

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

FORM **NCVS-1**
(9-16-2004)

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

**NATIONAL CRIME
VICTIMIZATION SURVEY
NCVS-1 BASIC SCREEN QUESTIONNAIRE**

BEFORE INTERVIEW - TRANSCRIBE FROM CONTROL CARD

Control number
PSU | Segment/Suffix | Sample designation/Suffix | Serial/Suffix | HH No. | Spinoff Indicator

ITEMS FILLED AT START OF INTERVIEW

1. Field representative identification
Code | Name
201 |

2. Unit status
202 1 Unit in sample the previous enumeration period - Fill 3
2 Unit in sample first time this period - **SKIP** to 4

3. Household status - Mark first box that applies.
203 1 Same household interviewed the previous enumeration
2 Replacement household since the previous enumeration
3 Noninterview the previous enumeration
4 Other - Specify _____

4. Line number of household respondent
204 _____ Go to page 2

AFTER INTERVIEW - TRANSCRIBE FROM CONTROL CARD

5. Group Quarters (GQ) type code
205 _____

6. Tenure (cc item 8a)
206 1 Owned or being bought 2 Rented for cash 3 No cash rent

7. Land use (cc item 9)
207 1 Urban 2 Rural

8. Farm sales (cc item 10)
208 x Item blank 1 \$1,000 or more 2 Less than \$1,000

9. Type of living quarters (cc items 11c and 11d)
Housing unit
209 1 House, apartment, flat
2 HU in nontransient hotel, motel, etc.
3 HU permanent in transient hotel, motel, etc.
4 HU in rooming house
5 Mobile home or trailer with no permanent room added
6 Mobile home or trailer with one or more permanent rooms added
7 HU not specified above - Describe ↗
OTHER unit
8 Quarters not HU in rooming or boarding house
9 Unit not permanent in transient hotel, motel, etc.
10 Unoccupied site for mobile home, trailer, or tent
11 Student quarters in college dormitory
12 OTHER unit not specified above - Describe ↗

Use of telephone (cc item 26a and b)
10a. Location of phone - Mark first box that applies.
210 1 Phone in unit
2 Phone in common area (hallway, etc.)
3 Phone in another unit (neighbor, friend, etc.)
4 Work/office phone
5 No phone - **SKIP** to 11a } *Fill 10b*

10b. Is phone interview acceptable? (cc item 26d)
211 1 Yes 2 No 3 Refused to give number

11a. Number of housing units in structure (cc item 27a)
212 1 1 - **SKIP** to 11c 4 4 7 Mobile home/trailer -
2 2 5 5-9 **SKIP** to 11c
3 3 6 10+ 8 Only OTHER units

11b. Direct outside access (cc item 27b)
213 1 Yes 2 No 3 DK x Item blank

11c. Restricted access (cc item 27c)
222 Gated or walled community 1 Yes 2 No x Item blank

223 Building with restricted access 1 Yes 2 No x Item blank

AFTER INTERVIEW - TRANSCRIBE FROM CONTROL CARD - Cont.

12a. Household Income (cc item 28)
214 1 Less than \$5,000 6 15,000 - 17,499 11 35,000 - 39,999
2 \$5,000 - 7,499 7 17,500 - 19,999 12 40,000 - 49,999
3 7,500 - 9,999 8 20,000 - 24,999 13 50,000 - 74,999
4 10,000 - 12,499 9 25,000 - 29,999 14 75,000 and over
5 12,500 - 14,999 10 30,000 - 34,999

12b. College/University (cc item 8b)
218 1 Yes 2 No

12c. Public Housing (cc item 8c)
219 x Item blank 1 Yes (public housing) 2 No (not public housing)

12d. Manager Verification of Public Housing (cc item 8d)
220 x Item blank
Able to verify Unable to verify
1 Public housing 3 CATI/Telephone
2 Not public housing 4 Other - Specify ↗

12e. American Indian Reservation or American Indian Lands (cc item 8e)
221 1 Yes 2 No

ITEMS FILLED DURING AND/OR AFTER INTERVIEW

13. Proxy information - Fill for all proxy interviews

a. Proxy interview obtained for Line No.	b. Proxy respondent Name	Line No.	c. Reason (Enter code)
301		302	303
304		305	306
307		308	309
310		311	312

Codes for item 13c
1-12-13 years old and parent refused permission for self interview
2- Physically/mentally unable to answer } **FILL INTER-COMM**
3- TA and won't return before closeout }

14. Type Z noninterview

a. Interview not obtained for Line No.	b. Reason (Enter code)	Codes for item 14b
313	314	1 - Never available 2 - Refused 3 - Physically/mentally unable to answer—no proxy available 4 - TA and no proxy available 5 - Other 6 - Office use only
315	316	
317	318	
319	320	

} **FILL INTER-COMM**

▶ Complete 17-28 for each Line No. in 14a

15a. Household members 12 years of age and OVER
321 _____ Total number

15b. Household members UNDER 12 years of age
322 _____ Total number o None

15c. Number of Type Z noninterview household members 12 years of age and OVER
332 _____ Total number o None

15d. Crime Incident Reports filled
323 _____ Total number of NCVS-2s filled o None

16. Changes in Household Composition (cc item 25a)

a. Line No.	b. Reason (Enter code)	Only transcribe changes discovered during the current enumeration
324	325	
326	327	
328	329	
330	331	

HOUSEHOLD RESPONDENT'S PERSONAL CHARACTERISTICS

17. NAME (of household respondent)	18. Type of interview	19. Line No.
Last	401 1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy 4 <input type="checkbox"/> Tel. – Proxy } <i>Fill 13 on cover page</i>	402
First		
		Line No. _____

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

	20. <i>(cc 13b)</i> Relationship to reference person	21. <i>(cc 17)</i> Age last birthday	22a. <i>(cc 18)</i> Marital status THIS survey period	22b. <i>(From previous enumeration)</i> Marital status LAST survey period	23. <i>(cc 19)</i> Sex	24. <i>(cc 20)</i> Armed Forces member	25. <i>(cc 21)</i> Educational attainment	26. <i>(cc 22)</i> Attending school	27. <i>(cc 23)</i> Hispanic origin	28. <i>(cc 24)</i> Race <i>Mark (X) all that apply.</i>
	403	404	405	406	407	408	409	411	413	412 *
	01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	Age _____	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Highest level completed _____	0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> American Indian/Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 6 <input type="checkbox"/> Other – <i>Specify</i> _____ _____

29. Date of interview _____ **501** / /

Month Day Year

MOBILITY QUESTIONS

Before we get to the crime questions, I have some questions that are helpful in studying where and why crimes occur.
If unsure, ASK OR VERIFY –

33a. How long have you lived at this address? **505** _____ Months (1-11) – **SKIP** to 33b
(Enter number of months OR years.)

OR

506 _____ Years (Round to nearest whole year) – *Fill Check Item A*

CHECK ITEM A How many years are entered in 33a?

5 years or more – **SKIP** to 34
 Less than 5 years – *Ask 33b*

33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 20__? **508** _____ Number of times

BUSINESS OPERATED FROM SAMPLE ADDRESS

34. Does anyone in this household operate a business from this address? **530** 1 Yes – *Go to 35*
2 No – **SKIP** to 36a

PERSONAL – *Fill by observation.*
TELEPHONE – *Ask.*

35. Is there a sign on the premises or some other indication to the general public that a business is operated from this address? **531** 1 Yes (Recognizable business)
2 No (Unrecognizable business)

HOUSEHOLD RESPONDENT'S SCREEN QUESTIONS

44a. During the last 6 months, (other than any incidents already mentioned,) did you call the police to report something that happened to YOU which you thought was a crime?

Briefly describe incident(s) ↘

547 1 Yes – **What happened?**
Describe above
2 No – **SKIP** to 45a

548

*

OFFICE USE ONLY

CHECK ITEM B

Look at 44a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

549 1 Yes – Ask 44b
2 No – **SKIP** to 45a

44b. How many times?

550

Number of times (44b)

45a. During the last 6 months, (other than any incidents already mentioned,) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?

Briefly describe incident(s) ↘

551 1 Yes – **What happened?**
Describe above
2 No – **SKIP** to INTRO 1 at top of page 7

552

*

OFFICE USE ONLY

CHECK ITEM C

Look at 45a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

553 1 Yes – Ask 45b
2 No – **SKIP** to INTRO 1 at top of page 7

45b. How many times?

554

Number of times (45b)

NOTES

HOUSEHOLD RESPONDENT'S IDENTITY THEFT QUESTIONS

FIELD REPRESENTATIVE – *Read introduction.*

INTRO 1: The next few questions are related to identity theft. They refer to episodes of identity theft discovered by you or anyone in your household during the last 6 months.

<p>45c. Since _____, 20 _____, have you or anyone in your household discovered that someone –</p> <p>(a) Used or attempted to use any existing credit cards or credit card numbers without permission to place charges on an account?</p> <p>(b) Used or attempted to use any existing accounts other than a credit card account – for example, a wireless telephone account, bank account or debit/check cards – without the account holder's permission to run up charges or to take money from accounts?</p> <p>(c) Used or attempted to use personal information without permission to obtain NEW credit cards or loans, run up debts, open other accounts, or otherwise commit theft, fraud, or some other crime?</p>	<p>107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>108 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> <p>109 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
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<p>CHECK ITEM C-1 Look at 45c. How many times is box 1 (Yes) marked in 45c?</p>	<p>1 <input type="checkbox"/> None (no entries of Yes) – SKIP to Check Item D</p> <p>2 <input type="checkbox"/> One or more times – Ask 45d</p>
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<p>45d. Was the misuse of – (the credit card account(s)/any existing account(s) other than credit cards/personal information or new account(s)) one episode or more than one episode of identity theft?</p>	<p>110 1 <input type="checkbox"/> One – SKIP to 45g</p> <p>2 <input type="checkbox"/> More than one</p>
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<p>45e. Did these episodes of identify theft occur separately or at the same time?</p>	<p>111 1 <input type="checkbox"/> Separately</p> <p>2 <input type="checkbox"/> At the same time – SKIP to 45g</p>
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<p>45f. Which episode of identity theft was most recently discovered?</p>	<p>112 1 <input type="checkbox"/> Existing credit cards</p> <p>2 <input type="checkbox"/> Existing accounts other than a credit card</p> <p>3 <input type="checkbox"/> Personal information to obtain new accounts</p>
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INTRO 2: The following questions refer only to the most recent discovery of identity theft by you or anyone in your household.

<p>45g. How did you become aware of the identity theft?</p> <p><i>Mark (X) all that apply.</i></p>	<p>113 1 <input type="checkbox"/> Block was placed on a credit card or other existing account</p> <p>* 2 <input type="checkbox"/> Money missing from account or charges placed on an account</p> <p>3 <input type="checkbox"/> Contacted by a credit bureau, collection agency, credit card company or other company about late/unpaid bills</p> <p>4 <input type="checkbox"/> Contacted by a bank</p> <p>5 <input type="checkbox"/> Noticed that a credit card, check book, etc. was missing</p> <p>6 <input type="checkbox"/> Notified by a law enforcement agency</p> <p>7 <input type="checkbox"/> Denied credit or a loan</p> <p>8 <input type="checkbox"/> Noticed an error in a credit report</p> <p>9 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <p>_____</p>
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<p>45h. What was the total dollar amount of the credit, loans, cash, services, and anything else the person obtained while misusing (the credit card account(s)/any existing accounts other than credit cards/personal information or new account(s))?</p>	<p>114 \$ _____ .00 Amount taken</p> <p>x <input type="checkbox"/> Don't know</p> <p>o <input type="checkbox"/> None</p>
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<p>45i. Has the misuse of – (the credit card account(s)/any existing accounts other than credit cards/personal information or new account(s)) stopped (e.g. you or a household member closed a checking account)?</p>	<p>115 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
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<p>45j. Is the misuse of – (the credit card account(s)/any existing accounts other than credit cards/personal information or new account(s)) still causing problems for you or any other household member? For example, are you still spending time clearing up credit accounts or your credit report?</p>	<p>116 1 <input type="checkbox"/> Yes – SKIP to 45l</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
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HOUSEHOLD RESPONDENT'S IDENTITY THEFT QUESTIONS

45k. How much time did it take to resolve ALL PROBLEMS associated with the misuse of – (the credit card account(s)/any existing account(s) other than credit cards/personal information or new account(s)) after the misuse was discovered?

Less than one month:

117 _____ Days

OR

1 – 6 Months:

118 _____ Months

Don't know days or months

45l. As a result of (any of) the misuse of (the credit card account(s)/any existing account(s) other than credit cards/personal information or new account(s)) discovered in the last 6 months, have you or anyone in your household . . .

(Read answer categories 1–10)

Mark (X) all that apply.

- 119** *
- 1 **Been turned down for a loan?**
 - 2 **Had banking problems?**
 - 3 **Had problems with credit card accounts?**
 - 4 **Had phone or utilities cut off or been denied new service?**
 - 5 **Had to pay higher interest rates on credit cards, loans, etc.**
 - 6 **Been turned down for insurance or had to pay higher rates?**
 - 7 **Been contacted by a debt collector or creditor?**
 - 8 **Been the subject of a civil suit or judgment?**
 - 9 **Been the subject of a criminal investigation, warrant, proceeding, or conviction?**
 - 10 **Had some other problems?– Specify** _____
 - 11 No problems

CHECK ITEM C2

Briefly summarize the identity theft that occurred against the respondent or another household member.

HOUSEHOLD RESPONDENT'S CHECK ITEMS D AND E

CHECK ITEM D

Who besides the respondent was present when the screen questions were asked? *(If telephone interview, mark box 1 only.)*

- 555** *
- 1 Telephone interview – **SKIP to 46a**
 - 2 **Personal interview – Mark all that apply.**
 - 3 No one besides respondent present
 - 4 Respondent's spouse
 - 5 HHLD member(s) 12+, not spouse
 - 6 HHLD member(s) under 12
 - 7 Nonhousehold member(s)
 - 8 Someone was present – Can't say who
 - 9 Don't know if someone else present

CHECK ITEM E

If self-response interview, SKIP to 46a

Did the person for whom this interview was taken help the proxy respondent answer any screen questions?

- 556**
- 1 Yes
 - 2 No
 - 3 Person for whom interview taken not present

46a. Now I'd like to ask about ALL acts of vandalism that may have been committed during the last 6 months against YOUR household. Vandalism is the deliberate, intentional damage to or destruction of household property. Examples are breaking windows, slashing tires, and painting graffiti on walls.

Since _____, 20____, has anyone intentionally damaged or destroyed property owned by you or someone else in your household?
(EXCLUDE any damage done in conjunction with incidents already mentioned.)

- 557**
- 1 Yes
 - 2 No – **SKIP to Check Item G on page 11**

46b. What kind of property was damaged or destroyed in this/these act(s) of vandalism? Anything else?

*Continue asking "Anything else?" until you get a "No" response.
Mark (X) all property that was damaged or destroyed by vandalism during reference period.*

- 558** *
- 1 Motor vehicle (including parts)
 - 2 Bicycle (including parts)
 - 3 Mailbox
 - 4 House window/screen/door
 - 5 Yard or garden (trees, shrubs, fence, etc.)
 - 6 Furniture, other household goods
 - 7 Clothing
 - 8 Animal (pet, livestock, etc.)
 - 9 Other – *Specify* _____

HOUSEHOLD RESPONDENT'S VANDALISM SCREEN QUESTIONS

46c. What kind of damage was done in this/these act(s) of vandalism? Anything else?

*Continue asking "Anything else?" until you get a "No" response.
Mark (X) all kinds of damage by vandals that occurred during reference period.*

- 559** * 1 Broken glass: window, windshield, glass in door, mirror
 2 Defaced: marred, graffiti, dirtied
 3 Burned: use of fire, heat or explosives
 4 Drove into or ran over with vehicle
 5 Other breaking or tearing
 6 Injured or killed animals
 7 Other – Specify ↗

46d. What was the total dollar amount of the damage caused by this/these act(s) of vandalism during the last 6 months? (Use repair costs if the property was repaired.)

(EXCLUDE any damage done in incidents already mentioned.)

- 560** \$ _____ - **SKIP** to Check Item F1
 x Don't know
 0 No cost – **SKIP** to Check Item F1

46e. Was the damage under \$100 or \$100 or more?

(INCLUDE total amount for all incidents of vandalism during the last 6 months.)

- 561** 1 Under \$100
 2 \$100 or more
 3 Don't know

CHECK ITEM F1

Look at 46a. If unsure, ASK, otherwise, mark without asking. **In the vandalism just mentioned, were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member? (other than any incident(s) already mentioned)**

Briefly describe incident(s) ↗

- 562** 1 Yes – **What happened?**
Describe above
 2 No – **SKIP** to 46g

46f. How many times?

563 _____
 Number of times (46f)

NOTES

HOUSEHOLD RESPONDENT'S HATE CRIME SCREEN QUESTIONS

46g. 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 vandalism just discussed was a hate crime or crime of prejudice or bigotry?

- 586** 1 Yes – Ask 46h
 2 No
 3 Don't know . . } **SKIP to Check Item G**

46h. 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?

- 564** 1 Yes 2 No 3 Don't know

(b) Your religion?

- 565** 1 Yes 2 No 3 Don't know

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

- 566** 1 Yes 2 No 3 Don't know

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

- 567** 1 Yes 2 No 3 Don't know

(e) Your gender?

- 568** 1 Yes 2 No 3 Don't know

(f) Your sexual orientation?

- 569** 1 Yes 2 No 3 Don't know

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

46i. 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)?

- 587** 1 Yes – Specify ↗ 2 No 3 Don't know

588 _____

(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)?

- 589** 1 Yes – Specify ↗ 2 No 3 Don't know

590 _____

CHECK ITEM F2

Are one or more boxes marked "Yes" in 46h OR 46i?

- Yes – Ask 46j
 No – **SKIP to Check Item G**

46j. Do you have any evidence that this vandalism 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?

- 591** 1 Yes – Ask 46k
 2 No
 3 Don't know . . . } **SKIP to Check Item G**

HOUSEHOLD RESPONDENT'S HATE CRIME SCREEN QUESTIONS

46k. The next questions ask about the evidence you have that makes you suspect this vandalism 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?

592 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)?

593 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)?

594 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?

595 1 Yes 2 No 3 Don't know

(e) Did the vandalism 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)?

596 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?

597 1 Yes 2 No 3 Don't know

(g) Do your feelings, instincts, or perception lead you to suspect this vandalism was a hate crime or crime of prejudice or bigotry, but you do not have enough evidence to know for sure?

598 1 Yes 2 No 3 Don't know

HOUSEHOLD RESPONDENT'S CHECK ITEM G

CHECK ITEM G

Transcribe "number of times" entry for each of the following:

- (a)** Screen Question, Item 36c, page 3
- (b)** Screen Question, Item 37c, page 3
- (c)** Screen Question, Item 39c, page 4
- (d)** Screen Question, Item 40c, page 4
- (e)** Screen Question, Item 41c, page 5
- (f)** Screen Question, Item 42c, page 5
- (g)** Screen Question, Item 43c, page 5
- (h)** Screen Question, Item 44b, page 6
- (i)** Screen Question, Item 45b, page 6
- (j)** Vandalism Screen Question, Item 46f, page 9

No entries transcribed below – Go to Check Item H

- _____ Number of times (36c)
- _____ Number of times (37c)
- _____ Number of times (39c)
- _____ Number of times (40c)
- _____ Number of times (41c)
- _____ Number of times (42c)
- _____ Number of times (43c)
- _____ Number of times (44b)
- _____ Number of times (45b)
- _____ Number of times (46f)

*FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this **before** marking Check Item H.*

HOUSEHOLD RESPONDENT'S EMPLOYMENT QUESTIONS

Be sure to fill any incident reports before marking Check Item H.

CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
	47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i>	576 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
	ASK OR VERIFY – 47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?	577 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
	47c. Did that (job/work) last 2 consecutive weeks or more?	578 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
	ASK OR VERIFY – 48a. Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>	579 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – <i>Specify</i> _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – <i>Specify</i> _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – <i>Specify</i> _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – <i>Specify</i> _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – <i>Specify</i> _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – <i>Specify</i> _____ OR 27 <input type="checkbox"/> Something else – <i>Specify</i> _____
	ASK OR VERIFY – 48b. Is your job with <i>(Read answer categories) –</i>	580 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
	<i>If box 12 is marked in 48a, mark without asking.</i> 48c. Are you employed by a college or university?	581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	48d. While working at your job, do you work mostly in <i>(Read answer categories) –</i>	582 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – Ask or verify Control Card items. Then END interview. <input type="checkbox"/> No – Ask or verify Control Card items. See note below before interviewing next household member.

*FIELD REPRESENTATIVE – If the next household member to be interviewed is under 18, tell the household respondent that you will be asking the **same** questions you just asked him/her.*

INDIVIDUAL'S PERSONAL CHARACTERISTICS

17. NAME	18. Type of interview	19. Line No.
Last	401 1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy 4 <input type="checkbox"/> Tel. – Proxy } <i>Fill 13 on cover page</i> 5 <input type="checkbox"/> Noninterview – <i>Fill 19 – 28 on this page. Also fill 14 and adjust item 15c on cover page.</i>	402
First		

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

20. <i>(cc 13b)</i> Relationship to reference person	21. <i>(cc 17)</i> Age last birthday	22a. <i>(cc 18)</i> Marital status THIS survey period	22b. <i>(From previous enumeration)</i> Marital status LAST survey period	23. <i>(cc 19)</i> Sex	24. <i>(cc 20)</i> Armed Forces member	25. <i>(cc 21)</i> Educational attainment	26. <i>(cc 22)</i> Attending school	27. <i>(cc 23)</i> Hispanic origin	28. <i>(cc 24)</i> Race <i>Mark (X) all that apply.</i>
403 01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	404 Age	405 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	406 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	407 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	409 Highest level completed	411 0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	412 * 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> American Indian/Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 6 <input type="checkbox"/> Other – <i>Specify</i> _____ _____

29. Date of interview _____ → **501**

 /

 /

Month
Day
Year

MOBILITY QUESTIONS

Before we get to the crime questions, I have one or two questions that are helpful in studying where and why crimes occur.
If unsure, ASK OR VERIFY –

33a. How long have you lived at this address?
(Enter number of months OR years.)

505 _____ Months (1-11) – **SKIP** to 33b

OR

506 _____ Years (Round to nearest whole year) – *Fill Check Item A*

CHECK ITEM A How many years are entered in 33a?

5 years or more – **SKIP** to 36a
 Less than 5 years – Ask 33b

33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 20__?

508 _____ Number of times

INDIVIDUAL'S SCREEN QUESTIONS

44a. During the last 6 months, (other than any incidents already mentioned,) did you call the police to report something that happened to YOU which you thought was a crime?

Briefly describe incident(s)

- 547** 1 Yes – **What happened?**
Describe above
2 No – **SKIP** to 45a

548

*

OFFICE USE ONLY

CHECK ITEM B

Look at 44a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

- 549** 1 Yes – Ask 44b
2 No – **SKIP** to 45a

44b. How many times?

550

_____ Number of times (44b)

45a. During the last 6 months, (other than any incidents already mentioned,) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?

Briefly describe incident(s)

- 551** 1 Yes – **What happened?**
Describe above
2 No – **SKIP** to Check Item D below

552

*

OFFICE USE ONLY

CHECK ITEM C

Look at 45a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

- 553** 1 Yes – Ask 45b
2 No – **SKIP** to Check Item D below

45b. How many times?

554

_____ Number of times (45b)

INDIVIDUAL'S CHECK ITEMS D, E, AND G

CHECK ITEM D

Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)

555

*

- 1 Telephone interview – **SKIP** to Check Item G
Personal interview – Mark all that apply.
2 No one besides respondent present
3 Respondent's spouse
4 HHLD member(s) 12+, not spouse
5 HHLD member(s) under 12
6 Nonhousehold member(s)
7 Someone was present – Can't say who
8 Don't know if someone else present

CHECK ITEM E

If self-response interview, **SKIP** to Check Item G
Did the person for whom this interview was taken help the proxy respondent answer any screen questions?

556

- 1 Yes
2 No
3 Person for whom interview taken not present

CHECK ITEM G

Transcribe "number of times" entry for each of the following:

- (a)** Screen Question, Item 36c, page 14
- (b)** Screen Question, Item 40c, page 14
- (c)** Screen Question, Item 41c, page 15
- (d)** Screen Question, Item 42c, page 15
- (e)** Screen Question, Item 43c, page 15
- (f)** Screen Question, Item 44b, page 16
- (g)** Screen Question, Item 45b, page 16

No entries transcribed below – Go to Check Item H

- _____ Number of times (36c)
- _____ Number of times (40c)
- _____ Number of times (41c)
- _____ Number of times (42c)
- _____ Number of times (43c)
- _____ Number of times (44b)
- _____ Number of times (45b)

*FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this **before** marking Check Item H.*

INDIVIDUAL'S EMPLOYMENT QUESTIONS

Be sure to fill any incident reports before marking Check Item H.

CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a.	Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i> ASK OR VERIFY –	576 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
47b.	Did you have a job or work at a business DURING THE LAST 6 MONTHS?	577 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c.	Did that (job/work) last 2 consecutive weeks or more?	578 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
48a.	Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>	579 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – Specify _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – Specify _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – Specify _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – Specify _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – Specify _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – Specify _____ OR 27 <input type="checkbox"/> Something else – Specify _____
48b.	Is your job with <i>(Read answer categories) –</i>	580 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
48c.	Are you employed by a college or university? <i>If box 12 is marked in 48a, mark without asking.</i>	581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d.	While working at your job, do you work mostly in <i>(Read answer categories) –</i>	582 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – See note below before interviewing next household member.
<i>FIELD REPRESENTATIVE – If the current respondent is a parent or legal guardian and the next household member to be interviewed is under 18, tell the current respondent that you will be asking the same questions you just asked him/her.</i>		

INDIVIDUAL'S PERSONAL CHARACTERISTICS

17. NAME	18. Type of interview	19. Line No.
Last	<div style="border: 1px solid black; padding: 2px; display: inline-block;">401</div> 1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy 4 <input type="checkbox"/> Tel. – Proxy } <i>Fill 13 on cover page</i> 5 <input type="checkbox"/> Noninterview – <i>Fill 19 – 28 on this page. Also fill 14 and adjust item 15c on cover page.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">402</div>
First		Line No.

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

20. <i>(cc 13b)</i> Relationship to reference person	21. <i>(cc 17)</i> Age last birthday	22a. <i>(cc 18)</i> Marital status THIS survey period	22b. <i>(From previous enumeration)</i> Marital status LAST survey period	23. <i>(cc 19)</i> Sex	24. <i>(cc 20)</i> Armed Forces member	25. <i>(cc 21)</i> Educational attainment	26. <i>(cc 22)</i> Attending school	27. <i>(cc 23)</i> Hispanic origin	28. <i>(cc 24)</i> Race <i>Mark (X) all that apply.</i>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">403</div> 01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	<div style="border: 1px solid black; padding: 2px; display: inline-block;">404</div> _____ Age	<div style="border: 1px solid black; padding: 2px; display: inline-block;">405</div> 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	<div style="border: 1px solid black; padding: 2px; display: inline-block;">406</div> 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	<div style="border: 1px solid black; padding: 2px; display: inline-block;">407</div> 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	<div style="border: 1px solid black; padding: 2px; display: inline-block;">408</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; display: inline-block;">409</div> _____ Highest level completed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">411</div> 0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	<div style="border: 1px solid black; padding: 2px; display: inline-block;">413</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; display: inline-block;">412</div> * 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> American Indian/Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 6 <input type="checkbox"/> Other – <i>Specify</i> _____ _____

29. Date of interview _____ →

501

Month	Day	Year	

MOBILITY QUESTIONS

<p>Before we get to the crime questions, I have one or two questions that are helpful in studying where and why crimes occur. <i>If unsure, ASK OR VERIFY –</i></p> <p>33a. How long have you lived at this address? <i>(Enter number of months OR years.)</i></p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">505</div> _____ Months (1-11) – SKIP to 33b <p align="center">OR</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">506</div> _____ Years (Round to nearest whole year) – <i>Fill Check Item A</i>
<p>CHECK ITEM A</p> <p>How many years are entered in 33a?</p>	<input type="checkbox"/> 5 years or more – SKIP to 36a <input type="checkbox"/> Less than 5 years – Ask 33b
<p>33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 20__?</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">508</div> _____ Number of times

INDIVIDUAL'S SCREEN QUESTIONS

44a. During the last 6 months, (other than any incidents already mentioned,) did you call the police to report something that happened to YOU which you thought was a crime?

Briefly describe incident(s)

- 547** 1 Yes – **What happened?**
Describe above
2 No – **SKIP** to 45a

548

*

OFFICE USE ONLY

CHECK ITEM B

Look at 44a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

- 549** 1 Yes – Ask 44b
2 No – **SKIP** to 45a

44b. How many times?

550

_____ Number of times (44b)

45a. During the last 6 months, (other than any incidents already mentioned,) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?

Briefly describe incident(s)

- 551** 1 Yes – **What happened?**
Describe above
2 No – **SKIP** to Check Item D below

552

*

OFFICE USE ONLY

CHECK ITEM C

Look at 45a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

- 553** 1 Yes – Ask 45b
2 No – **SKIP** to Check Item D below

45b. How many times?

554

_____ Number of times (45b)

INDIVIDUAL'S CHECK ITEMS D, E, AND G

CHECK ITEM D

Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)

555

*

- 1 Telephone interview – **SKIP** to Check Item G
Personal interview – Mark all that apply.
2 No one besides respondent present
3 Respondent's spouse
4 HHL D member(s) 12+, not spouse
5 HHL D member(s) under 12
6 Nonhousehold member(s)
7 Someone was present – Can't say who
8 Don't know if someone else present

CHECK ITEM E

If self-response interview, **SKIP** to Check Item G
Did the person for whom this interview was taken help the proxy respondent answer any screen questions?

556

- 1 Yes
2 No
3 Person for whom interview taken not present

CHECK ITEM G

Transcribe "number of times" entry for each of the following:

- (a)** Screen Question, Item 36c, page 19
- (b)** Screen Question, Item 40c, page 19
- (c)** Screen Question, Item 41c, page 20
- (d)** Screen Question, Item 42c, page 20
- (e)** Screen Question, Item 43c, page 20
- (f)** Screen Question, Item 44b, page 21
- (g)** Screen Question, Item 45b, page 21

No entries transcribed below – Go to Check Item H

- _____ Number of times (36c)
- _____ Number of times (40c)
- _____ Number of times (41c)
- _____ Number of times (42c)
- _____ Number of times (43c)
- _____ Number of times (44b)
- _____ Number of times (45b)

FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this **before** marking Check Item H.

INDIVIDUAL'S EMPLOYMENT QUESTIONS

Be sure to fill any incident reports before marking Check Item H.

CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a.	Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i>	576 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
ASK OR VERIFY –		
47b.	Did you have a job or work at a business DURING THE LAST 6 MONTHS?	577 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c.	Did that (job/work) last 2 consecutive weeks or more?	578 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
ASK OR VERIFY –		
48a.	Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) – Mark (X) only one category.</i>	579 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – Specify _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – Specify _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – Specify _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – Specify _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – Specify _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – Specify _____ OR 27 <input type="checkbox"/> Something else – Specify _____
ASK OR VERIFY –		
48b.	Is your job with <i>(Read answer categories) –</i>	580 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
48c.	<i>If box 12 is marked in 48a, mark without asking.</i> Are you employed by a college or university?	581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d.	While working at your job, do you work mostly in <i>(Read answer categories) –</i>	582 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – See note below before interviewing next household member.
FIELD REPRESENTATIVE – <i>If the current respondent is a parent or legal guardian and the next household member to be interviewed is under 18, tell the current respondent that you will be asking the same questions you just asked him/her.</i>		

INDIVIDUAL'S PERSONAL CHARACTERISTICS

17. NAME	18. Type of interview	19. Line No.
Last	<input type="checkbox"/> 401 1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy 4 <input type="checkbox"/> Tel. – Proxy } <i>Fill 13 on cover page</i> 5 <input type="checkbox"/> Noninterview – <i>Fill 19 – 28 on this page. Also fill 14 and adjust item 15c on cover page.</i>	<input type="checkbox"/> 402 Line No.
First		

AFTER INTERVIEW – TRANSCRIBE FROM CONTROL CARD

20. <i>(cc 13b)</i> Relationship to reference person	21. <i>(cc 17)</i> Age last birthday	22a. <i>(cc 18)</i> Marital status THIS survey period	22b. <i>(From previous enumeration)</i> Marital status LAST survey period	23. <i>(cc 19)</i> Sex	24. <i>(cc 20)</i> Armed Forces member	25. <i>(cc 21)</i> Educational attainment	26. <i>(cc 22)</i> Attending school	27. <i>(cc 23)</i> Hispanic origin	28. <i>(cc 24)</i> Race <i>Mark (X) all that apply.</i>
<input type="checkbox"/> 403 01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person	<input type="checkbox"/> 404 Age	<input type="checkbox"/> 405 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	<input type="checkbox"/> 406 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	<input type="checkbox"/> 407 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	<input type="checkbox"/> 408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="checkbox"/> 409 Highest level completed	<input type="checkbox"/> 411 0 <input type="checkbox"/> Regular school 1 <input type="checkbox"/> College/University 2 <input type="checkbox"/> Trade school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> None of the above schools	<input type="checkbox"/> 413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="checkbox"/> 412 * 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> American Indian/Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 6 <input type="checkbox"/> Other – <i>Specify</i> _____ _____

29. Date of interview _____ → 501

Month	Day	Year	

MOBILITY QUESTIONS

Before we get to the crime questions, I have one or two questions that are helpful in studying where and why crimes occur.
If unsure, ASK OR VERIFY –

33a. How long have you lived at this address?
(Enter number of months OR years.)

505 _____ Months (1-11) – **SKIP** to 33b

OR

506 _____ Years (Round to nearest whole year) – *Fill Check Item A*

CHECK ITEM A How many years are entered in 33a?

5 years or more – **SKIP** to 36a
 Less than 5 years – *Ask 33b*

33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 20__?

508 _____ Number of times

INDIVIDUAL'S SCREEN QUESTIONS

44a. During the last 6 months, (other than any incidents already mentioned,) did you call the police to report something that happened to YOU which you thought was a crime?

Briefly describe incident(s) ↴

- 547** 1 Yes – **What happened?**
Describe above
2 No – **SKIP to 45a**

548

*

OFFICE USE ONLY

CHECK ITEM B

Look at 44a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

- 549** 1 Yes – Ask 44b
2 No – **SKIP to 45a**

44b. How many times?

550

_____ Number of times (44b)

45a. During the last 6 months, (other than any incidents already mentioned,) did anything which you thought was a crime happen to YOU, but you did NOT report to the police?

Briefly describe incident(s) ↴

- 551** 1 Yes – **What happened?**
Describe above
2 No – **SKIP to Check Item D below**

552

*

OFFICE USE ONLY

CHECK ITEM C

Look at 45a. If unsure, ASK, otherwise, mark without asking. **Were you** (was the respondent) **attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you** (the respondent) **or another household member?**

- 553** 1 Yes – Ask 45b
2 No – **SKIP to Check Item D below**

45b. How many times?

554

_____ Number of times (45b)

INDIVIDUAL'S CHECK ITEMS D, E, AND G

CHECK ITEM D

Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)

555

*

- 1 Telephone interview – **SKIP to Check Item G**
Personal interview – Mark all that apply.
2 No one besides respondent present
3 Respondent's spouse
4 HHL D member(s) 12+, not spouse
5 HHL D member(s) under 12
6 Nonhousehold member(s)
7 Someone was present – Can't say who
8 Don't know if someone else present

CHECK ITEM E

If self-response interview, **SKIP to Check Item G**
Did the person for whom this interview was taken help the proxy respondent answer any screen questions?

556

- 1 Yes
2 No
3 Person for whom interview taken not present

CHECK ITEM G

Transcribe "number of times" entry for each of the following:

- (a)** Screen Question, Item 36c, page 24
(b) Screen Question, Item 40c, page 24
(c) Screen Question, Item 41c, page 25
(d) Screen Question, Item 42c, page 25
(e) Screen Question, Item 43c, page 25
(f) Screen Question, Item 44b, page 26
(g) Screen Question, Item 45b, page 26

No entries transcribed below – Go to Check Item H

- _____ Number of times (36c)
_____ Number of times (40c)
_____ Number of times (41c)
_____ Number of times (42c)
_____ Number of times (43c)
_____ Number of times (44b)
_____ Number of times (45b)

*FIELD REPRESENTATIVE – After completing Check Item G, fill a separate crime incident report for each screen question that has an entry of 1 or more. Do this **before** marking Check Item H.*

INDIVIDUAL'S EMPLOYMENT QUESTIONS

Be sure to fill any incident reports before marking Check Item H.

CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a.	Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i> ASK OR VERIFY –	576 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
47b.	Did you have a job or work at a business DURING THE LAST 6 MONTHS?	577 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c.	Did that (job/work) last 2 consecutive weeks or more?	578 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
48a.	Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> Mark (X) only one category.	579 <p>Medical Profession – As a –</p> 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – Specify _____ <p>Mental Health Services Field – Are your duties –</p> 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – Specify _____ <p>Teaching Profession – Were you employed in a –</p> 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – Specify _____ <p>Law Enforcement or Security Field – Were you employed as a –</p> 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – Specify _____ <p>Retail Sales – Were you employed as a –</p> 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – Specify _____ <p>Transportation Field – Were you employed as a –</p> 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – Specify _____ <p align="center">OR</p> 27 <input type="checkbox"/> Something else – Specify _____
48b.	ASK OR VERIFY – Is your job with <i>(Read answer categories) –</i>	580 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
48c.	If box 12 is marked in 48a, mark without asking. Are you employed by a college or university?	581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d.	While working at your job, do you work mostly in <i>(Read answer categories) –</i>	582 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – See note below before interviewing next household member.

FIELD REPRESENTATIVE – If the current respondent is a parent or legal guardian and the next household member to be interviewed is under 18, tell the current respondent that you will be asking the **same** questions you just asked him/her.

NOTES