### Crime Incident Report

**Form: NCVS-2**  
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)**

### Notes

**OMB No. 1121-0111**  
Approval Expires 7/31/2006

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#### 1. Line Number of Respondent

- **Line number (ex., 01)**

#### 2. Screen Question Number

- **Screen question number (ex., 39)**

#### 3. Incident Number

- **Incident number (ex., 01)**

#### Check Item A

- Has the respondent lived at this address for more than 6 months?  
  - Yes (more than 6 months) – **SKIP** to 3  
  - No (6 months or less) – **Ask** 2

#### 2. You said that during the last 6 months –

- (Refer to appropriate screen question for description of crime.)

#### 3. Incident number

- Did (this/the first) incident happen while you were living here or before you moved to this address?

#### 4. (You said that during the last 6 months –

- (Refer to appropriate screen question for description of crime.)

#### 5. If known, mark without asking. If not sure, **ASK** –

- Altogether, how many times did this type of incident happen during the last 6 months?

#### Check Item B

- How many incidents?  
  - 1–5 incidents (not a "series") – **SKIP** to 6  
  - 6 or more incidents – Fill Check Item C

#### Check Item C

- Are these incidents similar to each other in detail, or are they for different types of crimes? (If not sure, **ASK**)
  - Similar – Fill Check Item D  
  - Different (not a "series") – **SKIP** to 6

#### Check Item D

- Can you (respondent) recall enough details of each incident to distinguish them from each other? (If not sure, **ASK**)
  - Yes (not a "series") – **SKIP** to 6  
  - No (is a "series") – Reduce entry in screen question if necessary – **Read** 5

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#### 5. The following questions refer only to the most recent incident. (ASK item 6.)

#### 6. About what time did (this/the most recent) incident happen?

- **During day**
  - After 6 a.m. – 12 noon
  - After 12 noon – 3 p.m.
  - After 3 p.m. – 6 p.m.
  - Don't know what time of day

- **At night**
  - After 6 p.m. – 9 p.m.
  - After 9 p.m. – 12 midnight
  - After 12 midnight – 6 a.m.
  - Don't know what time of night

- **OR**
  - Don't know whether day or night
### 7. In what city, town, or village did this incident occur?

- Outside U.S. – **SKIP** to 10
- Not inside a city/town/village – **Ask 8a**
- **SAME** city/town/village as present residence – **SKIP** to 9
- **DIFFERENT** city/town/village from present residence – Specify

**Ask 8a**

- Don’t know – **Ask 8a**

### 8a. In what county and state did it occur?

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<th>County</th>
<th>State</th>
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### 8b. Is this the same county and state as your present residence?

- Yes
- No

### 9. Did this incident occur on an American Indian Reservation or on American Indian Lands?

- Yes
- No

### 10. Where did this incident happen?

*Mark (X) only one box.*

#### IN RESPONDENT’S HOME OR LODGING

- In own dwelling, own attached garage, or enclosed porch (include illegal entry or attempted illegal entry of same)
- In detached building on own property, such as detached garage, storage shed, etc. (include illegal entry or attempted illegal entry of same)
- In vacation home/second home (include illegal entry or attempted illegal entry of same)
- In hotel or motel room respondent was staying in (include illegal entry or attempted illegal entry of same)
- **NEAR OWN HOME**
  - Own yard, sidewalk, driveway, carport, unenclosed porch (does not include apartment yards)
  - Apartment hall, storage area, laundry room (does not include apartment parking lot/garage)
  - On street immediately adjacent to own home
- **AT, IN, OR NEAR A FRIEND’S/RELATIVE’S/NEIGHBOR’S HOME**
  - At or in home or other building on their property
  - Yard, sidewalk, driveway, carport (does not include apartment yards)
  - Apartment hall, storage area, laundry room (does not include apartment parking lot/garage)
  - On street immediately adjacent to their home
- **COMMERCIAL PLACES**
  - Inside restaurant, bar, nightclub
  - Inside bank
  - Inside gas station
  - Inside other commercial building, such as a store
  - Inside office
  - Inside factory or warehouse
- **PARKING LOTS/GARAGES**
  - Commercial parking lot/garage
  - Noncommercial parking lot/garage
- **SCHOOL**
  - Inside school building
  - On school property (school parking area, play area, school bus, etc.)
- **OPEN AREAS, ON STREET OR PUBLIC TRANSPORTATION**
  - In apartment yard, park, field, playground (other than school)
  - On the street (other than immediately adjacent to own/friend’s/relative’s/neighbor’s home)
  - On public transportation or in station (bus, train, plane, airport, depot, etc.)
- **OTHER**
  - Other – Specify
11. Did the offender live (here/there) or have a right to be (here/there), for instance, as a guest or a repairperson?
   1. Yes – SKIP to 19
   2. No
   3. Don’t know

12. Did the offender actually get INSIDE your (house/apartment /room/garage/shed/enclosed porch)?
   1. Yes – SKIP to 14
   2. No
   3. Don’t know

13. Did the offender TRY to get in your (house/apartment/room/garage/shed/porch)?
   1. Yes – Ask 14
   2. No – SKIP to 19
   3. Don’t know – Ask 14

14. Was there any evidence, such as a broken lock or broken window, that the offender(s) (got in by force/TRYED to get in by force)?
   1. Yes – Ask 15
   2. No – SKIP to 16
   3. Don’t know – Ask 14

15. What was the evidence? Anything else?
   Mark (X) all that apply.
   * Window
   1. Damage to window (include frame, glass broken/removed/cracked)
   2. Screen damaged/removed
   3. Lock on window damaged/tampered with in some way
   4. Other – Specify
   * Door
   5. Damage to door (include frame, glass panes or door removed)
   6. Screen damaged/removed
   7. Lock or door handle damaged/tampered with in some way
   8. Other – Specify
   * Other
   9. Other than window or door – Specify

16. How did the offender (get in/TRY to get in)?
   Mark (X) only one box.
   * Let in
   1. Offender pushed his/her way in after door opened
   2. Through OPEN DOOR or other opening
   3. Through UNLOCKED door or window
   4. Through LOCKED door or window – Had key
   5. Through LOCKED door or window – Picked lock, used credit card, etc., other than key
   6. Through LOCKED door or window – Don’t know how
   7. Through LOCKED door or window – Don’t know how
   8. Other – Specify
   9. Other than window or door – Specify

17a. Was it your school?
   1. Yes
   2. No – SKIP to 17c

17b. In what part of the school building did it happen?
   1. Classroom
   2. Hallway/Stairwell
   3. Bathroom/Locker room
   4. Other (library, gym, auditorium, cafeteria)

17c. ASK OR VERIFY – Did the incident happen in an area restricted to certain people or was it open to the public at the time?
   1. Open to the public
   2. Restricted to certain people (or nobody had a right to be there)
   3. Don’t know
   4. Other – Specify

18. ASK OR VERIFY – Did it happen outdoors, indoors, or both?
   1. Indoors (inside a building or enclosed space)
   2. Outdoors
   3. Both

19. ASK OR VERIFY – How far away from home did this happen?
   PROBE – Was it within a mile, 5 miles, 50 miles or more?
   Mark (X) first box that respondent is sure of.
20a. **ASK OR VERIFY** —
Were you or any other member of this household present when this incident occurred?

- Yes – Ask 20b
- No – **SKIP** to 56, page 8

20b. **ASK OR VERIFY** —
Which household members were present?

- Respondent only
- Respondent and other household member(s)
- Only other household member(s), not respondent – **SKIP** to 59, page 8

FIELD REPRESENTATIVE – If proxy interview, “Respondent” refers to the person for whom the proxy interview is taken, not the proxy respondent.

21. **ASK OR VERIFY** —
Did you personally see an offender?

- Yes
- No

FIELD REPRESENTATIVE – If proxy interview, replace “you” with the name of person for whom the proxy interview is being taken in 21–116.

22. Did the offender have a weapon such as a gun or knife, or something to use as a weapon, such as a bottle or wrench?

- Yes – Ask 23
- No
- Don’t know

**SKIP** to 24

23. What was the weapon? Anything else?

Mark (X) all that apply.

- Hand gun (pistol, revolver, etc.)
- Other gun (rifle, shotgun, etc.)
- Knife
- Other sharp object (scissors, ice pick, axe, etc.)
- Blunt object (rock, club, blackjack, etc.)
- Other – Specify

24. Did the offender hit you, knock you down or actually attack you in any way?

- Yes – **SKIP** to 29, page 5
- No – Ask 25

25. Did the offender TRY to attack you?

- Yes
- No – **ASK** to 26

26. Did the offender THREATEN you with harm in any way?

- Yes – **SKIP** to 28b
- No – Ask 27

27. What actually happened? Anything else?

Mark (X) all that apply.

FIELD REPRESENTATIVE – If box 4, **ASK** –

Do you mean forced or coerced sexual intercourse including attempts?

If “Yes,” change entry in Item 24 to “Yes.” Delete entries in 25–27.

28a. How did the offender TRY to attack you? Any other way?

- Verbal threat of rape
- Verbal threat to kill
- Verbal threat of attack other than to kill or rape
- Verbal threat of sexual assault other than rape
- Unwanted sexual contact without force (grabbing, fondling, etc.)
- Unwanted sexual contact with force (grabbing, fondling, etc.)
- Unwanted sexual contact with force (grabbing, fondling, etc.)
- Forcible entry or attempted forcible entry of house/apartment
- Forcible entry or attempted forcible entry of car
- Damaged or destroyed property
- Attempted or threatened to damage or destroy property
- Other – Specify

**SKIP** to 40, page 6

28b. How were you threatened? Any other way?

Mark (X) all that apply.

FIELD REPRESENTATIVE – If box 5, **ASK** –

Do you mean forced or coerced sexual intercourse including attempts?

29. How were you attacked? Any other way?
Mark (X) all that apply.

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<td>Tried to rape</td>
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<td>Hit with gun held in hand</td>
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<td>Stabbed/cut with knife/sharp weapon</td>
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<td>Attempted attack with knife/sharp weapon</td>
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<td>Hit by object (other than gun) held in hand</td>
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<td>Hit by thrown object</td>
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<td>Attempted attack with weapon other than gun/knife/sharp weapon</td>
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<td>Hit, slapped, knocked down</td>
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<td>Grabbed, held, tripped, jumped, pushed, etc.</td>
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<td>Other – Specify</td>
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FIELD REPRESENTATIVE – If raped, ASK –
Do you mean forced or coerced sexual intercourse?
If No, ASK – What do you mean?

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If tried to rape, ASK –
Do you mean attempted forced or coerced sexual intercourse?
If No, ASK – What do you mean?

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30. Did the offender THREATEN to hurt you before you were actually attacked?

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<td>Other – Specify</td>
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FIELD REPRESENTATIVE – If raped and box 1 in item 29 is NOT marked, ASK –
Do you mean forced or coerced sexual intercourse?
If No, ASK – What do you mean?

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If attempted rape and box 2 in item 29 is NOT marked, ASK –
Do you mean attempted forced or coerced sexual intercourse?
If No, ASK – What do you mean?

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31. What were the injuries you suffered, if any? Anything else?
Mark (X) all that apply.

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<td>None – SKIP to 40</td>
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<td>651</td>
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<td>Raped</td>
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<td>Attempted rape</td>
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<td>Sexual assault other than rape or attempted rape</td>
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<td>Knife or stab wounds</td>
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<td>Gun shot, bullet wounds</td>
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<td>Broken bones or teeth knocked out</td>
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<td>Internal injuries</td>
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<td>Knocked unconscious</td>
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<td>Bruises, black eye, cuts, scratches, swelling, chipped teeth</td>
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<td>Other – Specify</td>
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FIELD REPRESENTATIVE – If raped and box 1 in item 29 is NOT marked, ASK –
Do you mean forced or coerced sexual intercourse?
If No, ASK – What do you mean?

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If attempted rape and box 2 in item 29 is NOT marked, ASK –
Do you mean attempted forced or coerced sexual intercourse?
If No, ASK – What do you mean?

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<td>653</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>653</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

32. ASK OR VERIFY – Were any of the injuries caused by a weapon other than a gun or knife?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>654</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>654</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

33. Which injuries were caused by a weapon OTHER than a gun or knife?
Enter code(s) from 31.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>655</td>
<td>1</td>
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<tr>
<td>655</td>
<td>2</td>
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<td>655</td>
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<td>655</td>
<td>4</td>
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<td>655</td>
<td>5</td>
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<td>655</td>
<td>6</td>
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<td>655</td>
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<td>9</td>
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<td>655</td>
<td>10</td>
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<td>655</td>
<td>11</td>
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<td>655</td>
<td>12</td>
<td></td>
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<tr>
<td>655</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>655</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

34. Were you injured to the extent that you received any medical care, including self treatment?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>656</td>
<td>1</td>
<td>Yes – Ask 35</td>
</tr>
<tr>
<td>656</td>
<td>2</td>
<td>No – SKIP to 34</td>
</tr>
</tbody>
</table>

35. Where did you receive this care? Anywhere else?
Mark (X) all that apply.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>657</td>
<td>1</td>
<td></td>
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<tr>
<td>657</td>
<td>2</td>
<td></td>
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<tr>
<td>657</td>
<td>3</td>
<td></td>
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<tr>
<td>657</td>
<td>4</td>
<td></td>
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<tr>
<td>657</td>
<td>5</td>
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<td>657</td>
<td>6</td>
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<td>657</td>
<td>7</td>
<td></td>
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<td>657</td>
<td>8</td>
<td></td>
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<tr>
<td>657</td>
<td>9</td>
<td></td>
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<tr>
<td>657</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>657</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Check Item E
Is (box 6) “Hospital” marked in 35?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>658</td>
<td>1</td>
<td>Yes – Ask 36</td>
</tr>
<tr>
<td>658</td>
<td>2</td>
<td>No – SKIP to 38</td>
</tr>
</tbody>
</table>

36. Did you stay overnight in the hospital?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>659</td>
<td>1</td>
<td>Yes – Ask 37</td>
</tr>
<tr>
<td>659</td>
<td>2</td>
<td>No – SKIP to 38</td>
</tr>
</tbody>
</table>

37. How many days did you stay (in the hospital)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>660</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>660</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Number of days
38. At the time of the incident, were you covered by any medical insurance, or were you eligible for benefits from any other type of health benefits program, such as medicaid, Veterans Administration, or Public Welfare?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. What was the total amount of your medical expenses resulting from this incident (INCLUDING anything paid by insurance)? Include hospital and doctor bills, medicine, therapy, braces, and any other injury related expenses.

- $ ____________ . 00 Total amount
- 0 | No cost
- X | Don’t know

FIELD REPRESENTATIVE – Obtain an estimate if necessary.

40. Did you do anything with the idea of protecting YOURSELF or your PROPERTY while the incident was going on?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes – SKIP to 42</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No/took no action/kept still – Ask 41</td>
<td></td>
</tr>
</tbody>
</table>

41. Was there anything you did or tried to do about the incident while it was going on?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes – Ask 42</td>
</tr>
<tr>
<td>2</td>
<td>No/took no action/kept still – SKIP to 47</td>
</tr>
</tbody>
</table>

42. What did you do? Anything else?

Mark (X) all that apply. Then fill Check Item F.

- **USED PHYSICAL FORCE TOWARD OFFENDER**
  - 1 | Attacked offender with gun; fired gun
  - 2 | Attacked with other weapon
  - 3 | Attacked without weapon (hit, kicked, etc.)
  - 4 | Threatened offender with gun
  - 5 | Threatened offender with other weapon
  - 6 | Threatened to injure, no weapon

- **RESISTED OR CAPTURED OFFENDER**
  - 7 | Defended self or property (struggled, ducked, blocked blows, held onto property)

- **SCARED OR WARNED OFF OFFENDER**
  - 9 | Yelled at offender, turned on lights, threatened to call police, etc.

- **PERSUADED OR APPEASED OFFENDER**
  - 10 | Cooperated, or pretended to (stalled, did what they asked)
  - 11 | Argued, reasoned, pleaded, bargained, etc.

- **ESCAPED OR GOT AWAY**
  - 12 | Ran or drove away, or tried; hid, locked door

- **GOT HELP OR GAVE ALARM**
  - 13 | Called police or guard
  - 14 | Tried to attract attention or help, warn others (cried out for help, called children inside)

- **REACTED TO PAIN OR EMOTION**
  - 15 | Screamed from pain or fear

- **OTHER**
  - 16 | Other – Specify ___

**CHECK ITEM F**

Was the respondent injured in this incident? (Is box 2–11 marked in 31 on page 5?)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes – Ask 43a</td>
</tr>
<tr>
<td>2</td>
<td>No – SKIP to 43b</td>
</tr>
</tbody>
</table>

43a. Did you take these actions before, after, or at the same time that you were injured?

Mark (X) all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Actions taken before injury</td>
</tr>
<tr>
<td>2</td>
<td>Actions taken after injury</td>
</tr>
<tr>
<td>3</td>
<td>Actions taken at same time as injury</td>
</tr>
</tbody>
</table>

43b. Did any of your action(s) help the situation in any way?

Probe – Did your actions help you avoid injury, protect your property, escape from the offender – or were they helpful in some other way?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes – Ask 44</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Don’t know - SKIP to 45</td>
</tr>
</tbody>
</table>
44. How were they helpful? Any other way?  
Mark (X) all that apply.  

- [ ] Helped avoid injury or greater injury to respondent  
- [ ] Scared or chased offender off  
- [ ] Helped respondent get away from offender  
- [ ] Protected property  
- [ ] Protected other people  
- [ ] Other – Specify

45. Did (any of) your action(s) make the situation worse in any way?  
PROBE – Did your actions lead to injury, greater injury, loss of property, make the offender angrier, or make the situation worse in some other way?  

- [ ] Yes – Ask 46  
- [ ] No . . . . . . . .  
- [ ] Don’t know  

[ ] SKIP to 47

46. How did they make the situation worse? Any other way?  
Mark (X) all that apply.  

- [ ] Led to injury or greater injury to respondent  
- [ ] Caused greater loss of property or damage to property  
- [ ] Other people got hurt (worse)  
- [ ] Offender got away  
- [ ] Made offender angrier, more aggressive, etc.  
- [ ] Other – Specify

47. Was anyone present during the incident besides you and the offender? (Other than children under age 12.)  

- [ ] Yes – Ask 48  
- [ ] No . . . . . . . .  
- [ ] Don’t know  

[ ] SKIP to Check Item G

48. Did the actions of (this person/any of these people) help the situation in any way?  

- [ ] Yes – Ask 49  
- [ ] No . . . . . . . .  
- [ ] Don’t know  

[ ] SKIP to 50

49. How did they help the situation? Any other way?  
Mark (X) all that apply.  

- [ ] Helped avoid injury or greater injury to respondent  
- [ ] Scared or chased offender off  
- [ ] Helped respondent get away from offender  
- [ ] Protected property  
- [ ] Protected other people  
- [ ] Other – Specify

50. Did the actions of (this person/any of these people) make the situation worse in any way?  

- [ ] Yes – Ask 51  
- [ ] No . . . . . . . .  
- [ ] Don’t know  

[ ] SKIP to Check Item G

51. How did they make the situation worse? Any other way?  
Mark (X) all that apply.  

- [ ] Led to injury or greater injury to respondent  
- [ ] Caused greater loss of property or damage to property  
- [ ] Other people got hurt (worse)  
- [ ] Offender got away  
- [ ] Made offender angrier, more aggressive, etc.  
- [ ] Other – Specify

52. Not counting yourself, were any of the persons present during the incident harmed (Pause), threatened with harm (Pause), or robbed by force or threat of harm? (Do not include yourself, the offender, or children under 12 years of age.)  

- [ ] Yes – Ask 53  
- [ ] No . . . . . . . .  
- [ ] Don’t know  

[ ] SKIP to Check Item G

53. How many? (Do not include yourself, the offender or children under 12 years of age.)  

Number of persons

54. How many of these persons are members of your household now? (Do not include yourself, the offender or children under 12 years of age.)  

- [ ] None  

Number of persons

Name(s) OR Line number(s)

FIELD REPRESENTATIVE – Enter name(s) or line number(s) of other household member(s). If not sure, ask.
### Questionnaire: Crime Involvement

<table>
<thead>
<tr>
<th>CHECK ITEM</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.</td>
<td>Who was the first to use or threaten to use physical force against the offender?</td>
</tr>
<tr>
<td></td>
<td>(Is box 1–6 marked in 42 on page 6?)</td>
</tr>
<tr>
<td>56.</td>
<td>If household member was present, <strong>SKIP</strong> to 59.</td>
</tr>
<tr>
<td></td>
<td>Do you know or have you learned anything about the offender(s) – for instance, whether there was one or more than one offender involved, whether it was someone young or old, or male or female?</td>
</tr>
<tr>
<td>57.</td>
<td>How sure are you of this information?</td>
</tr>
<tr>
<td></td>
<td>Do you have a suspicion, are you fairly sure or are you certain?</td>
</tr>
<tr>
<td>58.</td>
<td>How did you learn about the offender(s)?</td>
</tr>
<tr>
<td></td>
<td>Any other way?</td>
</tr>
<tr>
<td>59.</td>
<td>What actually happened? Anything else?</td>
</tr>
<tr>
<td></td>
<td>Any other way?</td>
</tr>
<tr>
<td>60.</td>
<td>ASK OR VERIFY – Was the crime committed by only one or by more than one offender?</td>
</tr>
<tr>
<td>61.</td>
<td>Do you know anything about one of the offenders?</td>
</tr>
<tr>
<td></td>
<td>Any other way?</td>
</tr>
</tbody>
</table>

**Notes**
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>62. Was the offender male or female?</td>
<td>1 Male 2 Female 3 Don’t know</td>
</tr>
<tr>
<td>63. How old would you say the offender was?</td>
<td>1 Under 12 2 12–14 3 15–17 4 18–20 5 21–29 6 30+ 7 Don’t know</td>
</tr>
<tr>
<td>64a. Was the offender a member of a street gang, or don’t you know?</td>
<td>1 Yes (a member of a street gang) 2 No (not a member of a street gang) 3 Don’t know (if a member of a street gang)</td>
</tr>
<tr>
<td>64b. Was the offender drinking or on drugs, or don’t you know?</td>
<td>1 Yes (drinking or on drugs) – Ask 65 2 No (not drinking/not on drugs) 3 Don’t know (if drinking or on drugs) – SKI P to 66</td>
</tr>
<tr>
<td>65. Which was it? (Drinking or on drugs?)</td>
<td>1 Drinking 2 On drugs 3 Both (drinking and on drugs) 4 Drinking or on drugs – could not tell which</td>
</tr>
<tr>
<td>66. Was the offender someone you knew or a stranger you had never seen before?</td>
<td>1 Knew or had seen before – SKI P to 68 2 Stranger 3 Don’t know</td>
</tr>
<tr>
<td>67. Would you be able to recognize the offender if you saw him/her?</td>
<td>1 Yes 2 Not sure (possibly or probably) 3 No – SKI P to 71</td>
</tr>
<tr>
<td>68. How well did you know the offender – by sight only, casual acquaintance, or well known?</td>
<td>1 Sight only – Ask 69 2 Casual acquaintance 3 Well known – SKI P to 70</td>
</tr>
<tr>
<td>69. Would you have been able to tell the police how they might find the offender, for instance, where he/she lived, worked, went to school, or spent time?</td>
<td>1 Yes 2 No 3 Other – Specify – SKI P to 71</td>
</tr>
</tbody>
</table>
| 70. How well did you know the offender? For example, was the offender a friend, cousin, etc.? | RELATIVE
Mark (X) first box that applies. 1 Spouse at time of incident 2 Ex-spouse at time of incident 3 Parent or step-parent 4 Own child or step-child 5 Brother/sister 6 Other relative – Specify          |
|                                                                         | NONRELATIVE                                                             |
|                                                                         | 1 Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend 2 Friend or ex-friend 3 Roommate, boarder 4 Schoolmate 5 Neigh bor 6 Customer/client 7 Patient 8 Supervisor (current or former) 9 Employee (current or former) 10 Co-worker (current or former) 11 Other nonrelative – Specify |
| 71. Was the offender White, Black, or some other race?                  | 1 White 2 Black 3 Other – Specify 4 Don’t know                             |
| 72. Was this the only time this offender committed a crime against you or your household or made threats against you or your household? | 1 Yes (only time) 2 No (there were other times) – SKI P to 88, page 11 3 Don’t know |
| 73. How many offenders?                                                 | 1 Number of offenders 2 Don’t know (number of offenders)                  |

Notes
### 74. Were they male or female?

<table>
<thead>
<tr>
<th>Response</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All male</td>
<td>711a. Were they male or female?</td>
</tr>
<tr>
<td>2. All female</td>
<td></td>
</tr>
<tr>
<td>3. Don’t know sex of any offenders</td>
<td></td>
</tr>
<tr>
<td>4. Both male and female – Ask 75</td>
<td></td>
</tr>
</tbody>
</table>

### 75. If there were only 2 offenders (item 73), **SKIP** to 76.

**Were they mostly male or mostly female?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mostly male</td>
<td>712a. Were they mostly male or mostly female?</td>
</tr>
<tr>
<td>2. Mostly female</td>
<td></td>
</tr>
<tr>
<td>3. Evenly divided</td>
<td></td>
</tr>
<tr>
<td>4. Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

### 76. How old would you say the youngest was?

<table>
<thead>
<tr>
<th>Age</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12</td>
<td>713a. How old would you say the youngest was?</td>
</tr>
<tr>
<td>12–14</td>
<td></td>
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<tr>
<td>15–17</td>
<td></td>
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<tr>
<td>18–20</td>
<td></td>
</tr>
<tr>
<td>21–29</td>
<td></td>
</tr>
<tr>
<td>30+</td>
<td></td>
</tr>
</tbody>
</table>

### 77. How old would you say the oldest was?

<table>
<thead>
<tr>
<th>Age</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 12</td>
<td>714a. How old would you say the oldest was?</td>
</tr>
<tr>
<td>12–14</td>
<td></td>
</tr>
<tr>
<td>15–17</td>
<td></td>
</tr>
<tr>
<td>18–20</td>
<td></td>
</tr>
<tr>
<td>21–29</td>
<td></td>
</tr>
<tr>
<td>30+</td>
<td></td>
</tr>
</tbody>
</table>

### 78a. Were any of the offenders a member of a street gang, or don’t you know?

<table>
<thead>
<tr>
<th>Yes</th>
<th>715a. Were any of the offenders a member of a street gang, or don’t you know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 78b. Were any of the offenders drinking or on drugs, or don’t you know?

<table>
<thead>
<tr>
<th>Yes</th>
<th>716a. Were any of the offenders drinking or on drugs, or don’t you know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 79. Which was it? (Drinking or on drugs?)

<table>
<thead>
<tr>
<th>Drinking</th>
<th>717a. Which was it? (Drinking or on drugs?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On drugs</td>
<td></td>
</tr>
<tr>
<td>Both (drinking and on drugs)</td>
<td></td>
</tr>
</tbody>
</table>

### 80. Were any of the offenders known to you, or were they strangers you had never seen before?

<table>
<thead>
<tr>
<th>Yes</th>
<th>718a. Were any of the offenders known to you, or were they strangers you had never seen before?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 81. Would you be able to recognize any of them if you saw them?

<table>
<thead>
<tr>
<th>Yes</th>
<th>719a. Would you be able to recognize any of them if you saw them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure (possibly or probably)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 82. How well did you know the offender(s) – by sight only, casual acquaintance, or well known?

**CHECK ITEM H**

<table>
<thead>
<tr>
<th>Sight only</th>
<th>720a. How well did you know the offender(s) – by sight only, casual acquaintance, or well known?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual acquaintance</td>
<td></td>
</tr>
<tr>
<td>Well known</td>
<td></td>
</tr>
</tbody>
</table>

### 83. Would you have been able to tell the police how they might find any of them, for instance, where they lived, worked, went to school, or spent time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>721a. Would you have been able to tell the police how they might find any of them, for instance, where they lived, worked, went to school, or spent time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 84. How did you know them? For example, were they friends, cousins, etc.?**

**RELATIVE**

<table>
<thead>
<tr>
<th>Spouse at time of incident</th>
<th>722a. How did you know them? For example, were they friends, cousins, etc.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex-spouse at time of incident</td>
<td></td>
</tr>
<tr>
<td>Parent or step-parent</td>
<td></td>
</tr>
<tr>
<td>Own child or step-child</td>
<td></td>
</tr>
<tr>
<td>Brother/sister</td>
<td></td>
</tr>
<tr>
<td>Other relative – Specify</td>
<td></td>
</tr>
</tbody>
</table>

**NONRELATIVE**

<table>
<thead>
<tr>
<th>Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend</th>
<th>723a. How did you know them? For example, were they friends, cousins, etc.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend or ex-friend</td>
<td></td>
</tr>
<tr>
<td>Roommate, boarder</td>
<td></td>
</tr>
<tr>
<td>Schoolmate</td>
<td></td>
</tr>
<tr>
<td>Neighbor</td>
<td></td>
</tr>
<tr>
<td>Customer/client</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>Supervisor (current or former)</td>
<td></td>
</tr>
<tr>
<td>Employee (current or former)</td>
<td></td>
</tr>
<tr>
<td>Co-worker (current or former)</td>
<td></td>
</tr>
<tr>
<td>Other nonrelative – Specify</td>
<td></td>
</tr>
</tbody>
</table>

### 85. Were the offenders White, Black, or some other race?

**Mark (X) all that apply.**

<table>
<thead>
<tr>
<th>White</th>
<th>724a. Were the offenders White, Black, or some other race?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Other – Specify</td>
<td></td>
</tr>
<tr>
<td>Don’t know race of any/some</td>
<td></td>
</tr>
</tbody>
</table>

### 86. If only one box marked in 85, **SKIP** to 87.

**What race were most of the offenders?**

<table>
<thead>
<tr>
<th>Mostly White</th>
<th>725a. If only one box marked in 85, <strong>SKIP</strong> to 87. What race were most of the offenders?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly Black</td>
<td></td>
</tr>
<tr>
<td>Mostly some other race</td>
<td></td>
</tr>
<tr>
<td>Equal number of each race</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
87. Was this the only time any of these offenders committed a crime against you or your household or made threats against you or your household?

   1 Yes (only time)
   2 No (there were other times)
   3 Don’t know

88. ASK OR VERIFY –
   Was something stolen or taken without permission that belonged to you or others in the household?

   Field representative – Include anything stolen from an unrecognizable business. Do not include any items stolen from a recognizable business operated in the respondent’s home or in a commercial establishment.

89. ASK OR VERIFY –
   Did the offender(s) ATTEMPT to take something that belonged to you or others in the household?

90. What did the offender try to take?
   Anything else?
   Mark (X) all that apply.

91. Did the (property/money) the offender tried to take belong to you personally, to someone else in the household, or to both you and other household members?
   Mark (X) only one box.

CHECK ITEM J
   Besides the respondent, which household member(s) owned the (property/money) the offender tried to take?
   If not sure, ask. Do not enter the respondent’s line number.

92. ASK OR VERIFY –
   Was/Were the article(s) IN or ATTACHED to a motor vehicle when the attempt was made to take (it/them)?

CHECK ITEM K
   Did the offender try to take cash, a purse, or a wallet? (Is box 1, 2, or 3 marked in 90?)
94. **ASK OR VERIFY** —

Was there anything (else) the offender(s) tried to take directly from you, for instance, from your pocket or hands, or something that you were wearing?

Exclude property not belonging to respondent or other household member.

- Yes – Ask 95
- No – **SKIP** to 110, page 14

95. **Which items did the offender(s) try to take directly from you?**

Enter code(s) from 90.

Do not include cash/purse/wallet. Exclude property not belonging to respondent or other household member.

- **Code**
- **Code**
- **Code**

40 **Tried to take everything marked in 90 directly from respondent – **SKIP** to 110, page 14**

96. **What was taken that belonged to you or others in the household? Anything else?**

**FIELD REPRESENTATIVE – If purse or wallet stolen, ASK –**

Did it contain any money?

Enter amount of stolen cash where indicated.

Mark the appropriate box(s) for stolen property or the box for only cash taken.

- **Cash**

- **Property**

- **Purse/Wallet/Credit Cards**

- Yes — Ask: Did it contain money?

- Wallet

- Credit cards, check, bank cards

**VEHICLE OR PARTS**

- Car

- Other motor vehicle

**HOUSEHOLD FURNISHINGS**

- TV, DVD player, VCR, stereo, other household appliances

- Silver, china, art objects

**PERSONAL EFFECTS**

- Clothing, furs, luggage, briefcase

- Jewelry, watch, keys

- Collection of stamps, coins, etc.

- Toys, sports and recreation equipment (not listed above)

**FIREARMS**

- Handgun (pistol, revolver)

- Other firearm (rifle, shotgun)

**MISCELLANEOUS**

- Tools, machines, office equipment

- Food or liquor

- Other – Specify

**10.** Exclude property not belonging to respondent or other household member.

Enter code(s) from 90.

Do not include cash/purse/wallet. Exclude property not belonging to respondent or other household member.

Mark (X) all that apply.

**97. Did the stolen (property/money) belong to you personally, to someone else in the household, or to both you and other household members?**

Mark (X) only one box.

- **Respondent only – **SKIP** to Check Item M1**

- Respondent and other household member(s) – Fill Check Item L

- Other household member(s) only – Fill Check Item L

- Nonhousehold member(s) only

- Other – Specify

**SKIP** to Check Item M1
Besides the respondent, which household member(s) owned the stolen (property/money)?

CHECK ITEM L

ODS∴

Line number

Line number

Line number

OR 40 [Household property]

Was a car or other motor vehicle taken?

(Check box 5 or 6 marked in 96?)

CHECK ITEM M1

ODS∴

Yes – Ask 98

No – SKIP to 100

Did the offender return the (car/motor vehicle) this time?

CHECK ITEM M2

ODS∴

Yes – Ask 101a

No – SKIP to Check Item M3

How many handguns were taken?

CHECK ITEM M3

ODS∴

101a. How many handguns were taken?

923 Number of handguns

X Don’t know (Number of handguns taken)

How many other types of firearms were taken?

CHECK ITEM M3

ODS∴

101b. How many other types of firearms were taken?

X Don’t know (Number of firearms taken)

Was cash, purse, or a wallet taken?

(Check box 1 marked in 967)

CHECK ITEM N

ODS∴

Yes – Ask 101c

No – SKIP to 102

ASK OR VERIFY – Was/Were the article(s) IN or ATTACHED to a motor vehicle when (they were/it was) taken?

ASK OR VERIFY – Did the offender take a handgun?

ASK OR VERIFY – Did the offender(s) take a handgun?

ASK OR VERIFY – Did the offender take some other type of firearm?

ASK OR VERIFY – Do not include cash/purse/wallet. Exclude property not belonging to respondent or other household members.

What was the value of the property that was taken? Include recovered property. (Exclude any stolen cash/checks/credit cards. If jointly owned with a nonhousehold member(s), include only share owned by household members.)

ASK OR VERIFY – Enter code(s) from 96

104. If only cash/checks/credit cards is marked in item 96. SKIP to 106

105. How did you decide the value of the property that was taken? Any other way?

Mark (X) all that apply.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 106. Was all or part of the stolen (money/property) recovered, not counting anything received from insurance? | 1 All – **SKIP** to Check Item O  
2 Part – Ask 107  
3 None – **SKIP** to 109 |
| 107. What was recovered? Anything else? Mark (X) all that apply. FIELD REPRESENTATIVE – If purse or wallet recovered, ASK – Did it contain any money? Enter amount of recovered cash where indicated. Mark the appropriate box(es) for recovered property or the box for only cash recovered. |  |  |
| Cash                                                                  | 1 Only cash recovered |
| Property                                                               | 2 Purse  
3 Wallet  
4 Credit cards, checks, bank cards  
5 Car or other motor vehicle  
6 Property other than the above |
| 108. Considering any damage, what was the value of the property after it was recovered? (Do not include recovered cash, checks, or credit cards.) |  |
| Value of property recovered | 1  |
| 109. Was the theft reported to an insurance company?                   | 1 Yes  
2 No  
3 Don’t have insurance  
4 Don’t know |
| 110. (Other than any stolen property) was anything that belonged to you or other members of the household damaged in this incident? PROBE – For example, was (a lock or window broken/clothing damaged/damage done to a car), or something else? | 1 Yes – Ask 111  
2 No – **SKIP** to 115 |
| 111. Was/Were the damaged item(s) repaired or replaced?                | 1 Yes, all  
2 Yes, part – **SKIP** to 113  
3 No, none – Ask 112 |
| 112. How much would it cost to repair or replace the damaged item(s)?  | 1  |
| Cost to repair/replace – **SKIP** to 114 |
| 113. How much was the repair or replacement cost?                     | 1  |
| Cost to repair/replace – Ask 114 |
| 114. Who (paid/will pay) for the repairs or replacement? Anyone else?  | 1 Items will not be repaired or replaced  
2 Household member  
3 Landlord or landlord’s insurance  
4 Victim’s (or household’s) insurance  
5 Offender  
6 Other – Specify |
| Notes                                                                  |  |
115. Were the police informed or did they find out about this incident in any way?

- [ ] Yes – Ask 116
- [ ] No – SKIP to 117
- [ ] Don’t know – SKIP to 130, page 17

116. How did the police find out about it?

Mark (X) first box that applies.

FIELD REPRESENTATIVE – If proxy interview, we want the proxy respondent to answer questions 116–134 for herself/himself, not for the person for whom the proxy interview is being taken.

1. [ ] Respondent – SKIP to 119
2. [ ] Other household member
3. [ ] Someone official called police (guard, apt. manager, school official, etc.)
4. [ ] Someone else
5. [ ] Police were at scene – SKIP to 123
6. [ ] Offender was a police officer
7. [ ] Some other way – Specify

117. What was the reason it was not reported to the police? (Can you tell me a little more?) Any other reason?

Mark (X) all that apply.

STRUCTURED PROBE – Was the reason because you dealt with it another way, it wasn’t important enough to you, insurance wouldn’t cover it, police couldn’t do anything, police wouldn’t help, or was there some other reason?

DEAL WITH ANOTHER WAY
1. [ ] Reported to another official (guard, apt. manager, school official, etc.)
2. [ ] Private or personal matter or took care of it myself or informally; told offender’s parent

NOT IMPORTANT ENOUGH TO RESPONDENT
3. [ ] Minor or unsuccessful crime, small or no loss, recovered property
4. [ ] Child offender(s), “kid stuff”
5. [ ] Not clear it was a crime or that harm was intended

INSURANCE WOULDN’T COVER
6. [ ] No insurance, loss less than deductible, etc.

POLICE COULDN’T DO ANYTHING
7. [ ] Didn’t find out until too late
8. [ ] Could not recover or identify property
9. [ ] Could not find or identify offender, lack of proof

POLICE WOULDN’T HELP
10. [ ] Police wouldn’t think it was important enough, wouldn’t want to be bothered or get involved
11. [ ] Police would be inefficient, ineffective (they’d arrive late or not at all, wouldn’t do a good job, etc.)
12. [ ] Police would be biased, would harass/insult respondent, cause respondent trouble, etc.
13. [ ] Offender was police officer

OTHER REASON
14. [ ] Did not want to get offender in trouble with the law
15. [ ] Was advised not to report to police
16. [ ] Afraid of reprisal by offender or others
17. [ ] Did not want to or could not take time – too inconvenient
18. [ ] Other – Specify

CHECK ITEM P
Is more than one reason marked in 117?

- [ ] Yes – Ask 118
- [ ] No – SKIP to 130, page 17

118. Which of these would you say was the most important reason why the incident was not reported to the police?

Enter code from 117.

- Code – SKIP to 130, page 17
- No one reason more important – SKIP to 130, page 17

Notes
119. Besides the fact that it was a crime, did YOU have any other reason for reporting this incident to the police? Any other reason?

Mark (X) all that apply.

TO GET HELP WITH THIS INCIDENT
1 Stop or prevent THIS incident from happening
2 Needed help after incident due to injury, etc.

TO RECOVER LOSS
3 To recover property
4 To collect insurance

TO GET OFFENDER
5 To prevent further crimes against respondent/respondent’s household by this offender
6 To stop this offender from committing other crimes against anyone

TO LET POLICE KNOW
7 To punish offender
8 Catch or find offender – other reason or no reason given

TO GET HELP WITH THIS INCIDENT
9 To improve police surveillance of respondent’s home, area, etc.
10 Duty to let police know about crime

OTHER
11 Other reason – Specify
12 No other reason – SKIP to 121

CHECK ITEM Q
Is more than one reason marked in 119?

Yes – Ask 120
No – SKIP to 121

120. Which of these would you say was the most important reason why the incident was reported to the police?

Enter code from 119.

Code
1 No
2 Because it was a crime was most important
3 No other reason more important

121. Did the police come when they found out about the incident?

Within 5 minutes
Within 10 minutes
Within an hour
Within a day
Longer than a day
Don’t know how soon

122. How soon after the police found out did they respond? Was it within 5 minutes, within 10 minutes, an hour, a day, or longer?

Within 5 minutes
Within 10 minutes
Within an hour
Within a day
Longer than a day
Don’t know how soon

123. What did they do while they were there?

Mark (X) all that apply.

Took report
Questioned witnesses or suspects
Did or promised surveillance/investigation
Recovered property
Made arrest
Stayed in touch with respondent/household
Other – Specify
Nothing (to respondent’s knowledge)
Don’t know
128. Did you (or someone in your household) sign a complaint against the offender(s) to the police department or the authorities?  
   1 Yes  
   2 No  

129. ASK OR VERIFY –  
   As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?  
   1 Yes  
   2 No  
   3 Don’t know

130. Did you (or someone in your household) receive any help or advice from any office or agency — other than the police — that deals with victims of crime?  
   1 Yes – Ask 131  
   2 No  
   3 Don’t know

131. Was that a government or private agency?  
   1 Government  
   2 Private  
   3 Don’t know

CHECK ITEM R  
Were the police informed? (Is “Yes” marked in 115 on page 15?)  
   1 Yes – Ask 132  
   2 No – SKIP to 135

132. Have you (or someone in your household) had contact with any other authorities about this incident (such as a prosecutor, court, or juvenile officer)?  
   1 Yes – Ask 133  
   2 No  
   3 Don’t know

133. Which authorities? Any others?  
   1 Prosecutor, district attorney  
   2 Magistrate  
   3 Court  
   4 Juvenile, probation or parole officer  
   5 Other – Specify

134. Do you expect the police, courts, or other authorities will be doing anything further in connection with this incident?  
   1 Yes – Specify  
   2 No  
   3 Don’t know

135. ASK OR VERIFY –  
   What were you doing when this incident (happened/started)?  
   Mark (X) only one box.  
   FIELD REPRESENTATIVE – If proxy interview, replace “you” with the name of the person for whom the proxy interview is being taken in 135–173.

   1 Working or on duty – SKIP to 138a  
   2 On the way to or from work – SKIP to Check Item S  
   3 On the way to or from school  
   4 On the way to or from other place  
   5 Shopping, errands  
   6 Attending school  
   7 Leisure activity away from home  
   8 Sleeping  
   9 Other activities at home  
   10 Other – Specify

   11 Don’t know

136. ASK OR VERIFY –  
   Did you have a job at the time of the incident?  
   1 Yes – SKIP to Check Item S  
   2 No  
   3 Don’t know

137. What was your major activity the week of the incident — were you looking for work, keeping house, going to school, or doing something else?  
   Mark (X) only one box.

   1 Looking for work  
   2 Keeping house  
   3 Going to school  
   4 Unable to work  
   5 Retired  
   6 Other – Specify

Notes
138a. Now I have a few questions about the job at which you worked during the time of the incident.

Weren you employed by (Read answer categories) –

1. A private company, business, or individual for wages? – Ask 138b
2. The Federal government?
3. A State, county, or local government?
4. Yourself (Self-employed) in your own business, professional practice, or farm? – Ask 138b
5. A private, not-for-profit, tax-exempt, or charitable organization? – Ask 138b

138b. Is this business incorporated?

1. Yes
2. No
3. Don’t know

138c. What is the name of the (company/government agency/business/ non-profit organization) for which you worked at the time of the incident?

138d. What kind of business or industry is this?

Read if necessary: What do they make or do where you worked at the time of the incident?

138e. Is this mainly ... (Read answer categories) –

Mark (X) only one box.

138f. What kind of work did you do, that is, what was your occupation at the time of the incident?

(For example: plumber, typist, farmer)

139. What were your usual activities or duties at this job?

140. While working at this job, did you work mostly in (Read answer categories) –

ASK OR VERIFY –

141a. Did this incident happen at your work site?

1. Yes
2. No
3. Don’t know

141b. Did you usually work days or nights?

1. Days
2. Nights
3. Both days and nights/rotating shifts

142. Is this your current job?

1. Yes
2. No

CHECK ITEM S

Was the respondent injured in this incident? (Is box 2–11 marked in 31 on page 5?)

1. Yes (injury marked in 31) – Ask 143
2. No (blank or None marked in 31) – SKIP to 147

143. Did YOU lose time from work because of the injuries you suffered in this incident?

1. Yes – Ask 144
2. No – SKIP to 147

144. How much time did you lose because of injuries?

1. Number of days – Ask 145
2. Less than one day – SKIP to 147
3. Don’t know – Ask 145

145. During these days, did you lose any pay that was not covered by unemployment insurance, sick leave, or some other source?

1. Yes – Ask 146
2. No – SKIP to 147

146. About how much pay did you lose?

1. $ ____________ . 00 Amount of pay lost
2. Don’t know
147. Did YOU lose any (other) time from work because of this incident for such things as cooperating with a police investigation, testifying in court, or repairing or replacing damaged or stolen property? Mark (X) all that apply. If no time was lost for any of these reasons, mark None (box 6).

148. How much time did you lose altogether because of (name all reasons marked in 147)?

149. During these days, did you lose any pay that was not covered by unemployment insurance, paid leave, or some other source?

150. About how much pay did you lose?

151. Were there any (other) household members 16 years or older who lost time from work because of this incident?

152. How much time did they lose altogether?

CHECK ITEM T

Was the respondent on the way to or from work, school, or some other place when the incident (happened/started)? (Is box 2, 3, or 4 marked in 135 on page 17?)

CHECK ITEM U

Is this incident part of a series of crimes? (Is box 2 (is a “series”) marked in Check Item D on page 1?)

153. ASK OR VERIFY – You told me earlier you were on the way (to/from) (work/school/some place) when the incident happened. What means of transportation were you using? Mark (X) only one box.

154. You have told me about the most recent incident. How many times did this kind of thing happen to you during the last 6 months?

155. In what month or months did these incidents take place? If more than one quarter involved, ASK

FIELD REPRESENTATIVE – Enter number for each quarter as appropriate.
### 156. Did all, some, or none of these incidents occur in the same place?
Mark (X) only one box.

- [ ] All in the same place
- [ ] Some in the same place
- [ ] None in the same place

### 157. Were all, some, or none of these incidents done by the same person(s)?
Mark (X) only one box.

- [ ] All by same person
- [ ] Some by same person
- [ ] None by same person
- [ ] Don’t know – SKIP to 159

### 158. What relationship(s) of the offender(s) to you? For example, friend, spouse, schoolmate, etc.
Mark (X) all that apply.

<table>
<thead>
<tr>
<th>Relative</th>
<th>Nonrelative</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Spouse at time of incident</td>
<td>[ ] Friend or ex-friend</td>
</tr>
<tr>
<td>[ ] Ex-spouse at time of incident</td>
<td>[ ] Neighbor</td>
</tr>
<tr>
<td>[ ] Parent or step-parent</td>
<td>[ ] Roommate, boarder</td>
</tr>
<tr>
<td>[ ] Supervior (current or former)</td>
<td>[ ] Customer/client</td>
</tr>
<tr>
<td>[ ] Employee (current or former)</td>
<td>[ ] Schoolmate</td>
</tr>
<tr>
<td>[ ] Co-worker (current or former)</td>
<td>[ ] Patient</td>
</tr>
<tr>
<td>[ ] Stranger</td>
<td>[ ] Other relative – Specify</td>
</tr>
<tr>
<td>[ ] Other nonrelative – Specify</td>
<td></td>
</tr>
</tbody>
</table>

### 159. Did the same thing happen each time?

- [ ] Yes
- [ ] No – How did the incidents differ?

### 160. Is the trouble still going on?

- [ ] Yes
- [ ] No – What ended it?

---

**CHECK ITEM V1**

Mark the ONE category that best describes this series of crimes.
If more than one category describes this series, mark the box with the lowest number.

#### Contact crimes

1. Completed or threatened violence in the course of the victim’s job (police officer, security guard, psychiatric social worker, etc.)
2. Completed or threatened violence between spouses, other relatives, friends, neighbors, etc.
3. Completed or threatened violence at school or on school property
4. Other contact crimes (other violence, pocket picking, purse snatching, etc.) – Specify

#### Noncontact crimes

5. Theft or attempted theft of motor vehicles
6. Theft or attempted theft of motor vehicle parts (tire, hubcap, battery, attached car stereo, etc.)
7. Theft or attempted theft of contents of motor vehicle, including unattached parts
8. Theft or attempted theft at school or on school property
9. Illegal entry of, or attempt to enter, victim’s home, other building on property, second home, hotel, motel
10. Theft or attempted theft from victim’s home or vicinity by person(s) known to victim (roommate, babysitter, etc.)
11. Theft or attempted theft from victim’s home or vicinity by person(s) unknown to victim
12. Other theft or attempted theft (at work, while shopping, etc.) – Specify
161. Hate crimes or crimes of prejudice or bigotry occur when an offender/offenders target(s) people because of one or more of their characteristics or religious beliefs.

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

Yes – Ask 162
No – Skip to Check Item V3
Don’t know – Skip to Check Item V3

162. An offender/Offenders can target people for a variety of reasons, but we are only going to ask you about a few today. Do you suspect the offender(s) targeted you because of...

(a) Your race? 1 2 3
(b) Your religion? 1 2 3
(c) Your ethnic background or national origin? 1 2 3
(d) Any disability (by this I mean physical, mental, or developmental disabilities) you may have? 1 2 3
(e) Your gender? 1 2 3
(f) Your sexual orientation? 1 2 3

If “Yes,” SAY – (by this I mean homosexual, bisexual, or heterosexual)

163. Some offenders target people because they associate with certain people or the offender perceives/offenders perceive them as having certain characteristics or religious beliefs.

Do you suspect you were targeted because of...

(a) Your association with people who have certain characteristics or religious beliefs (for example, a multiracial couple)? 1 2 3
(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)? 1 2 3

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

If “No” or “Don’t know,” ASK –

Did the offender(s) say something, write anything, or leave anything behind at the crime scene that would suggest you were targeted because of your characteristics or religious beliefs?

Yes – Ask 165
No – Skip to Check Item V3
Don’t know – Skip to Check Item V3

CHECK ITEM V2

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

Yes – Ask 164
No – Skip to Check Item V3
165. The next questions ask about the evidence you have that makes you suspect this incident was a hate crime or a crime of prejudice or bigotry. As I read the following questions, please tell me if any of the following happened:

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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)?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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)?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
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<td>1</td>
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</table>

(e) Did the incident occur on or near a holiday, event, location, gathering place, or building commonly associated with a specific group (for example, at the Gay Pride March or at a synagogue, Korean church, or gay bar)?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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<td>1</td>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
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166. At any time, did you tell the police that you believed the incident was a hate crime or crime of prejudice or bigotry?  

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<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
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</table>
CHECK ITEM V3
Is this the first incident reported for this respondent?
[ ] Yes – **SKIP** to INTRO
[ ] No – Fill Check Item V4

CHECK ITEM V4
Is Check Item V5 marked “Yes” for ANY incidents already reported for this respondent?
(That is, has the respondent indicated that he/she has a health condition or disability?)
[ ] Yes – **SKIP** to 172
[ ] No – **SKIP** to Check Item W

FIELD REPRESENTATIVE – Read Introduction.
INTRO: Research has shown that people with disabilities may be more vulnerable to crime victimization. The next questions ask about any health conditions, impairments, or disabilities you may have.

167. Does a mental health condition currently keep you from participating fully in work, school, or other activities?
[ ] Yes
[ ] No
[ ] Don’t know

168. Do you have any of the following: (Read categories a–c below.)
(a) An intellectual disability such as mental retardation or Down Syndrome?
[ ] Yes
[ ] No
[ ] Don’t know
(b) Autism?
[ ] Yes
[ ] No
[ ] Don’t know
(c) Cerebral Palsy?
[ ] Yes
[ ] No
[ ] Don’t know

169. Have you ever suffered a stroke, brain tumor, or any type of brain injury that causes you to have difficulty thinking, concentrating, or making decisions?
[ ] Yes
[ ] No
[ ] Don’t know

170. Other than anything you’ve already mentioned, do you have any SERIOUS disabling conditions? Anything else?
FIELD REPRESENTATIVE – If “Yes” list up to 3 different conditions reported by the respondent. Do not repeat conditions.

171. I’m going to read you a list of activities. As I read each activity, please tell me if you have difficulty or need help none of the time, some of the time, most of the time, or all of the time:
(a) Taking care of yourself, such as bathing, dressing, or eating?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(b) Communicating, such as talking with or listening to other people?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(c) Learning any new skills or activities?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(d) With mobility such as bending, walking, or climbing stairs?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(e) Making important decisions for yourself about your health care, education, or career?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(f) Living independently, such as preparing meals, doing housework, or shopping for groceries and personal items?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(g) Managing your finances, such as keeping track of your money and paying bills?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time

CHECK ITEM V5
Is box 1 marked in any of 167 through 170? (That is, has the respondent indicated that he/she has a health condition or disability?)
[ ] Yes – Ask 172
[ ] No – **SKIP** to Check Item W

FIELD REPRESENTATIVE – Read Introduction.
INTRO: Research has shown that people with disabilities may be more vulnerable to crime victimization. The next questions ask about any health conditions, impairments, or disabilities you may have.

167. Does a mental health condition currently keep you from participating fully in work, school, or other activities?
[ ] Yes
[ ] No
[ ] Don’t know

168. Do you have any of the following: (Read categories a–c below.)
(a) An intellectual disability such as mental retardation or Down Syndrome?
[ ] Yes
[ ] No
[ ] Don’t know
(b) Autism?
[ ] Yes
[ ] No
[ ] Don’t know
(c) Cerebral Palsy?
[ ] Yes
[ ] No
[ ] Don’t know

169. Have you ever suffered a stroke, brain tumor, or any type of brain injury that causes you to have difficulty thinking, concentrating, or making decisions?
[ ] Yes
[ ] No
[ ] Don’t know

170. Other than anything you’ve already mentioned, do you have any SERIOUS disabling conditions? Anything else?
FIELD REPRESENTATIVE – If “Yes” list up to 3 different conditions reported by the respondent. Do not repeat conditions.

171. I’m going to read you a list of activities. As I read each activity, please tell me if you have difficulty or need help none of the time, some of the time, most of the time, or all of the time:
(a) Taking care of yourself, such as bathing, dressing, or eating?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(b) Communicating, such as talking with or listening to other people?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(c) Learning any new skills or activities?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(d) With mobility such as bending, walking, or climbing stairs?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(e) Making important decisions for yourself about your health care, education, or career?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(f) Living independently, such as preparing meals, doing housework, or shopping for groceries and personal items?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time
(g) Managing your finances, such as keeping track of your money and paying bills?
[ ] None of the time
[ ] Some of the time
[ ] Most of the time
[ ] All of the time

CHECK ITEM V5
Is box 1 marked in any of 167 through 170? (That is, has the respondent indicated that he/she has a health condition or disability?)
[ ] Yes – Ask 172
[ ] No – **SKIP** to Check Item W

172. During the incident you just told me about, do you have reason to suspect you were victimized because of your health condition(s), impairment(s), or disability(ies)?
[ ] Yes
[ ] No
[ ] Don’t know
173. Which of your health conditions, impairments, or disabilities do you believe caused you to be targeted for this incident?

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<td>(First Condition)</td>
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<tr>
<td>(Second Condition)</td>
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<tr>
<td>(Third Condition)</td>
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CHECK ITEM W

Summarize this incident or series of incidents. Include what was taken, how entry was gained, how victim was threatened/attacked, what weapons were present and how they were used, any injuries, what victim was doing at time of attack/threat, whether the incident was reported to the police or whether only nonhousehold property was stolen.

ALSO INCLUDE DETAILS ABOUT THE INCIDENT THAT ARE NOT PROVIDED IN THE ANSWER CATEGORIES AND THAT WILL HELP CLARIFY THE INCIDENT.

FIELD REPRESENTATIVE – Check BOUNDING INFORMATION on the back of the control card.

CHECK BOUNDING INFORMATION

CHECK ITEM X

Is there an entry for "Number of persons"? (Refer to 54 on page 7.)

- Yes – Be sure you fill or have filled an Incident Report for each interviewed household member 12 years of age or over who was harmed, threatened with harm, or had something taken from him/her by force or threat in this incident.
- No

CHECK ITEM Y

Is this the last Incident Report to be filled for this screen question?

- Yes – Fill Check Item Z
- No – Go to next Crime Incident Report

CHECK ITEM Z

Is this the last Incident Report to be filled for this respondent?

- Yes – Fill NCVS-1, Check Item H
- No – Go to next Crime Incident Report