

2008 PPCS FINAL QUESTIONNAIRE

E. CONTACT SCREEN QUESTIONS

FIELD REPRESENTATIVE - *Read introduction*

OMB No.: 1121-0260
Expires: 5/31/2011

INTRO 1- **Now I would like to ask some questions about any contacts you may have had with the police. We estimate the survey will take between 2 to 10 minutes depending on your responses.**

<p>1. Before I get to the questions about contacts you may have had with the police, I would like to find out how often you usually drive. Do you currently drive..</p> <p><i>(Read answer categories.)</i></p>	<p>1 <input type="checkbox"/> Everyday or almost every day? 2 <input type="checkbox"/> A few days a week? 3 <input type="checkbox"/> A few days a month? 4 <input type="checkbox"/> A few times a year? 5 <input type="checkbox"/> Never?</p>
<p>2. During the last 12 months, that is, any time since _____, 2007, did you have any face-to-face contact with a police officer?</p> <p><i>Please exclude telephone contacts, contacts with private security guards, police officers you see socially, or relatives who are police officers. Also exclude any police contacts that occurred because your employment or volunteer work brought you into regular contact with police officers.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -SKIP to Check Item G</p>
<p>3. How many face-to-face contacts did you have with the police during the last 12 months?</p>	<p>_____ Number of contacts - Goto Check Item A</p>
<p>CHECK ITEM A Did the respondent report more than one contact with police in item 3?</p>	<p>1 <input type="checkbox"/> Yes -READ INTRO 2 2 <input type="checkbox"/> No - SKIP to item 4</p>

F. USE OF FORCE DURING CONTACT

FIELD REPRESENTATIVE- *Read introduction.*

INTRO 2 - **For the rest of the interview, please tell me ONLY about the MOST RECENT face-to-face contact you had with the police.**

<p>4. About what time did this contact occur?</p>	<p>During day</p> <p>1 <input type="checkbox"/> After 6 a.m. - 12 noon 2 <input type="checkbox"/> After 12 noon - 6 p.m. 3 <input type="checkbox"/> Don't know what time of day</p> <p>At night</p> <p>4 <input type="checkbox"/> After 6 p.m. - 12 midnight 5 <input type="checkbox"/> After 12 midnight - 6 a.m. 6 <input type="checkbox"/> Don't know what time of night</p> <p>OR</p> <p>7 <input type="checkbox"/> Don't know whether day or night</p>																				
<p>5. During this contact, did the police USE or THREATEN TO USE force against you for any reason?</p>	<p>1 <input type="checkbox"/> Yes - <i>Ask Item 6</i> 2 <input type="checkbox"/> No - SKIP to Item 9 3 <input type="checkbox"/> Don't know -SKIP to Item 9</p>																				
<p>6. Did the police....</p> <p>a. Shout at you? b. Curse at you? c. Threaten to use force against you? d. Actually push or grab you? e. Actually kick or hit you? f. Actually spray you with chemical or pepper spray? g. Actually use an electroshock weapon against you, such as a stun gun? h. Actually point a gun at you? i. Use any other type of force?</p>	<table border="0"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </table> <p>Please specify - _____</p>	YES	NO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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7. Do you feel any of the force used or threatened against you was excessive?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. Were you injured as a result of this contact?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 9
8a. What were the injuries you suffered? Mark all that apply.	1 <input type="checkbox"/> Gun shot, bullet wounds 2 <input type="checkbox"/> Broken bones or teeth knocked out 3 <input type="checkbox"/> Internal injuries 4 <input type="checkbox"/> Knocked unconscious 5 <input type="checkbox"/> Bruises, black eye, cuts, scratches, swelling, chipped teeth 6 <input type="checkbox"/> Emotionally traumatized 7 <input type="checkbox"/> Other - specify
9. During this contact were you arrested?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
10. During this contact were you handcuffed?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
11. At any time during this contact, did you argue with, curse at, insult, or verbally threaten the police?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
12. At any time during this contact, did you ... a. Disobey or interfere with the officer(s)? b. Try to get away? c. Push, grab, or hit the police officer(s)? d. Resist being handcuffed, arrested, or searched? e. Physically do anything else? Please specify	YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> <i>Please specify -</i> _____
G. REASON FOR CONTACT	
13. Did this contact occur because you were involved in or witnessed a traffic ACCIDENT?	1 <input type="checkbox"/> Yes - SKIP to item 45 2 <input type="checkbox"/> No
14a. Did this contact occur during a traffic STOP?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to item 15
14b. Were you the driver or the passenger of the vehicle that was stopped?	1 <input type="checkbox"/> Driver - SKIP to item 20 2 <input type="checkbox"/> Passenger - SKIP to Item 45
15. Did this contact occur because you reported a crime or some other problem to the police?	1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No
16. Did this contact occur because the police were providing some sort of service or assistance to you?	1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No
17. Did this contact occur because the police were investigating a crime?	1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No
18. Did this contact occur because the police suspected you of something?	1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No
19. What was the reason for this contact?	<i>Describe briefly -</i> _____ _____ SKIP to Item 45
H. REASON FOR TRAFFIC STOP	
20. Did the police officer(s) give a reason for stopping the vehicle?	1 <input type="checkbox"/> Yes - ASK item 21a 2 <input type="checkbox"/> No - SKIP to item 23 3 <input type="checkbox"/> Don't know - SKIP to item 23
21a. Was the reason speeding?	1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No

21b. A vehicle defect?	1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No
21c. A record check?	1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No
21d. A roadside check for drunk drivers?	1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No
21e. A seatbelt violation?	1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No
21f. An illegal turn or illegal lane change?	1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No
21g. A stop sign or stop light violation?	1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No
21h. Was there some other reason?	1 <input type="checkbox"/> Yes - <i>Please specify</i> ↘ _____ 2 <input type="checkbox"/> No
22. Would you say that the police officer(s) had a legitimate reason for stopping you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
I. CHARACTERISTICS OF TRAFFIC STOP	
23. In your <u>initial</u> contact with police, was there one or more than one officer present?	1 <input type="checkbox"/> One officer - <i>ASK</i> item 24a 2 <input type="checkbox"/> More than one officer - SKIP to item 24b
24a. Was the race of the police officer White, Black, or some other race?	1 <input type="checkbox"/> White - SKIP to Item 25 2 <input type="checkbox"/> Black - SKIP to Item 25 3 <input type="checkbox"/> Some other race - SKIP to Item 25 4 <input type="checkbox"/> Don't know - SKIP to Item 25
24b. Were the police officers: <i>(Read answer categories 1-7.)</i>	1 <input type="checkbox"/> All White? 2 <input type="checkbox"/> All Black? 3 <input type="checkbox"/> All of some other race? 4 <input type="checkbox"/> Mostly White? 5 <input type="checkbox"/> Mostly Black? 6 <input type="checkbox"/> Mostly some other race? 7 <input type="checkbox"/> Equally mixed? 8 <input type="checkbox"/> Don't know race of any/some
25. Were there any other persons in the vehicle with you at the time of the traffic stop?	1 <input type="checkbox"/> Yes – <i>ASK</i> item 26 2 <input type="checkbox"/> No – SKIP to item 27
26. How many other persons were in the vehicle with you at the time of the traffic stop?	_____ Number of persons
27. Did this traffic stop occur in the same city/town/village as your present residence?	1 <input type="checkbox"/> Not inside a city/town/village 2 <input type="checkbox"/> SAME city/town/village 3 <input type="checkbox"/> DIFFERENT city/town/village
28. How many minutes would you say the traffic stop lasted?	_____ Number of minutes

J. TRAFFIC STOP - VEHICLE/PERSONAL SEARCH

<p>29. At any time during this traffic stop, did the police officer(s)</p> <p>a. ASK PERMISSION to conduct a vehicle search?</p> <p>b. Actually conduct a vehicle search?</p> <p>c. ASK PERMISSION to search you, frisk you, or pat you down?</p> <p>d. Actually search you, frisk you, or pat you down?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>30. Whether or not the police officer(s) asked for PERMISSION, at any time during this traffic stop did you GIVE the police officer(s)...</p> <p>a. PERMISSION to conduct a vehicle search?</p> <p>b. PERMISSION to search you, frisk you, or pat you down?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>Check Item X Is item 29B marked 'Yes'.</p>	<p>1 <input type="checkbox"/> Yes - Ask Item 31 2 <input type="checkbox"/> No - Skip to - Skip to Check Item Y 3 <input type="checkbox"/> Don't know - Skip to Check Item Y</p>
<p>31. Do you think the police officer(s) had a legitimate reason to search the vehicle?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>Check Item Y Is Item 29d marked 'Yes'</p>	<p>1 <input type="checkbox"/> Yes - Ask Item 32 2 <input type="checkbox"/> No - Skip to Check Item B</p>
<p>32. Do you think the police officer(s) had a legitimate reason to search you, frisk you, or pat you down?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM B Did the police officer(s) search the vehicle OR the respondent?</p> <p>Is box 1 marked in item 29b or item 29d?</p>	<p>1 <input type="checkbox"/> Yes - Ask item 34 2 <input type="checkbox"/> No - SKIP to item 36</p>
<p>34. During the search, did the police officer(s) find any illegal items, such as a weapon, drugs, or an open container of alcohol?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM C Was the respondent arrested and searched?</p> <p>Is box 1 marked in item 9 and box 1 marked in item 29b or 29d?</p>	<p>1 <input type="checkbox"/> Yes - ASK item 35 2 <input type="checkbox"/> No - SKIP to item 36</p>
<p>35. Earlier you said that you were arrested and searched. Did the search occur before you were arrested?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p align="center">K. OUTCOME OF TRAFFIC STOP</p>	
<p>36. During this contact were you given a traffic ticket? Please exclude any verbal or written warnings given to you by the police.</p>	<p>1 <input type="checkbox"/> Yes - Go to Check Item Z 2 <input type="checkbox"/> No - SKIP to item 39 3 <input type="checkbox"/> Don't know - SKIP to item 39</p>
<p>Check Item Z Did the police give the respondent a reason for stopping the vehicle. Is question 20 marked 'Yes'?</p>	<p>1 <input type="checkbox"/> Yes - Ask item 37 2 <input type="checkbox"/> No - Skip to item 38</p>
<p>37. Earlier you said that the police stopped you for <u>Import from item 21a-21h</u>, was this what you were ticketed for?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to item 37b 2 <input type="checkbox"/> No - ASK item 38 3 <input type="checkbox"/> Don't know - ASK item 38</p>

37b. Were you ticketed for anything else?	1 <input type="checkbox"/> Yes - Ask item 38 2 <input type="checkbox"/> No - Skip to item 41
38. What were you ticketed for?	Please specify - _____ SKIP TO item 41
39. During this contact were you given a warning?	1 <input type="checkbox"/> Yes - ASK item 40 2 <input type="checkbox"/> No - SKIP to item 41 3 <input type="checkbox"/> Don't know - SKIP to item 41
40. Were you given a written warning or a verbal warning?	1 <input type="checkbox"/> Verbal 2 <input type="checkbox"/> Written 3 <input type="checkbox"/> Don't know
41. Did you get out of the vehicle at any time because the police asked or told you to?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
42. Looking back on this contact, do you feel the police behaved properly or improperly?	1 <input type="checkbox"/> Properly - SKIP to Item 44 2 <input type="checkbox"/> Improperly - ASK item 43 3 <input type="checkbox"/> Don't know - SKIP to Item 44
43. Did you file a complaint against the police?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
44. Looking back on this contact, do you feel the police treated you respectfully or disrespectfully?	1 <input type="checkbox"/> Respectfully - SKIP to Check Item D 2 <input type="checkbox"/> Disrespectfully - SKIP to Check Item D 3 <input type="checkbox"/> Don't know - SKIP to Check Item D
L. OTHER CONTACT - PERSONAL SEARCH	
45. Did this contact occur at or near your home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
46. At any time during this contact, did the police officer(s) ASK PERMISSION to search you, frisk you, or pat you down?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
47. Whether or not the police officer(s) asked for PERMISSION, at any time during this contact did you GIVE the police officer(s) PERMISSION to search you, frisk you, or pat you down?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
48. Did the police officer(s) actually search you, frisk you, or pat you down?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to item 51 3 <input type="checkbox"/> Don't know – SKIP to item 51
49. During the search, did the police officer(s) find any illegal items, such as a weapon, drugs, or an open container of alcohol?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
50. Do you think the police officer(s) had a legitimate reason to search you, frisk you, or pat you down?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
M. OUTCOME OF OTHER CONTACT	
51. Looking back on this contact, do you feel the police behaved properly or improperly?	1 <input type="checkbox"/> Properly – SKIP to Item 53 2 <input type="checkbox"/> Improperly - ASK item 52 3 <input type="checkbox"/> Don't know – SKIP to Item 53
52. Did you file a complaint against the police?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

<p>53. Looking back on this contact, do you feel the police treated you respectfully or disrespectfully?</p>	<p>1 <input type="checkbox"/> Respectfully - <i>Go to Check Item D</i> 2 <input type="checkbox"/> Disrespectfully -<i>Go to Check Item D</i> 3 <input type="checkbox"/> Don't know - <i>Go to Check Item D</i></p>
<p>CHECK ITEM D Did the respondent have more than one face-to-face contact in the last 12 months?</p> <p>Is the entry in item 3 more than "1"?</p>	<p>1 <input type="checkbox"/> Yes - <i>Go to Check Item E</i> 2 <input type="checkbox"/> No – SKIP to Check Item G</p>
<p>CHECK ITEM E Was the respondent the driver in a traffic stop in the most recent contact?</p> <p>Is box 1 marked in item 14b?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to Check Item F 2 <input type="checkbox"/> No – <i>ASK item 54</i></p>
<p>54. During any of your EARLIER contacts with police in the last 12 months, were you the DRIVER in a TRAFFIC STOP?</p>	<p>1 <input type="checkbox"/> Yes – <i>Go to Check Item F</i> 2 <input type="checkbox"/> No – <i>Go to Check Item F</i></p>
<p>CHECK ITEM F Was force used or threatened against the respondent in the most recent contact?</p> <p>Is box 1 marked in item 5?</p>	<p>1 <input type="checkbox"/> Yes – SKIP to Check Item G 2 <input type="checkbox"/> No – <i>ASK Item 55</i></p>
<p>55. During any of your EARLIER contacts with police in the last 12 months, did the police USE or THREATEN TO USE force against you?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM G Is this the last household member to be interviewed?</p>	<p>1 <input type="checkbox"/> Yes -<i>END SUPPLEMENT</i> 2 <input type="checkbox"/> No - <i>Interview next NCVS household member</i></p>