

**INTRO** - Now, I would like to ask you some questions about times when you may have experienced unwanted contacts or behaviors. I want to remind you that the information you provide is confidential. When answering, please think about anyone who may have done these things, including current or former spouses or partners, other people you may know, or strangers. However, please **DO NOT** include bill collectors, solicitors, or other sales people.

**SECTION I. NCVS SVS SCREENER QUESTIONS**

**SQ1. In the past 12 months, have you experienced any unwanted contacts or behaviors?  
By that I mean has anyone –**

**SQ\_FOLLOWED**

**a. Followed you around and watched you?**

- 1  Yes  
2  No

**SQ\_SNEAKED**

**b. [Has anyone] Sneaked into your home, car, or any place else and did unwanted things to let you know they had been there?**

- 1  Yes  
2  No

**SQ\_WAITED**

**c. [Has anyone] Waited for you at your home, work, school, or any place else when you didn't want them to?**

- 1  Yes  
2  No

**Still thinking about unwanted contacts and behaviors, in the past 12 months, has anyone...**

**SQ\_SHOWEDUP**

**d. Showed up, rode or drove by places where you were when they had no business being there?**

- 1  Yes  
2  No

**SQ\_ITEMS**

**e. [Has anyone] Left or sent unwanted items, cards, letters, presents, flowers, or any other unwanted items?**

- 1  Yes  
2  No

**SQ\_HARASSED**

**f. [Has anyone] Harassed or repeatedly asked your friends or family for information about you or your whereabouts?**

- 1  Yes  
2  No

**Now I want to ask about unwanted contacts or behaviors using various technologies, such as your phone, the Internet, or social media apps. Again, please DO NOT include bill collectors, solicitors, or other sales people. In the past 12 months, has anyone...**

**SQ\_TELEPHONE**

**g. Made unwanted phone calls to you, left voice messages, sent text messages, or used the phone excessively to contact you?**

- 1  Yes  
2  No

**SQ\_TECHNOLOGY**

**h. [Has anyone] Spied on you or monitored your activities using technologies such as a listening device, camera, or computer or cell phone monitoring software?**

- 1  Yes  
2  No

<p>Still thinking about unwanted contacts and behaviors, in the past 12 months, has anyone...</p> <p><b>SQ_APPLICATION</b> i. Tracked your whereabouts with an electronic tracking device or application, such as GPS or an application on your cell phone?</p> <hr/> <p><b>SQ_POSTS</b> j. [Has anyone] Posted or threatened to post inappropriate, unwanted, or personal information about you on the Internet, this includes private photographs, videos, or spreading rumors?</p> <hr/> <p><b>SQ_WEBSITES</b> k. [Has anyone] Sent unwanted e-mails or messages using the Internet, for example, using social media apps or websites like Instagram, Twitter, or Facebook?</p> <p><b>SQ_SOCIALMEDIA</b> l. [Has anyone] Monitored your activities using social media apps like Instagram, Twitter, or Facebook?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 1: If R answered "Yes" to one or more of <b>SQ_FOLLOWED-SQ_SOCIALMEDIA</b>, then skip to SQ2 (<b>SQ_REPETITION</b>). If R did not answer "Yes" to any of the above items, then skip to END INTERVIEW TEXT on page 3.</p>	
<p><b>SQ_REPETITION</b> SQ2. Has anyone done (this/any of these things) to you more than once in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes [skip to SQ3a (<b>SQ_FEAR</b>)] 2 <input type="checkbox"/> No [skip to CHECK ITEM 2]</p>
<p>CHECK ITEM 2: If R answered "Yes" to more than one of <b>SQ_FOLLOWED-SQ_SOCIALMEDIA</b>, then skip to SQ3a (<b>SQ_FEAR</b>). If R answered "Yes" to only one of <b>SQ_FOLLOWED-SQ_SOCIALMEDIA</b>, then skip to END INTERVIEW TEXT on page 3.</p>	
<p><b>SQ_FEAR</b> SQ3a. Did any of these unwanted contacts or behaviors make you fear for your safety or the safety of someone close to you?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>SQ_DISTRESS</b> SQ3b. Did any of these unwanted contacts or behaviors cause you substantial emotional distress?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>Now I have some additional questions about the time someone {behavior<sub>1</sub>}, {behavior<sub>2</sub>}, and {behavior<sub>x</sub>...}. Thinking about the person or persons who committed these unwanted contacts or behaviors in the <u>past 12 months</u>, did any of the following occur –</p> <p><b>SQ_PROPERTY</b> SQ4. Did this person or these people damage or attempt to damage or destroy property belonging to you or someone else in your household?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

<p><b>SQ5.</b> [Thinking about the person or persons who committed these unwanted contacts or behaviors in the <u>past 12 months...</u>]  <b>Did this person or these people...</b>  <b>SQ_ATTACK_SELF</b>  <b>Physically attack you?</b></p> <hr/> <p><b>SQ_ATTEMPT_SELF</b>  <b>Attempt to attack you?</b></p> <hr/> <p><b>SQ_THREAT_SELF</b>  <b>Threaten to attack you?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
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<p><b>SQ6.</b> [Thinking about the person or persons who committed these unwanted contacts or behaviors in the <u>past 12 months...</u>]  <b>Did this person or these people...</b>  <b>SQ_ATTACK_OTH</b>  <b>Physically attack someone close to you or a pet?</b></p> <hr/> <p><b>SQ_ATTEMPT_OTH</b>  <b>Attempt to attack someone close to you or a pet?</b></p> <hr/> <p><b>SQ_THREAT_OTH</b>  <b>Threaten to attack someone close to you or a pet?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
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SURVEY INSTRUCTIONS: See the table below for all combinations of the questions used to determine when the survey should be ended or continued on to the questions about the incident.

NOTE: This information is programmed into the CAPI instrument and skip patterns are driven automatically.

Number of Behaviors (SQ1a-k)	Repetition (SQ2)	Actual Fear or Emotional Distress (SQ3a and SQ3b)	Reasonable Fear (SQ4, SQ5, or SQ6)	Included in stalking estimate/survey continuation?
1	No	No	No	No – end interview
1	No	No	Yes	No – end interview
1	No	Yes	No	No – end interview
1	No	Yes	Yes	No – end interview
1	Yes	No	No	No – end interview
1	Yes	No	Yes	Yes – continue
1	Yes	Yes	No	Yes – continue
1	Yes	Yes	Yes	Yes – continue
2+	No	No	No	No – end interview
2+	No	No	Yes	Yes – continue
2+	No	Yes	No	Yes – continue
2+	No	Yes	Yes	Yes – continue
2+	Yes	No	No	No – end interview
2+	Yes	No	Yes	Yes – continue
2+	Yes	Yes	No	Yes – continue
2+	Yes	Yes	Yes	Yes – continue

END INTERVIEW TEXT: “Thank you for your time, that ends the interview.”

**SECTION II. NCVS SVS OFFENDER INFORMATION**

**OFFENDER\_NUMB**  
**OFFENDER\_NUMBSP**

**Q1. Thinking about the unwanted contacts or behaviors you experienced in the past 12 months, how many different people have done these things to you?**

- 1  One [skip to Q3 (**OFFENDER1\_SEX**)]
- 2  Two [skip to Q2a (**OFFENDER\_ACT**)]
- 3  Three or more – Enter number of people \_\_\_\_\_  
[skip to Q2a (**OFFENDER\_ACT**)]
- 4  Don't know [skip to INTRO TEXT A]

**OFFENDER\_ACT**

**Q2a. Did these people act alone or together as a team?**

- 1  Alone [skip to INTRO TEXT A]
- 2  Together [skip to Q2b (**OFFENDER\_MOST**)]
- 3  Don't know [skip to INTRO TEXT A]

**OFFENDER\_MOST**

**Q2b. Of the people who did these things to you, is there ONE person who you would consider to be the MOST responsible for these unwanted contacts or behaviors?**

- 1  Yes [skip to Q3 (**OFFENDER1\_SEX**)]
- 2  No [skip to Q8a (**OFFENDERS\_SEX**)]

**SECTION III. SINGLE OFFENDER**

**INTRO TEXT A. Thinking about the person who has done this most recently...**

**OFFENDER1\_SEX**

**Q3. Is this person male or female?**

- 1  Male
- 2  Female

**OFFENDER1\_AGE**

**Q4. How old would you say this person is?**

- 1  Under 15
- 2  15-17
- 3  18-20
- 4  21-24
- 5  25-34
- 6  35-49
- 7  50-64
- 8  65+
- 9  Don't know

**OFFENDER1\_HISP**

**Q5. Is this person Hispanic or Latino/a?**

- 1  Yes
- 2  No
- 3  Don't know

**OFFENDER1\_RACE**

**Q6. What race or races is this person? You may select more than one. Is this person...** [Select one or more]

- 1  **White?**
- 2  **Black or African American?**
- 3  **American Indian or Alaska Native?**
- 4  **Asian?**
- 5  **Native Hawaiian or Other Pacific Islander?**
- 3  Don't know

**OFFENDER1\_REL**  
**OFFENDER1\_RELSP**  
**OFFENDER1\_NONSP**  
**Q7. What was your relationship to the person who committed these unwanted contacts or behaviors when they first began?**

*[Instruction: Record the relationship at the time the unwanted contacts or behaviors began and not at the time of the interview.]*

- RELATIVE – offender was the respondent’s –
- 01  Spouse or partner
  - 02  Ex-spouse or ex-partner
  - 03  Parent or step-parent
  - 04  Own child or step-child
  - 05  Sibling/step-sibling
  - 06  Other relative – Specify \_\_\_\_\_
- NONRELATIVE – offender was the respondent’s –
- 07  Boyfriend or girlfriend
  - 08  Ex-boyfriend or ex-girlfriend
  - 09  Other current romantic or sexual partner
  - 10  Other former romantic or sexual partner
  - 11  Friend or ex-friend
  - 12  Acquaintance
  - 13  In-laws or relative of spouse or ex-spouse
  - 14  Roommate, housemate, boarder
  - 15  Schoolmate
  - 16  Neighbor
  - 17  Customer/client
  - 18  Student
  - 19  Patient
  - 20  Supervisor (current or former)
  - 21  Employee (current or former)
  - 22  Co-worker (current or former)
  - 23  Teacher/school staff
  - 24  Stranger
  - 25  Other nonrelative – Specify \_\_\_\_\_
  - 26  Unable to identify the person

[skip to Q14a (**INC\_DURATION**)]

**SECTION IV. MULTIPLE OFFENDERS**

**OFFENDERS\_SEX**  
**Q8a. Are these people male or female?**

- 1  All male [skip to Q9 (**OFFENDERS\_AGE**)]
- 2  All female [skip to Q9 (**OFFENDERS\_AGE**)]
- 3  Don't know sex of any offenders  
     [skip to Q9 (**OFFENDERS\_AGE**)]
- 4  Both male and female [skip to CHECK ITEM 3]

CHECK ITEM 3: If only two offenders (**OFFENDER\_NUMB=2**), then skip to Q9 (**OFFENDERS\_AGE**). If more than two offenders (**OFFENDER\_NUMB=3**), then skip to Q8b (**OFFENDERS\_SEX2**).

**OFFENDERS\_SEX2**  
**Q8b. Are most of these people male or female?**

- 1  Most are male
- 2  Most are female
- 3  Evenly divided
- 4  Don't know

<p><b>OFFENDERS_AGE</b>  <b>Q9. How old would you say these people are?</b> [Mark all that apply]</p>	<p>1 <input type="checkbox"/> Under 15  2 <input type="checkbox"/> 15-17  3 <input type="checkbox"/> 18-20  4 <input type="checkbox"/> 21-24  5 <input type="checkbox"/> 25-34  6 <input type="checkbox"/> 35-49  7 <input type="checkbox"/> 50-64  8 <input type="checkbox"/> 65+  9 <input type="checkbox"/> Don't know</p>
<p><b>OFFENDERS_HISP</b>  <b>Q10a. Are any of these people Hispanic or Latino/a?</b></p>	<p>1 <input type="checkbox"/> Yes [skip to Q10b (<b>OFFENDERS_HISP2</b>)]  2 <input type="checkbox"/> No [skip to Q11a (<b>OFFENDERS_RACE</b>)]  3 <input type="checkbox"/> Don't know [skip to Q11a (<b>OFFENDERS_RACE</b>)]</p>
<p><b>OFFENDERS_HISP2</b>  <b>Q10b. Are most of these people Hispanic, non-Hispanic, or an equal number of Hispanic and non-Hispanic?</b></p>	<p>1 <input type="checkbox"/> Most are Hispanic or Latino/a  2 <input type="checkbox"/> Most are non-Hispanic  3 <input type="checkbox"/> Equal number of Hispanic and non-Hispanic  4 <input type="checkbox"/> Don't know</p>
<p><b>OFFENDERS_RACE</b>  <b>Q11a. What race or races are these people? Are they...</b>  [Select one or more]</p>	<p>1 <input type="checkbox"/> <b>White?</b>  2 <input type="checkbox"/> <b>Black or African American?</b>  3 <input type="checkbox"/> <b>American Indian or Alaska Native?</b>  4 <input type="checkbox"/> <b>Asian?</b>  5 <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander?</b>  6 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM 4: If more than one selection at Q11a (<b>OFFENDERS_RACE</b>), then skip to Q11b (<b>OFFENDERS_RACE2</b>). If only one selection at Q11a (<b>OFFENDERS_RACE</b>), then skip to Q12 (<b>OFFENDERS_REL</b>).</p>	
<p><b>OFFENDERS_RACE2</b>  <b>Q11b. What race are most of these people?</b></p>	<p>1 <input type="checkbox"/> Most are White  2 <input type="checkbox"/> Most are Black or African American  3 <input type="checkbox"/> Most are American Indian or Alaska Native  4 <input type="checkbox"/> Most are Asian  5 <input type="checkbox"/> Most are Native Hawaiian or Other Pacific Islander  6 <input type="checkbox"/> Equal number of each race  7 <input type="checkbox"/> Don't know</p>

**OFFENDERS\_REL**  
**OFFENDERS\_RELSP**  
**OFFENDERS\_NONSP**  
**Q12. What was your relationship to the people who committed these unwanted contacts or behaviors when they first began?** [Mark all that apply]

*[Instruction: Record the relationship at the time the unwanted contacts or behaviors began and not at the time of the interview.]*

- RELATIVE – offenders were the respondent’s –
- 01  Spouse or partner
  - 02  Ex-spouse or ex-partner
  - 03  Parent or step-parent
  - 04  Own child or step-child
  - 05  Sibling/step-sibling
  - 06  Other relative – Specify \_\_\_\_\_

- NONRELATIVE – offenders were the respondent’s –
- 07  Boyfriend or girlfriend
  - 08  Ex-boyfriend or ex-girlfriend
  - 09  Other current romantic or sexual partner
  - 10  Other former romantic or sexual partner
  - 11  Friend or ex-friend
  - 12  Acquaintance
  - 13  In-laws or relative of spouse or ex-spouse
  - 14  Friends of one of the offenders
  - 15  Roommate, housemate, boarder
  - 16  Schoolmate
  - 17  Neighbor
  - 18  Customer/client
  - 19  Student
  - 20  Patient
  - 21  Supervisor (current or former)
  - 22  Employee (current or former)
  - 23  Co-worker (current or former)
  - 24  Teacher/school staff
  - 25  Stranger
  - 26  Other nonrelative – Specify \_\_\_\_\_
  - 27  Unable to identify the person

**OFFENDERS\_EACH**  
**OFFENDERS\_EACHSP**  
**Q13. How do the people who committed these unwanted contacts or behaviors know each other? Are they...** [Mark all that apply]

- 1  Friends?
- 2  Classmates or peers?
- 3  Co-workers?
- 4  In-laws or family members?
- 5  Members of a Fraternity or Sorority?
- 6  Members of a gang or other organized crime group?
- 7  Or do they know each other in some other way?  
 – Specify \_\_\_\_\_

**SECTION V. DURATION OF STALKING**

**INC\_DURATION**  
**Q14a. How long have these unwanted contacts or behaviors been happening to you?**

- 1  Less than one month
- 2  One month to less than six months
- 3  Six months to less than one year
- 4  One year to less than two years
- 5  Two years to less than three years
- 6  Three years to less than five years
- 7  Five years or more
- 8  Don't know

**INC\_DISCOVER**

**Q14b. How did you find out that these unwanted contacts or behaviors were happening to you?**

- 1  The offender told me
- 2  Someone else told me
- 3  I figured it out on my own
- 4  Don't know, don't remember

**SECTION VI. FREQUENCY OF STALKING**

**INC\_TIMES**

**Q15. In the past 12 months, how many times would you say these unwanted contacts or behaviors occurred? Would you say...**

- 1  **Two to ten times**
- 2  **Eleven to fifty times**
- 3  **More than fifty times**
- 4  Too many times to count
- 5  Don't know, don't remember



**SECTION VII. MOTIVE FOR STALKING**

**Q16. Why do you think (this person/these people) started doing these things to you? Was it because...**

**INC\_REVENGE**

They wanted retaliation or revenge?

- 1  Yes  
2  No

**INC\_AFFECTION**

They wanted affection?

- 1  Yes  
2  No

**INC\_REJECTED**

They felt rejected?

- 1  Yes  
2  No

**INC\_OBSESSED**

They were obsessed with you?

- 1  Yes  
2  No

**INC\_PLANNED**

They planned to commit a crime?

- 1  Yes  
2  No

**INC\_ALREADY**

They had already committed a crime?

- 1  Yes  
2  No

**INC\_POWER**

They wanted power and control?

- 1  Yes  
2  No

**INC\_FELT**

They felt like they could do these things to you?

- 1  Yes  
2  No

**INC\_OTHER**

**INC\_OTHERSP**

Any other reason?

- 1  Yes – Specify \_\_\_\_\_  
2  No

CHECK ITEM 5: If offender physically attacked or attempted to attack respondent (**SQ\_ATTACK\_SELF=1** or **SQ\_ATTEMPT\_SELF=1**), then skip to Q17a (**INC\_HIT**). If offender only threatened to attack respondent (**SQ\_THREAT\_SELF=1** and **SQ\_ATTACK\_SELF** ne 1 and **SQ\_ATTEMPT\_SELF** ne 1), then skip to Q18a (**INC\_THREAT\_HIT**). Else, skip to CHECK ITEM 6.

**SECTION VIII. REASONABLE FEAR FOLLOW-UP**

**Q17a. Earlier you indicated that (this person/these people) physically attacked or attempted to attack you. Did they attack or attempt to attack you...**

**INC\_HIT**

**By hitting, slapping, pushing, or knocking you down?**

- 1  Yes  
2  No

**INC\_CHOKE**

**By choking or strangling you?**

- 1  Yes  
2  No

**INC\_RAPE**

**By raping or sexually assaulting you?**

- 1  Yes  
2  No

**INC\_OBJECT**

**With a weapon or other object?**

- 1  Yes  
2  No

**INC\_VEHICLE**

**By hitting, chasing, or dragging you with a vehicle?**

- 1  Yes  
2  No

**INC\_ATTACKOTH**

**INC\_ATTACKOTHSP**

**Or did they attack you in some other way?**

- 1  Yes – Specify \_\_\_\_\_  
2  No

CHECK ITEM 5a: If respondent answered “Yes” to being attacked with a weapon or other object (**INC\_OBJECT=1**), then skip to Q17b. If respondent answered “No” to being attacked with a weapon or other object and offender threatened to attack respondent (**INC\_OBJECT=2** and **SQ\_THREAT\_SELF=1**), then skip to Q18a (**INC\_THREAT\_HIT**). Else, skip to CHECK ITEM 6.

**INC\_WEAPON**

**INC\_WEAPONSP**

**Q17b. What was the weapon or object they used to attack or attempt to attack you? Was there any other weapon or object used? [Mark all that apply]**

- 1  Hand gun (pistol, revolver, etc.)  
2  Other gun (rifle, shotgun, etc.)  
3  Knife  
4  Other sharp object (scissors, ice pick, axe, etc.)  
5  Blunt object (rock, club, bat, etc.)  
6  Other – Specify \_\_\_\_\_

CHECK ITEM 5b: If offender threatened to attack respondent (**SQ\_THREAT\_SELF=1**), then skip to Q18a (**INC\_THREAT\_HIT**). Else, skip to CHECK ITEM 6.

Q18a. Earlier you indicated that (this person/these people) threatened to attack you. Did they threaten...

**INC\_THREAT\_HIT**

To hit, slap, push, or knock you down?

- 1  Yes  
2  No

**INC\_THREAT\_CHOKE**

To choke or strangle you?

- 1  Yes  
2  No

**INC\_THREAT\_RAPE**

To rape or sexually assault you?

- 1  Yes  
2  No

**INC\_THREAT\_OBJECT**

To harm you with a weapon or other object?

- 1  Yes  
2  No

**INC\_THREAT\_VEHICLE**

To hit, chase, or drag you with a vehicle?

- 1  Yes  
2  No

**INC\_THREAT\_KILL**

To kill you?

- 1  Yes  
2  No

**INC\_THREAT\_ATTACKOTH**

**INC\_THREAT\_ATTACKOTHSP**

Or did they threaten you in some other way?

- 1  Yes – Specify \_\_\_\_\_  
2  No

CHECK ITEM 5c: If respondent answered "Yes" to being threatened with harm with a weapon or other object (**INC\_THREAT\_OBJECT=1**), then skip to Q18b (**INC\_THREAT\_WEAPON**). Else, skip to CHECK ITEM 6.

**INC\_THREAT\_WEAPON**

**INC\_THREAT\_WEAPONSP**

Q18b. What was the weapon or object they threatened to use? Was there any other weapon or object used? [Mark all that apply]

- 1  Hand gun (pistol, revolver, etc.)  
2  Other gun (rifle, shotgun, etc.)  
3  Knife  
4  Other sharp object (scissors, ice pick, axe, etc.)  
5  Blunt object (rock, club, bat, etc.)  
6  Other – Specify \_\_\_\_\_

CHECK ITEM 6: If offender physically attacked or attempted to attack someone close to respondent or a pet (**SQ\_ATTACK\_OTH=1** or **SQ\_ATTEMPT\_OTH=1**) then skip to Q19a. If offender only threatened to attack someone close to respondent or a pet (**SQ\_THREAT\_OTH=1** and **SQ\_ATTACK\_OTH** ne 1 and **SQ\_ATTEMPT\_OTH** ne 1), then skip to Q19b (**INC\_THREAT\_CHILD**). Else, skip to Q20 (**ASSIST\_CALL**).

Q19a. Earlier you indicated that (this person/these people) attacked or attempted to attack someone close to you or a pet. Who did they physically attack or attempt to attack?

**INC\_ATTACK\_CHILD**

A child?

1  Yes

2  No

**INC\_ATTACK\_SPOUSE**

A spouse or partner?

1  Yes

2  No

**INC\_ATTACK\_SIGNOTH**

A boyfriend or girlfriend?

1  Yes

2  No

**INC\_ATTACK\_FAMILY**

Another family member?

1  Yes

2  No

**INC\_ATTACK\_FRIEND**

A friend or co-worker?

1  Yes

2  No

**INC\_ATTACK\_PET**

A pet or companion animal?

1  Yes

2  No

**INC\_ATTACK\_OTHPERS**

**INC\_ATTACK\_OTHPERSSP**

Someone else?

1  Yes – Specify \_\_\_\_\_

2  No

CHECK ITEM 6a: If offender threatened to attack someone close to respondent or a pet (**SQ\_THREAT\_OTH=1**), then skip to Q19b (**INC\_THREAT\_CHILD**). Else, skip to Q20 (**ASSIST\_CALL**).

Q19b. Earlier you indicated that (this person/these people) threatened to physically attack someone close to you or a pet. Who did they threaten?

**INC\_THREAT\_CHILD**

A child?

1  Yes

2  No

**INC\_THREAT\_SPOUSE**

A spouse or partner?

1  Yes

2  No

**INC\_THREAT\_SIGNOTH**

A boyfriend or girlfriend?

1  Yes

2  No

**INC\_THREAT\_FAMILY**

Another family member?

1  Yes

2  No

**INC\_THREAT\_FRIEND**

A friend or co-worker?

1  Yes

2  No

**INC\_THREAT\_PET**

A pet or companion animal?

1  Yes

2  No

**INC\_THREAT\_OFFENDER**

Himself/herself (offender)?

1  Yes

2  No

**INC\_THREAT\_OTH**

**INC\_THREAT\_OTHSP**

Someone else?

1  Yes – Specify \_\_\_\_\_

2  No

**SECTION IX. HELP-SEEKING**

**ASSIST\_CALL**

Q20. During the past 12 months did you or someone else call or contact the police to report any of the unwanted contacts or behaviors you experienced?

1  Yes [skip to Q22 (**ASSIST\_YESREPORT**)]

2  No [skip to Q21 (**ASSIST\_NOTREPORT**)]

**ASSIST\_NOTREPORT**  
**ASSIST\_NOTREPORTSP**

**Q21. What was the reason these unwanted contacts or behaviors were not reported to the police?**

**[Mark all that apply]**

Structured Probe

**Was the reason because you dealt with it another way, it wasn't important enough to you, police wouldn't do anything, police wouldn't help, you fear the person, or was there some other reason?**

Dealt with it another way

- 01  Reported to another official (guard, apt. manager, employer, hospital official, school official, military official, etc.)
- 02  Private or personal matter (handled myself or family member or friend handled it)
- 03  Told other non-officials (parents, friends, other family members, etc.)

Not important enough to respondent

- 04  Too minor, not a police matter, not serious enough
- 05  Not clear it was a crime
- 06  Not sure that harm was intended

Police wouldn't do anything

- 07  Didn't think the police would be able to stop behaviors
- 08  Could not find or identify offender
- 09  Had no legal authority/wrong jurisdiction
- 10  Lacked or had incorrect restraining, protection, or no-contact order
- 11  Not enough evidence/lack of proof

Police wouldn't help

- 12  Police wouldn't believe respondent
- 13  Police would think it was respondent's fault
- 14  Police didn't think it was important enough, wouldn't want to be bothered or get involved
- 15  Offender was a police officer, justice officer
- 16  Police would be inefficient, ineffective
- 17  Had previous negative experience with the police

Feared offender

- 18  Afraid of reprisal or escalation of behavior by the offender or others

Other reasons

- 19  Respondent does not trust or is afraid of police
- 20  Respondent felt ashamed or embarrassed
- 21  Didn't want offender to get in trouble with the law
- 22  Offender was (ex)spouse or (ex)partner
- 23  Respondent obtained a restraining, protection, or no-contact order instead
- 24  Respondent moved away
- 25  Offender moved away
- 26  For the sake of the children
- 27  Unwanted contacts/behaviors stopped
- 28  Other – Specify \_\_\_\_\_
- 29  Don't know

CHECK ITEM 6b: Skip to Q27 (**ASSIST\_AGENCYSEEK**).

<p><b>ASSIST_YESREPORT</b>  <b>ASSIST_YESREPORTSP</b>  <b>Q22. During the past 12 months, who reported these unwanted contacts or behaviors to the police? Anyone else?</b>  [Mark all that apply]</p>	<p>01 <input type="checkbox"/> Respondent  02 <input type="checkbox"/> Respondent's friend  03 <input type="checkbox"/> Neighbor  04 <input type="checkbox"/> Respondent's family, in-laws, spouse, parents, children, relatives  05 <input type="checkbox"/> Respondent's girl/boyfriend, partner  06 <input type="checkbox"/> Doctor, nurse  07 <input type="checkbox"/> Clergy or faith leader  08 <input type="checkbox"/> Social worker, counselor, other mental health professional  09 <input type="checkbox"/> School official, teacher, faculty, or staff  10 <input type="checkbox"/> Boss, employer, co-worker  11 <input type="checkbox"/> Stranger, bystander  12 <input type="checkbox"/> Security guard, security department  13 <input type="checkbox"/> Police on scene  14 <input type="checkbox"/> Other – Specify _____  15 <input type="checkbox"/> Don't know</p>
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<p><b>ASSIST_ACTION</b>  <b>ASSIST_ACTIONSPP</b>  <b>Q23. Taking into account all of the times the police were contacted in the past 12 months regarding these unwanted contacts or behaviors, what did the police do? Anything else?</b> [Mark all that apply]</p>	<p>01 <input type="checkbox"/> Took a report  02 <input type="checkbox"/> Talked to or warned offender  03 <input type="checkbox"/> Arrested the offender or took the offender into custody  04 <input type="checkbox"/> Told respondent to get a restraining, protection, or no-contact order  05 <input type="checkbox"/> Referred respondent to a court or prosecutor's office  06 <input type="checkbox"/> Referred respondent to services, such as victim assistance  07 <input type="checkbox"/> Gave advice on how to protect self  08 <input type="checkbox"/> Took respondent to another location, such as a hospital or shelter  09 <input type="checkbox"/> Asked for more information/evidence  10 <input type="checkbox"/> Other – Specify _____  11 <input type="checkbox"/> Don't know  12 <input type="checkbox"/> Took no action</p>
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CHECK ITEM 7: If the police took no action (**ASSIST\_ACTION**=12), then skip to Q24 (**ASSIST\_NOACTION**). Else, skip to Q25a (**ASSIST\_CHARGES**).

<p><b>ASSIST_NOACTION</b>  <b>ASSIST_NOACTIONSP</b>  <b>Q24. Why do you think the police took no action? Any other reason?</b> [Mark all that apply]</p>	<p>01 <input type="checkbox"/> Police did not think crime occurred  02 <input type="checkbox"/> Could not find or identify offender  03 <input type="checkbox"/> Had no legal authority/wrong jurisdiction  04 <input type="checkbox"/> Respondent lacked or had incorrect restraining, protection, or no-contact order  05 <input type="checkbox"/> Didn't have evidence/lack of proof  06 <input type="checkbox"/> Didn't believe respondent/take respondent seriously  07 <input type="checkbox"/> Thought it was respondent's fault  08 <input type="checkbox"/> Didn't think it was important enough, didn't want to be bothered or get involved  09 <input type="checkbox"/> Were inefficient, ineffective  10 <input type="checkbox"/> Offender was a police officer, justice officer  11 <input type="checkbox"/> Offender was well-connected in the community, was friend/relative with local authorities  12 <input type="checkbox"/> Respondent was not old enough to file a report (i.e. needed a guardian)  13 <input type="checkbox"/> Other – Specify _____  14 <input type="checkbox"/> Don't know</p>
<p><b>ASSIST_CHARGES</b>  <b>Q25a. Were criminal charges filed against the (person/persons) who committed the unwanted contacts or behaviors you experienced?</b></p>	<p>1 <input type="checkbox"/> Yes [skip to Q25b (<b>ASSIST_FILED</b>)]  2 <input type="checkbox"/> No [skip to Q27 (<b>ASSIST_AGENCYSEEK</b>)]  3 <input type="checkbox"/> Don't know [skip to Q27 (<b>ASSIST_AGENCYSEEK</b>)]</p>
<p><b>ASSIST_FILED</b>  <b>ASSIST_FILEDSP</b>  <b>ASSIST_FILEDBOTHSP</b>  <b>Q25b. What were the criminal charges filed?</b></p>	<p>1 <input type="checkbox"/> Stalking  2 <input type="checkbox"/> Something else – Specify _____  3 <input type="checkbox"/> Both, stalking and something else – Specify _____  4 <input type="checkbox"/> Don't know</p>
<p><b>ASSIST_OUTCOME</b>  <b>ASSIST_OUTCOMESP</b>  <b>Q26. What was the final outcome of the criminal charges filed against the (person/persons) who committed these unwanted contacts or behaviors? Anything else?</b> [Mark all that apply.]</p>	<p>01 <input type="checkbox"/> Still pending  02 <input type="checkbox"/> Dismissed/not guilty  03 <input type="checkbox"/> Convicted/guilty  04 <input type="checkbox"/> Plead to lesser charge  05 <input type="checkbox"/> Fined  06 <input type="checkbox"/> Court order intervention/counseling program  07 <input type="checkbox"/> Criminal no-contact order  08 <input type="checkbox"/> Probation  09 <input type="checkbox"/> Jailed/imprisoned  10 <input type="checkbox"/> Other – Specify _____  11 <input type="checkbox"/> Don't know</p>
<p><b>ASSIST_AGENCYSEEK</b>  <b>Q27. In the past 12 months, did you seek any help or advice concerning these unwanted contacts or behaviors from any office or agency – other than police – that assists victims of crime?</b></p>	<p>1 <input type="checkbox"/> Yes [skip to Q28a (<b>ASSIST_AGENCYHELP</b>)]  2 <input type="checkbox"/> No [skip to Q29 (<b>ACTION_ACTIVITIES</b>)]  3 <input type="checkbox"/> Don't know [skip to Q29 (<b>ACTION_ACTIVITIES</b>)]</p>



<p><b>ASSIST_AGENCYHELP</b>  <b>Q28a. Did you receive any services or assistance from this or these offices or agencies?</b></p>	<p>1 <input type="checkbox"/> Yes [skip to Q28b (<b>ASSIST_HOTLINE</b>)]  2 <input type="checkbox"/> No [skip to Q28c (<b>ASSIST_AREA</b>)]  3 <input type="checkbox"/> Don't know [skip to Q29 (<b>ACTION_ACTIVITIES</b>)]</p>
<p><b>Q28b. What type of services did you receive?</b></p> <p><b>ASSIST_HOTLINE</b>  Crisis hotline counseling?</p> <hr/> <p><b>ASSIST_THERAPY</b>  Counseling or therapy?</p> <hr/> <p><b>ASSIST_LEGAL</b>  Legal or court services?</p> <hr/> <p><b>ASSIST_ORDER</b>  Assistance getting a restraining, protection, or no-contact order?</p> <hr/> <p><b>ASSIST_COMPENSATE</b>  Federal or state victim compensation?</p> <hr/> <p><b>ASSIST_FINANCIAL</b>  Short term or emergency financial assistance?</p> <hr/> <p><b>ASSIST_SHELTER</b>  Shelter or safehouse services?</p> <hr/> <p><b>ASSIST_SAFETY</b>  Safety planning?</p> <hr/> <p><b>ASSIST_RISK</b>  Risk or threat assessment?</p> <hr/> <p><b>ASSIST_MEDICAL</b>  Medical advocacy?</p> <hr/> <p><b>ASSIST_HELP_OTHER</b>  <b>ASSIST_HELP_OTHERSP</b>  Any other services?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes – Specify _____  2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 8: Skip to Q29 (<b>ACTION_ACTIVITIES</b>).</p>	

Q28c. You reported that you sought services from an office or agency that assists victims of crime, but did not receive them. Why did you not receive these services? Was it because...

**ASSIST\_AREA**

Services were not available in your local area?

- 1  Yes
- 2  No

**ASSIST\_TRANSPORT**

You did not have a means of transportation to and from the service provider?

- 1  Yes
- 2  No

**ASSIST\_CHILDCARE**

You did not have childcare to go to get services?

- 1  Yes
- 2  No

**ASSIST\_ACCOMODATE**

The service provider could not accommodate you (e.g. no beds available in shelter)?

- 1  Yes
- 2  No

**ASSIST\_WORK**

You were unable to take time off of work or school to get services?

- 1  Yes
- 2  No

**ASSIST\_LANGUAGE**

There were language barriers?

- 1  Yes
- 2  No

**ASSIST\_ELIGIBLE**

You were not eligible for services?

- 1  Yes
- 2  No

**ASSIST\_NOHELP\_OTHER**  
**ASSIST\_NOHELP\_OTHERSP**

Some other reason?

- 1  Yes – Specify \_\_\_\_\_
- 2  No

**SECTION X. SELF-PROTECTIVE ACTIONS**

**Q29. There are things that people might try to do to protect themselves or stop unwanted contacts or behaviors from continuing. In the past 12 months, have you done any of the following because of the unwanted contacts or behaviors you experienced. Have you...**

**ACTION\_ACTIVITIES**

**Changed your day to day activities?**

- 1  Yes [skip to **ACTION\_ACTIVITIESLST**]
- 2  No [skip to **ACTION\_BLOCKED**]

**ACTION\_ACTIVITIESLST**  
**ACTION\_ACTIVITIESLSTSP**

**What day to day activities did you change?**

- 1  Take time off from work or school?
- 2  Change or quit a job or school?
- 3  Change the way (route or method of transportation) you went to work or school?
- 4  Avoid relatives, friends, or holiday celebrations?
- 5  Change your usual activities outside of work or school?
- 6  Stay with friends or relatives or had them stay with you?
- 7  Move or change where you live?
- 8  Alter your appearance to be unrecognizable?
- 9  Other – Specify \_\_\_\_\_

**ACTION\_BLOCKED**

[Have you] **Blocked unwanted calls, messages, or other communications?**

- 1  Yes
- 2  No

**ACTION\_SECURITY**

[Have you] **Taken self-defensive actions or other security measures?**

- 1  Yes [skip to **ACTION\_SECURITYLST**]
- 2  No [skip to **ACTION\_INFO**]

**ACTION\_SECURITYLST**  
**ACTION\_SECURITYLSTSP**

**What self-defensive actions or security measures did you take?**

- 1  Take self-defense or martial arts classes?
- 2  Get pepper spray?
- 3  Get a gun?
- 4  Get any other kind of weapon?
- 5  Change or install new locks or a security system?
- 6  Other – Specify \_\_\_\_\_

**ACTION\_INFO**

[Have you] **Changed your personal information?**

- 1  Yes [skip to **ACTION\_INFOLST**]
- 2  No [skip to **ACTION\_ORDER**]

**ACTION\_INFOLST**  
**ACTION\_INFOLSTSP**

**What personal information did you change?**

- 1  Change your social security number or name?
- 2  Change e-mail address?
- 3  Shut down or change information on social media accounts?
- 4  Change telephone numbers?
- 5  Get a new phone or computer?
- 6  Other – Specify \_\_\_\_\_

**ACTION\_ORDER**

[Have you] **Applied for a restraining, protection, or no-contact order?**

- 1  Yes
- 2  No

**ACTION\_PROTECT**  
**ACTION\_PROTECTSP**

[Have you] **Did you do anything else to protect yourself or stop the unwanted contacts or behaviors from continuing?**

- 1  Yes – Specify \_\_\_\_\_
- 2  No

**Q30. Some people might ask others for help in order to protect themselves or to stop unwanted contacts or behaviors from continuing. In the past 12 months, did you...**

**ACTION\_ADVICE**

Ask for advice or help from friends or family?

- 1  Yes  
2  No

**ACTION\_REQUEST**

Ask people not to release information about you?

- 1  Yes  
2  No

**ACTION\_INVESTIGATE**

Hire a private investigator?

- 1  Yes  
2  No

**ACTION\_ATTORNEY**

Ask for advice or help from an attorney?

- 1  Yes  
2  No

**ACTION\_COUNSELOR**

Talk to a counselor or therapist?

- 1  Yes  
2  No

**ACTION\_DOCTOR**

Talk to a doctor or nurse?

- 1  Yes  
2  No

**ACTION\_FAITH**

Talk to your Clergy or faith leader?

- 1  Yes  
2  No

**ACTION\_BOSS**

Talk to your boss or employer?

- 1  Yes  
2  No

**ACTION\_SCHOOL**

Talk to your teacher or school official?

- 1  Yes  
2  No

**ACTION\_WORKPLACE**

Contact your building or workplace security person?

- 1  Yes  
2  No

**ACTION\_CURRENT**

**Q31. Are these unwanted contacts or behaviors still going on?**

- 1  Yes [skip to Q33 (**ACTION\_PEERS**)]  
2  No [skip to Q32 (**ACTION\_STOPPED**)]  
3  Don't know [skip to Q33 (**ACTION\_PEERS**)]

**ACTION\_STOPPED**  
**ACTION\_STOPPEDSP**  
**ACTION\_STOPPEDSP2**

**Q32. Why do you think these unwanted contacts or behaviors stopped? Anything else? [Mark all that apply]**

Respondent took measures

- 01  Got a restraining, protection, or no-contact order
- 02  Moved
- 03  Changed phone number, e-mail account, or social media account
- 04  Got a new phone or computer
- 05  Talked to the offender
- 06  Got married or started a new relationship with someone else

Offender stopped (because he/she...)

- 07  Was arrested
- 08  Was incarcerated
- 09  Started a new relationship with someone else
- 10  Moved
- 11  Died
- 12  Got help/counseling

Others intervened

- 13  Police intervened
- 14  Friend or relative intervened
- 15  Employer intervened
- 16  School official, faculty, or staff intervened
- 17  Clergy or faith leader intervened
- 18  Other – Specify \_\_\_\_\_

Other reason

- 19  Don't know why it stopped
- 20  Other – Specify \_\_\_\_\_

**SECTION XI. COST TO VICTIM**

Unwanted contacts or behaviors may affect people in different ways. Next I would like to ask you some questions about how the unwanted contacts or behaviors you experienced may have affected you.

**ACTION\_PEERS**

**Q33. Did experiencing these unwanted contacts or behaviors lead you to have significant problems with your job or schoolwork, or trouble with your boss, coworkers, or peers?**

- 1  Yes
- 2  No
- 3  N/A, does not attend school or does not have a job

**ACTION\_FIGHTS**

**Q34. Did experiencing these unwanted contacts or behaviors 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?**

- 1  Yes
- 2  No

**ACTION\_DISTRESSING**

**Q35. How distressing were these unwanted contacts or behaviors to you? Were they not at all distressing, mildly distressing, moderately distressing, or severely distressing?**

- 1  Not at all distressing
- 2  Mildly distressing
- 3  Moderately distressing
- 4  Severely distressing

Q36a. Considering all of these unwanted contacts or behaviors that have occurred over the past year, did you feel...

**ACTION\_FEARFUL**  
Fearful or terrified?

1  Yes  
2  No

**ACTION\_WORRIED**  
Worried or anxious?

1  Yes  
2  No

**ACTION\_ANGRY**  
Angry or annoyed?

1  Yes  
2  No

**ACTION\_SAD**  
Sad or depressed?

1  Yes  
2  No

**ACTION\_HELPLESS**  
Vulnerable or helpless?

1  Yes  
2  No

**ACTION\_TRUST**  
Like you couldn't trust people?

1  Yes  
2  No

**ACTION\_SICK**  
Sick?

1  Yes  
2  No

**ACTION\_STRESSED**  
Stressed?

1  Yes  
2  No

**ACTION\_UNSAFE**  
Unsafe?

1  Yes  
2  No

**ACTION\_SUICIDAL**  
Suicidal?

1  Yes  
2  No

**ACTION\_FEELOTHER**  
Or did you feel some other way?

1  Yes  
2  No

CHECK ITEM 9: If respondent reported feeling some other way at Q36a (**ACTION\_FEELOTHER=1**), then skip to Q36b (**ACTION\_FEELOTHERSP**). Else, skip to Q37 (**ACTION\_KILLED**).

**ACTION\_FEELOTHERSP**  
Q36b. What other way did these unwanted contacts or behaviors make you feel?

Specify \_\_\_\_\_

<p><b>Q37. What were you afraid of happening as these unwanted contacts or behaviors were occurring? Were you afraid of...</b></p> <p><b>ACTION_KILLED</b> Being killed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_SELFHARM</b> Physical or bodily harm?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_OTHARM</b> Someone close to you being harmed?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_JOB</b> Losing your job or job opportunities?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_FREEDOM</b> Losing your freedom?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_SOCIAL</b> Losing your social network, peers, or friends?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_FOREVER</b> The behaviors never stopping?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_UNSURE</b> Not knowing what might happen next?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_MENTAL</b> Losing your mind?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>ACTION_AFRAIDOTHER</b> <b>ACTION_AFRAIDOTHERSP</b> Anything else?</p>	<p>1 <input type="checkbox"/> Yes – Specify _____ 2 <input type="checkbox"/> No</p>
<p><b>ACTION_FIRED</b> Q38. During the past 12 months, have you been fired from or asked to leave a job because of these unwanted contacts or behaviors?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> N/A, does not have a job</p>
<p><b>ACTION_INSURANCE</b> Q39. During the past 12 months, did you lose any pay that was not covered by unemployment insurance, paid leave, or some other source because of these unwanted contacts or behaviors?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> N/A, does not have a job</p>

<p><b>ACTION_SUSPENDED</b>  <b>Q40. During the past 12 months, have you been suspended or expelled from school because of these unwanted contacts or behaviors?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> N/A, does not attend school</p>
<p><b>Q41. Did you lose any time from work or school because of these unwanted contacts or behaviors for such things as...</b></p> <hr/> <p><b>ACTION_TIMEFEAR</b>  <b>Fear or concern for your safety?</b></p> <hr/> <p><b>ACTION_TIMEPOLICE</b>  <b>Police-related activities?</b></p> <hr/> <p><b>ACTION_TIMECOURT</b>  <b>Court-related activities (i.e. getting a restraining/protection order or testifying)?</b></p> <hr/> <p><b>ACTION_TIMEPHONE</b>  <b>Changing your phone number or personal information?</b></p> <hr/> <p><b>ACTION_TIMEMOVE</b>  <b>Moving?</b></p> <hr/> <p><b>ACTION_TIMEPROPERTY</b>  <b>Fixing or replacing damaged property?</b></p> <hr/> <p><b>ACTION_TIMEOTHER</b>  <b>ACTION_TIMEOTHERSP</b>  <b>Anything else?</b></p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes – Specify _____  2 <input type="checkbox"/> No</p>