

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.

<p>FORM NCVS-2 (9-16-2004)</p> <p style="text-align: center;">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</p> <p style="text-align: center;">CRIME INCIDENT REPORT NATIONAL CRIME VICTIMIZATION SURVEY</p>	<p>Control number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15%;">PSU</td> <td style="border: 1px solid black; width: 15%;">Segment/Suffix</td> <td style="border: 1px solid black; width: 15%;">Sample designation/Suffix</td> <td style="border: 1px solid black; width: 15%;">Serial/Suffix</td> <td style="border: 1px solid black; width: 15%;">HH No.</td> <td style="border: 1px solid black; width: 15%;">Spinoff Indicator</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table> <p>Notes</p>	PSU	Segment/Suffix	Sample designation/Suffix	Serial/Suffix	HH No.	Spinoff Indicator						
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<p>1a. LINE NUMBER OF RESPONDENT →</p>	601	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Line number (ex., 01)
<p>1b. SCREEN QUESTION NUMBER →</p>	602	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Screen question number (ex., 39)
<p>1c. INCIDENT NUMBER →</p>	603	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Incident number (ex., 01)

<p>CHECK ITEM A</p> <p>Has the respondent lived at this address for more than 6 months? <i>(If not sure, refer to 33a on the NCVS-1 or ASK.)</i></p>	<p><input type="checkbox"/> Yes (more than 6 months) – SKIP to 3</p> <p><input type="checkbox"/> No (6 months or less) – Ask 2</p>
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<p>2. You said that during the last 6 months – <i>(Refer to appropriate screen question for description of crime.)</i> Did (this/the first) incident happen while you were living here or before you moved to this address?</p>	605	<p>1 <input type="checkbox"/> While living at this address</p> <p>2 <input type="checkbox"/> Before moving to this address</p>
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<p>3. (You said that during the last 6 months – <i>(Refer to appropriate screen question for description of crime.)</i> In what month did (this/the first) incident happen? <i>(Show calendar if necessary. Encourage respondent to give exact month.)</i></p>	606	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Month	Year
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<p>4. If known, mark without asking. If not sure, ASK – Altogether, how many times did this type of incident happen during the last 6 months?</p>	607	_____ Number of incidents
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<p>CHECK ITEM B</p> <p>How many incidents? <i>(Refer to 4.)</i></p>	608	<p>1 <input type="checkbox"/> 1–5 incidents (not a "series") – SKIP to 6</p> <p>2 <input type="checkbox"/> 6 or more incidents – <i>Fill Check Item C</i></p>
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<p>CHECK ITEM C</p> <p>Are these incidents similar to each other in detail, or are they for different types of crimes? <i>(If not sure, ASK.)</i></p>	609	<p>1 <input type="checkbox"/> Similar – <i>Fill Check Item D</i></p> <p>2 <input type="checkbox"/> Different (not a "series") – SKIP to 6</p>
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<p>CHECK ITEM D</p> <p>Can you (respondent) recall enough details of each incident to distinguish them from each other? <i>(If not sure, ASK.)</i></p>	610	<p>1 <input type="checkbox"/> Yes (not a "series") – SKIP to 6</p> <p>2 <input type="checkbox"/> No (is a "series") – <i>Reduce entry in screen question if necessary – Read 5</i></p>
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<p>5. The following questions refer only to the most recent incident. (ASK item 6.)</p>	
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<p>6. About what time did (this/the most recent) incident happen?</p>	612	<p>During day</p> <p>1 <input type="checkbox"/> After 6 a.m. – 12 noon</p> <p>2 <input type="checkbox"/> After 12 noon – 3 p.m.</p> <p>3 <input type="checkbox"/> After 3 p.m. – 6 p.m.</p> <p>4 <input type="checkbox"/> Don't know what time of day</p> <p>At night</p> <p>5 <input type="checkbox"/> After 6 p.m. – 9 p.m.</p> <p>6 <input type="checkbox"/> After 9 p.m. – 12 midnight</p> <p>7 <input type="checkbox"/> After 12 midnight – 6 a.m.</p> <p>8 <input type="checkbox"/> Don't know what time of night</p> <p>OR</p> <p>9 <input type="checkbox"/> Don't know whether day or night</p>
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NCVS
2
INCIDENT REPORT

7. In what city, town, or village did this incident occur?	<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">613</div> 1 <input type="checkbox"/> Outside U.S. – SKIP to 10 2 <input type="checkbox"/> Not inside a city/town/village – <i>Ask 8a</i> 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 – <i>Specify</i> ↘ <div style="border-bottom: 1px solid black; width: 150px; margin-left: 10px;"></div> } <i>Ask 8a</i> 5 <input type="checkbox"/> Don't know – <i>Ask 8a</i>
8a. In what county and state did it occur?	<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">614</div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></div> County _____ State _____
8b. Is this the same county and state as your present residence?	<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">615</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9. Did this incident occur on an American Indian Reservation or on American Indian Lands?	<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">633</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10. Where did this incident happen? <i>Mark (X) only one box.</i>	<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">616</div> <p>IN RESPONDENT'S HOME OR LODGING</p> 1 <input type="checkbox"/> In own dwelling, own attached garage, or enclosed porch (<i>Include illegal entry or attempted illegal entry of same</i>) } 2 <input type="checkbox"/> In detached building on own property, such as detached garage, storage shed, etc. (<i>Include illegal entry or attempted illegal entry of same</i>) } <i>Ask 11</i> 3 <input type="checkbox"/> In vacation home/second home (<i>Include illegal entry or attempted illegal entry of same</i>) } 4 <input type="checkbox"/> In hotel or motel room respondent was staying in (<i>Include illegal entry or attempted illegal entry of same</i>) } <p>NEAR OWN HOME</p> 5 <input type="checkbox"/> Own yard, sidewalk, driveway, carport, unenclosed porch (<i>does not include apartment yards</i>) } 6 <input type="checkbox"/> Apartment hall, storage area, laundry room (<i>does not include apartment parking lot/garage</i>) } SKIP to 18 7 <input type="checkbox"/> On street immediately adjacent to own home } <p>AT, IN, OR NEAR A FRIEND'S/RELATIVE'S/NEIGHBOR'S HOME</p> 8 <input type="checkbox"/> At or in home or other building on their property } 9 <input type="checkbox"/> Yard, sidewalk, driveway, carport (<i>does not include apartment yards</i>) } SKIP to 18 10 <input type="checkbox"/> Apartment hall, storage area, laundry room (<i>does not include apartment parking lot/garage</i>) } 11 <input type="checkbox"/> On street immediately adjacent to their home } <p>COMMERCIAL PLACES</p> 12 <input type="checkbox"/> Inside restaurant, bar, nightclub } 24 <input type="checkbox"/> Inside bank } 25 <input type="checkbox"/> Inside gas station } SKIP to 17 c 26 <input type="checkbox"/> Inside other commercial building, such as a store } 14 <input type="checkbox"/> Inside office } 27 <input type="checkbox"/> Inside factory or warehouse } <p>PARKING LOTS/GARAGES</p> 15 <input type="checkbox"/> Commercial parking lot/garage } 16 <input type="checkbox"/> Noncommercial parking lot/garage } SKIP to 17 c 17 <input type="checkbox"/> Apartment/townhouse parking lot/garage } <p>SCHOOL</p> 18 <input type="checkbox"/> Inside school building SKIP to 17a 19 <input type="checkbox"/> On school property (school parking area, play area, school bus, etc.) SKIP to 17c <p>OPEN AREAS, ON STREET OR PUBLIC TRANSPORTATION</p> 20 <input type="checkbox"/> In apartment yard, park, field, playground (<i>other than school</i>) } 21 <input type="checkbox"/> On the street (<i>other than immediately adjacent to own/friend's/relative's/neighbor's home</i>) } SKIP to 18 22 <input type="checkbox"/> On public transportation or in station (bus, train, plane, airport, depot, etc.) } <p>OTHER</p> 23 <input type="checkbox"/> Other – <i>Specify</i> ↘ } SKIP to 17 c <div style="border-bottom: 1px solid black; width: 150px; margin-left: 10px;"></div>

11. Did the offender live (here/there) or have a right to be (here/there), for instance, as a guest or a repairperson?	617 1 <input type="checkbox"/> Yes – SKIP to 19 2 <input type="checkbox"/> No } Ask 12 3 <input type="checkbox"/> Don't know }
12. Did the offender actually get INSIDE your (house/apartment /room/garage/ shed/ enclosed porch)?	618 1 <input type="checkbox"/> Yes – SKIP to 14 2 <input type="checkbox"/> No } Ask 13 3 <input type="checkbox"/> Don't know }
13. Did the offender TRY to get in your (house/apartment/room/garage/shed/ porch)?	619 1 <input type="checkbox"/> Yes – Ask 14 2 <input type="checkbox"/> No – SKIP to 19 3 <input type="checkbox"/> Don't know – Ask 14
14. 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)?	620 1 <input type="checkbox"/> Yes – Ask 15 2 <input type="checkbox"/> No – SKIP to 16
15. What was the evidence? Anything else? <i>Mark (X) all that apply.</i>	<div style="border-left: 1px dashed black; padding-left: 10px;"> <p>Window</p> 625 1 <input type="checkbox"/> Damage to window (include frame, glass broken/removed/cracked) * 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 – <i>Specify</i> ↘ <hr/> <p>Door</p> 5 <input type="checkbox"/> Damage to door (include frame, glass panes or door removed) 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 – <i>Specify</i> ↘ <hr/> <p>Other</p> 9 <input type="checkbox"/> Other than window or door – <i>Specify</i> ↘ </div> <div style="font-size: 3em; vertical-align: middle; margin-left: 10px;">}</div> <div style="text-align: right; vertical-align: middle; margin-right: 10px;">SKIP to 19</div>
16. How did the offender (get in/TRY to get in)? <i>Mark (X) only one box.</i>	627 1 <input type="checkbox"/> Let in 2 <input type="checkbox"/> Offender pushed his/her way in after door opened 3 <input type="checkbox"/> Through OPEN DOOR or other opening 4 <input type="checkbox"/> Through UNLOCKED door or window 5 <input type="checkbox"/> Through LOCKED door or window – Had key 6 <input type="checkbox"/> Through LOCKED door or window – Picked lock, used credit card, etc., other than key 7 <input type="checkbox"/> Through LOCKED door or window – Don't know how 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Other – <i>Specify</i> ↘
17a. Was it your school?	628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17c
17b. In what part of the school building did it happen?	629 1 <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Hallway/Stairwell 3 <input type="checkbox"/> Bathroom/Locker room 4 <input type="checkbox"/> Other (library, gym, auditorium, cafeteria)
17c. ASK OR VERIFY – Did the incident happen in an area restricted to certain people or was it open to the public at the time?	630 1 <input type="checkbox"/> Open to the public 2 <input type="checkbox"/> Restricted to certain people (or nobody had a right to be there) 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Other – <i>Specify</i> ↘
18. ASK OR VERIFY – Did it happen outdoors, indoors, or both?	631 1 <input type="checkbox"/> Indoors (inside a building or enclosed space) 2 <input type="checkbox"/> Outdoors 3 <input type="checkbox"/> Both
19. ASK OR VERIFY – How far away from home did this happen? PROBE – Was it within a mile, 5 miles, 50 miles or more? <i>Mark (X) first box that respondent is sure of.</i>	632 1 <input type="checkbox"/> At, in, or near the building containing the respondent's home/next door 2 <input type="checkbox"/> A mile or less 3 <input type="checkbox"/> Five miles or less 4 <input type="checkbox"/> Fifty miles or less 5 <input type="checkbox"/> More than 50 miles 6 <input type="checkbox"/> Don't know how far

<p>20a. ASK OR VERIFY – Were you or any other member of this household present when this incident occurred?</p>	<p>634 1 <input type="checkbox"/> Yes – Ask 20b 2 <input type="checkbox"/> No – SKIP to 56, page 8</p>
<p>20b. ASK OR VERIFY – Which household members were present?</p> <p>FIELD REPRESENTATIVE – <i>If proxy interview, "Respondent" refers to the person for whom the proxy interview is taken, not the proxy respondent.</i></p>	<p>635 1 <input type="checkbox"/> Respondent only } Ask 21 2 <input type="checkbox"/> Respondent and other household member(s) } 3 <input type="checkbox"/> Only other household member(s), not respondent – SKIP to 59, page 8</p>
<p>21. ASK OR VERIFY – Did you personally see an offender?</p> <p>FIELD REPRESENTATIVE – <i>If proxy interview, replace "you" with the name of person for whom the proxy interview is being taken in 21–115.</i></p>	<p>636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>22. 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 1 <input type="checkbox"/> Yes – Ask 23 2 <input type="checkbox"/> No } SKIP to 24 3 <input type="checkbox"/> Don't know }</p>
<p>23. What was the weapon? Anything else? Mark (X) all that apply.</p>	<p>638 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 ↴</p>
<p>24. Did the offender hit you, knock you down or actually attack you in any way?</p>	<p>639 1 <input type="checkbox"/> Yes – SKIP to 29, page 5 2 <input type="checkbox"/> No – Ask 25</p>
<p>25. Did the offender TRY to attack you?</p>	<p>640 1 <input type="checkbox"/> Yes – SKIP to 28a 2 <input type="checkbox"/> No – Ask 26</p>
<p>26. Did the offender THREATEN you with harm in any way?</p>	<p>641 1 <input type="checkbox"/> Yes – SKIP to 28b 2 <input type="checkbox"/> No – Ask 27</p>
<p>27. What actually happened? Anything else? Mark (X) all that apply.</p> <p>FIELD REPRESENTATIVE – <i>If box 4, ASK –</i> Do you mean forced or coerced sexual intercourse including attempts? <i>If "Yes," change entry in Item 24 to "Yes." Delete entries in 25–27.</i></p>	<p>642 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"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 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 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 ↴</p> <p style="text-align: right;">SKIP to 40, page 6</p>
<p>28a. How did the offender TRY to attack you? Any other way?</p> <p>28b. How were you threatened? Any other way? Mark (X) all that apply.</p> <p>FIELD REPRESENTATIVE – <i>If box 5, ASK –</i> Do you mean forced or coerced sexual intercourse including attempts? <i>If "Yes," change entry in Item 24 to "Yes." Delete entries in 25–28.</i></p>	<p>643 1 <input type="checkbox"/> Verbal threat of rape * 2 <input type="checkbox"/> Verbal threat to kill 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.) 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) 9 <input type="checkbox"/> Attempted attack with knife/sharp weapon 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 ↴</p> <p style="text-align: right;">SKIP to 40, page 6</p>

<p>29. How were you attacked? Any other way? <i>Mark (X) all that apply.</i></p> <p>FIELD REPRESENTATIVE – <i>If raped, ASK –</i> Do you mean forced or coerced sexual intercourse? <i>If No, ASK – What do you mean?</i></p> <p><i>If tried to rape, ASK –</i> Do you mean attempted forced or coerced sexual intercourse? <i>If No, ASK – What do you mean?</i></p>	<p>646 1 <input type="checkbox"/> Raped * 2 <input type="checkbox"/> Tried to rape 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 9 <input type="checkbox"/> Hit by object (other than gun) held in hand 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 – <i>Specify</i> ↘</p> <hr/>
<p>30. Did the offender THREATEN to hurt you before you were actually attacked?</p>	<p>649 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <hr/>
<p>31. What were the injuries you suffered, if any? Anything else? <i>Mark (X) all that apply.</i></p> <p>FIELD REPRESENTATIVE – <i>If raped and box 1 in item 29 is NOT marked, ASK –</i> Do you mean forced or coerced sexual intercourse? <i>If No, ASK – What do you mean?</i></p> <p><i>If attempted rape and box 2 in item 29 is NOT marked, ASK –</i> Do you mean attempted forced or coerced sexual intercourse? <i>If No, ASK – What do you mean?</i></p>	<p>655 1 <input type="checkbox"/> None – SKIP to 40 * 2 <input type="checkbox"/> Raped 3 <input type="checkbox"/> Attempted rape 4 <input type="checkbox"/> Sexual assault other than rape or attempted rape 5 <input type="checkbox"/> Knife or stab wounds 6 <input type="checkbox"/> Gun shot, bullet wounds 656 7 <input type="checkbox"/> Broken bones or teeth knocked out * 8 <input type="checkbox"/> Internal injuries 9 <input type="checkbox"/> Knocked unconscious 10 <input type="checkbox"/> Bruises, black eye, cuts, scratches, swelling, chipped teeth 11 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <hr/>
<p>32. ASK OR VERIFY – Were any of the injuries caused by a weapon other than a gun or knife?</p>	<p>657 1 <input type="checkbox"/> Yes – Ask 33 2 <input type="checkbox"/> No – SKIP to 34</p>
<p>33. Which injuries were caused by a weapon OTHER than a gun or knife? <i>Enter code(s) from 31.</i></p>	<p>658 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> * Code Code Code</p>
<p>34. Were you injured to the extent that you received any medical care, including self treatment?</p>	<p>659 1 <input type="checkbox"/> Yes – Ask 35 2 <input type="checkbox"/> No – SKIP to 40</p>
<p>35. Where did you receive this care? Anywhere else? <i>Mark (X) all that apply.</i></p>	<p>660 1 <input type="checkbox"/> At the scene * 2 <input type="checkbox"/> At home/neighbor's/friend's 3 <input type="checkbox"/> Health unit at work/school, first aid station at a stadium/park, etc. 4 <input type="checkbox"/> Doctor's office/health clinic 5 <input type="checkbox"/> Emergency room at hospital/emergency clinic 6 <input type="checkbox"/> Hospital (other than emergency room) 7 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <hr/>
<p>CHECK ITEM E Is (box 6) "Hospital" marked in 35?</p>	<p><input type="checkbox"/> Yes – Ask 36 <input type="checkbox"/> No – SKIP to 38</p>
<p>36. Did you stay overnight in the hospital?</p>	<p>662 1 <input type="checkbox"/> Yes – Ask 37 2 <input type="checkbox"/> No – SKIP to 38</p>
<p>37. How many days did you stay (in the hospital)?</p>	<p>663 _____ Number of days</p>

38. 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?	664 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
39. 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. FIELD REPRESENTATIVE – Obtain an estimate, if necessary.	665 \$ _____ . <input type="text" value="00"/> Total amount 0 <input type="checkbox"/> No cost X <input type="checkbox"/> Don't know
40. Did you do anything with the idea of protecting YOURSELF or your PROPERTY while the incident was going on?	666 1 <input type="checkbox"/> Yes – SKIP to 42 2 <input type="checkbox"/> No/took no action/kept still – Ask 41
41. Was there anything you did or tried to do about the incident while it was going on?	667 1 <input type="checkbox"/> Yes – Ask 42 2 <input type="checkbox"/> No/took no action/kept still – SKIP to 47
42. What did you do? Anything else? Mark (X) all that apply. Then fill Check Item F.	<p>USED PHYSICAL FORCE TOWARD OFFENDER</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
CHECK ITEM F Was the respondent injured in this incident? (Is box 2–11 marked in 31 on page 5?)	
43a. Did you take these actions before, after, or at the same time that you were injured? Mark (X) all that apply.	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
43b. Did (any of) your action(s) help the situation in any way? Probe – Did your actions help you avoid injury, protect your property, escape from the offender – or were they helpful in some other way?	<p>RESISTED OR CAPTURED OFFENDER</p> 670 9 <input type="checkbox"/> Yelled at offender, turned on lights, threatened to call police, etc.
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<p>44. How were they helpful? Any other way? Mark (X) all that apply.</p>	<p>674</p> <p>* <input type="checkbox"/> 1 Helped avoid injury or greater injury to respondent <input type="checkbox"/> 2 Scared or chased offender off <input type="checkbox"/> 3 Helped respondent get away from offender <input type="checkbox"/> 4 Protected property <input type="checkbox"/> 5 Protected other people <input type="checkbox"/> 6 Other – Specify _____</p>
<p>45. Did (any of) your action(s) make the situation worse in any way?</p> <p>PROBE – Did your actions 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><input type="checkbox"/> 1 Yes – Ask 46 <input type="checkbox"/> 2 No } SKIP to 47 <input type="checkbox"/> 3 Don't know }</p>
<p>46. How did they make the situation worse? Any other way? Mark (X) all that apply.</p>	<p>676</p> <p>* <input type="checkbox"/> 1 Led to injury or greater injury to respondent <input type="checkbox"/> 2 Caused greater loss of property or damage to property <input type="checkbox"/> 3 Other people got hurt (worse) <input type="checkbox"/> 4 Offender got away <input type="checkbox"/> 5 Made offender angrier, more aggressive, etc. <input type="checkbox"/> 6 Other – Specify _____</p>
<p>47. Was anyone present during the incident besides you and the offender? (Other than children under age 12.)</p>	<p>677</p> <p><input type="checkbox"/> 1 Yes – Ask 48 <input type="checkbox"/> 2 No } SKIP to Check Item G <input type="checkbox"/> 3 Don't know }</p>
<p>48. Did the actions of (this person/any of these people) help the situation in any way?</p>	<p>678</p> <p><input type="checkbox"/> 1 Yes – Ask 49 <input type="checkbox"/> 2 No } SKIP to 50 <input type="checkbox"/> 3 Don't know }</p>
<p>49. How did they help the situation? Any other way? Mark (X) all that apply.</p>	<p>679</p> <p>* <input type="checkbox"/> 1 Helped avoid injury or greater injury to respondent <input type="checkbox"/> 2 Scared or chased offender off <input type="checkbox"/> 3 Helped respondent get away from offender <input type="checkbox"/> 4 Protected property <input type="checkbox"/> 5 Protected other people <input type="checkbox"/> 6 Other – Specify _____</p>
<p>50. Did the actions of (this person/any of these people) make the situation worse in any way?</p>	<p>680</p> <p><input type="checkbox"/> 1 Yes – Ask 51 <input type="checkbox"/> 2 No } SKIP to 52 <input type="checkbox"/> 3 Don't know }</p>
<p>51. How did they make the situation worse? Any other way? Mark (X) all that apply.</p>	<p>681</p> <p>* <input type="checkbox"/> 1 Led to injury or greater injury to respondent <input type="checkbox"/> 2 Caused greater loss of property or damage to property <input type="checkbox"/> 3 Other people got hurt (worse) <input type="checkbox"/> 4 Offender got away <input type="checkbox"/> 5 Made offender angrier, more aggressive, etc. <input type="checkbox"/> 6 Other – Specify _____</p>
<p>52. 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</p> <p><input type="checkbox"/> 1 Yes – Ask 53 <input type="checkbox"/> 2 No } SKIP to Check Item G <input type="checkbox"/> 3 Don't know }</p>
<p>53. How many? (Do not include yourself, the offender or children under 12 years of age.)</p>	<p>683</p> <p>_____ Number of persons</p>
<p>54. 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>FIELD REPRESENTATIVE – Enter name(s) or line number(s) of other household member(s). If not sure, ask.</p>	<p>684</p> <p><input type="checkbox"/> 0 None</p> <p>_____ Number of persons</p> <p>Name(s) _____ OR Line number(s) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>CHECK ITEM G Did respondent use or threaten to use physical force against the offender? (Is box 1–6 marked in 42 on page 6?)</p>	<p>685 1 <input type="checkbox"/> Yes – Ask 55 2 <input type="checkbox"/> No – SKIP to 60</p>
<p>55. Who was the first to use or threaten to use physical force – you, the offender, or someone else? <i>Mark (X) only one box.</i></p>	<p>686 1 <input type="checkbox"/> Respondent 2 <input type="checkbox"/> Offender(s) 3 <input type="checkbox"/> Someone else 4 <input type="checkbox"/> Don't know } SKIP to 60</p>
<p>56. <i>If household member was present, SKIP to 59.</i> 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, page 11</p>
<p>57. 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>58. How did you learn about the offender(s)? Any other way? <i>Mark (X) all that apply.</i></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 – <i>Specify</i> ↘</p> <p style="text-align: right;">} SKIP to 88, page 11</p>
<p>59. What actually happened? Anything else? <i>Mark (X) all that apply.</i></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 – <i>Specify</i> ↘</p>
<p>60. ASK OR VERIFY – 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 73 3 <input type="checkbox"/> Don't know – Ask 61</p>
<p>61. 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, page 11</p>
<p>Notes</p>	

74. Were they male or female?	711	<input type="checkbox"/> All male } SKIP to 76 <input type="checkbox"/> All female } <input type="checkbox"/> Don't know sex of any offenders } <input type="checkbox"/> Both male and female – Ask 75
75. If there were only 2 offenders (item 73), SKIP to 76. Were they mostly male or mostly female?	712	<input type="checkbox"/> Mostly male <input type="checkbox"/> Mostly female <input type="checkbox"/> Evenly divided <input type="checkbox"/> Don't know
76. How old would you say the youngest was?	713	<input type="checkbox"/> Under 12 <input type="checkbox"/> 18–20 <input type="checkbox"/> Don't know <input type="checkbox"/> 12–14 <input type="checkbox"/> 21–29 <input type="checkbox"/> 15–17 <input type="checkbox"/> 30+
77. How old would you say the oldest was?	714	<input type="checkbox"/> Under 12 <input type="checkbox"/> 18–20 <input type="checkbox"/> Don't know <input type="checkbox"/> 12–14 <input type="checkbox"/> 21–29 <input type="checkbox"/> 15–17 <input type="checkbox"/> 30+
78a. Were any of the offenders a member of a street gang, or don't you know?	715	<input type="checkbox"/> Yes (a member of a street gang) <input type="checkbox"/> No (not a member of a street gang) <input type="checkbox"/> Don't know (if a member of a street gang)
78b. Were any of the offenders drinking or on drugs, or don't you know?	716	<input type="checkbox"/> Yes (drinking or on drugs) – Ask 79 <input type="checkbox"/> No (not drinking/not on drugs) } SKIP to 80 <input type="checkbox"/> Don't know (if drinking or on drugs) .. }
79. Which was it? (Drinking or on drugs?)	717	<input type="checkbox"/> Drinking <input type="checkbox"/> On drugs <input type="checkbox"/> Both (drinking and on drugs) <input type="checkbox"/> Drinking or on drugs – could not tell which
80. Were any of the offenders known to you, or were they strangers you had never seen before?	718	<input type="checkbox"/> All known } SKIP to 82 <input type="checkbox"/> All strangers } Ask 81 <input type="checkbox"/> Some known } <input type="checkbox"/> Don't know }
81. Would you be able to recognize any of them if you saw them?	719	<input type="checkbox"/> Yes } SKIP to 83 <input type="checkbox"/> Not sure (possibly or probably) } <input type="checkbox"/> No – SKIP to 85
82. How well did you know the offender(s) – by sight only, casual acquaintance, or well known? <i>Mark (X) all that apply.</i>	720	<input type="checkbox"/> Sight only <input type="checkbox"/> Casual acquaintance <input type="checkbox"/> Well known
CHECK ITEM H Is "casual acquaintance" or "well known" marked in 82?		<input type="checkbox"/> Yes – SKIP to 84 <input type="checkbox"/> No – Ask 83
83. 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? <i>Mark (X) only one box.</i>	722	<input type="checkbox"/> Yes } SKIP to 85 <input type="checkbox"/> No } <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> }
84. How did you know them? For example, were they friends, cousins, etc.? <i>Mark (X) all that apply.</i>	723	<p style="text-align: center;">RELATIVE</p> <input type="checkbox"/> Spouse at time of incident <input type="checkbox"/> Ex-spouse at time of incident <input type="checkbox"/> Parent or step-parent <input type="checkbox"/> Own child or step-child <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative – Specify _____ <p style="text-align: center;">NONRELATIVE</p> <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend <input type="checkbox"/> Friend or ex-friend <input type="checkbox"/> Roommate, boarder <input type="checkbox"/> Schoolmate <input type="checkbox"/> Neighbor <input type="checkbox"/> Customer/client <input type="checkbox"/> Patient <input type="checkbox"/> Supervisor (current or former) <input type="checkbox"/> Employee (current or former) <input type="checkbox"/> Co-worker (current or former) <input type="checkbox"/> Other nonrelative – Specify _____
85. Were the offenders White, Black, or some other race? <i>Mark (X) all that apply.</i>	726	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> Don't know race of any/some
86. If only one box marked in 85, SKIP to 87. What race were most of the offenders?	727	<input type="checkbox"/> Mostly White <input type="checkbox"/> Mostly Black <input type="checkbox"/> Mostly some other race <input type="checkbox"/> Equal number of each race <input type="checkbox"/> Don't know

87. 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?	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. ASK OR VERIFY – Was something stolen or taken without permission that belonged to you or others in the household? FIELD REPRESENTATIVE – <i>Include anything stolen from an unrecognizable business. Do not include any items stolen from a recognizable business operated in the respondent's home or in a commercial establishment.</i>	731 1 <input type="checkbox"/> Yes – SKIP to 96 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
89. ASK OR VERIFY – Did the offender(s) ATTEMPT to take something that belonged to you or others in the household?	732 1 <input type="checkbox"/> Yes – Ask 90 2 <input type="checkbox"/> No } SKIP to 110, page 14 3 <input type="checkbox"/> Don't know
90. What did the offender try to take? Anything else? <i>Mark (X) all that apply?</i>	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 – <i>Specify</i> ↘ * _____ 17 <input type="checkbox"/> Don't know
91. 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? <i>Mark (X) only one box.</i>	738 1 <input type="checkbox"/> Respondent only – SKIP to 92 2 <input type="checkbox"/> Respondent and other household member(s) – <i>Fill Check Item J</i> 3 <input type="checkbox"/> Other household member(s) only – <i>Fill Check Item J</i> 4 <input type="checkbox"/> Nonhousehold member(s) only } SKIP to 92 5 <input type="checkbox"/> Other – <i>Specify</i> ↘ } _____
CHECK ITEM J Besides the respondent, which household member(s) owned the (property/money) the offender tried to take? <i>If not sure, ask. Do not enter the respondent's line number.</i>	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 _____ OR 40 <input type="checkbox"/> Household property
92. ASK OR VERIFY – Was/Were the article(s) IN or ATTACHED to a motor vehicle when the attempt was made to take (it/them)?	740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM K Did the offender try to take cash, a purse, or a wallet? (Is box 1, 2, or 3 marked in 90?)	<input type="checkbox"/> Yes – Ask 93 <input type="checkbox"/> No – SKIP to 94
93. ASK OR VERIFY – Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?	742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

CHECK ITEM L	<p>Besides the respondent, which household member(s) owned the stolen (property/money)?</p> <p><i>If not sure, ask. Do not enter the respondent's line number.</i></p>	<p>761 <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>
CHECK ITEM M1	<p>Was a car or other motor vehicle taken? (Is box 5 or 6 marked in 96?)</p>	<p><input type="checkbox"/> Yes – Ask 98 <input type="checkbox"/> No – SKIP to 100</p>
<p>98. Had permission to use the (car/motor vehicle) ever been given to the offender(s)?</p>	<p>763 1 <input type="checkbox"/> Yes – Ask 99 2 <input type="checkbox"/> No } SKIP to Check Item M2 3 <input type="checkbox"/> Don't know }</p>	
<p>99. Did the offender return the (car/motor vehicle) this time?</p>	<p>764 1 <input type="checkbox"/> Yes } SKIP to Check Item M2 2 <input type="checkbox"/> No }</p>	
<p>100. ASK OR VERIFY – Was/Were the article(s) IN or ATTACHED to a motor vehicle when (they were/it was) taken?</p>	<p>765 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
CHECK ITEM M2	<p>Did the offender(s) take a handgun? (Is box 20 marked in 96?)</p>	<p><input type="checkbox"/> Yes – Ask 101a <input type="checkbox"/> No – SKIP to Check Item M3</p>
<p>101a. How many handguns were taken?</p>	<p>923 _____ Number of handguns x <input type="checkbox"/> Don't know (Number of handguns taken)</p>	
CHECK ITEM M3	<p>Did the offender(s) take some other type of firearm? (Is box 21 marked in 96?)</p>	<p><input type="checkbox"/> Yes – Ask 101b <input type="checkbox"/> No – SKIP to Check Item N</p>
<p>101b. How many other types of firearms were taken?</p>	<p>924 _____ Number of firearms x <input type="checkbox"/> Don't know (Number of firearms taken)</p>	
CHECK ITEM N	<p>Was cash, purse, or a wallet taken? (Is a cash amount entered or box 1, 2, or 3 marked in 96?)</p>	<p><input type="checkbox"/> Yes – Ask 101c <input type="checkbox"/> No – SKIP to 102</p>
<p>101c. ASK OR VERIFY – Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?</p>	<p>767 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>102. ASK OR VERIFY – 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><i>Exclude property not belonging to respondent or other household member.</i></p>	<p>768 1 <input type="checkbox"/> Yes – Ask 103 2 <input type="checkbox"/> No – SKIP to 104</p>	
<p>103. Which items did the offender(s) take directly from you?</p> <p><i>Enter code(s) from 96.</i></p> <p><i>Do not include cash/purse/wallet. Exclude property not belonging to respondent or other household member.</i></p>	<p>769 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> * Code Code Code</p> <p>OR</p> <p>40 <input type="checkbox"/> Everything marked in 96 was taken directly from respondent</p>	
<p>104. If only cash/checks/credit cards is marked in item 96, SKIP to 106.</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 share owned by household members.)</p>	<p>770 \$ _____ . <input type="text"/> <input type="text"/> Value of property taken</p>	
<p>105. How did you decide the value of the property that was taken? Any other way?</p> <p><i>Mark (X) all that apply.</i></p>	<p>771 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 _____</p>	

106. Was all or part of the stolen (money/property) recovered, not counting anything received from insurance?	<div style="display: flex; justify-content: space-between;"> 772 <div style="margin-left: 10px;"> <input type="checkbox"/> All – SKIP to Check Item O <input type="checkbox"/> Part – Ask 107 <input type="checkbox"/> None – SKIP to 109 </div> </div>
107. What was recovered? Anything else? <i>Mark (X) all that apply.</i> FIELD REPRESENTATIVE – If purse or wallet recovered, ASK – Did it contain any money? <i>Enter amount of recovered cash where indicated. Mark the appropriate box(es) for recovered property or the box for only cash recovered.</i>	<div style="display: flex; justify-content: space-between;"> 775 <div style="margin-left: 10px;"> Cash \$ _____ . 00 Amount of cash recovered </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 776 <div style="margin-left: 10px;"> <input type="checkbox"/> Only cash recovered * </div> </div> <div style="margin-top: 10px;"> Property <input type="checkbox"/> Purse } Ask: Did it contain any money? <input type="checkbox"/> Wallet } <input type="checkbox"/> Credit cards, checks, bank cards <input type="checkbox"/> Car or other motor vehicle <input type="checkbox"/> Property other than the above </div>
<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">CHECK ITEM O</div> <div> Was PROPERTY other than cash, checks, or credit cards recovered? (If not sure, ask.) </div> </div>	<div style="display: flex; justify-content: space-between;"> 777 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes – Ask 108 <input type="checkbox"/> No – SKIP to 109 </div> </div>
108. Considering any damage, what was the value of the property after it was recovered? (Do not include recovered cash, checks, or credit cards.)	<div style="display: flex; justify-content: space-between;"> 778 <div style="margin-left: 10px;"> \$ _____ . 00 Value of property recovered </div> </div>
109. Was the theft reported to an insurance company?	<div style="display: flex; justify-content: space-between;"> 779 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't have insurance <input type="checkbox"/> Don't know </div> </div>
110. (Other than any stolen property) was anything that belonged to you or other members of the household damaged in this incident? <i>PROBE – For example, was (a lock or window broken/clothing damaged/damage done to a car), or something else?</i>	<div style="display: flex; justify-content: space-between;"> 780 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes – Ask 111 <input type="checkbox"/> No – SKIP to 115 </div> </div>
111. Was/Were the damaged item(s) repaired or replaced?	<div style="display: flex; justify-content: space-between;"> 781 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes, all } SKIP to 113 <input type="checkbox"/> Yes, part } <input type="checkbox"/> No, none – Ask 112 </div> </div>
112. How much would it cost to repair or replace the damaged item(s)?	<div style="display: flex; justify-content: space-between;"> 782 <div style="margin-left: 10px;"> \$ _____ . 00 Cost to repair/replace – SKIP to 114 <input type="checkbox"/> No cost – SKIP to 115 <input checked="" type="checkbox"/> Don't know – SKIP to 114 </div> </div>
113. How much was the repair or replacement cost?	<div style="display: flex; justify-content: space-between;"> 783 <div style="margin-left: 10px;"> \$ _____ . 00 Cost to repair/replace – Ask 114 <input type="checkbox"/> No cost – SKIP to 115 <input checked="" type="checkbox"/> Don't know – Ask 114 </div> </div>
114. Who (paid/will pay) for the repairs or replacement? Anyone else? <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> 784 <div style="margin-left: 10px;"> * <input type="checkbox"/> Items will not be repaired or replaced <input type="checkbox"/> Household member <input type="checkbox"/> Landlord or landlord's insurance <input type="checkbox"/> Victim's (or household's) insurance <input type="checkbox"/> Offender <input type="checkbox"/> Other – Specify <u> </u> _____ </div> </div>
Notes	

<p>115. Were the police informed or did they find out about this incident in any way?</p>	<p>800 1 <input type="checkbox"/> Yes – Ask 116 2 <input type="checkbox"/> No – SKIP to 117 3 <input type="checkbox"/> Don't know – SKIP to 130, page 17</p>
<p>116. How did the police find out about it?</p> <p><i>Mark (X) first box that applies.</i></p> <p>FIELD REPRESENTATIVE – <i>If proxy interview, we want the proxy respondent to answer questions 116–134 for herself/himself, not for the person for whom the proxy interview is being taken.</i></p>	<p>801 1 <input type="checkbox"/> Respondent – SKIP to 119 2 <input type="checkbox"/> Other household member } SKIP 3 <input type="checkbox"/> Someone official called police (guard, apt. manager, school official, etc.) } to 121 4 <input type="checkbox"/> Someone else } 5 <input type="checkbox"/> Police were at scene – SKIP to 123 6 <input type="checkbox"/> Offender was a police officer ... } SKIP to 124 7 <input type="checkbox"/> Some other way – <i>Specify</i> ↘ ... }</p>
<p>117. What was the reason it was not reported to the police? (Can you tell me a little more?) Any other reason?</p> <p><i>Mark (X) all that apply.</i></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>802 DEALT WITH ANOTHER WAY</p> <p>* 1 <input type="checkbox"/> Reported to another official (guard, apt. manager, school official, etc.) 2 <input type="checkbox"/> Private or personal matter or took care of it myself or informally; told offender's parent</p> <p>NOT IMPORTANT ENOUGH TO RESPONDENT</p> <p>3 <input type="checkbox"/> Minor or unsuccessful crime, small or no loss, recovered property 4 <input type="checkbox"/> Child offender(s), "kid stuff" 5 <input type="checkbox"/> Not clear it was a crime or that harm was intended</p> <p>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 7 <input type="checkbox"/> Didn't find out until too late * 8 <input type="checkbox"/> Could not recover or identify property 9 <input type="checkbox"/> Could not find or identify offender, lack of proof</p> <p>POLICE WOULDN'T HELP</p> <p>804 10 <input type="checkbox"/> Police wouldn't think it was important enough, wouldn't want to be bothered or get involved * 11 <input type="checkbox"/> Police would be inefficient, ineffective (they'd arrive late or not at all, wouldn't do a good job, etc.) 12 <input type="checkbox"/> Police would be biased, would harass/insult respondent, cause respondent trouble, etc.) 13 <input type="checkbox"/> Offender was police officer</p> <p>OTHER REASON</p> <p>805 14 <input type="checkbox"/> Did not want to get offender in trouble with the law * 15 <input type="checkbox"/> Was advised not to report to police 16 <input type="checkbox"/> Afraid of reprisal by offender or others 806 17 <input type="checkbox"/> Did not want to or could not take time – too inconvenient * 18 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <p>19 <input type="checkbox"/> Respondent not present or doesn't know why it wasn't reported</p>
<p>CHECK ITEM P Is more than one reason marked in 117?</p>	<p>1 <input type="checkbox"/> Yes – Ask 118 2 <input type="checkbox"/> No – SKIP to 130, page 17</p>
<p>118. Which of these would you say was the most important reason why the incident was not reported to the police?</p> <p><i>Enter code from 117.</i></p>	<p>808 <input type="text"/> <input type="text"/> Code – SKIP to 130, page 17 30 <input type="checkbox"/> No one reason more important – SKIP to 130, page 17</p>
<p>Notes</p>	

<p>119. Besides the fact that it was a crime, did YOU have any other reason for reporting this incident to the police? Any other reason? <i>Mark (X) all that apply.</i> STRUCTURED PROBE – 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 * TO GET HELP WITH THIS INCIDENT 1 <input type="checkbox"/> Stop or prevent THIS incident from happening 2 <input type="checkbox"/> Needed help after incident due to injury, etc.</p> <p>TO RECOVER LOSS 3 <input type="checkbox"/> To recover property 4 <input type="checkbox"/> To collect insurance</p> <p>TO GET OFFENDER 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 7 <input type="checkbox"/> To punish offender 8 <input type="checkbox"/> Catch or find offender – other reason or no reason given</p> <p>TO LET POLICE KNOW 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> <p>OTHER 811 * 11 <input type="checkbox"/> Other reason – <i>Specify</i> _____ 12 <input type="checkbox"/> No other reason – SKIP to 121</p>
<p>CHECK ITEM Q Is more than one reason marked in 119?</p>	<p><input type="checkbox"/> Yes – <i>Ask 120</i> <input type="checkbox"/> No – SKIP to 121</p>
<p>120. Which of these would you say was the most important reason why the incident was reported to the police? <i>Enter code from 119.</i></p>	<p>813 <input type="text"/> <input type="text"/> Code 21 <input type="checkbox"/> No one reason more important 22 <input type="checkbox"/> Because it was a crime was most important</p>
<p>121. Did the police come when they found out about the incident?</p>	<p>814 1 <input type="checkbox"/> Yes – <i>Ask 122</i> 2 <input type="checkbox"/> No } SKIP to 124 3 <input type="checkbox"/> Don't know } 4 <input type="checkbox"/> Respondent went to police – SKIP to 123</p>
<p>122. How soon after the police found out did they respond? Was it within 5 minutes, within 10 minutes, an hour, a day, or longer? <i>Mark (X) first category respondent is sure of.</i></p>	<p>815 1 <input type="checkbox"/> Within 5 minutes 2 <input type="checkbox"/> Within 10 minutes 3 <input type="checkbox"/> Within an hour 4 <input type="checkbox"/> Within a day 5 <input type="checkbox"/> Longer than a day 6 <input type="checkbox"/> Don't know how soon</p>
<p>123. What did they do while they were (there/here)? Anything else? <i>Mark (X) all that apply.</i></p>	<p>816 * 1 <input type="checkbox"/> Took report 2 <input type="checkbox"/> Searched/looked around 3 <input type="checkbox"/> Took evidence (fingerprints, inventory, etc.) 4 <input type="checkbox"/> Questioned witnesses or suspects 5 <input type="checkbox"/> Promised surveillance 6 <input type="checkbox"/> Promised to investigate 817 * 7 <input type="checkbox"/> Made arrest 8 <input type="checkbox"/> Other – <i>Specify</i> _____ 9 <input type="checkbox"/> Don't know</p>
<p>124. Did you (or anyone in your household) have any later contact with the police about the incident?</p>	<p>818 1 <input type="checkbox"/> Yes – <i>Ask 125</i> 2 <input type="checkbox"/> No } SKIP to 128 3 <input type="checkbox"/> Don't know }</p>
<p>125. Did the police get in touch with you or did you get in touch with them?</p>	<p>819 1 <input type="checkbox"/> Police contacted respondent or other HHL member 2 <input type="checkbox"/> Respondent (or other HHL member) contacted police 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p>126. Was that in person, by phone, or some other way?</p>	<p>820 1 <input type="checkbox"/> In person 2 <input type="checkbox"/> Not in person (by phone, mail, etc.) 3 <input type="checkbox"/> Both in person and not in person 4 <input type="checkbox"/> Don't know</p>
<p>127. What did the police do in following up this incident? Anything else? <i>Mark (X) all that apply.</i></p>	<p>821 * 1 <input type="checkbox"/> Took report 2 <input type="checkbox"/> Questioned witnesses or suspects 3 <input type="checkbox"/> Did or promised surveillance/investigation 4 <input type="checkbox"/> Recovered property 5 <input type="checkbox"/> Made arrest 6 <input type="checkbox"/> Stayed in touch with respondent/household 7 <input type="checkbox"/> Other – <i>Specify</i> _____ 822 * 8 <input type="checkbox"/> Nothing (to respondent's knowledge) 9 <input type="checkbox"/> Don't know</p>

128. Did you (or someone in your household) sign a complaint against the offender(s) to the police department or the authorities?	825 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
129. ASK OR VERIFY – As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?	826 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
130. 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?	827 1 <input type="checkbox"/> Yes – Ask 131 2 <input type="checkbox"/> No } SKIP to Check Item R 3 <input type="checkbox"/> Don't know
131. Was that a government or private agency?	828 1 <input type="checkbox"/> Government 2 <input type="checkbox"/> Private 3 <input type="checkbox"/> Don't know
CHECK ITEM R Were the police informed? (Is "Yes" marked in 115 on page 15?)	<input type="checkbox"/> Yes – Ask 132 <input type="checkbox"/> No – SKIP to 135
132. Have you (or someone in your household) had contact with any other authorities about this incident (such as a prosecutor, court, or juvenile officer)?	829 1 <input type="checkbox"/> Yes – Ask 133 2 <input type="checkbox"/> No } SKIP to 134 3 <input type="checkbox"/> Don't know
133. Which authorities? Any others? <i>Mark (X) all that apply.</i>	830 1 <input type="checkbox"/> Prosecutor, district attorney * 2 <input type="checkbox"/> Magistrate 3 <input type="checkbox"/> Court 4 <input type="checkbox"/> Juvenile, probation or parole officer 5 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____
134. Do you expect the police, courts, or other authorities will be doing anything further in connection with this incident?	831 1 <input type="checkbox"/> Yes – <i>Specify</i> ↘ _____ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
135. ASK OR VERIFY – What were you doing when this incident (happened/started)? <i>Mark (X) only one box.</i> FIELD REPRESENTATIVE – <i>If proxy interview, replace "you" with the name of the person for whom the proxy interview is being taken in 135–173.</i>	832 1 <input type="checkbox"/> Working or on duty – SKIP to 138a 2 <input type="checkbox"/> On the way to or from work – SKIP to Check Item S 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 – <i>Specify</i> ↘ _____ 11 <input type="checkbox"/> Don't know
136. ASK OR VERIFY – Did you have a job at the time of the incident?	840 1 <input type="checkbox"/> Yes – SKIP to Check Item S 2 <input type="checkbox"/> No
137. What was your major activity the week of the incident – were you looking for work, keeping house, going to school, or doing something else? <i>Mark (X) only one box.</i>	841 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 – <i>Specify</i> ↘ } SKIP to 151, page 19 _____
Notes	

<p>138a. 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 answer categories) –</p>	<p>843</p> <p>1 <input type="checkbox"/> A private company, business, or individual for wages? – Ask 138b</p> <p>2 <input type="checkbox"/> The Federal government?</p> <p>3 <input type="checkbox"/> A State, county, or local government? } SKIP to 138c</p> <p>4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm? – Ask 138b</p> <p>5 <input type="checkbox"/> A private, not-for-profit, tax-exempt, or charitable organization? – Ask 138b</p>
<p>138b. Is this business incorporated?</p>	<p>953</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>138c. 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. What kind of business or industry is this?</p> <p><i>Read if necessary: What do they make or do where you worked at the time of the incident?</i></p>	<p>955</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>138e. Is this mainly ... (Read answer categories) –</p> <p>Mark (X) only one box.</p>	<p>956</p> <p>1 <input type="checkbox"/> Manufacturing?</p> <p>2 <input type="checkbox"/> Retail trade?</p> <p>3 <input type="checkbox"/> Wholesale trade?</p> <p>4 <input type="checkbox"/> Something else?</p>
<p>138f. What kind of work did you do, that is, what was your occupation at the time of the incident?</p> <p><i>(For example: plumber, typist, farmer)</i></p>	<p>957</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>139. What were your usual activities or duties at this job?</p>	<p>958</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>140. While working at this job, did you work mostly in (Read answer categories) –</p>	<p>844</p> <p>1 <input type="checkbox"/> A city?</p> <p>2 <input type="checkbox"/> Suburban area?</p> <p>3 <input type="checkbox"/> Rural area?</p> <p>4 <input type="checkbox"/> Combination of any of these?</p>
<p><i>ASK OR VERIFY –</i></p> <p>141a. Did this incident happen at your work site?</p>	<p>845</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>4 <input type="checkbox"/> Other – Specify _____</p>
<p>141b. Did you usually work days or nights?</p>	<p>846</p> <p>1 <input type="checkbox"/> Days</p> <p>2 <input type="checkbox"/> Nights</p> <p>3 <input type="checkbox"/> Both days and nights/rotating shifts</p>
<p>142. Is this your current job?</p>	<p>959</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEMS Was the respondent injured in this incident? (Is box 2–11 marked in 31 on page 5?)</p>	<p><input type="checkbox"/> Yes (injury marked in 31) – Ask 143</p> <p><input type="checkbox"/> No (blank or None marked in 31) – SKIP to 147</p>
<p>143. Did YOU lose time from work because of the injuries you suffered in this incident?</p>	<p>870</p> <p>1 <input type="checkbox"/> Yes – Ask 144</p> <p>2 <input type="checkbox"/> No – SKIP to 147</p>
<p>144. How much time did you lose because of injuries?</p>	<p>871</p> <p>_____ Number of days – Ask 145</p> <p>0 <input type="checkbox"/> Less than one day – SKIP to 147</p> <p>x <input type="checkbox"/> Don't know – Ask 145</p>
<p>145. During these days, did you lose any pay that was not covered by unemployment insurance, sick leave, or some other source?</p>	<p>872</p> <p>1 <input type="checkbox"/> Yes – Ask 146</p> <p>2 <input type="checkbox"/> No – SKIP to 147</p>
<p>146. About how much pay did you lose?</p>	<p>873</p> <p>\$ _____ . <input type="text" value="00"/> Amount of pay lost</p> <p>x <input type="checkbox"/> Don't know</p>

<p>147. 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?</p> <p><i>Mark (X) all that apply. If no time was lost for any of these reasons, mark None (box 6).</i></p>	<p style="text-align: right;">874</p> <p style="text-align: right;">* } Ask 148</p> <p>1 <input type="checkbox"/> Police related activities</p> <p>2 <input type="checkbox"/> Court related activities</p> <p>3 <input type="checkbox"/> Repairing damaged property</p> <p>4 <input type="checkbox"/> Replacing stolen items</p> <p>5 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <hr/> <p>6 <input type="checkbox"/> None (did not lose time from work for any of these reasons) – SKIP to 151</p>																
<p>148. How much time did you lose altogether because of (name all reasons marked in 147)?</p>	<p style="text-align: right;">875</p> <p>_____ Number of days – Ask 149</p> <p>0 <input type="checkbox"/> Less than one day – SKIP to 151</p> <p>x <input type="checkbox"/> Don't know – Ask 149</p>																
<p>149. During these days, did you lose any pay that was not covered by unemployment insurance, paid leave, or some other source?</p>	<p style="text-align: right;">876</p> <p>1 <input type="checkbox"/> Yes – Ask 150</p> <p>2 <input type="checkbox"/> No – SKIP to 151</p>																
<p>150. About how much pay did you lose?</p>	<p style="text-align: right;">877</p> <p>\$ _____ . 00 Amount of pay lost</p> <p>x <input type="checkbox"/> Don't know</p>																
<p>151. Were there any (other) household members 16 years or older who lost time from work because of this incident?</p>	<p style="text-align: right;">878</p> <p>1 <input type="checkbox"/> Yes – Ask 152</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T</p>																
<p>152. How much time did they lose altogether?</p>	<p style="text-align: right;">879</p> <p>_____ Number of days</p> <p>0 <input type="checkbox"/> Less than one day</p> <p>x <input type="checkbox"/> Don't know</p>																
<p>CHECK ITEM T</p> <p>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 135 on page 17?)</p>	<p><input type="checkbox"/> Yes – Ask 153</p> <p><input type="checkbox"/> No – SKIP to Check Item U</p>																
<p>153. 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?</p> <p><i>Mark (X) only one box.</i></p>	<p style="text-align: right;">881</p> <p>1 <input type="checkbox"/> Car, truck or van</p> <p>2 <input type="checkbox"/> Motorcycle</p> <p>3 <input type="checkbox"/> Bicycle</p> <p>4 <input type="checkbox"/> On foot</p> <p>5 <input type="checkbox"/> School bus (private or public)</p> <p>6 <input type="checkbox"/> Bus or trolley</p> <p>7 <input type="checkbox"/> Subway or rapid transit</p> <p>8 <input type="checkbox"/> Train</p> <p>9 <input type="checkbox"/> Taxi</p> <p>10 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <hr/>																
<p>CHECK ITEM U</p> <p>Is this incident part of a series of crimes? (Is box 2 (is a "series") marked in Check Item D on page 1?)</p>	<p><input type="checkbox"/> Yes – Ask 154</p> <p><input type="checkbox"/> No – SKIP to 161, page 21</p>																
<p>154. 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?</p>	<p style="text-align: right;">883</p> <p>_____ Number of incidents – Ask 155</p> <p>OR</p> <p>Don't know – Is that because there is no way of knowing, or because it happened too many times, or is there some other reason?</p> <p style="text-align: right;">884</p> <p>1 <input type="checkbox"/> No way of knowing</p> <p>2 <input type="checkbox"/> Happened too many times</p> <p>3 <input type="checkbox"/> Some other reason – <i>Specify</i> ↘</p> <hr/>																
<p>155. In what month or months did these incidents take place?</p> <p><i>If more than one quarter involved, ASK</i> ↘</p> <p>How many in (name months)?</p> <p>FIELD REPRESENTATIVE – <i>Enter number for each quarter as appropriate.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="4">Number of incidents per quarter</th> </tr> <tr> <th>Jan., Feb., or March (Qtr. 1)</th> <th>April, May, or June (Qtr. 2)</th> <th>July, Aug., or Sept. (Qtr. 3)</th> <th>Oct., Nov., or Dec. (Qtr. 4)</th> </tr> </thead> <tbody> <tr> <td style="width: 25%;">885</td> <td style="width: 25%;">886</td> <td style="width: 25%;">887</td> <td style="width: 25%;">888</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Number of incidents per quarter				Jan., Feb., or March (Qtr. 1)	April, May, or June (Qtr. 2)	July, Aug., or Sept. (Qtr. 3)	Oct., Nov., or Dec. (Qtr. 4)	885	886	887	888	_____	_____	_____	_____
Number of incidents per quarter																	
Jan., Feb., or March (Qtr. 1)	April, May, or June (Qtr. 2)	July, Aug., or Sept. (Qtr. 3)	Oct., Nov., or Dec. (Qtr. 4)														
885	886	887	888														
_____	_____	_____	_____														

<p>156. Did all, some, or none of these incidents occur in the same place? <i>Mark (X) only one box.</i></p>	889	<p>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. Were all, some, or none of these incidents done by the same person(s)? <i>Mark (X) only one box.</i></p>	890	<p>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 159</p>
<p>158. What (was/were) the relationship(s) of the offender(s) to you? For example, friend, spouse, schoolmate, etc. <i>Mark (X) all that apply.</i></p>	891 *	<p>Relative</p> <p>1 <input type="checkbox"/> Spouse at time of incident 2 <input type="checkbox"/> Ex-spouse at time of incident 3 <input type="checkbox"/> Parent or step-parent 4 <input type="checkbox"/> Other relative – <i>Specify</i> ↘</p> <hr/> <p>Nonrelative</p> <p>5 <input type="checkbox"/> Friend or ex-friend 6 <input type="checkbox"/> Neighbor 7 <input type="checkbox"/> Schoolmate 8 <input type="checkbox"/> Roommate, boarder 9 <input type="checkbox"/> Customer/client 10 <input type="checkbox"/> Patient 11 <input type="checkbox"/> Supervisor (current or former) 12 <input type="checkbox"/> Employee (current or former) 13 <input type="checkbox"/> Co-worker (current or former) 14 <input type="checkbox"/> Stranger 15 <input type="checkbox"/> Other nonrelative – <i>Specify</i> ↘</p>
<p>159. Did the same thing happen each time?</p>	893	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – How did the incidents differ?</p> <hr/>
<p>160. Is the trouble still going on?</p>	894	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – What ended it?</p> <hr/>
<p>CHECK ITEM V1</p> <p>Mark the ONE category that best describes this series of crimes.</p> <p>If more than one category describes this series, mark the box with the lowest number.</p>	895	<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.) 2 <input type="checkbox"/> Completed or threatened violence between spouses, other relatives, friends, neighbors, etc. 3 <input type="checkbox"/> Completed or threatened violence at school or on school property 4 <input type="checkbox"/> Other contact crimes (other violence, pocket picking, purse snatching, etc.) – <i>Specify</i> ↘</p> <hr/> <p>Noncontact crimes</p> <p>5 <input type="checkbox"/> Theft or attempted theft of motor vehicles 6 <input type="checkbox"/> Theft or attempted theft of motor vehicle parts (tire, hubcap, battery, attached car stereo, etc.) 7 <input type="checkbox"/> Theft or attempted theft of contents of motor vehicle, including unattached parts 8 <input type="checkbox"/> Theft or attempted theft at school or on school property 9 <input type="checkbox"/> Illegal entry of, or attempt to enter, victim's home, other building on property, second home, hotel, motel 10 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) known to victim (roommate, babysitter, etc.) 11 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) unknown to victim 12 <input type="checkbox"/> Other theft or attempted theft (at work, while shopping, etc.) – <i>Specify</i> ↘</p>

161. 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.

Do you have any reason to suspect the incident just discussed was a hate crime or crime of prejudice or bigotry?

- 910 1 Yes – Ask 162
 2 No } **SKIP** to Check Item V3
 3 Don't know ... }

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...

(a) Your race?

- 896 1 Yes 2 No 3 Don't know

(b) Your religion?

- 897 1 Yes 2 No 3 Don't know

(c) Your ethnic background or national origin (for example, people of Hispanic origin)?

- 898 1 Yes 2 No 3 Don't know

(d) Any disability (by this I mean physical, mental, or developmental disabilities) you may have?

- 899 1 Yes 2 No 3 Don't know

(e) Your gender?

- 900 1 Yes 2 No 3 Don't know

(f) Your sexual orientation?

- 901 1 Yes 2 No 3 Don't know

If "Yes," SAY – (by this we mean homosexual, bisexual, or heterosexual)

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.

Do you suspect you were targeted because of...

(a) Your association with people who have certain characteristics or religious beliefs (for example, a multiracial couple)?

- 911 1 Yes –Specify ↘ 2 No 3 Don't know

912 _____

(b) 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)?

- 913 1 Yes –Specify ↘ 2 No 3 Don't know

914 _____

CHECK ITEM V2

Are one or more boxes marked "Yes" in 162 OR 163?

- Yes – Ask 164
 No – **SKIP** to Check Item V3

164. Do you have any evidence that this incident was a hate crime or crime of prejudice or bigotry?

If "No" or "Don't know," ASK –

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?

- 915 1 Yes – Ask 165
 2 No } **SKIP** to Check Item V3
 3 Don't know ... }

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:

(a) Did the offender(s) make fun of you, make negative comments, use slang, hurtful words, or abusive language? . . .

916 1 Yes 2 No 3 Don't know

(b) 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)?

917 1 Yes 2 No 3 Don't know

(c) 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)?

918 1 Yes 2 No 3 Don't know

(d) Do you know if the offender(s) (has/have) committed similar hate crimes or crimes of prejudice or bigotry in the past?

919 1 Yes 2 No 3 Don't know

(e) 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)?

920 1 Yes 2 No 3 Don't know

(f) Have other hate crimes or crimes of prejudice or bigotry happened to you or in your area/ neighborhood where people have been targeted?

921 1 Yes 2 No 3 Don't know

(g) 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?

922 1 Yes 2 No 3 Don't know

166. At any time, did you tell the police that you believed the incident was a hate crime or crime of prejudice or bigotry?

908 1 Yes
2 No

Notes

CHECK ITEM V3	Is this the first incident reported for this respondent?	925	<input type="checkbox"/> Yes – SKIP to <i>INTRO</i> <input type="checkbox"/> No – <i>Fill Check Item V4</i>
CHECK ITEM V4	Is Check Item V5 marked "Yes" for ANY incidents already reported for this respondent? (That is, has the respondent indicated that he/she has a health condition or disability?)	926	<input type="checkbox"/> Yes – SKIP to 172 <input type="checkbox"/> No – SKIP to <i>Check Item W</i>
FIELD REPRESENTATIVE – <i>Read Introduction.</i>			
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.			
167.	Does a mental health condition currently keep you from participating fully in work, school, or other activities?	927	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
168.	Do you have any of the following: (<i>Read categories a–c below.</i>)		
	(a) An intellectual disability such as mental retardation or Down Syndrome?	928	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
	(b) Autism?	929	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
	(c) Cerebral Palsy?	930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
169.	Have you ever suffered a stroke, brain tumor, or any type of brain injury that causes you to have difficulty thinking, concentrating, or making decisions?	931	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
170.	Other than anything you've already mentioned, do you have any SERIOUS disabling conditions? Anything else?	932	1 <input type="checkbox"/> Yes – <i>Specify</i> ————— 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
	FIELD REPRESENTATIVE – <i>If "Yes" list up to 3 different conditions reported by the respondent. Do not repeat conditions.</i>		
		933	————— (First Condition) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		934	————— (Second Condition) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		935	————— (Third Condition) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
171.	I'm going to read you a list of activities. As I read each activity, please tell me if you have difficulty or need help none of the time, some of the time, most of the time, or all of the time:		
			None of the time Some of the time Most of the time All of the time
	(a) Taking care of yourself, such as bathing, dressing, or eating?	936	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	(b) Communicating, such as talking with or listening to other people?	937	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	(c) Learning any new skills or activities?	938	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	(d) With mobility such as bending, walking, or climbing stairs?	939	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	(e) Making important decisions for yourself about your health care, education, or career?	940	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	(f) Living independently, such as preparing meals, doing housework, or shopping for groceries and personal items?	941	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	(g) Managing your finances, such as keeping track of your money and paying bills?	942	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
CHECK ITEM V5	Is box 1 marked in any of 167 through 170? (That is, has the respondent indicated that he/she has a health condition or disability?)	943	<input type="checkbox"/> Yes – <i>Ask 172</i> <input type="checkbox"/> No – SKIP to <i>Check Item W</i>
172.	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)?	944	1 <input type="checkbox"/> Yes – <i>Ask 173</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to <i>Check Item W</i>

Notes

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