

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.

FORM NCVS-1

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Implementation Date: (01-01-2007)

ACTING AS COLLECTING AGENT FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

NATIONAL CRIME
VICTIMIZATION SURVEY
NCVS-1 BASIC SCREEN QUESTIONNAIRE

N
C
V
S
1

Control number

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

1. Field representative identification

Code Name

2. Unit status

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.

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

5. Group Quarters [GQ] type code

205

6. Tenure

1 Owned or being bought 2 Rented for cash 3 No cash rent

7. Land Use

1 Urban 2 Rural

8. Farm Sales

X Item blank 1 \$1,000 or more 2 Less than \$1,000

9. Type of living quarters

Housing unit
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

10a. Use of telephone

Location of phone - Mark first box that applies.

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

10b. Is phone interview acceptable?

1 Yes 2 No 3 Refused to give number

11a. Number of housing units in structure

1 1 - SKIP to 11c 2 2 3 3 4 4 5 5-9 6 10+ 7 Mobile home/trailer - SKIP to 11c 8 Only OTHER units

11b. Direct outside access

1 Yes 2 No 3 DK X Item blank

11c. Restricted access

222 Gated or walled community 1 Yes 2 No X Item blank
223 Building with restricted access 1 Yes 2 No X Item blank

12a. Household Income

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

12b. College/University

218 1 Yes 2 No

12c. Public Housing

219 X Item blank 1 Yes (public housing) 2 No (not public housing)

12d. Manager Verification of Public Housing

220 Able to verify 1 Public housing 2 Not public housing Unable to verify 3 Telephone 4 Other - Specify

12e. American Indian Reservation or American Indian Lands

221 1 Yes 2 No

13. Proxy information - Fill for all proxy interviews

Table with columns: a. Proxy interview obtained for Line No., b. Proxy respondent Name, Line No., c. Reason (Enter code). Rows 301-310.

Codes for item 13c

1-12-13 years old and parent refused permission for self interview
2- Physically/mentally unable to answer
3- TA and won't return before closeout

14. Type Z noninterview

Table with columns: a. Interview not obtained for Line No., b. Reason (Enter code), Codes for item 14b. Rows 313-319.

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 0 None

15c. Number of Type Z noninterview household members 12 years of age and OVER

332 Total number 0 None

15d. Crime Incident Reports filled

323 Total number of NCVS-2s filled 0 None

16. Changes in Household Composition

Table with columns: a. Line No., b. Reason (Enter code). Rows 324-330.

Only enter changes discovered during the current enumeration

RESPONDENT'S PERSONAL CHARACTERISTICS

17. Name of respondent Last _____ First _____ _____	18. Type of interview 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 } Fill 13 on cover page	19. Line No. 402 Line No. _____
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20.	21.	22a.	22b.	23.	24.	25.	26.	27.	28.
Relationship to reference person	Age last Birthday	Marital status THIS survey period	(From previous enumeration) Marital status LAST survey period	Sex	Armed Forces Member	Educational attainment	Attending School	Hispanic Origin	Race Mark all that apply.
403 1 <input type="checkbox"/> Husband 2 <input type="checkbox"/> Wife 3 <input type="checkbox"/> Son 4 <input type="checkbox"/> Daughter 5 <input type="checkbox"/> Father 6 <input type="checkbox"/> Mother 7 <input type="checkbox"/> Brother 8 <input type="checkbox"/> Sister 9 <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 1 <input type="checkbox"/> Regular school 2 <input type="checkbox"/> College/University 3 <input type="checkbox"/> Trade school 4 <input type="checkbox"/> Vocational school 5 <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 - Specify _____ _____ _____

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.

33a. How long have you lived at this address? (Enter 0 if less than 1 year.)

506 _____ Years (Round to nearest whole year) -
 If = 0 ASK 33b
 If = DK or RF SKIP to 33c
 Else SKIP to 33d

33b. How many months?

505 _____ Months (1-11) - SKIP to 33e

33c. Have you lived here...
 Read appropriate categories:

1 More than 5 years - If HHL D Respondent SKIP to 34, else SKIP to 36a.
 2 Less than 5 years, but more than 1 year
 3 Less than 1 year, but more than 6 months
 4 6 months or less
 5 Don't Know

} SKIP to 33e

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

5 years or more - If HHL D Respondent SKIP to 34, else SKIP to 36a
 Less than 5 years - ASK 33e

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

Enter number of times.

508 _____ Number of times - If HHL D Respondent ASK 34, else SKIP to 36a

BUSINESS OPERATED FROM SAMPLE ADDRESS

34. (Asked of Household Respondent Only)

Does anyone in this household operate a business from this address?

530 1 Yes - ASK 35
 2 No - SKIP to 36a

PERSONAL - Fill by observation. TELEPHONE - Ask.

35. (Asked of Household Respondent Only)

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)

RESPONDENT'S SCREEN QUESTIONS

36a.

I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 20____.

Was something belonging to YOU stolen, such as -

Read each category.

- (a) Things that you carry, like luggage, a wallet, purse, briefcase, book -**
- (b) Clothing, jewelry, or cellphone -**
- (c) Bicycle or sports equipment -**
- (d) Things in your home - like a TV, stereo, or tools -**
- (e) Things outside your home such as a garden hose or furniture - (Asked of Household Respondent only)**
- (f) Things belonging to children in the household - (Asked of Household Respondent only)**
- (g) Things from a vehicle, such as a package, groceries, camera, or CDs -**

OR

- (h) Did anyone ATTEMPT to steal anything belonging to you?**

ASK only if necessary

Did any incidents of this type happen to you?

532 1 Yes - ASK 36b
 2 No - If Household Respondent SKIP to 37a; else SKIP to 40a

36b.

How many times?

533 _____
 Number of times (36b)

36c.

What happened?

Briefly describe incident(s)

If Household Respondent ASK 37a; else SKIP to 40a

37a. (Asked of Household Respondent Only)

(Other than any incidents already mentioned,) has anyone -

- (a) Broken in or ATTEMPTED to break into your home by forcing a door or window, pushing past someone, jimmying a lock, cutting a screen, or entering through an open door or window?**
- (b) Has anyone illegally gotten in or tried to get into a garage, shed, or storage room?
OR**
- (c) Illegally gotten in or tried to get into a hotel or motel room or vacation home where you were staying?**

ASK only if necessary

Did any incidents of this type happen to you?

534 1 Yes - ASK 37b
 2 No - SKIP to 38

37b. (Asked of Household Respondent Only)

How many times?

535 _____
 Number of times (37b)

37c. (Asked of Household Respondent Only)

What happened?

Briefly describe incident(s)

RESPONDENT'S SCREEN QUESTIONS

38. (Asked of Household Respondent Only)

What was the TOTAL number of cars, vans, trucks, motorcycles, or other motor vehicles owned by you or any other member of this household during the last 6 months? Include those you no longer own.

536 0 None - SKIP to 40a
 1 1
 2 2
 3 3
 4 4 or more

39a. (Asked of Household Respondent Only)

During the last 6 months, (other than any incidents already mentioned,) (was the vehicle/were any of the vehicles) -

(a) Stolen or used without permission?

(b) Did anyone steal any parts such as a tire, car stereo, hubcap, or battery?

(c) Did anyone steal any gas from (it/them)?

OR

(d) Did anyone ATTEMPT to steal any vehicle or parts attached to (it/them)?

Ask only if necessary

Did any incidents of this type happen to you?

537 1 Yes - ASK 39b
 2 No - SKIP to 40a

39b. (Asked of Household Respondent Only)

How many times?

538 _____
 Number of times (39b)

39c. (Asked of Household Respondent Only)

What happened?

Briefly describe incident(s)

40a.

(Other than any incidents already mentioned,) since _____, 20____, were you attacked or threatened OR did you have something stolen from you -

(a) At home including the porch or yard -

(b) At or near a friend's, relative's, or neighbor's home -

(c) At work or school -

(d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport -

(e) While riding in any vehicle -

(f) On the street or in a parking lot -

(g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting -

OR

(h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?

Ask only if necessary

Did any incidents of this type happen to you?

539 1 Yes - ASK 40b
 2 No - SKIP to 41a

40b.

How many times?

540 _____
 Number of times (40b)

40c.

What happened?

Briefly describe incident(s)

RESPONDENT'S SCREEN QUESTIONS

41a.

(Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways (Exclude telephone threats) -

- (a) With any weapon, for instance, a gun or knife -**
- (b) With anything like a baseball bat, frying pan, scissors, or stick -**
- (c) By something thrown, such as a rock or bottle -**
- (d) Include any grabbing, punching, or choking,**
- (e) Any rape, attempted rape or other type of sexual attack -**
- (f) Any face to face threats -**

OR

(g) Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.

ASK only if necessary

Did any incidents of this type happen to you?

541 1 Yes - ASK 41b
 2 No - SKIP to 42a

41b.

How many times?

542 _____
 Number of times (41b)

41c.

What happened?

Briefly describe incident(s)

42a.

People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by (Exclude telephone threats) -

- (a) Someone at work or school -**
- (b) A relative or family member -**
- (c) A neighbor or friend -**
- (d) Any other person you've met or known?**

ASK only if necessary

Did any incidents of this type happen to you?

543 1 Yes - ASK 42b
 2 No - SKIP to 43a

42b.

How many times?

544 _____
 Number of times (42b)

42c.

What happened?

Briefly describe incident(s)

43a.

Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by -

- (a) Someone you didn't know before -**
- (b) A casual acquaintance -**

OR

(c) Someone you know well?

ASK only if necessary

Did any incidents of this type happen to you?

545 1 Yes - ASK 43b
 2 No - SKIP to 44a

43b.

How many times?

546 _____
 Number of times (43b)

43c.

What happened?

Briefly describe incident(s)

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?

- 547 1 Yes - ASK 44b
 2 No - SKIP to 45a

44b.

What happened?

Briefly describe incident(s)

44c.

**CHECK
ITEM B**

If not sure ask:

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 44d
 2 No - SKIP to 45a

44d.

How many times?

550 _____
 Number of times (44d)

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?

- 551 1 Yes - ASK 45b
 2 No - If Household Respondent SKIP to 60, else SKIP to 71

45b.

What happened?

Briefly describe incident(s)

45c.

**CHECK
ITEM C**

If not sure ask:

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 45d
 2 No - If Household Respondent ASK 60, else SKIP to 71

45d.

How many times?

554 _____
 Number of times (45d)
 If Household Respondent SKIP to 60, else SKIP to 71

NOTES

HOUSEHOLD RESPONDENT'S VANDALISM QUESTIONS (Asked of Household Respondent Only)

60.

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 - ASK 61a
2 No - SKIP to 71

61a.

What kind of property was damaged or destroyed in this/these act(s) of vandalism?

Probe: Anything else?

Enter all that apply for 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 - ASK 61b
- } SKIP to 62a

61b.

Please specify the kind of property damaged or destroyed in this/these act(s) of vandalism.

Specify

62a.

What kind of damage was done in this/these act(s) of vandalism?

Probe: Anything Else?

Enter all that apply for property that was damaged or destroyed by vandalism during the 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 - ASK 62b
- } SKIP to 63a

62b.

Please specify the kind of damage done in this/these act(s) of vandalism.

Specify

63a.

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 \$ _____ . 00 - SKIP to 64a

0 No cost - SKIP to 64a
(If DK or RF are entered, ASK 63b)

63b.

Was the damage under \$100 or \$100 or more?

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

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

64a.

CHECK ITEM F1

If unsure, ASK,

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)

- 562 1 Yes - ASK 64b
2 No - SKIP to 65

64b.

How many times?

563 _____
Number of times (64b)

64c.

What happened?

Briefly describe incident(s)

HOUSEHOLD RESPONDENT'S HATE CRIME SCREEN QUESTIONS (Asked of the Household Respondent Only)

65.

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 66a
 2 No
 3 Don't know } SKIP to 71

66.

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)

67a.

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...

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

587 1 Yes - ASK 67b
 2 No
 3 Don't know } SKIP to 67c

67b.

Please specify why the respondent suspects they were targeted because of their association with people who have certain characteristics or religious beliefs.

588 _____

67c.

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 - ASK 67d
 2 No
 3 Don't know } SKIP to 68

67d.

Please specify why the respondent suspects they were targeted because of the offender(s)'s perception of their characteristics or religious beliefs.

590 _____

68. **CHECK ITEM F2** Are one or more boxes marked "Yes" in 66a - 66f OR 67a or 67c? Yes - ASK 69a
 No - SKIP to 71

69a.

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

591 1 Yes - SKIP to 70a
 2 No
 3 Don't know } ASK 69b

69b.

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?

1 Yes - ASK 70a
 2 No - SKIP to 71

HOUSEHOLD RESPONDENT'S HATE CRIME SCREEN QUESTIONS (Asked of Household Respondent Only)

70.

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

RESPONDENT'S CHECK ITEMS D, E, AND G

71.

CHECK ITEM D

Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only or box 11 only.)

- 555 11 Telephone interview - SKIP to 73.
 * **Personal interview** - Mark all that apply.
 12 No one besides respondent present
 13 Respondent's spouse
 14 HHLD member(s) 12+, not spouse
 15 HHLD member(s) under 12
 16 Nonhousehold member(s)
 17 Someone was present - Can't say who
 18 Don't know if someone else present
- } If a Proxy interview, ASK 72, else SKIP to 73.

72.

CHECK ITEM E

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

73.

CHECK ITEM G

Is one or more crimes reported in 36b, 37b, 39b, 40b, 41b, 42b, 43b, 44d, 45d, or 64b?

- Yes - SKIP to CRIME INCIDENT Report (INCIDENTINTRO)
 No - SKIP to 74

RESPONDENT'S EMPLOYMENT QUESTIONS

All incident reports must be completed before asking this series of questions.

<p>74. CHECK ITEM H Is the respondent 16 years or older?</p>	<p>1 <input type="checkbox"/> Yes - ASK 75a 2 <input type="checkbox"/> No - SKIP to 80</p>
<p>75a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) (If farm or business operator in household, ask about unpaid work.)</p>	<p>576 1 <input type="checkbox"/> Yes - SKIP to 76a 2 <input type="checkbox"/> No - ASK 75b</p>
<p>Ask OR Verify - Did you have a job or work at a business DURING THE LAST 6 MONTHS?</p>	<p>577 1 <input type="checkbox"/> Yes - ASK 75c 2 <input type="checkbox"/> No - SKIP to 80</p>
<p>75c. Did that (job/work) last 2 consecutive weeks or more?</p>	<p>578 1 <input type="checkbox"/> Yes - ASK 76a 2 <input type="checkbox"/> No - SKIP to 80</p>
<p>Ask OR Verify - Which of the following best describes your job? Were you employed in the... Read each category until respondent says "yes", then enter appropriate precode.</p>	<p>11 <input type="checkbox"/> Medical Profession? - SKIP 76c 12 <input type="checkbox"/> Mental Health Services Field? - SKIP to 76e 13 <input type="checkbox"/> Teaching Profession? - SKIP to 76g 14 <input type="checkbox"/> Law Enforcement or Security Field? - SKIP to 76i 15 <input type="checkbox"/> Retail Sales? - SKIP to 76k 16 <input type="checkbox"/> Transportation Field? - SKIP to 76m 17 <input type="checkbox"/> Something else? - Specify - ASK 76b</p>
<p>76b. Please specify the job not covered in answer categories 11-16 in 76a.</p>	<p>Specify -SKIP to 77 _____</p>
<p>76c. Employed in the Medical Profession: As a -- . Read each category</p>	<p>579 Medical Profession 11 <input type="checkbox"/> Physician? 12 <input type="checkbox"/> Nurse? 13 <input type="checkbox"/> Technician? 14 <input type="checkbox"/> Other Medical Profession? - Specify - ASK 76d } - SKIP to 77</p>
<p>76d. Please specify employed in the medical profession as a -</p>	<p>Specify - SKIP to 77 _____</p>
<p>76e. Employed in the Mental Health Services Field: Are YOUR duties - Read each category.</p>	<p>Mental Health Services Field 15 <input type="checkbox"/> Professional (Social worker/psychiatrist)? 16 <input type="checkbox"/> Custodial care? 17 <input type="checkbox"/> Some other Mental Health Services Profession? - Specify - ASK 76f } - SKIP to 77</p>
<p>76f. Please specify duties in the mental health services field.</p>	<p>Specify - SKIP to 77 _____</p>
<p>76g. Employed in the Teaching Profession: WERE YOU employed in a - Read each category.</p>	<p>Teaching Profession 18 <input type="checkbox"/> Preschool? 19 <input type="checkbox"/> Elementary? 20 <input type="checkbox"/> Junior high or middle school? 21 <input type="checkbox"/> High school? 22 <input type="checkbox"/> College or university? 23 <input type="checkbox"/> Technical or industrial school? 24 <input type="checkbox"/> Special education facility? 25 <input type="checkbox"/> Other teaching profession? - Specify - ASK 76h } - SKIP to 77</p>
<p>76h. Please specify employed in the teaching profession as a -</p>	<p>Specify - SKIP to 77 _____</p>
<p>76i. Employed in the Law Enforcement or Security Field: WERE YOU employed as a - Read each category.</p>	<p>Law Enforcement or Security Field 26 <input type="checkbox"/> Law enforcement officer? 27 <input type="checkbox"/> Prison or jail guard? 28 <input type="checkbox"/> Security guard? 29 <input type="checkbox"/> Law enforcement profession? Specify - ASK 76j } - SKIP to 77</p>
<p>76j. Please specify employed in the law enforcement or security field as a -</p>	<p>Specify - SKIP to 77 _____</p>

RESPONDENT'S EMPLOYMENT QUESTIONS CONTINUED

<p>76k. Employed in Retail Sales: WERE YOU employed as a - Read each category.</p>	<p>Retail Sales - 30 <input type="checkbox"/> Convenience or liquor store clerk? 31 <input type="checkbox"/> Gas station attendant? 32 <input type="checkbox"/> Bartender? 33 <input type="checkbox"/> Other retail sales profession? Specify - ASK 76l</p> <p align="right">} - SKIP to 77</p>
<p>76l. Please specify employed in retail sales as a -</p>	<p align="center">Specify - SKIP to 77 _____</p>
<p>76m. Employed in the Transportation Field: WERE YOU employed as a - Read each category.</p>	<p>Transportation Field - 34 <input type="checkbox"/> Bus driver? 35 <input type="checkbox"/> Taxi cab driver? 36 <input type="checkbox"/> Other transportation Field profession? Specify - ASK 76n</p> <p align="right">} - SKIP to 77</p>
<p>76n. Please specify employed in the transportation field as a -</p>	<p align="center">Specify _____</p>
<p>77. Ask OR Verify - Is your job with - Read each category.</p>	<p>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? If TEACHINGJOB = 22 SKIP to 79, else ASK 78.</p>
<p>78. Are you employed by a college or university?</p>	<p>581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>79. While working at your job, do you work mostly in -- Read each category.</p>	<p>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?</p>
<p>80. CHECK ITEM I Is this the last household member to be interviewed?</p>	<p><input type="checkbox"/> Yes - If Household Respondent finish collecting income and telephone information, then END interview. Otherwise end interview.</p> <p><input type="checkbox"/> No - GO TO question 33a for the next respondent. See note below before interviewing next household member.</p>

FIELD REPRESENTATIVE -- (Read to the Household Respondent Only.) If there are any household members under 18, tell the Household Respondent that you will be asking the **same** questions you just asked him/her.