

NOTICE - We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires us to keep all information about you and your household strictly confidential. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB number.

FORM NCVS-2
Implementation Date: (07-01-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

Control number

PSU	Segment/Suffix	Sample designation/Suffix	Serial/Suffix	HH No.	Spinoff Indicator
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Notes

CRIME INCIDENT REPORT
NATIONAL CRIME VICTIMIZATION SURVEY

1a. LINE NUMBER OF RESPONDENT Line number (ex., 01)

1b. SCREEN QUESTION NUMBER Screen question number (ex., 39)

1c. INCIDENT NUMBER Incident number (ex., 01)

2a. CHECK ITEM A Has the respondent lived at this address for more than 6 months? (If not sure, refer to 33a on the NCVS-1 or ASK.)

Yes (more than 6 months) - SKIP to 3
 No (6 months or less) - ASK 2

2b. INCIDNETADDRESS

You said that during the last 6 months - (description of the crime reported in the screen question.)
Did (this/the first) incident happen while you were living here or before you moved to this address?

1 While living at this address
2 Before moving to this address

3. INCIDENTDATE

In what month did (this/the first) incident happen?
Encourage respondent to give exact month.

Month Year

4. INCIDENTNUMEROFTIMES

If unsure, ask -

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

_____ Number of incidents

5a. CHECK ITEM B How many incidents? (Refer to 4.)

1 1-5 incidents (not a "series") - SKIP to 6
2 6 or more incidents - ASK 5b

5b. CHECK ITEM C INCIDENTSSIMILAR

If unsure, ask:

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

1 Similar - ASK 5c
2 Different (not a "series") - SKIP to 6

5c. CHECK ITEM D RECALLEDTAILS

If unsure, ask:

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

1 Yes (not a "series")
2 No (is a "series")

6. INCIDENTTIME

(If box 2 is marked in 5c, read: **The following questions refer only to the most recent incident.**)

About what time did (this/the most recent) incident happen?

During day

1 After 6 a.m. - 12 noon
2 After 12 noon - 3 p.m.
3 After 3 p.m. - 6 p.m.
4 Don't know what time of day

At night

5 After 6 p.m. - 9 p.m.
6 After 9 p.m. - 12 midnight
7 After 12 midnight - 6 a.m.
8 Don't know what time of night
OR
9 Don't know whether day or night

<p>7a. INCIDENT PLACE In what city, town, or village did this incident occur?</p>	<p>613</p> <p>1 <input type="checkbox"/> Outside U.S. - SKIP to 10a 2 <input type="checkbox"/> Not inside a city/town/village - ASK 8a 3 <input type="checkbox"/> SAME city/town/village as present residence - SKIP to 9 4 <input type="checkbox"/> DIFFERENT city/town/village from present residence } ASK 7b 5 <input type="checkbox"/> Don't know - ASK 8a</p>
<p>7b. INCIDENTPLACESPEC Please specify the city, town, or village, in which the incident occurred.</p>	<p>Specify _____</p>
<p>8a. INCIDENTSTATE In what state did it occur?</p> <p>8b. INCIDENTCOUNTY In what county did it occur?</p>	<p>614</p> <p>State _____</p> <p>County _____</p>
<p>8c. COUNTYSTATE Ask or verify:</p> <p>Is this the same county and state as your present residence?</p>	<p>615</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>9. INCIDENTAIR Did this incident occur on an American Indian Reservation or on American Indian Lands?</p>	<p>633</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>10a. LOCATION_GENERAL Did this incident happen ...</p> <p>Read each category until respondent says "yes", then enter appropriate precode.</p>	<p>1 <input type="checkbox"/> In your home or lodging? - SKIP to 10b 2 <input type="checkbox"/> Near your home? - SKIP to 10c 3 <input type="checkbox"/> At, in or near a friend's/relative's/neighbor's home? - SKIP to 10d 4 <input type="checkbox"/> At a commercial place? - SKIP to 10e 5 <input type="checkbox"/> In a parking lot or garage? - SKIP to 10f 6 <input type="checkbox"/> At school? - SKIP to 10g 7 <input type="checkbox"/> In open areas, on the street, or on public transportation? - SKIP to - 10h 8 <input type="checkbox"/> Some where else? - SKIP to 10i</p>
<p>Notes</p>	

10b. LOCATION_IN_HOME

Ask if necessary:

Where in your home or lodging did this incident happen?

10c. LOCATION_NEAR_HOME

Ask if necessary:

Where near your home or lodging did this incident happen?

10d. LOCATION_OTHER_HOME

Ask if necessary:

Where at, in, or near a friend's/relative's/neighbor's home did this incident happen?

10e. LOCATION_COMMERCE

Ask if necessary:

At what type of a commercial place did this incident happen?

10f. LOCATION_PARKING

Ask if necessary:

In what type of a parking lot or garage did this incident happen?

10g. LOCATION_SCHOOL

Ask if necessary:

Where at school did this incident happen?

10h. LOCATION_OPEN_AREA

Ask if necessary:

Where in an open area, on the street, or on public transportation did this incident happen?

10i. LOCATION_SPEC

Please specify the other location where this incident occurred.

616

- 1 In own dwelling, own attached garage, or enclosed porch (Include illegal entry or attempted illegal entry of same)
 - 2 In detached building on own property, such as detached garage, storage shed, etc. (Include illegal entry of same)
 - 3 In vacation home/second home (Include illegal entry or attempted illegal entry of same)
 - 4 In hotel or motel room respondent was staying in (Include illegal entry or attempted illegal entry of same)
- } SKIP to 11

- 5 Own yard, sidewalk, driveway, carport, unenclosed porch (does not include apartment yards).....
 - 6 Apartment hall, storage area, laundry room (does not include apartment parking lot/garage).....
 - 7 On street immediately adjacent to own home or lodging.....
- } SKIP to 18

- 8 At or in home or other building on their property
 - 9 Yard, sidewalk, driveway, carport (does not include apartment yards)
 - 10 Apartment hall, storage area, laundry room (does not include apartment parking lot/garage)
 - 11 On street immediately adjacent to their home.....
- } SKIP to 18

- 12 Inside restaurant, bar, nightclub
 - 24 Inside bank.....
 - 25 Inside gas station.....
 - 26 Inside other commercial building, such as a store.....
 - 14 Inside office.....
 - 27 Inside factory or warehouse.....
- } SKIP to 17c

- 15 Commercial parking lot/garage
 - 16 Noncommercial parking lot/garage
 - 17 Apartment/townhouse parking lot/garage
- } SKIP to 17c

- 18 Inside school building SKIP to 17a
- 19 On school property (school parking area, play area, school bus, etc.) SKIP to 17c

- 20 In apartment yard, park, field, playground (other than school)
 - 21 On the street (other than immediately adjacent to own/friend's/relative's/neighbor's home)
 - 22 On public transportation or in station (bus, train, plane, airport, depot, etc.).....
- } SKIP to 18

- 23 Other - Specify..... SKIP to 17c

<p>11. OFFENDERLIVE</p> <p>Did the offender live (here/there) or have a right to be (here/there), for instance, as a guest or a repairperson?</p>	<p>617</p> <p>1 <input type="checkbox"/> Yes - SKIP to 19 2 <input type="checkbox"/> No } ASK 12 3 <input type="checkbox"/> Don't know }</p>
<p>12. OFFENDERINSIDE</p> <p>Did the offender actually get INSIDE your (house/apartment/room/garage/ shed/ enclosed porch)?</p>	<p>618</p> <p>1 <input type="checkbox"/> Yes - SKIP to 14 2 <input type="checkbox"/> No } ASK 13 3 <input type="checkbox"/> Don't know }</p>
<p>13. OFFENERTRY</p> <p>Did the offender TRY to get in your (house/ apartment/room/garage/shed/porch)?</p>	<p>619</p> <p>1 <input type="checkbox"/> Yes - ASK 14 2 <input type="checkbox"/> No - SKIP to 19 3 <input type="checkbox"/> Don't know - ASK 14</p>
<p>14. FORCEENTRY</p> <p>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)?</p>	<p>620</p> <p>1 <input type="checkbox"/> Yes - ASK 15a 2 <input type="checkbox"/> No - SKIP to 16a</p>
<p>15a. EVIDENCE</p> <p>What was the evidence?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>625</p> <p>* Window</p> <p>1 <input type="checkbox"/> Damage to window (include frame, glass broken/removed/cracked) } SKIP to 19 2 <input type="checkbox"/> Screen damaged/removed } 3 <input type="checkbox"/> Lock on window damaged/tampered with in some way } 4 <input type="checkbox"/> Other - Specify SKIP to 15b</p> <p>Door</p> <p>5 <input type="checkbox"/> Damage to door (include frame, glass panes or door removed) } SKIP to 19 6 <input type="checkbox"/> Screen damaged/removed } 626 * 7 <input type="checkbox"/> Lock or door handle damaged/tampered with in some way } 8 <input type="checkbox"/> Other - Specify SKIP to 15c Other 9 <input type="checkbox"/> Other than window or door - Specify SKIP to 15d</p>
<p>15b. EVIDENCE_SPEC14</p> <p>Please specify what was the other evidence related to a window.</p>	<p>Specify - SKIP to 19</p> <p>_____</p>
<p>15c. EVIDENCE_SPEC18</p> <p>Please specify what was the other evidence related to a door.</p>	<p>Specify - SKIP to 19</p> <p>_____</p>
<p>15d. EVIDENCE_SPEC19</p> <p>Please specify what was the evidence other than to a window or door.</p>	<p>Specify - SKIP to 19</p> <p>_____</p>
<p>Notes</p>	

<p>16a. OFFENDERGETIN</p> <p>How did the offender (get in/TRY to get in)?</p>	<p>627</p> <p>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 SKIP to 16b</p> <p style="text-align: right;">} SKIP to 19</p>
<p>16b. OFFENDERGETIN_SPEC</p> <p>Please specify - how the offender got in/TRIED to get in.</p>	<p>Specify - SKIP to 19</p> <p>_____</p>
<p>17a. RESPONDENTSSCHOOL</p> <p>Was it your school?</p>	<p>628</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to 17c</p>
<p>17b. PARTSCHOOLBLDG</p> <p>In what part of the school building did it happen?</p>	<p>629</p> <p>1 <input type="checkbox"/> Classroom</p> <p>2 <input type="checkbox"/> Hallway/Stairwell</p> <p>3 <input type="checkbox"/> Bathroom/Locker room</p> <p>4 <input type="checkbox"/> Other (library, gym, auditorium, cafeteria)</p>
<p>17c. RESTRICTEDAREA</p> <p>Ask or verify -</p> <p>Did the incident happen in an area restricted to certain people or was it open to the public at the time?</p>	<p>630</p> <p>1 <input type="checkbox"/> Open to the public</p> <p>2 <input type="checkbox"/> Restricted to certain people (or nobody had a right to be there)</p> <p>3 <input type="checkbox"/> Don't know</p> <p>4 <input type="checkbox"/> Other - Specify - ASK 17d</p> <p style="text-align: right;">} SKIP to 18</p>
<p>17d. RESTRICTEDAREA_SPEC</p> <p>Please specify.</p>	<p>Specify</p> <p>_____</p>
<p>18. INSIDEOROUT</p> <p>Ask or verify -</p> <p>Did it happen outdoors, indoors, or both?</p>	<p>631</p> <p>1 <input type="checkbox"/> Indoors (inside a building or enclosed space)</p> <p>2 <input type="checkbox"/> Outdoors</p> <p>3 <input type="checkbox"/> Both</p>
<p>19. FARFROMHOME</p> <p>Ask or verify-</p> <p>How far away from home did this happen?</p> <p>PROBE: Was it within a mile, 5 miles, 50 miles or more?</p> <p>Enter the code for the first answer category that the respondent is sure of.</p>	<p>632</p> <p>1 <input type="checkbox"/> At, in, or near the building containing the respondent's home/next door</p> <p>2 <input type="checkbox"/> A mile or less</p> <p>3 <input type="checkbox"/> Five miles or less</p> <p>4 <input type="checkbox"/> Fifty miles or less</p> <p>5 <input type="checkbox"/> More than 50 miles</p> <p>6 <input type="checkbox"/> Don't know how far</p>
<p>20a. HHMEMBERPRESENT</p> <p>Ask or verify -</p> <p>Were you or any other member of this household present when this incident occurred?</p> <p>You may need to probe to obtain more details to determine if respondent was present.</p>	<p>634</p> <p>1 <input type="checkbox"/> Yes - ASK 20b</p> <p>2 <input type="checkbox"/> No - SKIP to 56</p>
<p>20b. WHICHMEMBER</p> <p>Ask or verify -</p> <p>Which household members were present?</p>	<p>635</p> <p>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 59a</p> <p style="text-align: right;">} Ask 21</p>

<p>21. SEEOFFENDER Ask or verify -</p> <p>Did you personally see an offender?</p>	<p>636</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>22. WEAPONPRESENT 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?</p>	<p>637</p> <p>1 <input type="checkbox"/> Yes - ASK 23a 2 <input type="checkbox"/> No } SKIP to 24 3 <input type="checkbox"/> Don't know }</p>
<p>23a. WEAPON What was the weapon?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>638</p> <p>* 1 <input type="checkbox"/> Hand gun (pistol, revolver, etc.) 2 <input type="checkbox"/> Other gun (rifle, shotgun, etc.) 3 <input type="checkbox"/> Knife 4 <input type="checkbox"/> Other sharp object (scissors, ice pick, axe, etc.) 5 <input type="checkbox"/> Blunt object (rock, club, blackjack, etc.) 6 <input type="checkbox"/> Other - Specify - ASK 23b</p> <p>} SKIP to 24</p>
<p>23b. WEAPON_SPEC Please specify the other weapon.</p>	<p>Specify</p> <p>_____</p>
<p>24. ATTACK Did the offender hit you, knock you down or actually attack you in any way?</p>	<p>639</p> <p>1 <input type="checkbox"/> Yes - SKIP to 29a 2 <input type="checkbox"/> No - ASK 25</p>
<p>25. TRYATTACK Did the offender TRY to attack you?</p>	<p>640</p> <p>1 <input type="checkbox"/> Yes - SKIP to 28a 2 <input type="checkbox"/> No - ASK 26</p>
<p>26. THREATEN Did the offender THREATEN you with harm in any way?</p>	<p>641</p> <p>1 <input type="checkbox"/> Yes - SKIP to 28c 2 <input type="checkbox"/> No - ASK 27a</p>
<p>27a. WHATHAPPEN What actually happened?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>642</p> <p>* 1 <input type="checkbox"/> Something taken without permission 2 <input type="checkbox"/> Attempted or threatened to take something } SKIP to 35c 3 <input type="checkbox"/> Harassed, argument, abusive language 4 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) } SKIP to 27c 5 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Forcible entry or attempted forcible entry of house/apartment } SKIP to 35c 7 <input type="checkbox"/> Forcible entry or attempted forcible entry of car 8 <input type="checkbox"/> Damaged or destroyed property 9 <input type="checkbox"/> Attempted or threatened to damage or destroy property 10 <input type="checkbox"/> Other - Specify - ASK 27b</p>
<p>27b. WHATHAPPEN_SPEC Please specify what actually happened.</p>	<p>Specify - SKIP to 35c</p> <p>_____</p>
<p>27c. SEXCONFORCEPROBE_1 You mentioned some type of unwanted sexual contact with force. Do you mean forced or coerced sexual intercourse including attempts?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 29a 2 <input type="checkbox"/> No - SKIP to 35c</p>
<p>Notes</p>	

<p>28a. HOWTRYATTACK How did the offender TRY to attack you?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>643 * 1 <input type="checkbox"/> Verbal threat of rape } SKIP 2 <input type="checkbox"/> Verbal threat to kill } to 35c 3 <input type="checkbox"/> Verbal threat of attack other than to kill or rape .. 4 <input type="checkbox"/> Verbal threat of sexual assault other than rape .. 5 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) SKIP to 28e 6 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 644 * 7 <input type="checkbox"/> Weapon present or threatened with weapon .. } 8 <input type="checkbox"/> Shot at (but missed) } SKIP 9 <input type="checkbox"/> Attempted attack with knife/sharp weapon ... } to 35c 10 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon 645 * 11 <input type="checkbox"/> Object thrown at person 12 <input type="checkbox"/> Followed or surrounded 13 <input type="checkbox"/> Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc. 14 <input type="checkbox"/> Other - Specify - ASK 28b</p>
<p>28b. HOWTRYATTACK_SPEC Please specify how the offender TRIED to attack you.</p>	<p>Specify - SKIP to 35c</p> <hr/>
<p>28c. HOWTHREATEN How were you threatened?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>643 * 1 <input type="checkbox"/> Verbal threat of rape } SKIP 2 <input type="checkbox"/> Verbal threat to kill } to 35c 3 <input type="checkbox"/> Verbal threat of attack other than to kill or rape .. 4 <input type="checkbox"/> Verbal threat of sexual assault other than rape .. 5 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) SKIP to 28e 6 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 644 * 7 <input type="checkbox"/> Weapon present or threatened with weapon .. } 8 <input type="checkbox"/> Shot at (but missed) } SKIP 9 <input type="checkbox"/> Attempted attack with knife/sharp weapon ... } to 35c 10 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon 645 * 11 <input type="checkbox"/> Object thrown at person 12 <input type="checkbox"/> Followed or surrounded 13 <input type="checkbox"/> Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc. 14 <input type="checkbox"/> Other - Specify - ASK 28d</p>
<p>28d. HOWTHREATEN_SPEC Please specify how you were threatened.</p>	<p>Specify - SKIP to 35c</p> <hr/>
<p>28e. SEXCONFORCEPROBE_2 You mentioned some type of unwanted sexual contact with force. Do you mean forced or coerced sexual intercourse including attempts?</p>	<p>1 <input type="checkbox"/> Yes - ASK 29a 2 <input type="checkbox"/> No - SKIP to 35c</p>
<p>29a. HOWATTACK How were you attacked?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>646 * 1 <input type="checkbox"/> Raped - ASK 29c 2 <input type="checkbox"/> Tried to rape - ASK 29d 3 <input type="checkbox"/> Sexual assault other than rape or attempted rape 4 <input type="checkbox"/> Shot 5 <input type="checkbox"/> Shot at (but missed) 6 <input type="checkbox"/> Hit with gun held in hand 647 * 7 <input type="checkbox"/> Stabbed/cut with knife/sharp weapon } 8 <input type="checkbox"/> Attempted attack with knife/sharp weapon.. } SKIP 9 <input type="checkbox"/> Hit by object (other than gun) held in hand .. } to 30a 10 <input type="checkbox"/> Hit by thrown object 648 * 11 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon..... 12 <input type="checkbox"/> Hit, slapped, knocked down..... 13 <input type="checkbox"/> Grabbed, held, tripped, jumped, pushed, etc. 14 <input type="checkbox"/> Other - Specify - ASK 29b</p>
<p>29b. HOWATTACK_SPEC Please specify how you were attacked.</p>	<p>Specify - SKIP to 30a</p> <hr/>

<p>29c. RAPE_CK1</p> <p>You mentioned rape. Do you mean forced or coerced sexual intercourse?</p> <p>If "no", then ask: What do you mean?</p>	<p><input type="checkbox"/> Yes - SKIP to 30a</p> <p><input type="checkbox"/> No - go back to 29a</p>
<p>29d. ATTRAPE_CK1</p> <p>You mentioned attempted rape. Do you mean attempted forced or coerced sexual intercourse?</p> <p>If "no", then ask: What do you mean?</p>	<p><input type="checkbox"/> Yes - SKIP to 30a</p> <p><input type="checkbox"/> No - go back to 29a</p>
<p>30a. PRETHREATEN</p> <p>Did the offender THREATEN to hurt you before you were actually attacked?</p>	<p>649</p> <p>1 <input type="checkbox"/> Yes } SKIP to 31a</p> <p>2 <input type="checkbox"/> No }</p> <p>3 <input type="checkbox"/> Other - Specify - ASK 30b</p>
<p>30b. PRETHREATEN_SPEC</p> <p>Please specify.</p>	<p>Specify</p> <p>_____</p>
<p>31a. iNJURY</p> <p>What were the injuries you suffered, if any?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>655</p> <p>* 1 <input type="checkbox"/> None SKIP to 35c</p> <p>2 <input type="checkbox"/> Raped SKIP to 31c</p> <p>3 <input type="checkbox"/> Attempted rape SKIP to 31d</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>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 31b</p> <p>656</p> <p>* } SKIP to 32</p>
<p>31b. iNJURY_SPEC</p> <p>Please specify the injuries you suffered.</p>	<p>Specify - SKIP to 32</p> <p>_____</p>
<p>31c. RAPE_CK2</p> <p>You mentioned rape. Do you mean forced or coerced sexual intercourse?</p> <p>If "no", then ask: What do you mean?</p>	<p><input type="checkbox"/> Yes - SKIP to 32</p> <p><input type="checkbox"/> No - go back to 31a</p>
<p>31d. ATTRAPE_CK2</p> <p>You mentioned attempted rape. Do you mean attempted forced or coerced sexual intercourse?</p> <p>If "no", then ask: What do you mean?</p>	<p><input type="checkbox"/> Yes - SKIP to 32a</p> <p><input type="checkbox"/> No - go back to 31a</p>
<p>32a. iNJURYNOTGUN</p> <p>Ask or verify-</p> <p>Were any of the injuries caused by a weapon other than a gun or knife?</p>	<p>657</p> <p>1 <input type="checkbox"/> Yes - ASK 32b</p> <p>2 <input type="checkbox"/> No - SKIP to 33a</p>
<p>32b. FiRSTiNJURY</p> <p>Which injuries were caused by a weapon OTHER than a gun or knife?</p> <p>Enter all that apply.</p>	<p>658</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>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</p>
<p>33a. MEDiCALCARE</p> <p>Were you injured to the extent that you received any medical care, including self treatment?</p>	<p>659</p> <p>1 <input type="checkbox"/> Yes - ASK 33b</p> <p>2 <input type="checkbox"/> No - SKIP to 35c</p>

<p>33b. RECEIVECAREWHERE Where did you receive this care?</p> <p>Probe: Anywhere else?</p> <p>Enter all that apply.</p>	<p>660</p> <p>* <input type="checkbox"/> 1 At the scene</p> <p><input type="checkbox"/> 2 At home/neighbor's/friend's</p> <p><input type="checkbox"/> 3 Health unit at work/school, first aid station at a stadium/park, etc.</p> <p><input type="checkbox"/> 4 Doctor's office/health clinic</p> <p><input type="checkbox"/> 5 Emergency room at hospital/emergency clinic</p> <p><input type="checkbox"/> 6 Hospital (other than emergency room)</p> <p><input type="checkbox"/> 7 Other - Specify - ASK 33c</p> <p>} SKIP to 33d</p>
<p>33c. RECEIVECAREWHERE_SPEC</p> <p>Please specify where you received this care.</p>	<p>Specify</p> <p>_____</p>
<p>33d. CHECK ITEM E1 Is (box 6) "Hospital" marked in 35a?</p>	<p><input type="checkbox"/> 1 Yes - ASK 34a</p> <p><input type="checkbox"/> 2 No - SKIP to 35a</p>
<p>34a. CAREOVERNIGHT Did you stay overnight in the hospital?</p>	<p>662</p> <p><input type="checkbox"/> 1 Yes - ASK 34b</p> <p><input type="checkbox"/> 2 No - SKIP to 35a</p>
<p>34b. CAREDAYHOSPIT How many days did you stay in the hospital?</p>	<p>663 _____ Number of days</p>
<p>35a. MEDICALINSURANCE At the time of the incident, were you covered by any medical insurance, or were you eligible for benefits from any other type of health benefits program, such as medicaid, Veterans Administration, or Public Welfare?</p>	<p>664</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 Don't know</p>
<p>35b. MEDICALEXPENSES What was the total amount of your medical expenses resulting from this incident (INCLUDING anything paid by insurance)? Include hospital and doctor bills, medicine, therapy, braces, and any other injury related expenses.</p> <p>Obtain an estimate, if necessary.</p>	<p>665 \$ _____ . 00 Total amount</p> <p>0 No cost</p>
<p>35c. CHECK ITEM E2 Is (box 1) "Yes" marked in 24, 25 or 26 or are (box 4 or 5) "Unwanted sexual contact with or without force" marked in 27?</p>	<p><input type="checkbox"/> 1 Yes - ASK 36a</p> <p><input type="checkbox"/> 2 No - SKIP to 39</p>
<p>36a. IMPACT_JOB Being a victim of crime affects people in different ways. Next I would like to ask you some questions about how being a crime victim may have affected you.</p> <p>Did being a victim of this crime lead you to have significant problems with your job or schoolwork, or trouble with your boss, coworkers, or peers?</p>	<p>969</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p>
<p>36b. IMPACT_FAMILY Did being a victim of this crime lead you to have significant problems with family members or friends, including getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before?</p>	<p>970</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p>
<p>36c. HOW_DISTRESSING How distressing was being a victim of this crime to you? Was it not at all distressing, mildly distressing, moderately distressing, or severely distressing?</p>	<p>971</p> <p><input type="checkbox"/> 1 Not at all distressing</p> <p><input type="checkbox"/> 2 Mildly distressing</p> <p><input type="checkbox"/> 3 Moderately distressing</p> <p><input type="checkbox"/> 4 Severely distressing</p>

36d. CHECK ITEM E3 Is (box 1) "Yes" marked in 36a or 36b or are (box 3 or 4) "Moderately or severely distressing" marked in 36c?	1 <input type="checkbox"/> Yes - ASK 37 2 <input type="checkbox"/> No - SKIP to 39																																
37. Still thinking about your distress associated with being a victim of this crime did you feel any of the following ways for A MONTH OR MORE? Did you feel ... (a) FEEL_WORRIED Worried or anxious? (b) FEEL_ANGRY Angry? (c) FEEL_SAD Sad or depressed? (d) FEEL_VULNERABLE Vulnerable? (e) FEEL_VIOLATED Violated? (f) FEEL_MISTRUST Like you couldn't trust people? (g) FEEL_UNSAFE Unsafe? (h) FEEL_OTHER_WAY Some other way?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">972</td> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="width: 25%; text-align: center;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">973</td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="text-align: center;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">974</td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="text-align: center;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">975</td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="text-align: center;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">976</td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="text-align: center;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">977</td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="text-align: center;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">978</td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="text-align: center;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;">979</td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> Yes</td> <td style="text-align: center;">2 <input type="checkbox"/> No</td> </tr> </table>	972		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	973		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	974		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	975		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	976		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	977		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	978		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	979		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
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978		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No																														
979		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No																														
37i. FEEL_OTH_WAY_SP What other way did being a victim of this crime make you feel?	Specify _____																																
37j. CHECK ITEM E4 Is (box 1) "Yes" marked in any of 37a through 37h?	1 <input type="checkbox"/> Yes - ASK 37k 2 <input type="checkbox"/> No - SKIP to 38																																
37k. SEEK_PRO_HELP Did you seek any kind of professional help for the feelings you experienced as a result of being a victim of this crime?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">980</td> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">1 <input type="checkbox"/> Yes - ASK 37l</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">2 <input type="checkbox"/> No - SKIP to 38</td> <td></td> </tr> </table>	980		1 <input type="checkbox"/> Yes - ASK 37l				2 <input type="checkbox"/> No - SKIP to 38																									
980		1 <input type="checkbox"/> Yes - ASK 37l																															
		2 <input type="checkbox"/> No - SKIP to 38																															
37l. PRO_HELP_SOUGHT Did you seek any kind of professional help for the feelings you experienced as a result of being a victim of this crime? Enter all that apply.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">981</td> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">1 <input type="checkbox"/> Counseling/therapy.....</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">2 <input type="checkbox"/> Medication</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">3 <input type="checkbox"/> Visited a doctor or nurse....</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">}</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">4 <input type="checkbox"/> Visted ER/hospital/clinic</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">5 <input type="checkbox"/> Other - Specify - ASK 37m</td> </tr> </table> SKIP to 38	981		1 <input type="checkbox"/> Counseling/therapy.....				2 <input type="checkbox"/> Medication				3 <input type="checkbox"/> Visited a doctor or nurse....	}			4 <input type="checkbox"/> Visted ER/hospital/clinic			5 <input type="checkbox"/> Other - Specify - ASK 37m														
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		5 <input type="checkbox"/> Other - Specify - ASK 37m																															
37m. HELP_SOUGHT_SP What other kind of professional help did you seek?	Specify _____																																
Notes																																	

<p>38. Did you experience any of the following physical problems associated with being a victim of this crime for A MONTH OR MORE? Did you experience ...</p> <p>(a) HAVE_HEADACHES Headaches?</p> <p>(b) TRBL_SLEEPING Trouble sleeping?</p> <p>(c) EATING_PROBS Changes in your eating or drinking habits?</p> <p>(d) UPSET_STOMACH Upset stomach?</p> <p>(e) FATIGUE Fatigue?</p> <p>(f) HIGH_BLOOD_PRESS High blood pressure?</p> <p>(g) MUSCLE_TENSION Muscle tension or back pain?</p> <p>(h) OTHER_PHYSICAL Some other physical problem?</p>	<p style="text-align: center;">982</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: center;">983</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: center;">984</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: center;">985</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: center;">986</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: center;">987</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: center;">988</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: center;">989</p> <p style="text-align: right;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>38i. OTH_PHY_SP What other physical problem did you experience for A MONTH OR MORE?</p>	<p style="text-align: center;">Specify</p> <p style="text-align: center;">_____</p>
<p>38j. CHECK ITEM E5 Is (box 1) "Yes" marked in any of 38a through 38h?</p>	<p>1 <input type="checkbox"/> Yes - ASK 38k 2 <input type="checkbox"/> No - SKIP to 39</p>
<p>38k. SEEK_HELP_PHYPROBS Other than any medical care you received for the injury(ies) you suffered) did you seek any professional or medical help for the physical problems you experienced as a result of being a victim of this crime?</p>	<p style="text-align: center;">990</p> <p>1 <input type="checkbox"/> Yes - ASK 38l 2 <input type="checkbox"/> No - SKIP to 39</p>
<p>38l. KIND_HELP_PHYPROBS What type of professional or medical help did you seek?</p> <p>Enter all that apply.</p>	<p style="text-align: center;">991</p> <p>1 <input type="checkbox"/> Counseling/therapy..... 2 <input type="checkbox"/> Medication 3 <input type="checkbox"/> Visited a doctor or nurse 4 <input type="checkbox"/> Visted ER/hospital/clinic 5 <input type="checkbox"/> Other - Specify - ASK 38m</p> <p style="text-align: right;">} SKIP to 39</p>
<p>38m. KIND_HELP_PHYOTH_SP What other kind of professional help did you seek?</p>	<p style="text-align: center;">Specify</p> <p style="text-align: center;">_____</p>
<p>39. CHECK ITEM F1 Is respondent female and between the ages of 18-49?</p>	<p>1 <input type="checkbox"/> Yes - ASK 40 2 <input type="checkbox"/> No - SKIP to 41a</p>
<p>40. PREGATTIMEOFINC Research shows that pregnant women may be at a higher risk of being the victim of a violent crime.</p> <p>Were you pregnant at the time of this incident?</p>	<p style="text-align: center;">960</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>Notes</p>	

<p>41a. PROTECTSELF Did you do anything with the idea of protecting YOURSELF or your PROPERTY while the incident was going on?</p>	<p>666 1 <input type="checkbox"/> Yes - SKIP to 42a 2 <input type="checkbox"/> No/took no action/kept still - ASK 41b</p>
<p>41b. DURINGINCIDENT 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 - SKIP to 42a 2 <input type="checkbox"/> No/took no action/kept still - ASK 47</p>
<p>42a. ACTIONDURINGINC What did you do? Probe: Anything else? Enter all that apply.</p>	<p>USED PHYSICAL FORCE TOWARD OFFENDER</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>RESISTED OR CAPTURED OFFENDER</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>SCARED OR WARNED OFF OFFENDER</p> <p>9 <input type="checkbox"/> Yelled at offender, turned on lights, threatened to call police, etc.</p> <p>PERSUADED OR APPEASED OFFENDER</p> <p>670 10 <input type="checkbox"/> Cooperated, or pretended to (stalled, did what they asked) * 11 <input type="checkbox"/> Argued, reasoned, pleaded, bargained, etc.</p> <p>ESCAPED OR GOT AWAY</p> <p>12 <input type="checkbox"/> Ran or drove away, or tried; hid, locked door</p> <p>GOT HELP OR GAVE ALARM</p> <p>671 13 <input type="checkbox"/> Called police or guard * 14 <input type="checkbox"/> Tried to attract attention or help, warn others (cried out for help, called children inside)</p> <p>REACTED TO PAIN OR EMOTION</p> <p>15 <input type="checkbox"/> Screamed from pain or fear</p> <p>OTHER</p> <p>16 <input type="checkbox"/> Other - Specify - ASK 42b</p> <p>SKIP to 42c</p>
<p>42b. ACTIONDURINGINC_SPEC Please specify what you did.</p>	<p>Specify _____</p>
<p>42c. CHECK ITEM F2 Was the respondent injured in this incident? (Are any of the boxes 2-11 marked in 31a?)</p>	<p>1 <input type="checkbox"/> Yes - ASK 43a 2 <input type="checkbox"/> No - SKIP to 43b</p>
<p>43a. INJACITON Did you take these actions before, after, or at the same time that you were injured? Enter all that apply.</p>	<p>672 1 <input type="checkbox"/> Actions taken before injury * 2 <input type="checkbox"/> Actions taken after injury 3 <input type="checkbox"/> Actions taken at same time as injury</p>
<p>43b. INACTIONHELP Did (any of) your action(s) help the situation in any way? Probe: Did your action(s) help you avoid injury, protect your property, escape from the offender - or were they helpful in some other way?</p>	<p>673 1 <input type="checkbox"/> Yes - ASK 44a 2 <input type="checkbox"/> No } SKIP to 45 3 <input type="checkbox"/> Don't know</p>
<p>Notes</p>	

<p>44a. HELP</p> <p>How were they helpful?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>674</p> <p>*</p> <p>1 <input type="checkbox"/> Helped avoid injury or greater injury to respondent</p> <p>2 <input type="checkbox"/> Scared or chased offender off</p> <p>3 <input type="checkbox"/> Helped respondent get away from offender...</p> <p>4 <input type="checkbox"/> Protected property</p> <p>5 <input type="checkbox"/> Protected other people</p> <p>6 <input type="checkbox"/> Other - Specify - ASK 44b</p> <p>} SKIP to 45</p>
<p>44b. HELP_SPEC</p> <p>Please specify how were they helpful.</p>	<p>Specify</p> <p>_____</p>
<p>45. ACTIONWORSE</p> <p>Did (any of) your action(s) make the situation worse in any way?</p> <p>Probe: Did your action(s) lead to injury, greater injury, loss of property, make the offender angrier, or make the situation worse in some other way?</p>	<p>675</p> <p>1 <input type="checkbox"/> Yes - ASK 46a</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } SKIP to 47</p>
<p>46a. WORSE</p> <p>How did they make the situation worse?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>676</p> <p>*</p> <p>1 <input type="checkbox"/> Led to injury or greater injury to respondent</p> <p>2 <input type="checkbox"/> Caused greater loss of property or damage to property</p> <p>3 <input type="checkbox"/> Other people got hurt (worse)</p> <p>4 <input type="checkbox"/> Offender got away</p> <p>5 <input type="checkbox"/> Made offender angrier, more aggressive, etc.</p> <p>6 <input type="checkbox"/> Other - Specify - ASK 46b</p> <p>} SKIP to 47</p>
<p>46b. WORSE_SPEC</p> <p>Please specify how the respondent's actions made the situation worse.</p>	<p>Specify</p> <p>_____</p>
<p>47. ANYONEPRESENT</p> <p>Was anyone present during the incident besides you and the offender? (Other than children under age 12.)</p>	<p>677</p> <p>1 <input type="checkbox"/> Yes - ASK 48</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } SKIP to 54c</p>
<p>48. OTHERSACTIONS</p> <p>Did the actions of (this person/any of these people) help the situation in any way?</p>	<p>678</p> <p>1 <input type="checkbox"/> Yes - ASK 49a</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } SKIP to 50</p>
<p>49a. HOWOTHERSHELP</p> <p>How did they help the situation?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>679</p> <p>*</p> <p>1 <input type="checkbox"/> Helped avoid injury or greater injury to respondent</p> <p>2 <input type="checkbox"/> Scared or chased offender off</p> <p>3 <input type="checkbox"/> Helped respondent get away from offender...</p> <p>4 <input type="checkbox"/> Protected property</p> <p>5 <input type="checkbox"/> Protected other people</p> <p>6 <input type="checkbox"/> Other - Specify - ASK 49b</p> <p>} SKIP to 50</p>
<p>49b. HOWOTHERSHELP_SPEC</p> <p>Please specify how they helped the situation.</p>	<p>Specify</p> <p>_____</p>
<p>50. OTHERSACTIONSWORSE</p> <p>Did the actions of (this person/any of these people) make the situation worse in any way?</p>	<p>680</p> <p>1 <input type="checkbox"/> Yes - ASK 51a</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } SKIP to 52</p>
<p>Notes</p>	

<p>51a. OTHWORSE How did they make the situation worse?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>681 * 1 <input type="checkbox"/> Led to injury or greater injury to respondent 2 <input type="checkbox"/> Caused greater loss of property or damage to property 3 <input type="checkbox"/> Other people got hurt (worse) 4 <input type="checkbox"/> Offender got away 5 <input type="checkbox"/> Made offender angrier, more aggressive, etc. 6 <input type="checkbox"/> Other - Specify - ASK 51b</p> <p>} SKIP to 52</p>
<p>51b. OTHWORSE_SPEC Please specify how they made the situation worse.</p>	<p>Specify _____</p>
<p>52. PERSONSHARMED 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 12 years of age.)</p>	<p>682 1 <input type="checkbox"/> Yes - ASK 53 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 54c</p>
<p>53. PERSONSHARMEDNUM How many? (Do not include yourself, the offender or children under 12 years of age.)</p>	<p>683 _____ Number of persons</p>
<p>54a. HHMEMHARMED How many of these persons are members of your household now? (Do not include yourself, the offender or children under 12 years of age.)</p>	<p>684 _____ Number of persons 0 <input type="checkbox"/> None - SKIP to 54c</p>
<p>54b. HHMEMHARMED_NAMES If not sure ask: Who are these household members? (Do not include yourself, the offender, or children under 12 years of age)</p> <p>Enter the line number(s) of other household members.</p>	<p>Line number(s) _____ _____ _____</p>
<p>54c. CHECK ITEM G Did the respondent use or threaten to use physical force against the offender? (Are any of the boxes 1-6 marked in 42a?)</p>	<p>685 1 <input type="checkbox"/> Yes - ASK 55 2 <input type="checkbox"/> No - SKIP to 60</p>
<p>55. FIRSTTOUSE FORCE Who was the first to use or threaten to use physical force - you, the offender, or someone else?</p>	<p>686 1 <input type="checkbox"/> Respondent 2 <input type="checkbox"/> Offender(s) 3 <input type="checkbox"/> Someone else } SKIP to 60</p>
<p>56. KNOWLEARNOFFENDERS Do you know or have you learned anything about the offender(s) - for instance, whether there was one or more than one offender involved, whether it was someone young or old, or male or female?</p>	<p>687 1 <input type="checkbox"/> Yes - ASK 57 2 <input type="checkbox"/> No - SKIP to 88</p>
<p>57. SUREOFINFO How sure are you of this information? Do you have a suspicion, are you fairly sure or are you certain?</p>	<p>688 1 <input type="checkbox"/> Suspicion 2 <input type="checkbox"/> Fairly sure 3 <input type="checkbox"/> Certain</p>
<p>Notes</p>	

<p>58a. LEARNOFFENDERS How did you learn about the offender(s)?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>689 * 1 <input type="checkbox"/> Respondent saw or heard offender 2 <input type="checkbox"/> From other member of household who was eyewitness 3 <input type="checkbox"/> From eyewitness(es) other than household member(s) 4 <input type="checkbox"/> From police 5 <input type="checkbox"/> Other person (not eyewitness) 6 <input type="checkbox"/> Offender(s) admitted it 690 * 7 <input type="checkbox"/> Offender(s) had threatened to do it 8 <input type="checkbox"/> Stolen property found on offender's property or in offender's possession 9 <input type="checkbox"/> Figured it out by who had motive, opportunity, or had done it before 10 <input type="checkbox"/> Other - Specify - ASK 58b</p> <p style="text-align: right;">} SKIP to 88</p>
<p>58b. LEARNOFFENDERS_SPEC Please specify how you learned about the offender(s).</p>	<p>Specify - SKIP to 88</p> <hr/>
<p>59a.HAPPEN What actually happened?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>691 * 1 <input type="checkbox"/> Something taken without permission 2 <input type="checkbox"/> Attempted or threatened to take something 3 <input type="checkbox"/> Harassed, argument, abusive language 4 <input type="checkbox"/> Forcible entry or attempted forcible entry of house/apartment 5 <input type="checkbox"/> Forcible entry or attempted forcible entry of car 6 <input type="checkbox"/> Damaged or destroyed property 7 <input type="checkbox"/> Attempted or threatened to damage or destroy property 8 <input type="checkbox"/> Other - Specify - ASK 59b</p> <p style="text-align: right;">} SKIP to 60</p>
<p>59b. HAPPEN_SPEC Please specify what actually happened.</p>	<p>Specify</p> <hr/>
<p>60. ONEORMOREOFFENDERS Ask or verify -</p> <p>Was the crime committed by only one or by more than one offender?</p>	<p>692 1 <input type="checkbox"/> Only one - SKIP to 62 2 <input type="checkbox"/> More than one - SKIP to 74 3 <input type="checkbox"/> Don't know - ASK 61</p>
<p>61. KNOWOFFENDERS Do you know anything about one of the offenders?</p>	<p>693 1 <input type="checkbox"/> Yes - ASK 62 2 <input type="checkbox"/> No - SKIP to 88</p>
<p>62. SINGOFFENDERKNEW Was the offender someone you knew or a stranger you had never seen before?</p>	<p>703 1 <input type="checkbox"/> Knew or had seen before - SKIP to 64 2 <input type="checkbox"/> Stranger 3 <input type="checkbox"/> Don't know</p>
<p>63. SINGOFFENDERRECOG Would you be able to recognize the offender if you saw him/her?</p>	<p>704 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Not sure (possibly or probably) 3 <input type="checkbox"/> No - SKIP to 67</p> <p style="text-align: right;">} SKIP to 65a</p>
<p>64. SINGOFFENDERHOWWELL How well did you know the offender - by sight only, casual acquaintance, or well known?</p>	<p>705 1 <input type="checkbox"/> Sight only - ASK 65a 2 <input type="checkbox"/> Casual acquaintance ... 3 <input type="checkbox"/> Well known</p> <p style="text-align: right;">} SKIP to 66a</p>
<p>65a. SINGOFFENDERSIGHT Would you have been able to tell the police how they might find the offender, for instance, where he/she lived, worked, went to school, or spent time?</p>	<p>706 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Other - Specify - ASK 65b</p> <p style="text-align: right;">} SKIP to 67</p>
<p>65b. SINGOFFENERSIGT_SPEC</p>	<p>Specify - SKIP to 67</p> <hr/>
<p>Notes</p>	

<p>66a. SINGOFFENDERRELATION</p> <p>How well did you know the offender? For example, was the offender a friend, cousin, etc.?</p>	<p>707</p> <p>RELATIVE</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 - ASK 66b</p> <p>NONRELATIVE</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>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 - ASK 66c</p> <p>SKIP to 67</p> <p>SKIP to 67</p>
<p>66b. SINGOFFENDERRELATION_SPEC_16</p> <p>Please specify the other relative.</p>	<p>Specify - SKIP to 67</p> <p>_____</p>
<p>66c. SINGOFFENERRELATION_SPEC_28</p> <p>Please specify the other nonrelative.</p>	<p>Specify</p> <p>_____</p>
<p>67. SINGOFFENDERGENDER</p> <p>Was the offender male or female?</p>	<p>698</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>68. SINGOFFENDERAGE</p> <p>How old would you say the offender was?</p>	<p>699</p> <p>1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21-29</p> <p>2 <input type="checkbox"/> 12-14 6 <input type="checkbox"/> 30 or older</p> <p>3 <input type="checkbox"/> 15-17 7 <input type="checkbox"/> Don't know</p> <p>4 <input type="checkbox"/> 18-20</p>
<p>69. SINGOFFETHNICITY</p> <p>Was the offender Hispanic or Latino?</p>	<p>992</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>70. SINGOFFENDERRACE</p> <p>What race or races was the offender? You may select more than one. Was the offender...</p> <p>Enter all that apply.</p>	<p>708</p> <p>*</p> <p>1 <input type="checkbox"/> White?</p> <p>2 <input type="checkbox"/> Black or African American?</p> <p>3 <input type="checkbox"/> American Indian or Alaska Native?</p> <p>4 <input type="checkbox"/> Asian?</p> <p>5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander?</p> <p>6 <input type="checkbox"/> Don't know</p>
<p>71. SINGOFFENERGANG</p> <p>Was the offender a member of a street gang, or don't you know?</p>	<p>700</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>72a. SINGOFFENDERDRINKDRUG</p> <p>Was the offender drinking or on drugs, or don't you know?</p>	<p>701</p> <p>1 <input type="checkbox"/> Yes (drinking or on drugs) - ASK 72b</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 73</p>
<p>72b. SINGOFFENDERDRNKORDRUG</p> <p>Which was it? (Drinking or on drugs?)</p>	<p>702</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>73. SINGOFFENDERONLYTIME</p> <p>Was this the only time this offender committed a crime against you or your household or made threats against you or your household?</p>	<p>709</p> <p>1 <input type="checkbox"/> Yes (only time)</p> <p>2 <input type="checkbox"/> No (there were other times)</p> <p>3 <input type="checkbox"/> Don't know</p> <p>SKIP to 88</p>
<p>74. HOWMANYOFFENDERS</p> <p>How many offenders?</p>	<p>710</p> <p>_____ Number of offenders</p> <p><input type="checkbox"/> Don't know (number of offenders)</p>

<p>75. MULTOFFENDERKNEW</p> <p>Were any of the offenders known to you, or were they strangers you had never seen before?</p>	<p>718</p> <p>1 <input type="checkbox"/> All known } SKIP 2 <input type="checkbox"/> Some known } to 77a 3 <input type="checkbox"/> All strangers } ASK 76 4 <input type="checkbox"/> Don't know }</p>
<p>76. MULTOFFENDERRECOG</p> <p>Would you be able to recognize any of them if you saw them?</p>	<p>719</p> <p>1 <input type="checkbox"/> Yes } SKIP to 78a 2 <input type="checkbox"/> Not sure (possibly or probably) } 3 <input type="checkbox"/> No - SKIP to 80a</p>
<p>77a. MULTOFFENDERHOWWELL</p> <p>How well did you know the offender(s) - by sight only, casual acquaintance, or well known?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>720</p> <p>* 1 <input type="checkbox"/> Sight only 2 <input type="checkbox"/> Casual acquaintance 3 <input type="checkbox"/> Well known</p>
<p>77b. CHECK ITEM H Is "casual acquaintance" or "well known" marked in 77a?</p>	<p><input type="checkbox"/> Yes - SKIP to 79a <input type="checkbox"/> No - ASK 78a</p>
<p>78a. MULTOFFENDERSIGHT</p> <p>Would you have been able to tell the police how they might find any of them, for instance, where they lived, worked, went to school, or spent time?</p>	<p>722</p> <p>1 <input type="checkbox"/> Yes } SKIP to 80a 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Other - Specify - ASK 78b</p>
<p>78b. MULTOFFENDERSIGHT_SPEC</p> <p>Please specify.</p>	<p>Specify - SKIP to 80a</p> <p>_____</p>
<p>79a. MULTOFFENDERRELATION</p> <p>How did you know them? For example, were they friends, cousins, etc.?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>RELATIVE</p> <p>723</p> <p>* 1 <input type="checkbox"/> Spouse at time of incident } SKIP to 80a 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 - ASK 79b</p> <p>NONRELATIVE</p> <p>724</p> <p>* 7 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend } SKIP to 80a 8 <input type="checkbox"/> Friend or ex-friend } 9 <input type="checkbox"/> Roommate, boarder } 10 <input type="checkbox"/> Schoolmate } 725 * 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 - ASK 79c</p>
<p>79b. MULTOFFENDERRELATION_SPEC_16</p> <p>Please specify the other relative.</p>	<p>Specify - SKIP to 80a</p> <p>_____</p>
<p>79c. MULTOFFENDERRELATION_SPEC_28</p> <p>Please specify the other nonrelative.</p>	<p>Specify</p> <p>_____</p>
<p>80a. MULTOFFENDERGENDER</p> <p>Were they male or female?</p>	<p>711</p> <p>1 <input type="checkbox"/> All male } SKIP to 81 2 <input type="checkbox"/> All female } 3 <input type="checkbox"/> Don't know sex of any offenders... } 4 <input type="checkbox"/> Both male and female (If only two offenders, SKIP to 81 otherwise ASK 80b)</p>
<p>80b. MULTOFFENDERMOSTGENDER</p> <p>Were they mostly male or mostly female?</p>	<p>712</p> <p>1 <input type="checkbox"/> Mostly male 2 <input type="checkbox"/> Mostly female 3 <input type="checkbox"/> Evenly divided 4 <input type="checkbox"/> Don't know</p>

81. MULTOFFENDERYOUNG How old would you say the youngest was?	<input type="text" value="713"/> 1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21-29 2 <input type="checkbox"/> 12-14 6 <input type="checkbox"/> 30 or older 3 <input type="checkbox"/> 15-17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18-20
82. MULTOFFENDEROLD How old would you say the oldest was?	<input type="text" value="714"/> 1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21-29 2 <input type="checkbox"/> 12-14 6 <input type="checkbox"/> 30 or older 3 <input type="checkbox"/> 15-17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18-20
83a. MULTOFFETHNICITY Were any of the offenders Hispanic or Latino?	<input type="text" value="993"/> 1 <input type="checkbox"/> Yes - ASK 83b 2 <input type="checkbox"/> No } SKIP to 84a 3 <input type="checkbox"/> Don't know }
83b. MULTOFFENDERMOSTETHNICITY Were the offenders mostly Hispanic, mostly non-Hispanic, or an equal number of Hispanic and non-Hispanic?	<input type="text" value="994"/> 1 <input type="checkbox"/> Mostly Hispanic or Latino 2 <input type="checkbox"/> Mostly non-Hispanic 3 <input type="checkbox"/> Equal number of Hispanic and non-Hispanic 4 <input type="checkbox"/> Don't know
84a. MULTOFFENDERRACE What race or races were the offenders? Were they... Enter all that apply.	<input type="text" value="726"/> * 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
84b. CHECK ITEM I Is more than one box marked in 84a?	<input type="checkbox"/> Yes - ASK 84c <input type="checkbox"/> No - SKIP to 85
84c. MULTOFFENDERRACEMOST What race were most of the offenders?	<input type="text" value="727"/> 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
85. MULTOFFENDERGANG Were any of the offenders a member of a street gang, or don't you know?	<input type="text" value="715"/> 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)
86a. MULTOFFENDERDRINKDRUG Were any of the offenders drinking or on drugs, or don't you know?	<input type="text" value="716"/> 1 <input type="checkbox"/> Yes (drinking or on drugs) - ASK 86b 2 <input type="checkbox"/> No (not drinking/not on drugs) } SKIP to 87 3 <input type="checkbox"/> Don't know (if drinking or on drugs) }
86b. MULTOFFENDERDRINKORDRUG Which was it? (Drinking or on drugs?)	<input type="text" value="717"/> 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
87. MULTOFFENDERONLYTIME Was this the only time any of these offenders committed a crime against you or your household or made threats against you or your household?	<input type="text" value="730"/> 1 <input type="checkbox"/> Yes (only time) 2 <input type="checkbox"/> No (there were other times) 3 <input type="checkbox"/> Don't know
88. 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.) Include anything stolen from an <i>unrecognizable</i> business. Do not include anything stolen from a <i>recognizable</i> business in respondent's home or another business, such as merchandise or cash from a register.	<input type="text" value="731"/> 1 <input type="checkbox"/> Yes - SKIP to 96a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

<p>89. ATTEMPTTHEFT</p> <p>Ask or verify:</p> <p>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>Do not include anything the offender tried to steal from a recognizable business in respondent's home or another business, such as merchandise or cash from a register.</p>	<p>732 1 <input type="checkbox"/> Yes - ASK 90a 2 <input type="checkbox"/> No } SKIP to 110 3 <input type="checkbox"/> Don't know..... }</p>
<p>90a. ATTEMPTTHEFTWHAT</p> <p>What did the offender try to take?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</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 - ASK 90b * 17 <input type="checkbox"/> Don't know - SKIP to 91a</p> <p style="text-align: right;">} SKIP to 91a</p>
<p>90b. ATTEMPTTHEFTWHAT_SPEC</p> <p>Please specify what the offender(s) tried to take.</p>	<p>Specify</p> <p>_____</p>
<p>91a. ATTEMPTTHEFTOWNER</p> <p>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>738 1 <input type="checkbox"/> Respondent only - SKIP to 92a 2 <input type="checkbox"/> Respondent and other household member(s) } SKIP to 91c 3 <input type="checkbox"/> Other household member(s) only } 4 <input type="checkbox"/> Nonhousehold member(s) only - SKIP to 92a 5 <input type="checkbox"/> Other - Specify - ASK 91b</p>
<p>91b. ATTEMPTTHEFTOWNER_SPEC</p> <p>Please specify who the (property/money) the offender(s) tried to take belonged to.</p>	<p>Specify - SKIP to 92a</p> <p>_____</p>
<p>91c. CHECK ITEM J ATTEMPTTHEFTLNS</p> <p>If not sure, ask:</p> <p>Besides the respondent, which household member(s) owned the (property/money) the offender tried to take?</p> <p>Enter appropriate line number(s).</p>	<p>739 <input type="text"/> <input type="text"/> Line number * <input type="text"/> <input type="text"/> Line number <input type="text"/> <input type="text"/> Line number</p> <p>OR</p> <p>40 <input type="checkbox"/> Household property</p>
<p>92a. ATTEMPTTHEFTITEMSINMV</p> <p>Ask or verify:</p> <p>(Was/Were) the article(s) IN or ATTACHED to a motor vehicle when the attempt was made to take (it/them)?</p>	<p>740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>Notes</p>	

<p>92b. CHECK ITEM K Did the offender try to take cash, a purse, or a wallet? (Is box 1, 2, or 3 marked in 90a?)</p>	<p><input type="checkbox"/> Yes - ASK 93 <input type="checkbox"/> No - SKIP to 94</p>
<p>93. ATTEMPTTHEFTONPERSON Ask or verify: Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?</p>	<p>742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>94. ATTEMPTTHEFTITEMONPERSON Ask or verify: 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? Exclude property not belonging to respondent or other household member</p>	<p>745 1 <input type="checkbox"/> Yes - ASK 95 2 <input type="checkbox"/> No - SKIP to 110</p>
<p>95. ATTEMPTTHEFTITEMS Which items did the offender(s) try to take directly from you? 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 90a directly from respondent</p> <p style="text-align: right;">} SKIP to 110</p>
<p>Notes</p>	

<p>96a. WHATWASTAKEN What was taken that belonged to you or others in the household?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>CASH/PURSE/WALLET/CREDIT CARDS</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>VEHICLE OR PARTS</p> <p>5 <input type="checkbox"/> Car 6 <input type="checkbox"/> Other motor vehicle 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>HOUSEHOLD FURNISHINGS</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>PERSONAL EFFECTS</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>FIREARMS</p> <p>753 * 20 <input type="checkbox"/> Handgun (pistol, revolver) 21 <input type="checkbox"/> Other firearm (rifle, shotgun)</p> <p>MISCELLANEOUS</p> <p>754 * 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 755 * 26 <input type="checkbox"/> Other - Specify 27 <input type="checkbox"/> Don't know</p>
<p>96b. CHECK ITEM L1 Follow the skip pattern for the first category met, based on the entries in 96a.</p>	<p><input type="checkbox"/> If Box 26 is marked in 96a - ASK 96c <input type="checkbox"/> If Box 2 and/or 3 is marked in 96a - SKIP to 96d <input type="checkbox"/> If Box 1 is marked in 96a - SKIP to 96e <input type="checkbox"/> If none of the conditions above are met - SKIP to 97a</p>
<p>96c. WHATWASTAKEN_SPEC Please specify what was taken.</p>	<p>Specify - If Box 2 and/or 3 is marked in 96a - ASK to 96d If Box 1 is marked in 96a - SKIP to 96e Otherwise SKIP to 97a</p> <p>_____</p>
<p>96d. PRSWLT_CONTAINMONEY Did the stolen (purse/wallet) contain any money?</p>	<p>1 <input type="checkbox"/> Yes - ASK 96e 2 <input type="checkbox"/> No If Box 1 is marked in 96a ASK 96e otherwise SKIP to 97a</p>
<p>96e. AMOUNTCASHTAKEN If not sure, ask: How much cash was taken?</p>	<p>747 \$ _____ . 00 Amount of cash taken</p>
<p>97a. WHOOWNEDSTOLENPROPERTY Did the stolen (property/money) belong to you personally, to someone else in the household, or to both you and other household members?</p>	<p>760 1 <input type="checkbox"/> Respondent only - SKIP to 97d 2 <input type="checkbox"/> Respondent and other household member(s) } SKIP to 97c 3 <input type="checkbox"/> Other household member(s) only } 4 <input type="checkbox"/> Nonhousehold member(s) only - SKIP to 97d 5 <input type="checkbox"/> Other - Specify - ASK 97b</p>
<p>97b. ATTEMPTTHEFTOWNER_SPEC Please specify who the stolen (property/money) belonged to.</p>	<p>Specify - SKIP to 97d</p> <p>_____</p>

<p>97c. CHECK ITEM L2 OTHERS OWNED STOLEN PROPERTY</p> <p>If not sure, ask:</p> <p>Besides the respondent, which household member(s) owned the stolen (property/ money)?</p> <p>Enter appropriate line number(s).</p>	<p>761 * <input type="text"/> <input type="text"/> Line number</p> <p><input type="text"/> <input type="text"/> Line number</p> <p><input type="text"/> <input type="text"/> Line number</p> <p>OR</p> <p>40 <input type="checkbox"/> Household property</p>
<p>97d. CHECK ITEM M1 Was a car or other motor vehicle stolen? (Is box 5 or 6 marked in 96a?)</p>	<p><input type="checkbox"/> Yes - ASK 98</p> <p><input type="checkbox"/> No - SKIP to 100a</p>
<p>98. PERMISSION GIVEN</p> <p>Had permission to use the (car/motor vehicle) ever been given to the offender(s)?</p>	<p>763</p> <p>1 <input type="checkbox"/> Yes - ASK 99</p> <p>2 <input type="checkbox"/> No } SKIP to 100b</p> <p>3 <input type="checkbox"/> Don't know }</p>
<p>99. RETURN CAR</p> <p>Did the offender return the (car/motor vehicle) this time?</p>	<p>764</p> <p>1 <input type="checkbox"/> Yes } SKIP to 100b</p> <p>2 <input type="checkbox"/> No }</p>
<p>100a. ARTICLE IN CAR</p> <p>Ask or verify:</p> <p>(Was/Were) the article(s) IN or ATTACHED to a motor vehicle when (it was/they were) taken?</p>	<p>765</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>100b. CHECK ITEM M2 Did the offender(s) take a handgun? (Is box 20 marked in 96a?)</p>	<p><input type="checkbox"/> Yes - ASK 101a</p> <p><input type="checkbox"/> No - SKIP to 101b</p>
<p>101a. NUMBER HANDGUNS</p> <p>How many handguns were taken?</p>	<p>923 _____ Number of handguns</p>
<p>101b. CHECK ITEM M3 Did the offender(s) take some other type of firearm? (Is box 21 marked in 96a?)</p>	<p><input type="checkbox"/> Yes - ASK 101a</p> <p><input type="checkbox"/> No - SKIP to 101b</p>
<p>101c. NUMBER FIREARMS</p> <p>How many other types of firearms were taken?</p>	<p>924 _____ Number of handguns</p>
<p>101d. CHECK ITEM N1 Was cash, a purse, or a wallet taken? (Is box 1, 2, or 3 marked in 96a?)</p>	<p><input type="checkbox"/> Yes - ASK 102a</p> <p><input type="checkbox"/> No - SKIP to 102b</p>
<p>102a. CASH ON PERSON</p> <p>Ask or verify:</p> <p>Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?</p>	<p>767</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>102b. OTHER ON PERSON</p> <p>Ask or verify:</p> <p>Was there anything (else) the offender(s) took directly from you, for instance, from your pocket or hands, or something that you were wearing?</p> <p>Exclude property not belonging to respondent or other household member</p>	<p>768</p> <p>1 <input type="checkbox"/> Yes - ASK 103</p> <p>2 <input type="checkbox"/> No - SKIP to 104a</p>
<p>Notes</p>	

<p>103. ITEMSTAKEN</p> <p>Which items did the offender(s) take directly from you?</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"/> 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"/> 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 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>104a. CHECK ITEM N2 Were only cash, a purse, or a wallet taken? (Are boxes 1, 2, or 3 the only boxes marked in 96a?)</p>	<p><input type="checkbox"/> Yes - SKIP to 106 <input type="checkbox"/> No - ASK 104b</p>
<p>104b. PROPERTYVALUE</p> <p>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.)</p> <p>Enter total dollar value for all items taken.</p>	<p>770 \$ _____ . 00 Value of property taken</p>
<p>105a. DECIDEDVALUE</p> <p>How did you decide the value of the property that was taken?</p> <p>Probe: Any other way?</p> <p>Enter all that apply.</p>	<p>771 *</p> <p>1 <input type="checkbox"/> Original cost 2 <input type="checkbox"/> Replacement cost 3 <input type="checkbox"/> Personal estimate of current value 4 <input type="checkbox"/> Insurance report estimate 5 <input type="checkbox"/> Police estimate 6 <input type="checkbox"/> Don't know 7 <input type="checkbox"/> Other - Specify - ASK 105b</p> <p>} SKIP to 106</p>
<p>105b. DECIDEDVALUE_SPEC</p> <p>Please specify how the value of the property (that was taken) was decided.</p>	<p>Specify _____</p>
<p>106. ALLPARTRECOVERED</p> <p>Was all or part of the stolen (money/property) recovered, not counting anything received from insurance?</p>	<p>772</p> <p>1 <input type="checkbox"/> All - SKIP to 107d 2 <input type="checkbox"/> Part - ASK 107a 3 <input type="checkbox"/> None - SKIP to 109</p>
<p>107a. WHATRECOVERED</p> <p>What was recovered?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>776 *</p> <p>1 <input type="checkbox"/> Cash recovered 2 <input type="checkbox"/> Purse 3 <input type="checkbox"/> Wallet 4 <input type="checkbox"/> Credit cards, checks, bank cards 5 <input type="checkbox"/> Car or other motor vehicle 6 <input type="checkbox"/> Property other than the above</p>
<p>107b. CHECK ITEM N3 Follow the skip pattern for the first category met, based on the entries in 107a.</p>	<p><input type="checkbox"/> If Box 2 and/or 3 is marked in 107a - ASK 107c <input type="checkbox"/> If Box 1 is marked in 107a - SKIP to 107d <input type="checkbox"/> If none of the conditions above are met - SKIP to 107e</p>

<p>107c. CONTAINMONEY Did the recovered (purse/wallet) contain any money?</p>	<p>1 <input type="checkbox"/> Yes - ASK 107d 2 <input type="checkbox"/> No If Box 1 is marked in 107a ASK 107d otherwise SKIP to 107e</p>
<p>107d. CASHRECOVERED If necessary: How much cash was recovered?</p>	<p><input type="text" value="775"/> \$ _____ . <input type="text" value="00"/> Amount of cash recovered</p>
<p>107e. CHECK ITEM O Was PROPERTY other than cash, checks, or credit cards recovered? (Are boxes 2, 3, 5, or 6 marked in 107a?)</p>	<p><input type="text" value="777"/> 1 <input type="checkbox"/> Yes - ASK 108 2 <input type="checkbox"/> No - SKIP to 109</p>
<p>108. RECOVEREDCASHVALUE Considering any damage, what was the value of the property after it was recovered? Do not include recovered (cash/checks/credit cards) If value of recovered property is the same as value of property taken then enter the amount from 104b above.</p>	<p><input type="text" value="778"/> \$ _____ . <input type="text" value="00"/> Value of property recovered</p>
<p>109. RECOVEREDINSURANCE Was the theft reported to an insurance company?</p>	<p><input type="text" value="779"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't have insurance 4 <input type="checkbox"/> Don't know</p>
<p>110. DAMAGED (Other than any stolen property) was anything that belonged to you or other members of the household damaged in this incident? Probe: For example, was (a lock or window broken/clothing damaged/damage done to a car), or something else?</p>	<p><input type="text" value="780"/> 1 <input type="checkbox"/> Yes - ASK 111 2 <input type="checkbox"/> No - SKIP to 115</p>
<p>111. DAMAGEDREPAIRED (Was/Were) the damaged item(s) repaired or replaced?</p>	<p><input type="text" value="781"/> 1 <input type="checkbox"/> Yes, all } SKIP to 113 2 <input type="checkbox"/> Yes, part } 3 <input type="checkbox"/> No, none - ASK 112</p>
<p>112. ESTCOSTTOREPAIRREPLACE How much would it cost to repair or replace the damaged item(s)?</p>	<p><input type="text" value="782"/> \$ _____ . <input type="text" value="00"/> Cost to repair/replace - SKIP to 114a 0 <input type="checkbox"/> No cost - SKIP to 115</p>
<p>113. ACTCOSTREPAIRREPLACE How much was the repair or replacement cost?</p>	<p><input type="text" value="783"/> \$ _____ . <input type="text" value="00"/> Cost to repair/replace - ASK 114a 0 <input type="checkbox"/> No cost - SKIP to 115</p>
<p>114a. PAIDREPAIRS Who (paid/will pay) for the repairs or replacement? Probe: Anyone else? Enter all that apply.</p>	<p><input type="text" value="784"/> * 1 <input type="checkbox"/> Items will not be repaired or replaced..... } SKIP to 115 2 <input type="checkbox"/> Household member..... } 3 <input type="checkbox"/> Landlord or landlord's insurance } 4 <input type="checkbox"/> Victim's (or household's) insurance } 5 <input type="checkbox"/> Offender } 6 <input type="checkbox"/> Other - Specify - ASK 114b</p>
<p>114b. PAIDREPAIRS_SPEC Please specify who (paid/will pay) for the repairs or replacement.</p>	<p>Specify _____</p>
<p>115. POLICEINFORMED Were the police informed or did they find out about this incident in any way?</p>	<p><input type="text" value="800"/> 1 <input type="checkbox"/> Yes - ASK 116a 2 <input type="checkbox"/> No - SKIP to 117a 3 <input type="checkbox"/> Don't know - SKIP to 130</p>

<p>116a. POLICEFINDOUT</p> <p>How did the police find out about it?</p> <p>Enter first precode that applies.</p> <p>If proxy interview, we want the proxy respondent to answer questions 116a - 134b for herself/himself, not for the person for whom the proxy interview is being taken.</p>	<p>801</p> <p>1 <input type="checkbox"/> Respondent - SKIP to 119a</p> <p>2 <input type="checkbox"/> Other household member</p> <p>3 <input type="checkbox"/> Someone official called police (guard, apt. manager, school official, etc.)</p> <p>4 <input type="checkbox"/> Someone else</p> <p>5 <input type="checkbox"/> Police were at scene - SKIP to 123a</p> <p>6 <input type="checkbox"/> Offender was a police officer - SKIP to 124</p> <p>7 <input type="checkbox"/> Some other way - Specify - ASK 116b</p> <p>} SKIP to 121</p>
<p>116b. POLICEFINDOUT_SPEC</p> <p>Please specify how the police found out about it.</p>	<p>Specify - SKIP to 124</p> <p>_____</p>
<p>117a. NOTREPORTEDPOLICE</p> <p>What was the reason it was not reported to the police?</p> <p>Probe: Can you tell me a little more? Any other reason?</p> <p>Enter all that apply.</p> <p>STRUCTURED PROBE -</p> <p>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?</p>	<p>DEALT WITH ANOTHER WAY</p> <p>802</p> <p>* 1 <input type="checkbox"/> Reported to another official (guard, apt. manager, school official, etc.)</p> <p>2 <input type="checkbox"/> Private or personal matter or took care of it myself or informally; told offender's parent</p> <p>NOT IMPORTANT ENOUGH TO RESPONDENT</p> <p>3 <input type="checkbox"/> Minor or unsuccessful crime, small or no loss, recovered property</p> <p>4 <input type="checkbox"/> Child offender(s), "kid stuff"</p> <p>5 <input type="checkbox"/> Not clear it was a crime or that harm was intended</p> <p>INSURANCE WOULDN'T COVER</p> <p>6 <input type="checkbox"/> No insurance, loss less than deductible, etc.</p> <p>POLICE COULDN'T DO ANYTHING</p> <p>803</p> <p>* 7 <input type="checkbox"/> Didn't find out until too late</p> <p>8 <input type="checkbox"/> Could not recover or identify property</p> <p>9 <input type="checkbox"/> Could not find or identify offender, lack of proof</p> <p>Codes 1-17 SKIP to 117c</p> <p>POLICE WOULDN'T HELP</p> <p>10 <input type="checkbox"/> Police wouldn't think it was important enough, wouldn't want to be bothered or get involved</p> <p>804</p> <p>* 11 <input type="checkbox"/> Police would be inefficient, ineffective (they'd arrive late or not at all, wouldn't do a good job, etc.)</p> <p>12 <input type="checkbox"/> Police would be biased, would harass/insult respondent, cause respondent trouble, etc.)</p> <p>13 <input type="checkbox"/> Offender was police officer</p> <p>OTHER REASON</p> <p>805</p> <p>* 14 <input type="checkbox"/> Did not want to get offender in trouble with the law</p> <p>15 <input type="checkbox"/> Was advised not to report to police</p> <p>16 <input type="checkbox"/> Afraid of reprisal by offender or others</p> <p>806</p> <p>* 17 <input type="checkbox"/> Did not want to or could not take time - too inconvenient</p> <p>18 <input type="checkbox"/> Other - Specify - ASK 117b</p> <p>19 <input type="checkbox"/> Respondent not present or doesn't know why it wasn't reported - SKIP to 117c</p>
<p>117b. NOTREPORTEDPOLICE_SPEC</p> <p>Please specify the reason it was not reported to the police.</p>	<p>Specify</p> <p>_____</p>
<p>117c. CHECK ITEM P Is more than one reason marked in 117a?</p>	<p>1 <input type="checkbox"/> Yes - ASK 118</p> <p>2 <input type="checkbox"/> No - SKIP to 130</p>
<p>Notes</p>	

<p>118. NOTREPORTEDIMPORTANT</p> <p>Which of these would you say was the most important reason why the incident was not reported to the police?</p>	<p>808</p> <p>*</p> <ol style="list-style-type: none"> 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 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 6 <input type="checkbox"/> No insurance, loss less than deductible, etc. 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 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 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 30 <input type="checkbox"/> No one reason more important <p style="text-align: right;">All codes, SKIP to 130</p>
<p>119a. REASONREPORT</p> <p>Besides the fact that it was a crime, did YOU have any other reason for reporting this incident to the police?</p> <p>Probe: Any other reason?</p> <p>Enter all that apply.</p> <p>STRUCTURED PROBE -</p> <p>Did you report it to get help with this incident, to recover your loss, to stop or punish the offender, to let police know about it, or was there some other reason?</p>	<p>809</p> <p>*</p> <p>TO GET HELP WITH THIS INCIDENT</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Stop or prevent THIS incident from happening 2 <input type="checkbox"/> Needed help after incident due to injury, etc. <p>TO RECOVER LOSS</p> <ol style="list-style-type: none"> 3 <input type="checkbox"/> To recover property 4 <input type="checkbox"/> To collect insurance <p>TO GET OFFENDER</p> <ol style="list-style-type: none"> 5 <input type="checkbox"/> To prevent further crimes against respondent/ respondent's household by this offender 6 <input type="checkbox"/> To stop this offender from committing other crimes against anyone <p>810</p> <p>*</p> <ol style="list-style-type: none"> 7 <input type="checkbox"/> To punish offender 8 <input type="checkbox"/> Catch or find offender - other reason or no reason given <p>TO LET POLICE KNOW</p> <ol style="list-style-type: none"> 9 <input type="checkbox"/> To improve police surveillance of respondent's home, area, etc. 10 <input type="checkbox"/> Duty to let police know about crime <p>OTHER</p> <p>811</p> <p>*</p> <ol style="list-style-type: none"> 11 <input type="checkbox"/> Other reason - Specify - ASK 119b 12 <input type="checkbox"/> No other reason - SKIP to 121 <p style="text-align: right;">SKIP to 119c</p>
<p>119b. REASONREPORT_SPEC</p> <p>Please specify other reason for reporting this incident to the police.</p>	<p>Specify</p> <p>_____</p>
<p>119c. CHECK ITEM Q Is more than one reason marked in 119a?</p>	<ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes - ASK 120 2 <input type="checkbox"/> No - SKIP to 121
<p>Notes</p>	

<p>120. REPORTIMPORTANT</p> <p>Which of these would you say was the most important reason why the incident was reported to the police?</p>	<p>813</p> <p>1 <input type="checkbox"/> Stop or prevent THIS incident from happening</p> <p>2 <input type="checkbox"/> Needed help after incident due to injury, etc.</p> <p>3 <input type="checkbox"/> To recover property</p> <p>4 <input type="checkbox"/> To collect insurance</p> <p>5 <input type="checkbox"/> To prevent further crimes against respondent/ respondent's household by this offender</p> <p>6 <input type="checkbox"/> To stop this offender from committing other crimes against anyone</p> <p>7 <input type="checkbox"/> To punish offender</p> <p>8 <input type="checkbox"/> Catch or find offender - other reason or no reason given</p> <p>9 <input type="checkbox"/> To improve police surveillance of respondent's home, area, etc.</p> <p>10 <input type="checkbox"/> Duty to let police know about crime</p> <p>11 <input type="checkbox"/> Other reason</p> <p>21 <input type="checkbox"/> No one reason more important</p> <p>22 <input type="checkbox"/> Because it was a crime was most important</p>
<p>121. POLICEARRIVE</p> <p>Did the police come when they found out about the incident?</p>	<p>814</p> <p>1 <input type="checkbox"/> Yes - ASK 122</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know..... } SKIP to 124</p> <p>4 <input type="checkbox"/> Respondent went to police - SKIP to 123a</p>
<p>122. TIMEPOLICEARRIVE</p> <p>How soon after the police found out did they respond? Was it within 5 minutes, within 10 minutes, an hour, a day, or longer?</p> <p>Enter the code for the first answer category respondent is sure of.</p>	<p>815</p> <p>1 <input type="checkbox"/> Within 5 minutes</p> <p>2 <input type="checkbox"/> Within 10 minutes</p> <p>3 <input type="checkbox"/> Within an hour</p> <p>4 <input type="checkbox"/> Within a day</p> <p>5 <input type="checkbox"/> Longer than a day</p> <p>6 <input type="checkbox"/> Don't know how soon</p>
<p>123a. POLICEACTION</p> <p>What did they do while they were (there/here)?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>816 *</p> <p>1 <input type="checkbox"/> Took report</p> <p>2 <input type="checkbox"/> Searched/looked around</p> <p>3 <input type="checkbox"/> Took evidence (fingerprints, inventory, etc.) ...</p> <p>4 <input type="checkbox"/> Questioned witnesses or suspects</p> <p>5 <input type="checkbox"/> Promised surveillance</p> <p>6 <input type="checkbox"/> Promised to investigate</p> <p>817 *</p> <p>7 <input type="checkbox"/> Made arrest</p> <p>8 <input type="checkbox"/> Other - Specify - ASK 123b</p> <p>9 <input type="checkbox"/> Don't know - SKIP to 124</p> <p>} SKIP to 124</p>
<p>123b. POLICEACTION_SPEC</p> <p>Please specify what they did while they were (there/here).</p>	<p>Specify</p> <p>_____</p>
<p>124. POLICECONTACT</p> <p>Did you (or anyone in your household) have any later contact with the police about the incident?</p>	<p>818</p> <p>1 <input type="checkbox"/> Yes - ASK 125a</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know..... } SKIP to 128</p>
<p>125a. POLICEINTOUCH</p> <p>Did the police get in touch with you or did you get in touch with them?</p>	<p>819</p> <p>1 <input type="checkbox"/> Police contacted respondent or other HHLD member</p> <p>2 <input type="checkbox"/> Respondent (or other HHLD member) contacted police</p> <p>3 <input type="checkbox"/> Both</p> <p>4 <input type="checkbox"/> Don't know</p> <p>5 <input type="checkbox"/> Other - Specify - ASK 125b</p> <p>} SKIP to 126</p>
<p>125b. POLICEINTOUCH_SPEC</p> <p>Please specify did the police get in touch with you or did you get in touch with them.</p>	<p>Specify</p> <p>_____</p>
<p>126. HOWPOLICECONTACT</p> <p>Was that in person, by phone, or some other way?</p>	<p>820</p> <p>1 <input type="checkbox"/> In person</p> <p>2 <input type="checkbox"/> Not in person (by phone, mail, etc.)</p> <p>3 <input type="checkbox"/> Both in person and not in person</p> <p>4 <input type="checkbox"/> Don't know</p>
<p>Notes</p>	

<p>127a. POLICEFOLLOWUP</p> <p>What did the police do in following up this incident?</p> <p>Probe: Anything else?</p> <p>Enter all that apply.</p>	<p>821 * <input type="checkbox"/> Took report</p> <p><input type="checkbox"/> Questioned witnesses or suspects</p> <p><input type="checkbox"/> Did or promised surveillance/investigation....</p> <p><input type="checkbox"/> Recovered property</p> <p><input type="checkbox"/> Made arrest</p> <p><input type="checkbox"/> Stayed in touch with respondent/household...</p> <p>822 * <input type="checkbox"/> Other - Specify - ASK 127b</p> <p><input type="checkbox"/> Nothing (to respondent's knowledge) ...</p> <p><input type="checkbox"/> Don't know.....</p> <p>} SKIP to 128</p>
<p>127b. POLICEFOLLOWUP_SPEC</p> <p>Please specify what the police did in following up this incident.</p>	<p>Specify</p> <p>_____</p>
<p>128. SIGNCOMPLAINT</p> <p>Did you (or someone in your household) sign a complaint against the offender(s) to the police department or the authorities?</p>	<p>825 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>129. ARRESTMADE</p> <p>Ask or verify:</p> <p>As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?</p>	<p>826 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>
<p>130. AGENCYHELP</p> <p>Did you (or someone in your household) receive any help or advice from any office or agency - other than the police - that deals with victims of crime?</p>	<p>827 <input type="checkbox"/> Yes - ASK 131a</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p>} SKIP to 131b</p>
<p>131a. TYPEOFAGENCY</p> <p>Was that a government or private agency?</p>	<p>828 <input type="checkbox"/> Government</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Don't know</p>
<p>131b. CHECK ITEM R Were the police informed? (Is "Yes" marked in 115?)</p>	<p><input type="checkbox"/> Yes - ASK 132</p> <p><input type="checkbox"/> No - SKIP to 135a</p>
<p>132. CONTACTAUTHORITIES</p> <p>Have you (or someone in your household) had contact with any other authorities about this incident (such as a prosecutor, court, or juvenile officer)?</p>	<p>829 <input type="checkbox"/> Yes - ASK 133a</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p>} SKIP to 134a</p>
<p>133a. AUTHORITIES</p> <p>Which authorities?</p> <p>Probe: Any others?</p> <p>Enter all that apply.</p>	<p>830 * <input type="checkbox"/> Prosecutor, district attorney</p> <p><input type="checkbox"/> Magistrate</p> <p><input type="checkbox"/> Court</p> <p><input type="checkbox"/> Juvenile, probation or parole officer....</p> <p><input type="checkbox"/> Other - Specify - ASK 133b</p> <p>} SKIP to 134a</p>
<p>133b. AUTHORITIES_SPEC</p> <p>Please specify which authorities.</p>	<p>Specify</p> <p>_____</p>
<p>134a. ANYTHINGFURTHER</p> <p>Do you expect the police, courts, or other authorities will be doing anything further in connection with this incident?</p>	<p>831 <input type="checkbox"/> Yes - Specify - ASK 134b</p> <p><input type="checkbox"/> No.....</p> <p><input type="checkbox"/> Don't know</p> <p>} SKIP to 135a</p>
<p>134b. ANYTHINGFURTHER_SPEC</p> <p>Please specify what you expect the police, courts, or other authorities will be doing (further) in connection with this incident.</p>	<p>Specify</p> <p>_____</p>

<p>135a. DOINGATINCIDENTTIME Ask or verify:</p> <p>What were you doing when this incident (happened/started)?</p>	<p>832</p> <p>1 <input type="checkbox"/> Working or on duty - SKIP to 138a 2 <input type="checkbox"/> On the way to or from work - SKIP to 142b 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 - ASK 135b 11 <input type="checkbox"/> Don't know - SKIP to 136</p> <p>} SKIP to 136</p>
<p>135b. DOINGATINCIDENTTIME_SPEC Please specify what you were doing when this incident (happened/started).</p>	<p>Specify</p> <p>_____</p>
<p>136. JOBDURINGINCIDENT Ask or verify:</p> <p>Did you have a job at the time of the incident?</p>	<p>840</p> <p>1 <input type="checkbox"/> Yes - SKIP to 142b 2 <input type="checkbox"/> No - ASK 137a</p>
<p>137a. MAJORACTIVITY What was your major activity the week of the incident - were you looking for work, keeping house, going to school, or doing something else?</p>	<p>841</p> <p>1 <input type="checkbox"/> Looking for work 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Unable to work 5 <input type="checkbox"/> Retired 6 <input type="checkbox"/> Other - Specify - SKIP to 137b</p> <p>} SKIP to 151</p>
<p>137b. MAJORACTIVITY_SPEC Please specify what was your major activity the week of the incident.</p>	<p>Specify - SKIP to 151</p> <p>_____</p>
<p>138a. EMPLOYERTYPE Now I have a few questions about the job at which you worked during the time of the incident.</p> <p>Were you employed by - (Read each category - then enter appropriate code)</p>	<p>843</p> <p>1 <input type="checkbox"/> A private company, business, or individual for wages? - Ask 138b 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm? ... 5 <input type="checkbox"/> A private, not-for-profit, tax-exempt, or charitable organization?</p> <p>} SKIP to 138c</p> <p>} SKIP to 138c</p>
<p>138b. INCORPORATED Is this business incorporated?</p>	<p>953</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>138c. EMPLOYERNAME What is the name of the (company/government agency/business/non-profit organization) for which you worked at the time of the incident?</p>	<p>954</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>138d. TYPEOFBUSINESS What kind of business or industry is this?</p> <p>Read if necessary: What do they make or do where you worked at the time of the incident?</p>	<p>955</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>138e. BUSINESSSECTOR Is this mainly... (Read answer categories) -</p>	<p>956</p> <p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Retail trade? 3 <input type="checkbox"/> Wholesale trade? 4 <input type="checkbox"/> Something else?</p>
<p>138f. OCCUPATIONDESC What kind of work did you do, that is, what was your occupation at the time of the incident? (For example: plumber, typist, farmer)</p>	<p>957</p> <p>_____</p> <p>_____</p> <p>_____</p>

139. USUALJOB DUTIES What were your usual activities or duties at this job?	<input type="text" value="958"/> _____ _____ _____
140. JOBMSATYPE While working at this job, did you work mostly in - (Read category - then enter the appropriate code).	<input type="text" value="844"/> 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
141a. INCIDENTHAPPENATWORK Ask or verify: Did this incident happen at your work site?	<input type="text" value="845"/> 1 <input type="checkbox"/> Yes } SKIP to 141c 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Don't know..... } 4 <input type="checkbox"/> Other - Specify - ASK 141b
141b. INCIDENTHAPPENATWORK_SPEC Please specify	Specify _____
141c. WORKDAYNIGHT Did you usually work days or nights?	<input type="text" value="846"/> 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Nights 3 <input type="checkbox"/> Both days and nights/rotating shifts
142a. ISCURRENTJOB Is this your current job?	<input type="text" value="959"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
142b. CHECK ITEM S Was the respondent injured in this incident? (Is box 2-11 marked in 31a?)	1 <input type="checkbox"/> Yes (injury marked in 31a - ASK 143 2 <input type="checkbox"/> No (blank or "None" marked in 31a - SKIP to 147a)
143. LOSTWORKTIME Did YOU lose time from work because of the injuries you suffered in this incident?	<input type="text" value="870"/> 1 <input type="checkbox"/> Yes - ASK 144 2 <input type="checkbox"/> No - SKIP to 147a
144. AMOUNTTIMELOST How much time did you lose because of injuries?	<input type="text" value="871"/> _____ Number of days - ASK 145 0 <input type="checkbox"/> Less than one day - SKIP to 147a
145. LOSTPAYNOMEDINS During these days, did you lose any pay that was not covered by unemployment insurance, sick leave, or some other source?	<input type="text" value="872"/> 1 <input type="checkbox"/> Yes - ASK 146 2 <input type="checkbox"/> No - SKIP to 147a
146. AMOUNTLOSTPAYNOMED About how much pay did you lose?	<input type="text" value="873"/> \$ _____ . <input type="text" value="00"/> Amount of pay lost
147a. LOSTOTHERWORKTIME Did YOU lose any (other) time from work because of this incident for such things as cooperating with a police investigation, testifying in court, or repairing or replacing damaged or stolen property? Probe: Any other reason? Enter all that apply.	<input type="text" value="874"/> * 1 <input type="checkbox"/> Police related activities } ASK 148 2 <input type="checkbox"/> Court related activities } 3 <input type="checkbox"/> Repairing damaged property } 4 <input type="checkbox"/> Replacing stolen items } 5 <input type="checkbox"/> Other - Specify - ASK 147b 6 <input type="checkbox"/> None (did not lose time from work for any of these reasons) - SKIP to 151
147b. LOSTOTHERWORKTIME_SPEC Please specify the (time/other time) lost from work because of this incident.	Specify _____
148. DAYLOSTWORK How much time did you lose altogether because of (name all reasons marked in 147a)?	<input type="text" value="875"/> _____ Number of days - ASK 149 0 <input type="checkbox"/> Less than one day - SKIP to 151

149. LOSTPAYNOEMPINS During these days, did you lose any pay that was not covered by unemployment insurance, paid leave, or some other source?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">876</div> 1 <input type="checkbox"/> Yes - ASK 150 2 <input type="checkbox"/> No - SKIP to 151
150. AMOUNTLOSTNOPAYEMP About how much pay did you lose?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">877</div> \$ _____ . <div style="border: 1px solid black; display: inline-block; padding: 2px;">00</div> Amount of pay lost
151. HHMEMLOSTWORKTIME Were there any (other) household members 16 years or older who lost time from work because of this incident?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">878</div> 1 <input type="checkbox"/> Yes - ASK 152a 2 <input type="checkbox"/> No - SKIP to 152b
152a. AMOUNTHHMEMTIMELOST How much time did they lose altogether?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">879</div> _____ Number of days 0 <input type="checkbox"/> Less than one day
152b. CHECK ITEM T Was the respondent on the way to or from work, school, or some other place when the incident (happened/started)? (Is box 2, 3, or 4 marked in 135a?)	1 <input type="checkbox"/> Yes - ASK 153a 2 <input type="checkbox"/> No - SKIP to 153c
153a. TYPETRANSPORTATION Ask or verify: You told me earlier you were on the way (to/from) (work/school/some place) when the incident happened. What means of transportation were you using?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">881</div> 1 <input type="checkbox"/> Car, truck or van 2 <input type="checkbox"/> Motorcycle 3 <input type="checkbox"/> Bicycle 4 <input type="checkbox"/> On foot 5 <input type="checkbox"/> School bus (private or public).... 6 <input type="checkbox"/> Bus or trolley 7 <input type="checkbox"/> Subway or rapid transit 8 <input type="checkbox"/> Train 9 <input type="checkbox"/> Taxi 10 <input type="checkbox"/> Other - Specify - Ask 153b <div style="float: right; margin-left: 20px;"> } Skip to 153c </div>
153b. TYPETRANSPORTATION_SPEC Please specify what means of transportation you were using.	Specify _____
153c. CHECK ITEM U Is this incident part of a series of crimes? (Is box 2 (is a "series") marked in 5c?)	1 <input type="checkbox"/> Yes - ASK 154a 2 <input type="checkbox"/> No - SKIP to 161
154a. SERIESNUMTIMES 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?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">883</div> _____ Number of incidents - SKIP to 155a <input type="checkbox"/> Don't know - ASK 154b
154b. SERIESDK Is that because there is no way of knowing, or because it happened too many times, or is there some other reason?	<div style="border: 1px solid black; display: inline-block; padding: 2px;">884</div> 1 <input type="checkbox"/> No way of knowing 2 <input type="checkbox"/> Happened too many times 3 <input type="checkbox"/> Some other reason - Specify - ASK 154c <div style="float: right; margin-left: 20px;"> } SKIP to 155a </div>
154c. SERIESDKSPEC Please specify the other reason the respondent doesn't know the number of times.	Specify _____
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<p>155a. SERIESWHICHMONTHQ1 In what month or months did these incidents take place? Probe: How many in (name months)?</p>	<p style="text-align: right;">Number of incidents per quarter</p> <p>885 Jan., Feb., or Mar. (Qtr. 1)</p>
<p>155b. SERIESWHICHMONTHQ2 In what month or months did these incidents take place? Probe: How many in (name months)?</p>	<p>886 Apr., May, or Jun. (Qtr. 2)</p>
<p>155c. SERIESWHICHMONTHSQ3 In what month or months did these incidents take place? Probe: How many in (name months)?</p>	<p>887 Jul., Aug., or Sept. (Qtr. 3)</p>
<p>155d. SERIESWHICHMONTHQ4 In what month or months did these incidents take place? Probe: How many in (name months)?</p>	<p>888 Oct., Nov., or Dec. (Qtr. 4)</p>
<p>156. SERIESLOCATION Did all, some, or none of these incidents occur in the same place?</p>	<p>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</p>
<p>157. SERIESOFFENDER Were all, some, or none of these incidents done by the same person(s)?</p>	<p>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 - SKIP to 159a</p>
<p>158a. SERIESOFFENDERRELATION What (was/were) the relationship(s) of the offender(s) to you? For example, friend, spouse, schoolmate, etc? Probe: Anything else? Enter all that apply.</p>	<p>RELATIVE</p> <p>891 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 16 <input type="checkbox"/> Own child or step-child 17 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other relative - Specify - ASK 158b</p> <p style="text-align: right;">} SKIP to 159a</p> <p>NONRELATIVE</p> <p>892 18 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or * ex-girlfriend 5 <input type="checkbox"/> Friend or ex-friend 8 <input type="checkbox"/> Roommate, boarder 7 <input type="checkbox"/> Schoolmate 6 <input type="checkbox"/> Neighbor 11 <input type="checkbox"/> Customer/client 12 <input type="checkbox"/> Patient 13 <input type="checkbox"/> Supervisor (current or former) 14 <input type="checkbox"/> Employee (current or former) 15 <input type="checkbox"/> Co-worker (current or former) 19 <input type="checkbox"/> Teacher/school staff 10 <input type="checkbox"/> Other nonrelative - Specify - ASK 158c</p> <p style="text-align: right;">} SKIP to 159a</p>
<p>158b. SERIESOFFENDERRELATION14SPEC Please specify the other relative.</p>	<p>Specify - SKIP to 159a</p>
<p>158c. SERIESOFFENDERRELATION26SPEC Please specify the other nonrelative.</p>	<p>Specify</p>
<p>159a. SAMETHINGEACHTIME Did the same thing happen each time?</p>	<p>893 1 <input type="checkbox"/> Yes - SKIP to 160a 2 <input type="checkbox"/> No - ASK 159b</p>
<p>159b. HOWINCIDENTSDIFFER How did the incidents differ?</p>	<p>Specify</p>

<p>160a. TROUBLEONGOING Is the trouble still going on?</p>	<p>894 1 <input type="checkbox"/> Yes - SKIP to 160c 2 <input type="checkbox"/> No - ASK 160b</p>
<p>160b. WHATENDEDIT What ended it?</p>	<p>Specify _____</p>
<p>160c. CHECK ITEM V1 Do not read to respondent.</p> <p>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.</p>	<p>895</p> <p>CONTACT CRIMES</p> <p>1 <input type="checkbox"/> Completed or threatened violence in the course of the victim's job (police officer, security guard, psychiatric social worker, etc.) } SKIP to 161</p> <p>2 <input type="checkbox"/> Completed or threatened violence between spouses, other relatives, friends, neighbors, etc. }</p> <p>3 <input type="checkbox"/> Completed or threatened violence at school or on school property..... }</p> <p>4 <input type="checkbox"/> Other contact crimes (other violence, pocket picking, purse snatching, etc.) - Specify - ASK 160d</p> <p>NONCONTACT CRIMES</p> <p>5 <input type="checkbox"/> Theft or attempted theft of motor vehicles }</p> <p>6 <input type="checkbox"/> Theft or attempted theft of motor vehicle parts (tire, hubcap, battery, attached car stereo, etc.) }</p> <p>7 <input type="checkbox"/> Theft or attempted theft of contents of motor vehicle, including unattached parts }</p> <p>8 <input type="checkbox"/> Theft or attempted theft at school or on school property..... }</p> <p>9 <input type="checkbox"/> Illegal entry of, or attempt to enter, victim's home, other building on property, second home, hotel, motel</p> <p>10 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) KNOWN to victim (roommate, babysitter, etc.)</p> <p>11 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) UNKNOWN to victim</p> <p>12 <input type="checkbox"/> Other theft or attempted theft (at work, while shopping, etc.) - Specify - ASK 160e</p>
<p>160d. SERIESCONTACTORNOT14SPEC Please specify the other contact crime.</p>	<p>Specify - SKIP to 161 _____</p>
<p>160e. SERIESCONTACTORNOT22SPEC Please specify the other noncontact crime.</p>	<p>Specify _____</p>
<p>161. INCIDENTHATECRIME Hate crimes or crimes of prejudice or bigotry occur when (an offender/offenders) target(s) people because of one or more of their characteristics or religious beliefs.</p> <p>Do you have any reason to suspect the incident just discussed was a hate crime or crime of prejudice or bigotry?</p>	<p>910 1 <input type="checkbox"/> Yes - ASK 162 2 <input type="checkbox"/> No - SKIP to 167a</p>
<p>Notes</p>	

<p>162. An offender/Offenders can target people for a variety of reasons, but we are only going to ask you about a few today. Do you suspect the offender(s) targeted you because of...</p> <p>(a) INCHATETARGETREASONS_RACE Your race?</p> <p>(b) INCHATETARGETREASONS_RELIGION Your religion?</p> <p>(c) INCHATETARGETREASONS_ETHNICITY Your ethnic background or national origin (for example, people of Hispanic origin)?.....</p> <p>(d) INCHATETARGETREASONS_DISABILITY Any disability (by this I mean physical, mental, or developmental disabilities) you may have?.....</p> <p>(e) INCIDENTHATETARGETREASONS_GENDER Your gender?</p> <p>(f) INCIDENTHATETARGETREASONS_SEXUAL Your sexual orientation?.....</p> <p>If "Yes," SAY - (by this we mean homosexual, bisexual, or heterosexual)</p>	<p>896 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>897 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>898 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>899 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>900 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>901 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>163. Some offenders target people because they associate with certain people or the (offender perceives/offenders perceive) them as having certain characteristics or religious beliefs.</p> <p>Do you suspect you were targeted because of...</p> <p>(a) INCIDENTHATETARGETWHOUKNOW Your association with people who have certain characteristics or religious beliefs (for example, a multiracial couple)?</p> <p>(b) INCHATETARGETWHOUKNOW_SPEC Please specify why you suspect you were targeted because of your association with people who have certain characteristics or religious beliefs.</p> <p>(c) INCIDENTHATETARGETRELIGION The offender(s)'s perception of your characteristics or religious beliefs (for example, the offender(s) thought you were Jewish because you went into a synagogue)?</p> <p>(d) INCIDENTHATETARGETRELIGION_SPEC Please specify why you suspect you were targeted because of the offender(s)'s perception of your characteristics or religious beliefs.</p>	<p>911 1 <input type="checkbox"/> Yes - Specify - ASK 163b 2 <input type="checkbox"/> No..... } SKIP to 163c 3 <input type="checkbox"/> Don't know..... }</p> <p>912 Specify _____</p> <p>913 1 <input type="checkbox"/> Yes - Specify - ASK 163d 2 <input type="checkbox"/> No..... } SKIP to 163e 3 <input type="checkbox"/> Don't know..... }</p> <p>914 Specify _____</p>
<p>163e. CHECK ITEM V2 Are one or more boxes marked "Yes" in 162a through 163c?</p>	<p>1 <input type="checkbox"/> Yes - ASK 164a 2 <input type="checkbox"/> No - SKIP to 167a</p>
<p>164a. INCIDENTHAVEEVIDENCEHATE Do you have any evidence that this incident was a hate crime or crime of prejudice or bigotry?</p>	<p>915 1 <input type="checkbox"/> Yes - SKIP to 165 2 <input type="checkbox"/> No..... } ASK 164b 3 <input type="checkbox"/> Don't know..... }</p>
<p>164b. INCIDENTHAVEEVIDENCE_SUGGEST Did the offender(s) say something, write anything, or leave anything behind at the crime scene that would suggest you were targeted because of your characteristics or religious beliefs?</p>	<p>1 <input type="checkbox"/> Yes - ASK 165 2 <input type="checkbox"/> No - SKIP to 167a</p>

<p>165. The next questions ask about the evidence you have that makes you suspect this incident was a hate crime or a crime of prejudice or bigotry. As I read the following questions, please tell me if any of the following happened:</p> <p>(a) INCIDENTEVIDENCEHATE_MAKEFUN Did the offender(s) make fun of you, make negative comments, use slang, hurtful words, or abusive language?</p> <p>(b) INCIDENTEVIDENCEHATE_SYMBOLS Were any hate symbols present at the crime scene to indicate the offender(s) targeted you for a particular reason (for example, a swastika, graffiti on the walls of a temple, a burning cross, or written words)?</p> <p>(c) INCEVIDENCEHATE_POLICETARGET Did a police investigation confirm the offender(s) targeted you (for example, did the offender(s) confess a motive, or did the police find books, journals, or pictures that indicated the offender(s) (was/were) prejudiced against people with certain characteristics or religious beliefs)?</p> <p>(d) INCEVIDENCEHATE_OFFENDERDIDSAME Do you know if the offender(s) (has/have) committed similar hate crimes or crimes of prejudice or bigotry in the past?</p> <p>(e) INCIDENTEVIDENCEHATE_NEARHOLIDAY Did the incident occur on or near a holiday, event, location, gathering place, or building commonly associated with a specific group (for example, at the Gay Pride March or at a synagogue, Korean church, or gay bar)?</p> <p>(f) INCEVIDENCEHATE_OTHERLIKECRIMES Have other hate crimes or crimes of prejudice or bigotry happened to you or in your area/ neighborhood where people have been targeted?</p> <p>(g) INCEVIDENCEHATE_FELT_BELIEVED Do your feelings, instincts, or perception lead you to suspect this incident was a hate crime or crime of prejudice or bigotry, but you do not have enough evidence to know for sure?</p>	<p>916 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>917 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>918 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>919 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>921 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>922 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>166. TELLPOLICEHATECRIME At any time, did you tell the police that you believed the incident was a hate crime or crime of prejudice or bigotry?</p>	<p>908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>167a. CHECK ITEM V3 Is this the first incident reported for this respondent?</p>	<p>925 1 <input type="checkbox"/> Yes - SKIP to 168 2 <input type="checkbox"/> No - FILL 167b</p>
<p>167b. CHECK ITEM V4 Is 171 marked "Yes" for the first incident reported for this respondent? (That is, has the respondent previously indicated that he/she has a health condition or disability?)</p>	<p>926 1 <input type="checkbox"/> Yes - SKIP to 172 2 <input type="checkbox"/> No - SKIP to 174</p>
<p>168. DISABILITY_INTRO Research has shown that people with disabilities may be more vulnerable to crime victimization. The next questions ask about any health conditions, impairments, or disabilities you may have.</p>	
<p>Notes</p>	

169a. HEARING Are you deaf or do you have serious difficulty hearing?	<input type="text" value="967"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
169b. VISION Are you blind or do you have serious difficulty seeing even when wearing glasses?	<input type="text" value="968"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
170a. Because of a physical, mental, or emotional condition, do you have serious difficulty: (1) LEARN_CONCENTRATE Concentrating, remembering or making decisions? (2) PHYSICAL_LIMIT Walking or climbing stairs? (3) DRESS_BATH Dressing or bathing?	<input type="text" value="963"/> <input type="text" value="962"/> <input type="text" value="964"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
170b. LEAVING_HOME Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
171. CHECK ITEM V5 Is "Yes" marked in any of 169a - 170b? (That is, has the respondent indicated that he/she has a health condition or disability?)	<input type="text" value="943"/>	1 <input type="checkbox"/> Yes - ASK 172 2 <input type="checkbox"/> No - SKIP to 174
172. VICTIMDUETODISABLE During the incident you just told me about, do you have reason to suspect you were victimized because of your health condition(s), impairment(s), or disability(ies)?	<input type="text" value="944"/>	1 <input type="checkbox"/> Yes - ASK 173a 2 <input type="checkbox"/> No..... 3 <input type="checkbox"/> Don't know.... } SKIP to 174
173a. WHICHDISABILITYTARGET_1 What health conditions, impairments, or disabilities do you believe caused you to be targeted for this incident? Please specify the first type of health condition, impairment, or disability. If multiple health conditions, impairments, or disabilities mentioned enter only the first one mentioned here.	<input type="text" value="946"/>	_____ (First Condition)
173b. WHICHDISABILITYTARGETELSE_1 Any other conditions, impairments, or disabilities?		1 <input type="checkbox"/> Yes - ASK 173c 2 <input type="checkbox"/> No..... 3 <input type="checkbox"/> Don't know } SKIP to 174
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<p>173c. WHICHDISABILITYTARGET_2</p> <p>What other health conditions, impairments, or disabilities do you believe caused you to be targeted for this incident?</p> <p>Please specify the second type of health condition, impairment, or disability.</p> <p>If multiple health conditions, impairments, or disabilities mentioned enter only the second one mentioned here.</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">947</div> <hr style="margin-top: 10px;"/> <p>(Second Condition)</p>
<p>173d. WHICHDISABILITYTARGETELSE_2</p> <p>Any other conditions, impairments, or disabilities?</p>	<p>1 <input type="checkbox"/> Yes - ASK 173e</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } SKIP to 174</p>
<p>173e. WHICHDISABILITYTARGET_3</p> <p>What other health conditions, impairments, or disabilities do you believe caused you to be targeted for this incident?</p> <p>Please specify the third type of health condition, impairment, or disability.</p> <p>If multiple health conditions, impairments, or disabilities mentioned enter only the third one mentioned here.</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">948</div> <hr style="margin-top: 10px;"/> <p>(Third Condition)</p>
<p>174. CHECK ITEM W SUMMARY <input type="checkbox"/></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/>
<p>Notes</p>	