input type="checkbox"/> All strangers</p> <p>4 <input type="checkbox"/> Don't know</p> <p>} SKIP to 54</p> <p>} ASK 53</p>
<p><b>53. MULTOFFENDERRECOG</b></p> <p><b>Would you be able to recognize any of them if you saw them?</b></p>	<p>719</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> Not sure (possibly or probably) .....</p> <p>3 <input type="checkbox"/> No</p> <p>} SKIP to 56a</p>
<p><b>54. MULTOFFENDERHOWWELL</b></p> <p><b>How well did you know the offender(s) - by sight only, casual acquaintance, or well known?</b></p> <p>Probe: <b>Anything else?</b> Enter all that apply.</p>	<p>720</p> <p>* 1 <input type="checkbox"/> Sight only</p> <p>2 <input type="checkbox"/> Casual acquaintance</p> <p>3 <input type="checkbox"/> Well known</p>
<p><b>55. MULTOFFENDERRELATION</b></p> <p><b>How did you know them? For example, were they friends, cousins, etc.?</b></p> <p>Probe: <b>Anything else?</b> Enter all that apply.</p>	<p><b>RELATIVE</b></p> <p>723</p> <p>* 1 <input type="checkbox"/> Spouse at time of incident .....</p> <p>2 <input type="checkbox"/> Ex-spouse at time of incident .....</p> <p>3 <input type="checkbox"/> Parent or step-parent .....</p> <p>4 <input type="checkbox"/> Own child or step-child .....</p> <p>5 <input type="checkbox"/> Brother/sister .....</p> <p>6 <input type="checkbox"/> Other relative - Specify .....</p> <p><b>NONRELATIVE</b></p> <p>724</p> <p>* 7 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend .....</p> <p>8 <input type="checkbox"/> Friend or ex-friend .....</p> <p>9 <input type="checkbox"/> Roommate, boarder .....</p> <p>10 <input type="checkbox"/> Schoolmate .....</p> <p>11 <input type="checkbox"/> Neighbor .....</p> <p>725</p> <p>* 12 <input type="checkbox"/> Customer/client .....</p> <p>14 <input type="checkbox"/> Patient .....</p> <p>15 <input type="checkbox"/> Supervisor (current or former) .....</p> <p>16 <input type="checkbox"/> Employee (current or former) .....</p> <p>17 <input type="checkbox"/> Co-worker (current or former) .....</p> <p>18 <input type="checkbox"/> Teacher/school staff .....</p> <p>13 <input type="checkbox"/> Other nonrelative - Specify .....</p>



<p>56a. Were any of the offenders Hispanic or Latino?</p>	<p>1 <input type="checkbox"/> Yes - AKS 56b  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know } SKIP to 56c</p>
<p>56b. What ethnicity were most of the offenders?</p>	<p>1 <input type="checkbox"/> Mostly Hispanic or Latino  2 <input type="checkbox"/> Mostly non-Hispanic or Latino  3 <input type="checkbox"/> Equal number of each ethnicity  4 <input type="checkbox"/> Don't know</p>
<p>56c. What race or races were the offenders?  Please select one or more.  Were they...  Probe: Anything else?</p>	<p>726 *  1 <input type="checkbox"/> White?  2 <input type="checkbox"/> Black or African American?  3 <input type="checkbox"/> American Indian/Alaska Native?  4 <input type="checkbox"/> Asian?  5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander?  6 <input type="checkbox"/> Don't know</p> <p>IF MORE THEN ONE ANSWER OPTION IS CHOSEN, GO TO 56d. ELSE, SKIP TO 57.</p>
<p>56 d. What race were most of the offenders?</p>	<p>726 *  1 <input type="checkbox"/> Mostly White  2 <input type="checkbox"/> Mostly Black or African American  3 <input type="checkbox"/> Mostly American Indian or Alaska Native  4 <input type="checkbox"/> Mostly Asian  5 <input type="checkbox"/> Mostly Native Hawaiian or other Pacific Islander  6 <input type="checkbox"/> Equal number of each race  7 <input type="checkbox"/> Don't know</p>
<p>57. THEFT  Ask or verify:  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  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>
<p>58. ATTEMPTTHEFT  Ask or verify:  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  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know } SKIP to 74</p>
<p>59. ATTEMPTTHEFTWHAT  What did the offender try to take?  Probe: Anything else?  Enter all that apply.</p> <p>60. ATTEMPTTHEFTOWNER  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>733 *  1 <input type="checkbox"/> Cash .....  2 <input type="checkbox"/> Purse .....  3 <input type="checkbox"/> Wallet .....  4 <input type="checkbox"/> Credit cards, checks, bank cards .....  5 <input type="checkbox"/> Car .....  6 <input type="checkbox"/> Other motor vehicle .....  734 *  7 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.) .....  8 <input type="checkbox"/> Gasoline or oil .....  9 <input type="checkbox"/> Bicycle or parts .....  735 *  10 <input type="checkbox"/> TV, DVD player, VCR, stereo, other household appliances .....  11 <input type="checkbox"/> Silver, china, art objects .....  12 <input type="checkbox"/> Other household furnishings (furniture, rugs, etc.) .....  736 *  13 <input type="checkbox"/> Personal effects (clothing, jewelry, toys, etc.) .....  14 <input type="checkbox"/> Handgun (pistol, revolver) .....  15 <input type="checkbox"/> Other firearm (rifle, shotgun) .....  737 *  16 <input type="checkbox"/> Other - Specify .....  17 <input type="checkbox"/> Don't know</p> <p>738  1 <input type="checkbox"/> Respondent only  2 <input type="checkbox"/> Respondent and other household member(s) .....  3 <input type="checkbox"/> Other household member(s) only .....  4 <input type="checkbox"/> Nonhousehold member(s) only .....  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  <input type="checkbox"/> No - SKIP to 63</p>

<p><b>62. ATTEMPTTHEFTONPERSON</b></p> <p>Ask or verify:</p> <p><b>Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?</b></p>	<p>742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>63. ATTEMPTTHEFTITEMONPERSON</b></p> <p>Ask or verify:</p> <p><b>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?</b></p> <p>Exclude property not belonging to respondent or other household member</p>	<p>745 1 <input type="checkbox"/> Yes - ASK 64 2 <input type="checkbox"/> No - SKIP to 74</p>
<p><b>64. ATTEMPTTHEFTITEMS</b></p> <p><b>Which items did the offender(s) try to take directly from you?</b></p> <p>Exclude property not belonging to respondent or other household member.</p>	<p>746 * 4 <input type="checkbox"/> Credit cards, checks, bank cards ..... 5 <input type="checkbox"/> Car ..... 6 <input type="checkbox"/> Other motor vehicle ..... 7 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.) ..... 8 <input type="checkbox"/> Gasoline or oil ..... 9 <input type="checkbox"/> Bicycle or parts ..... 10 <input type="checkbox"/> TV, DVD player, VCR, stereo, other household appliances ..... 11 <input type="checkbox"/> Silver, china, art objects ..... 12 <input type="checkbox"/> Other household furnishings (furniture rugs, etc.) ..... 13 <input type="checkbox"/> Personal effects (clothing, jewelry, toys etc.) ..... 14 <input type="checkbox"/> Handgun (pistol, revolver) ..... 15 <input type="checkbox"/> Other firearm (rifle, shotgun) ..... 16 <input type="checkbox"/> Other ..... 40 <input type="checkbox"/> Tried to take everything marked in 63 directly from respondent .....</p> <p style="text-align: right;">} SKIP to 74</p>
<p><b>65a. WHATWASTAKEN</b></p> <p><b>What was taken that belonged to you or others in the household?</b></p> <p>Probe: <b>Anything else?</b></p> <p>Enter all that apply.</p>	<p><b>CASH/PURSE/WALLET/CREDIT CARDS</b></p> <p>748 * 1 <input type="checkbox"/> Cash 2 <input type="checkbox"/> Purse 3 <input type="checkbox"/> Wallet 4 <input type="checkbox"/> Credit cards, check, bank cards</p> <p><b>VEHICLE OR PARTS</b></p> <p>5 <input type="checkbox"/> Car 6 <input type="checkbox"/> 749 * 7 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.) 8 <input type="checkbox"/> Unattached motor vehicle accessories or equipment (unattached CD player or satellite radio, etc.) 9 <input type="checkbox"/> Gasoline or oil 10 <input type="checkbox"/> Bicycle or parts</p> <p><b>HOUSEHOLD FURNISHINGS</b></p> <p>750 * 11 <input type="checkbox"/> TV, DVD player, VCR, stereo, other household appliances 12 <input type="checkbox"/> Silver, china, art objects 13 <input type="checkbox"/> Other household furnishings (furniture, rugs, etc.)</p> <p><b>PERSONAL EFFECTS</b></p> <p>751 * 14 <input type="checkbox"/> Portable electronic and photographic gear (Personal stereo, TV, cellphone, camera, etc.) 15 <input type="checkbox"/> Clothing, furs, luggage, briefcase 16 <input type="checkbox"/> Jewelry, watch, keys 752 * 17 <input type="checkbox"/> Collection of stamps, coins, etc. 18 <input type="checkbox"/> Toys, sports and recreation equipment (not listed above) 19 <input type="checkbox"/> Other personal and portable objects</p> <p><b>FIREARMS</b></p> <p>753 * 20 <input type="checkbox"/> Handgun (pistol, revolver) 21 <input type="checkbox"/> Other firearm (rifle, shotgun)</p> <p><b>MISCELLANEOUS</b></p> <p>22 <input type="checkbox"/> Tools, machines, office equipment 754 * 23 <input type="checkbox"/> Farm or garden produce, plants, fruit, logs 24 <input type="checkbox"/> Animals -pet or livestock 25 <input type="checkbox"/> Food or liquor 755 26 <input type="checkbox"/> Other - Specify _____ 27 <input type="checkbox"/> Don't know</p>

<p><b>65b. CHECK ITEM F</b> Follow the skip pattern for the first category met, based on the entries in 65a.</p> <p><b>65c. PRSWLT_CONTAINMONEY</b> <b>Did the stolen (purse/wallet) contain any money?</b></p>	<p><input type="checkbox"/> If Box 2 and/or 3 is marked in 65a - SKIP to 65c  <input type="checkbox"/> If Box 1 is marked in 65a - SKIP to 65d  <input type="checkbox"/> If none of the conditions above are met - SKIP to 66</p> <p>1 <input type="checkbox"/> Yes - ASK 65d  2 <input type="checkbox"/> No ..... If Box 1 is marked in 65a ASK 65d otherwise SKIP to 66</p>
<p><b>65d. AMOUNTCASHTAKEN</b> If not sure, ask:</p> <p><b>How much cash was taken?</b></p>	<p><input type="text" value="747"/> \$ _____ . <input type="text" value="00"/> Amount of cash taken</p>
<p><b>66. CHECK ITEM G1</b> Was a car or other motor vehicle stolen? (Is box 5 or 6 marked in 69a?)</p>	<p><input type="checkbox"/> Yes - ASK 67  <input type="checkbox"/> No - SKIP to 69</p>
<p><b>67. PERMISSIONGIVEN</b> <b>Had permission to use the (car/motor vehicle) ever been given to the offender(s)?</b></p>	<p><input type="text" value="763"/> 1 <input type="checkbox"/> Yes - ASK 68  2 <input type="checkbox"/> No .....  3 <input type="checkbox"/> Don't know ..... } SKIP to 69</p>
<p><b>68. RETURNCAR</b> <b>Did the offender return the (car/motor vehicle) this time?</b></p>	<p><input type="text" value="764"/> 1 <input type="checkbox"/> Yes .....  2 <input type="checkbox"/> No .....</p>
<p><b>69. CHECK ITEM G2</b> Did the offender(s) take a handgun? (Is box 20 marked in 69a?)</p>	<p><input type="checkbox"/> Yes - ASK 70a  <input type="checkbox"/> No - SKIP to 70b</p>
<p><b>70a. NUMBERHANDGUNS</b> <b>How many handguns were taken?</b></p>	<p><input type="text" value="923"/> _____ Number of handguns</p>
<p><b>70b. CHECK ITEM G3</b> Did the offender(s) take some other type of firearm? (Is box 21 marked in 65a?)</p>	<p><input type="checkbox"/> Yes - ASK 70c  <input type="checkbox"/> No - SKIP to 70d</p>
<p><b>70c. NUMBERFIREARMS</b> <b>How many other types of firearms were taken?</b></p>	<p><input type="text" value="924"/> _____ Number of firearms</p>
<p><b>70d. CHECK ITEM H1</b> Was cash, a purse, or a wallet taken? (Is box 1, 2, or 3 marked in 65a?)</p>	<p><input type="checkbox"/> Yes - ASK 71a  <input type="checkbox"/> No - SKIP to 71b</p>
<p><b>71a. CASHONPERSON</b> Ask or verify:</p> <p><b>Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?</b></p>	<p><input type="text" value="767"/> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><b>71b. OTHERONPERSON</b> Ask or verify:</p> <p><b>Was there anything (else) the offender(s) took directly from you, for instance, from your pocket or hands, or something that you were wearing?</b></p> <p>Exclude property not belonging to respondent or other household member</p>	<p><input type="text" value="768"/> 1 <input type="checkbox"/> Yes - ASK 72  2 <input type="checkbox"/> No - SKIP to 73a</p>

<p><b>72. ITEMSTAKEN</b></p> <p><b>Which items did the offender(s) take directly from you?</b></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  5 <input type="checkbox"/> Car  6 <input type="checkbox"/>  7 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached car stereo or satellite radio, attached CB radio, etc.)  8 <input type="checkbox"/> Unattached vehicle accessories or equipment (unattached CD player or satellite radio, etc.)  9 <input type="checkbox"/> Gasoline or oil  10 <input type="checkbox"/> Bicycle or parts  11 <input type="checkbox"/> TV, DVD player, VCR, stereo, other household appliances  12 <input type="checkbox"/> Silver, china, art objects  13 <input type="checkbox"/> Other household furnishings (furniture, rugs, etc.)  14 <input type="checkbox"/> Portable electronic and photographic gear (Personal stereo, TV, cellphone, camera, etc.)  15 <input type="checkbox"/> Clothing, furs, luggage, briefcase  16 <input type="checkbox"/> Jewelry, watch, keys  17 <input type="checkbox"/> Collection of stamps, coins, etc.  18 <input type="checkbox"/> Toys, sports and recreation equipment (not listed above)  19 <input type="checkbox"/> Other personal and portable objects  20 <input type="checkbox"/> Handgun (pistol, revolver)  21 <input type="checkbox"/> Other firearm (rifle, shotgun)  22 <input type="checkbox"/> Tools, machines, office equipment  23 <input type="checkbox"/> Farm or garden produce, plants, fruit, logs  24 <input type="checkbox"/> Animals -pet or livestock  25 <input type="checkbox"/> Food or liquor  26 <input type="checkbox"/> Other  40 <input type="checkbox"/> Everything marked in 96a was taken directly from respondent</p>
<p><b>73a. CHECK ITEM H2</b> Were only cash, a purse, or a wallet taken? (Are boxes 1, 2, or 3 the only boxes marked in 65a?)</p>	<p><input type="checkbox"/> Yes - SKIP to 74  <input type="checkbox"/> No - ASK 73b</p>
<p><b>73b. PROPERTYVALUE</b></p> <p><b>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.)</b></p> <p>Enter total dollar value for all items taken.</p>	<p>770 \$ _____ . 00 Value of property taken</p>
<p><b>74. POLICEINFORMED</b></p> <p><b>Were the police informed or did they find out about this incident in any way?</b></p>	<p>800 1 <input type="checkbox"/> Yes - ASK 75a  2 <input type="checkbox"/> No - SKIP to 76  3 <input type="checkbox"/> Don't know - SKIP to 78</p>
<p><b>75a. POLICEFINDOUT</b></p> <p><b>How did the police find out about it?</b>  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 1 <input type="checkbox"/> Respondent  2 <input type="checkbox"/> Other household member .....  3 <input type="checkbox"/> Someone official called police (guard, apartment manager, school official, etc.) .....  4 <input type="checkbox"/> Someone else .....  5 <input type="checkbox"/> Police were at scene  6 <input type="checkbox"/> Offender was a police officer  7 <input type="checkbox"/> Some other way - Specify - ASK 75b</p> <p>} SKIP to 77</p>
<p><b>75b. POLICEFINDOUT_SPEC</b></p> <p>Please specify how the police found out about it.</p>	<p>Specify - SKIP to 77</p> <p>_____</p>

<p><b>76. NOTREPORTEDPOLICE</b></p> <p><b>What was the reason it was not reported to the police?</b></p> <p>Probe: <b>Can you tell me a little more? Any other reason?</b></p> <p>Enter all that apply.</p> <p>STRUCTURED PROBE -</p> <p><b>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?</b></p>	<p><b>DEALT WITH ANOTHER WAY</b></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><b>NOT IMPORTANT ENOUGH TO RESPONDENT</b></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><b>INSURANCE WOULDN'T COVER</b></p> <p>6 <input type="checkbox"/> No insurance, loss less than deductible, etc.</p> <p><b>POLICE COULDN'T DO ANYTHING</b></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><b>POLICE WOULDN'T HELP</b></p> <p>10 <input type="checkbox"/> Police wouldn't think it was important enough, wouldn't want to be bothered or get involved 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><b>OTHER REASON</b></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><b>77. CHECK ITEM I</b> 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><b>78. CONTACTAUTHORITIES</b></p> <p><b>Have you (or someone in your household) had contact with any other authorities about this incident (such as a prosecutor, court, or juvenile officer)?</b></p>	<p>829 1 <input type="checkbox"/> Yes - ASK 79 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know ..... } SKIP to 80</p>
<p><b>79. AUTHORITIES</b></p> <p><b>Which authorities?</b></p> <p>Probe: <b>Any others?</b></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><b>80. DOINGATINCIDENTTIME</b></p> <p>Ask or verify:</p> <p><b>What were you doing when this incident (happened/started)?</b></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>} ASK 81</p>
<p><b>81. JOBDURINGINCIDENT</b></p> <p>Ask or verify:</p> <p><b>Did you have a job at the time of the incident?</b></p>	<p>840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

<b>82</b> <b>CHECK ITEM J</b> 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
<b>83a. SERIESNUMTIMES</b>  <b>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?</b>	883 _____ Number of incidents - SKIP to 84a  <input type="checkbox"/> Don't know - ASK 83b
<b>83b. SERIESDK</b>  <b>Is that because there is no way of knowing, or because it happened too many times, or is there some other reason?</b>	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 _____
<b>84. SERIESWHICHMONTHQ1</b> PROGRAMMER: DISPLAY THE SIX MONTHS IN THE REFERENCE PERIOD.  <b>How many times did this happen in:</b>	885    January _____ February _____ March _____ April _____ May _____ June _____ July _____ August _____ September _____ October _____ November _____ December _____
<b>85. SERIESLOCATION</b>  <b>Did all, some, or none of these incidents occur in the same place?</b>	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
<b>86. SERIESOFFENDER</b>  <b>Were all, some, or none of these incidents done by the same person(s)?</b>	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
<b>87a. SAMETHINGEACHTIME</b>  <b>Did the same thing happen each time?</b>	893    1 <input type="checkbox"/> Yes - SKIP to 88 2 <input type="checkbox"/> No - ASK 87b
<b>87b. HOWINCIDENTSDIFFER</b>  <b>How did the incidents differ?</b>	Specify _____
<b>88. CHECK ITEM K    SERIESCONTACTORNOT</b>  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. Please choose only one code.	895 <b>CONTACT CRIMES</b> 1 <input type="checkbox"/> Completed or threatened violence in the course of the victim's job (police officer, security guard, psychiatric social worker, etc.) ..... 2 <input type="checkbox"/> Completed or threatened violence between spouses, other relatives, friends, neighbors, etc. .... 3 <input type="checkbox"/> Completed or threatened violence at school or on school property ..... 4 <input type="checkbox"/> Other contact crimes (other violence, pocket picking, purse snatching, etc.) - Specify _____  5 <input type="checkbox"/> Theft or attempted theft of motor vehicles <b>NONCONTACT CRIMES</b> 6 <input type="checkbox"/> Theft or attempted theft of motor vehicle parts (tire, hubcap, battery, attached car stereo, etc.) ..... 7 <input type="checkbox"/> Theft or attempted theft of contents of motor vehicle, including unattached parts ..... 8 <input type="checkbox"/> Theft or attempted theft at school or on school property 9 <input type="checkbox"/> Illegal entry of, or attempt to enter, victim's home, other building on property, second home, hotel, motel 10 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) KNOWN to victim (roommate, babysitter, etc.) 11 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) UNKNOWN to victim ..... 12 <input type="checkbox"/> Other theft or attempted theft (at work, while shopping, etc.) - Specify _____

<p><b>89a. CHECK ITEM L SUMMARY</b></p> <p>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.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>89b. CRIME SERIES CHECK</b></p> <p>PROGRAMMER: IF 5c=1 OR WAS NOT ASKED, DISPLAY: "PRESS NEXT TO CONTINUE." AND LOOP THROUGH CIRs AS NEEDED BASED ON THE SCREENER DATA. AFTER LAST CIR, MOVE ON TO EMPLOYMENT QUESTIONS.</p> <p>IF 5c=2 (INDICATING THAT THIS CIR IS SERIES), THEN DISPLAY:  <b>CRIME SERIES CHECK:</b>  INTERVIEWER: DETERMINE IF THE NEXT CIR IS PART OF A CRIME SERIES THAT HAS BEEN REPORTED PREVIOUSLY BY RESPONDENT.</p> <p>INCIDENT X (CRIME SERIES): [FILL WITH DESCRIPTION OF CRIME SERIES INCIDENT FROM SCREENER]</p> <p>NEXT CIR: [FILL WITH DESCRIPTION FROM SCREENER]</p> <p>INTERVIEWER: YOU HAVE INDICATED THAT INCIDENT X [FILL 1,2, ETC.] IS PART OF A CRIME SERIES. IS THE NEXT CIR PART OF THE SAME CRIME SERIES?</p> <p>1 <input type="checkbox"/> Yes - GO TO CHECK2  2 <input type="checkbox"/> No - PRESS NEXT TO CONTINUE WITH NEXT CIR.</p>	
<p><b>89c. CHECK 2</b></p> <p>YOU HAVE INDICATED THAT THE NEXT CIR IS PART OF A CRIME SERIES REPORTED BY THE RESPONDENT. THE NEXT CIR WILL BE SKIPPED. IS THIS CORRECT?</p> <p>1 <input type="checkbox"/> Yes - SKIP NEXT CIR - PART OF CRIME SERIES ALREADY DISCUSSED  2 <input type="checkbox"/> No - ADMINISTER CIR - NOT PART OF CRIME SERIES</p>	
<p><b>90. JOBLASTWEEK</b></p> <p><b>Did you have a job or work at a business last week? Do not include volunteer work or work around the house.</b> (If R is a farm or business operator, include unpaid work.)</p>	<p>1 <input type="checkbox"/> Yes - IF CATI INCENTIVE CASE, SKIP TO 92. ELSE, GO TO 93.  2 <input type="checkbox"/> No - ASK 91</p>
<p><b>91. JOBDURINGREFPERIOD</b></p> <p><b>Did you have a job or work at a business during the last 6 months?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  IF CATI INCENTIVE CASE, ASK 92. ELSE, GO TO 93.</p>
<b>CATI INCENTIVE CASES ONLY</b>	
<p><b>92. Those are all the questions I have for you today. In order to mail your incentive to you and to make sure our information is correct, so that we may contact you at Wave 2, I just need to verify your contact information.</b></p> <p>- FILL NAME FROM SCREENER1  - FILL ADDRESS/CITY/STATE/ZIP VERIFIED IN ADDRESS VERIFICATION  - FILL PHONE NUMBERS PROVIDED IN SCREENER</p> <p><b>Is this information correct?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - CORRECT INFORMATION</p>
<p><b>92a. Do you have an e-mail address?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - SKIP TO 92b</p>
<p><b>92a_1. What is your current e-mail address?</b></p>	<div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto; margin-right: auto;"></div>

<p><b>92b. Your incentive will be mailed to you from RTI. Please allow 3-4 weeks for delivery.</b></p> <p>GO TO SPAWNING SCREENS.</p>	
<p><b>FOR ALL CAPI CASES AND CATI NON-INCENTIVE CASES</b></p>	
<p><b>93. To make sure our information is correct, so that we may contact you at Wave 2, I just need to verify the contact information you have provided today.</b></p> <p>- FILL NAME FROM SCREENER1          - FILL ADDRESS/CITY/STATE/ZIP VERIFIED IN ADDRESS VERIFICATION          - FILL PHONE NUMBERS PROVIDED IN SCREENER</p> <p><b>Is this information correct?</b></p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No - CORRECT INFORMATION</p>
<p><b>93a. Do you have an e-mail address?</b></p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No - IF CAPI INCENTIVE CASE, SKIP TO 93b. ELSE, GO TO SPAWNING SCREENS</p>
<p><b>93a_1. What is your current e-mail address?</b></p>	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <p>IF CAPI INCENTIVE CASE, SKIP TO 93b. ELSE, GO TO SPAWNING SCREENS.</p>
<p><b>93b. INTERVIEWER: PLEASE PAY THE RESPONDENT THE CASH INCENTIVE AND COMPLETE THE INCENTIVE RECEIPT FORM.</b></p> <p>GO TO SPAWNING SCREENS.</p>	