

This data collection is being conducted by NORC under cooperative agreement 2011-IJ-CX-K056 with the National Institute of Justice. Work performed under this award is subject to 42 USC 3789g and Department of Justice regulations 28 CFR 22 and 28 CFR 46 and has been reviewed and approved by an Institutional Review Board (IRB) and the NIJ Human Subjects Protection Officer.



at the UNIVERSITY of CHICAGO

OMB No. XXXX-XXXX Exp Date: XX/XX/XX

Start Time: _____

Officer Safety in Correctional Facilities-- Facility Survey

NORC at the University of Chicago, with funding from the National Institute of Justice (NIJ) is conducting a study to look at the use, care and maintenance of body armor by correctional officers. This study has a "Privacy Certificate" from the National Institute of Justice. This means that the information you provide is for research purposes only and will not be released even if a court or lawyer requests it. Please complete and return this form using the pre-paid envelope or by faxing it to: **XXXX**. This **voluntary form** will take approximately 30 minutes to complete. Please contact **NORC at NUMBER HERE** or OfficerSafety@norc.org if you have any questions or concerns.

Name of person completing survey _____
Position/Title _____
Phone number _____
Email address _____

FACILITY OVERVIEW

1. What is the total number of personnel working in your facility (including all staff from the multiple departments or units at your location)?

{enter number} ____ _

2. How many correctional officers (all ranks) work in your facility?

{enter number} ____ _

3. Are any of your correctional officers members of a union?

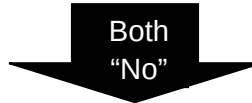
- 1 Yes
- 2 No → {skip to Q5}
- 3 Don't know

4. What proportion or percentage of your correctional officers are members of a union?

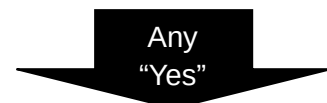
Proportion/% of officers in union: ____ _ %
Check if estimate

BODY ARMOR USAGE

Do any officers working in your facility currently use...	No, <u>none</u> of the officers in our facility use body armor at any time.	Yes, <u>some</u> of them	Yes, <u>all</u> of them
5. ...bullet-resistant body armor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. ...stab-resistant body armor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



{Continue to Q7}



{Skip to Q9}

7. Thinking about your facility's policies and practices, mark below why none of the officers in your facility use body armor at any time. {Mark all that apply}

- 1 No facility policy requires use of body armor use.
- 2 Not part of facility uniform.
- 3 No facility funds available to purchase body armor for officers.
- 4 Management does see the value of allowing body armor use.
- 5 Climate makes body armor use uncomfortable.
- 6 Individual officers have made that choice personally.
- 7 Low-risk inmate population.
- 8 Concerns about inmates taking body armor from officers.
- 9 Don't know.
- 10 Other, please specify: _____

	Stab-Resistant Armor	Bullet-Resistant Armor
8. Is your facility planning to provide body armor to officers within the next two years?	1 <input type="checkbox"/> Yes ➡ {Skip to Q40}	1 <input type="checkbox"/> Yes ➡ {Skip to Q40}
	2 <input type="checkbox"/> No ➡ {Skip to Q40}	2 <input type="checkbox"/> No ➡ {Skip to Q40}
	3 <input type="checkbox"/> Don't Know ➡ {Skip to Q40}	3 <input type="checkbox"/> Don't Know ➡ {Skip to Q40}

BODY ARMOR STANDARDS & POLICIES

	Stab-Resistant Armor	Bullet-Resistant Armor
9. Does your facility have <u>performance standards</u> for body armor worn by any officers in your facility (i.e., minimum ability to stop a specific weapon force)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know
10. Do the facility standards require any type of body armor to be on the National Institute of Justice's <u>approved product list</u>?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't Know
11. Does your facility <u>require</u> any officers to wear body armor?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → {Skip to Q14}	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → {Skip to Q14}

12. Does your facility have a written policy requiring officers to wear body armor?

- 1 Yes → {Skip to Q14}
 2 No
-

13. Is your facility planning to produce a written policy requiring officers to wear body armor within the next two years?

- 1 Yes → {Skip to Q20}
 2 No → {Skip to Q20}

14. Please indicate the type of stab-resistant body armor policy within your facility for each of the following staff positions. {Mark only ONE response per category.}

Check the box if stab-resistant body armor is not used in your facility

	Mandatory by policy with no exceptions (i.e., required at all times when on duty)	Mandatory by policy with exceptions (e.g., not required when working in administrative offices)	Not mandatory but required under special circumstances (e.g., extracting inmates from a cell)	Not mandatory (i.e., officer's discretion)	NOT APPLICABLE no such category of personnel
a. Recruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Correctional Officers directly supervising inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Correctional Officer supervisors overseeing officers who directly supervise inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Correctional Officers in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Correctional Officer supervisors in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Tactical teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Cell extraction teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Medical trip officers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Hospital watch officers (in facility)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Perimeter patrol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Command staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

15. For those who routinely wear stab-resistant body armor while on duty, specify which threat level of armor is required. {Mark all that apply.}

Check the box if stab-resistant body armor is not used in your facility

	Level I (low energy threats)	Level II (medium energy threats)	Level III (high energy threats)	Required but threat level not specified	NOT APPLICABLE no such category of personnel
a. Recruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

b. Correctional Officers directly supervising inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Correctional Officer supervisors overseeing officers who directly supervise inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Correctional Officers in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Correctional Officer supervisors in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Tactical teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Cell extraction teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Medical trip officers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Hospital watch officers (in facility)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Perimeter patrol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Command staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

16. Please indicate the type of bullet-resistant body armor policy within your facility for each of the following staff positions. {Mark only ONE response per category}.

Check the box if bullet-resistant body armor is not used in your facility

	Mandatory by policy with no exceptions (i.e., required at all times when on duty)	Mandatory by policy with exceptions (e.g., not required when working in administrative offices)	Not mandatory but required under special circumstances (e.g., extracting inmates from a cell)	Not mandatory (i.e., officer's discretion)	NOT APPLICABLE no such category of personnel
a. Recruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Correctional Officers directly supervising inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Correctional Officer supervisors overseeing officers who directly supervise inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Correctional Officers in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Correctional Officer supervisors in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Tactical teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Cell extraction teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Medical trip officers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Hospital watch officers (in facility)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Perimeter patrol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Command staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

17. For those who routinely wear bullet-resistant body armor while on duty, specify which threat level of armor is required. {Mark all that apply}

Check the box if bullet-resistant body armor is not used in your facility

	Type IIA (9 mm; .40 S&W)	Type II (9 mm; .357 Magnum)	Type IIIA (.357 SIG; .44 Magnum)	Type III (Rifles)	Type IV (Armor Piercing Rifle)	Required but threat level not specified
a. Recruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Correctional Officers directly supervising inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Correctional Officer supervisors overseeing officers who directly supervise inmates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Correctional Officers in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Correctional Officer supervisors in Administrative Assignments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Tactical teams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Command staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

18. Does your facility have a disciplinary policy for when an officer does not wear body armor when required to do so?

- 1 Yes, a firm policy
- 2 Yes, entirely supervisor's discretion for choice of disciplinary action ➡ {Skip to Q20}
- 3 No ➡ {Skip to Q20}

19. What is your facility's disciplinary policy when an officer does not wear body armor when required to do so? {Mark all that apply within each column: 1st, 2nd, and 3rd offenses.}

	1st Offense	2nd Offense	3rd Offense
a. Termination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Suspension	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Fined	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Written reprimand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Verbal reprimand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Sent to retrieve armor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

g. Policy is not enforced	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

SELECTION, FIT, TRAINING, & MAINTENANCE

20. How do officers within your facility obtain body armor (either stab or bullet-resistant)? *{Mark all that apply}*

- 1 Issued by the facility
- 2 Pooled/Shared supply within the facility
- 3 Inherited armor / Hand-me-downs
- 4 Purchased it themselves
- 5 Don't know

21. How many officers are provided with facility-issued body armor?

- a. **Stab-resistant vests:** {enter number} ____ ____ ____ Check if estimate
- b. **Bullet-resistant vests:** {enter number} ____ ____ ____ Check if estimate

22. How many officers obtained new body armor on their own (i.e. purchased it)?

- Stab-resistant vests: : {enter number} ____ ____ ____ *{If 0, Skip to Q25}*
 Check if estimate
- Bullet-resistant vests: : {enter number} ____ ____ ____ *{If 0, Skip to Q25}*
 Check if estimate

23. Do officers who purchase their own body armor receive reimbursement?

- 1 Yes
- 2 No → {skip to Q25}
- 3 Don't Know → {skip to Q25}
- 4 Not applicable → {skip to Q25}

24. Do officers who purchase their own body armor receive full or partial reimbursement?

- 1 Full reimbursement
- 2 Partial reimbursement

25. Do correctional officers in your facility use internal or external carriers for body armor?

- 1 Internal carrier (i.e., officer wears body armor under uniform shirt)
- 2 External carrier (i.e., officer wears body armor over uniform shirt)
- 3 Both

26. Are officers fitted for their body armor?

- 1 Yes
- 2 No → {skip to Q29}

27. What are the procedures for assessing the fit of officers' body armor? {Mark all that apply.}

- 1 Officers receive body armor that approximates their body size (e.g., small, medium, large, etc.).
- 2 Officers are formally fitted (that is, is a measuring tape or sizing tem plate is used to determine sizing for officers' armor).
- 3 Officers bring in their own measurements to order best size.
- 4 Other, specify _____

28. Who assesses the fit of the officers' body armor? {Mark all that apply.}

- 1 Representatives from the manufacturer/supplier.
- 2 Internal facility representatives.
- 3 The officers assess for themselves.
- 4 Other, specify _____

29. How often does your facility conduct inspections to ensure that officers' body armor fits properly?

- 1 Never
- 2 Less than once a year
- 3 About once a year
- 4 About once every 6 months
- 5 About once every 3 months
- 6 About once a month
- 7 A few times a month
- 8 About once a week
- 9 Other, specify: _____

30. How often does your facility conduct inspections to ensure that officers' body armor is maintained properly?

- 1 Never
- 2 Less than once a year
- 3 About once a year
- 4 About once every 6 months
- 5 About once every 3 months
- 6 About once a month
- 7 A few times a month
- 8 About once a week
- 9 Other, specify: _____

31. How does your facility educate/train its officers on the benefits and limitations of wearing body armor and on body armor care and maintenance?

{Mark all that apply within each column.}

	32. Benefits and limitations of body armor	33. Body armor care and maintenance
a. Manufacturer-provided literature/manuals	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Department-provided literature/manuals	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Supervisory staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>

d. Manufacturer/supplier representative	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. In-service/specialized training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Academy	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Firearms/weapons training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Roll call	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Other, please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. NONE PROVIDED	1 <input type="checkbox"/>	2 <input type="checkbox"/>

34. Do you have a record-keeping system for keeping track of body armor in your facility?

- 1 Yes
 2 No

35. How often does your facility replace body armor?

- 1 Every year
 2 Every 2 years
 3 Every 3 years
 4 Every 4 years
 5 Every 5 years
 6 Other, specify: _____
 7 No policy on replacements
 8 No replacements offered
 9 Don't know

36. Does your facility have extra body armor available for emergencies or when an officer is awaiting new body armor?

- 1 Yes
 2 No

37. How long before new/replacement body armor would be available for the officer's use?

- 1 Immediately
- 2 Within 2 days
- 3 More than 2 days
- 4 No replacements offered
- 5 Don't know

38. Who handles the logistics of replacing body armor?

- 1 The facility
- 2 Body armor vendor
- 3 The individual correctional officer
- 4 Other, specify: _____
- 5 No replacements offered
- 6 Don't know

39. Based on your facility's policies and practices, rate the importance of the following factors related to the purchasing of body armor.

	Very important	Somewhat important	Not very important	Not important at all
a. Safety/Threat level	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Cost	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Warranty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Comfort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Flexibility of the armor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Weight of body armor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Officers' ability to move	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Confidence in name-brand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Collective bargaining interests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Composition of body armor materials	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Compliance with NIJ standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Services offered by the manufacturer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Input from officers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

OFFICER ASSAULT HISTORY

40. In the past five years, how many officers from your facility were assaulted in the line of duty by suspects?

Number of Officers assaulted in past 5 years:

{enter number} ____ Check if estimate **➡** {If none, enter 0 and skip to Q450}

41. Does your facility record the number of assaults by weapon used?

Yes _____ No **➡** { skip to Q500}

42. In the past five years, how many officers from your facility were assaulted in the line of duty by suspects using edged weapons (e.g., a knife)?

Number of Officers assaulted with an edged weapon in past 5 years:

{enter number} ___ ___ ___ Check if estimate **➡** {If none, enter 0 and skip to Q455}

43. Of these officers assaulted with an edged weapon, how many were injured in the incident?

Number of Officers injured by assault with an edged weapon in past 5 years:

{enter number} ___ ___ ___ Check if estimate **➡** {If no officer injured by assault with an edged weapon, enter 0 and skip to Q455}

44. Among officers injured by assault with an edged weapon, how many were wearing stab-resistant body armor at the time of the assault?

Number of Officers injured by assault with an edged weapon who were wearing body armor at time of assault in past 5 years:

{enter number} ___ ___ ___ Check if estimate **➡** {If no injured officer was wearing body armor at time of assault, enter 0.}

45. In the past five years, how many officers from your facility were assaulted in the line of duty by suspects using a spiked weapon (e.g., an ice pick)?

Number of Officers assaulted with a spiked weapon in past 5 years:

{enter number} ___ ___ ___ Check if estimate **➡** {If none, enter 0 and skip to Q48}

46. Of these officers assaulted with a spiked weapon, how many were injured in the incident?

Number of Officers injured by assault with a spiked weapon in past 5 years:

{enter number} ___ ___ ___ Check if estimate **➡** {If no officer injured by assault with a spiked weapon, enter 0 and skip to Q48}

47. Among officers injured by assault with a spiked weapon, how many were wearing stab-resistant body armor at the time of the assault?

Number of Officers injured by assault with a spiked weapon who were wearing body armor at time of assault in past 5 years:

{enter number} ___ ___ ___ Check if estimate **➡** {If no injured officer was wearing body armor at time of assault, enter 0.}

48. In the past five years, how many officers from your facility were assaulted in the line of duty by suspects using a firearm?

Number of Officers assaulted with a firearm in past 5 years:

{enter number} ____ ____ ____ Check if estimate **➡** {If none, enter 0 and skip to Q500}

49. Among officers injured by assault with a firearm, how many were wearing bullet-resistant body armor at the time of the assault?

Number of Officers injured by assault with a firearm who were wearing body armor at time of assault in past 5 years:

{enter number} ____ ____ ____ Check if estimate **➡** {If no injured officer was wearing body armor at time of assault, enter 0.}

50. In 2012, estimate how many officers sustained duty-related injuries or illnesses due to each of the following types of:

	0 Times	1-5	6-10	11 or more
a. Blood Borne Diseases	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Broken Bones	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Burns/Thermal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Chemical Exposures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Internal Injuries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Needle Sticks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Shot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Other, specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

51. {If this is a state-run facility} What portion of the funding for body armor used in this facility is federal money?

- 1 All of the funding
- 2 Some of the funding
- 3 None of the funding
- 4 Not a state run facility

End Time: _____

Please send your completed form to NORC using the enclosed postage paid envelope.
You may also return the completed survey by faxing it to: