

**NOTICE** – We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires us to keep all information about you and your household strictly confidential.

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<p><b>ASK OF ALL PEOPLE AGES 18+</b></p>	<p>FORM <b>SVS-1</b> (10-6-2005)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE</p> <p style="text-align: center;"><b>SUPPLEMENTAL VICTIMIZATION SURVEY (SVS) TO THE NATIONAL CRIME VICTIMIZATION SURVEY 2006</b></p>
<p>We estimate that it will take from 5 to 15 minutes to complete this interview with 10 minutes being the average time. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Finance and Administration, Room 2027, U.S. Census Bureau, Washington DC 20233, or to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503. According to the Paperwork Reduction Act of 1995, no such persons are required to respond to a collection of information unless such collection displays a valid OMB control number.</p>	

**Control number**

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

<p><b>A. Field Representative's Code</b></p> <p>001 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></p>	<p><b>B. Respondent's characteristics</b></p> <p>Last name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> First name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p>	
	<p>Respondent</p> <p>Line No. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Age <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Sex <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	

<p><b>FIELD REPRESENTATIVE</b> – Complete an SVS form for all NCVS interviewed people ages 18+. Do NOT complete an SVS form for Type Z noninterview people, NCVS persons interviewed by proxy or for people in Type A noninterview households.</p> <p><b>C. Type of SVS interview</b></p> <p>005 1 <input type="checkbox"/> Personal – Self } <b>SKIP TO INTRO 1</b> 2 <input type="checkbox"/> Telephone – Self } 3 <input type="checkbox"/> Noninterview – FILL ITEM D</p>	<p><b>D. Reason for SVS noninterview</b></p> <p>006 1 <input type="checkbox"/> Refused . . . . . } <b>SKIP TO CHECK ITEM K, page 11</b> 2 <input type="checkbox"/> Not available . . . . . } 3 <input type="checkbox"/> Non-English speaking respondent . . . . . }</p>
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**E. SVS SCREEN QUESTIONS**

INTRO 1 **Now, I would like to ask you some questions about any unwanted contacts or harassing behavior you may have experienced that frightened, concerned, angered, or annoyed you. Please include acts committed by strangers, casual acquaintances, friends, relatives, and even spouses and partners. I want to remind you that the information you provide is confidential.**

<p><b>1. Not including bill collectors, telephone solicitors, or other sales people, has anyone, male or female, EVER – frightened, concerned, angered, or annoyed you by . . .</b> (Read answer categories) –</p> <p>Mark (X) all that apply.</p>	<p>007 1 <input type="checkbox"/> <b>Making unwanted phone calls to you or leaving messages?</b> * 2 <input type="checkbox"/> <b>Sending unsolicited or unwanted letters, e-mails, or other forms of written correspondence or communication?</b> 3 <input type="checkbox"/> <b>Following you or spying on you?</b> 4 <input type="checkbox"/> <b>Waiting outside or inside places for you such as your home, school, workplace, or recreation place?</b> 5 <input type="checkbox"/> <b>Showing up at places where you were even though he or she had no business being there?</b> 6 <input type="checkbox"/> <b>Leaving unwanted items, presents, or flowers?</b></p> <p>008 7 <input type="checkbox"/> <b>Posting information or spreading rumors about you on the Internet, in a public place, or by word or mouth?</b> * 8 <input type="checkbox"/> None</p>
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<p><b>CHECK ITEM A</b> Is box 8 (None) marked in question 1?</p>	<p>009 1 <input type="checkbox"/> Yes – <b>SKIP to CHECK ITEM K, page 11</b> 2 <input type="checkbox"/> No – <b>ASK 2a</b></p>
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<p><b>2a. Has anyone ever done (this/any of these things) to you on more than one occasion?</b></p>	<p>010 1 <input type="checkbox"/> Yes – <b>SKIP to 3</b> 2 <input type="checkbox"/> No – <b>Go to CHECK ITEM B</b></p>
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<p><b>CHECK ITEM B</b> How many boxes are marked in question 1?</p>	<p>011 1 <input type="checkbox"/> One – <b>SKIP to 47</b> 2 <input type="checkbox"/> Two . . . . . } <b>ASK 2b</b> 3 <input type="checkbox"/> Three or more . . . . . }</p>
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<p><b>2b. Did these unwanted contacts or harassing behavior occur on the same day or on different days?</b></p>	<p>012 1 <input type="checkbox"/> Same day – <b>SKIP to 47</b> 2 <input type="checkbox"/> Different days</p>
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<p><b>3. Did any of these things happen to you in the last 12 months, that is since _____ 1, 2005?</b></p>	<p>013 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>SKIP to CHECK ITEM K, page 11</b></p>
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**F. SINGLE OR MULTIPLE PERPETRATORS**

<b>4. How many different people have done any of these things to you in the last 12 months?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">014</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">Number of people</td> </tr> <tr> <td></td> <td style="border-left: 1px dashed black; padding-left: 5px;">x <input type="checkbox"/> Don't know</td> <td></td> </tr> </table>	014		Number of people		x <input type="checkbox"/> Don't know	
014		Number of people					
	x <input type="checkbox"/> Don't know						

CHECK ITEM C	How many people are reported in question 4?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">015</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> One – <b>SKIP</b> to 7                  2 <input type="checkbox"/> Two – ASK 5a                  3 <input type="checkbox"/> Three or more – <b>SKIP</b> to 6a                  4 <input type="checkbox"/> Don't know – <b>SKIP</b> to 6d             </td> </tr> </table>	015		1 <input type="checkbox"/> One – <b>SKIP</b> to 7 2 <input type="checkbox"/> Two – ASK 5a 3 <input type="checkbox"/> Three or more – <b>SKIP</b> to 6a 4 <input type="checkbox"/> Don't know – <b>SKIP</b> to 6d
015		1 <input type="checkbox"/> One – <b>SKIP</b> to 7 2 <input type="checkbox"/> Two – ASK 5a 3 <input type="checkbox"/> Three or more – <b>SKIP</b> to 6a 4 <input type="checkbox"/> Don't know – <b>SKIP</b> to 6d			

**TWO PERPETRATORS ONLY**

FIELD REPRESENTATIVE: <i>Ask when only 2 perpetrators.</i>				
<b>5a. Did these two people act alone or together as a team?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">016</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Alone – ASK 5b                  2 <input type="checkbox"/> Together – <b>SKIP</b> to 5c                  3 <input type="checkbox"/> Don't know – Ask 5b             </td> </tr> </table>	016		1 <input type="checkbox"/> Alone – ASK 5b 2 <input type="checkbox"/> Together – <b>SKIP</b> to 5c 3 <input type="checkbox"/> Don't know – Ask 5b
016		1 <input type="checkbox"/> Alone – ASK 5b 2 <input type="checkbox"/> Together – <b>SKIP</b> to 5c 3 <input type="checkbox"/> Don't know – Ask 5b		

<b>5b. Of the people who did these things to you, is there ONE person whose behavior you would consider to be the MOST serious?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">017</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2a                  2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to INTRO 2b                  3 <input type="checkbox"/> Don't know }             </td> </tr> </table>	017		1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2a 2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to INTRO 2b 3 <input type="checkbox"/> Don't know }
017		1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2a 2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to INTRO 2b 3 <input type="checkbox"/> Don't know }		

<b>5c. Of the two people who did these things to you, is there any ONE person who you would consider to be the MOST responsible for this series of contacts or behavior?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">018</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2c                  2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 13                  3 <input type="checkbox"/> Don't know }             </td> </tr> </table>	018		1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2c 2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 13 3 <input type="checkbox"/> Don't know }
018		1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2c 2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 13 3 <input type="checkbox"/> Don't know }		

**THREE OR MORE PERPETRATORS**

FIELD REPRESENTATIVE: <i>Ask when 3 or more perpetrators.</i>				
<b>6a. Did ALL of these people act together as a team or group?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">019</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Yes – <b>SKIP</b> to 6d                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know             </td> </tr> </table>	019		1 <input type="checkbox"/> Yes – <b>SKIP</b> to 6d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
019		1 <input type="checkbox"/> Yes – <b>SKIP</b> to 6d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		

<b>6b. Of the people who did these things to you, is there any ONE series of contacts or behavior you would consider to be the MOST serious?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">020</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 6d                  3 <input type="checkbox"/> Don't know }             </td> </tr> </table>	020		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 6d 3 <input type="checkbox"/> Don't know }
020		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No . . . . . } <b>SKIP</b> to 6d 3 <input type="checkbox"/> Don't know }		

<b>6c. Were these things done by one person acting alone or by a team or group of people?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">021</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> One person acting alone – <b>SKIP</b> to 7                  2 <input type="checkbox"/> With a team or group                  3 <input type="checkbox"/> Don't know             </td> </tr> </table>	021		1 <input type="checkbox"/> One person acting alone – <b>SKIP</b> to 7 2 <input type="checkbox"/> With a team or group 3 <input type="checkbox"/> Don't know
021		1 <input type="checkbox"/> One person acting alone – <b>SKIP</b> to 7 2 <input type="checkbox"/> With a team or group 3 <input type="checkbox"/> Don't know		

<b>6d. Of the people who did these things to you, is there any ONE person who you would consider to be the MOST responsible for this series of contacts or behavior?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">022</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2c                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know             </td> </tr> </table>	022		1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2c 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
022		1 <input type="checkbox"/> Yes – <b>SKIP</b> to INTRO 2c 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		

<b>6e. Please describe the general nature of the group. For example, were they co-workers, members of a gang, fraternity, sorority, ex-partner working with others, etc.?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">023</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Co-workers . . . . .                  2 <input type="checkbox"/> Members of a gang . . . . .                  3 <input type="checkbox"/> Fraternity . . . . .                  4 <input type="checkbox"/> Sorority . . . . .                  5 <input type="checkbox"/> Ex-partner working with others . . . . .                  6 <input type="checkbox"/> Other – <i>Specify</i> ↘                  _____             </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">} <b>SKIP</b> to 13</div>	023		1 <input type="checkbox"/> Co-workers . . . . . 2 <input type="checkbox"/> Members of a gang . . . . . 3 <input type="checkbox"/> Fraternity . . . . . 4 <input type="checkbox"/> Sorority . . . . . 5 <input type="checkbox"/> Ex-partner working with others . . . . . 6 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____
023		1 <input type="checkbox"/> Co-workers . . . . . 2 <input type="checkbox"/> Members of a gang . . . . . 3 <input type="checkbox"/> Fraternity . . . . . 4 <input type="checkbox"/> Sorority . . . . . 5 <input type="checkbox"/> Ex-partner working with others . . . . . 6 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____		

**G. RELATIONSHIP OF PERPETRATOR TO VICTIM**

INTRO 2a **For the next set of questions please tell me about the PERSON whose unwanted contacts or harassing behaviors you consider to be the MOST SERIOUS.** (Ask 7)

INTRO 2b **Please choose one of these people and tell me about the series of unwanted contacts or harassing behavior committed against you by this person.** (Ask 7)

INTRO 2c **For the next set of questions please tell me about the PERSON you consider to be MOST RESPONSIBLE for the unwanted contacts or harassing behaviors you have experienced.** (Ask 7)

<b>7. Is this person male or female?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">024</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Male                  2 <input type="checkbox"/> Female                  3 <input type="checkbox"/> Don't know             </td> </tr> </table>	024		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Don't know
024		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Don't know		

<b>8. How old would you say this person is?</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">025</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> Under 18                  2 <input type="checkbox"/> 18–20                  3 <input type="checkbox"/> 21–29                  4 <input type="checkbox"/> 30–39                  5 <input type="checkbox"/> 40–49                  6 <input type="checkbox"/> 50+                  7 <input type="checkbox"/> Don't know             </td> </tr> </table>	025		1 <input type="checkbox"/> Under 18 2 <input type="checkbox"/> 18–20 3 <input type="checkbox"/> 21–29 4 <input type="checkbox"/> 30–39 5 <input type="checkbox"/> 40–49 6 <input type="checkbox"/> 50+ 7 <input type="checkbox"/> Don't know
025		1 <input type="checkbox"/> Under 18 2 <input type="checkbox"/> 18–20 3 <input type="checkbox"/> 21–29 4 <input type="checkbox"/> 30–39 5 <input type="checkbox"/> 40–49 6 <input type="checkbox"/> 50+ 7 <input type="checkbox"/> Don't know		

<b>9. Is this person White, Black, or some other race?</b>  <i>Mark (X) all that apply.</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center;">026</td> <td style="border-bottom: 1px solid black; width: 45%;"></td> <td style="width:50%;">                 1 <input type="checkbox"/> White                  * 2 <input type="checkbox"/> Black                  3 <input type="checkbox"/> Some other race                  4 <input type="checkbox"/> Don't know race             </td> </tr> </table>	026		1 <input type="checkbox"/> White * 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Some other race 4 <input type="checkbox"/> Don't know race
026		1 <input type="checkbox"/> White * 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Some other race 4 <input type="checkbox"/> Don't know race		

**10a. What WAS the relationship of the person who did (this/these things) to you when the contacts or behavior first began?**

FIELD REPRESENTATIVE – Record the relationship AT THE TIME the unwanted contacts or behavior began and not at the time of the interview.

**RELATIVE  
OFFENDER WAS THE RESPONDENT'S**

- 027  Spouse } **SKIP to 10c**  
 Ex-spouse }  
 Parent or step-parent ..... }  
 Own child or step-child ..... } **ASK 10b**  
 Brother/sister, step-brother/step-sister }  
 Other relative – Specify ↘

**NONRELATIVE  
OFFENDER WAS THE RESPONDENT'S**

- 7  Boyfriend or girlfriend ..... }  
 Ex-boyfriend or ex-girlfriend ..... } **ASK 10b**  
 Friend or ex-friend ..... }  
 Acquaintance ..... }  
 Roommate, housemate, boarder – **SKIP to 10c**  
 Schoolmate ..... }  
 Neighbor ..... }  
 Customer/client ..... }  
 Student ..... }  
 Patient ..... } **SKIP to 11**  
 Supervisor ..... }  
 Co-worker ..... }  
 Stranger ..... }  
 Other nonrelative – Specify ↘  
 Unable to identify the person .....

**10b. Did this person ever live with you?**

- 028  Yes  
 No – **SKIP to 11**

**10c. Did the unwanted contacts or behavior start while this person was STILL living with you?**

- 029  Yes  
 No

**11. In the last 12 months, when these acts were committed against you was this person employed or unemployed?**

FIELD REPRESENTATIVE – If the respondent mentions illegal activities, mark box 2, Unemployed.

- 030  Employed  
 Unemployed  
 Sometimes employed/sometimes unemployed  
 Don't know

**12. To your knowledge has this person been arrested or had past problems with the law NOT including routine traffic stops and parking tickets?**

- 031  Yes  
 No  
 Don't know

**H. ONSET, DURATION, DESISTANCE**

**13. How long ago did you realize these things were happening to you?**

- 032 \_\_\_\_\_ Days (1-6)  
**OR**  
 033 \_\_\_\_\_ Weeks (1-3)  
**OR**  
 034 \_\_\_\_\_ Months (1-11)  
**OR**  
 035 \_\_\_\_\_ Years (Round to the nearest whole year)  
**OR**  
 036 Since   Enter month (1-12)  
 154   Enter day (1-31)  
 155     Enter year (1905-2006)  
**OR**  
 037 x  Don't know

**14. Why do you think (this person/these people) started doing these things to you? Any other reasons?**  
*Mark (X) all that apply.*

038 1  For retaliation, to scare me, perpetrator was angry, out of spite  
 \* 2  To catch me doing something  
 3  To control me, perpetrator was jealous, possessive, or insecure  
 4  To keep me in the relationship, to keep me from leaving, because I left the perpetrator  
 5  Perpetrator thought I liked the attention  
 6  Perpetrator was an alcoholic or drug abuser  
 039 7  Perpetrator was mentally ill or emotionally unstable  
 \* 8  Perpetrator liked the attention  
 9  Perpetrator liked me, found me attractive, had a crush on me  
 10  Perpetrator had different cultural beliefs or background  
 040 11  Proximity, convenience, because I was alone  
 \* 12  Other – *Specify* \_\_\_\_\_  
 13  Don't know

INTRO 3 **Now I would like you to focus on the series of unwanted contacts or harassing behavior committed against you by (this person/these people) in the last 12 months.**

**CHECK ITEM D** Is 1 or more years entered in question 13?

042 1  Yes – *ASK 15*  
 2  No – **SKIP to 16**

**15. In the last 12 months (has this person/have any of these people) done any of the following:** *(Read answer categories) —*  
*Mark (X) all that apply.*

043 1  **Made unwanted phone calls to you or left messages?**  
 \* 2  **Sent unsolicited or unwanted letters, e-mails, or other forms of written correspondence or communication?**  
 3  **Followed or spied on you?**  
 4  **Waited inside or outside places for you such as your home, school, workplace, or recreation place?**  
 5  **Showed up at places where you were even though he or she had no business being there?**  
 6  **Left unwanted items, presents, or flowers?**  
 044 7  **Posted information or spread rumors about you on the Internet, in a public place, or by word of mouth?**  
 \* 8  None of the above

**16. During the last 12 months, did (this person/these people) use or attempt to use your personal information WITHOUT your permission to . . .**

**a. Charge items to your credit card?** 045 1  Yes 2  No 3  Don't know  
**b. Open or close an account in your name?** 046 1  Yes 2  No 3  Don't know  
**c. Take money from your accounts?** 047 1  Yes 2  No 3  Don't know

**17. During the last 12 months, did (this person/these people) use any of the following methods of Internet communication to harass or threaten you . . .**

**a. E-mail?** 048 1  Yes 2  No 3  Don't know  
**b. Instant messenger?** 049 1  Yes 2  No 3  Don't know  
**c. Chat rooms?** 050 1  Yes 2  No 3  Don't know  
**d. Blogs, message or bulletin boards?** 051 1  Yes 2  No 3  Don't know  
**e. Other Internet sites about you?** 052 1  Yes 2  No 3  Don't know

**18. During the last 12 months, did (this person/these people) use any of the following electronic devices to track or monitor your behavior . . .**

**a. Video or digital cameras?** 053 1  Yes 2  No 3  Don't know  
**b. Computer programs which retrace or monitor your use, such as Spyware?** 054 1  Yes 2  No 3  Don't know  
**c. Electronic listening devices or bugs?** 055 1  Yes 2  No 3  Don't know  
**d. Global Positioning Systems (also known as GPS)?** 056 1  Yes 2  No 3  Don't know

<p><b>19a. In the last 12 months, about how often would you say the unwanted contacts or behavior occurred? Would you say —</b></p> <p><i>(Read answer categories) —</i></p>	<p>057</p> <p>1 <input type="checkbox"/> <b>Once or twice a year?</b> .....</p> <p>2 <input type="checkbox"/> <b>Once or twice a month?</b> .....</p> <p>3 <input type="checkbox"/> <b>Once or twice a week?</b> .....</p> <p>4 <input type="checkbox"/> <b>Almost every day?</b> .....</p> <p>5 <input type="checkbox"/> <b>At least once a day? — ASK 19b</b></p> <p>6 <input type="checkbox"/> <b>No set pattern or sporadically? — SKIP to 19c</b></p> <p>7 <input type="checkbox"/> <b>Don't know — SKIP to 20a</b></p>
<p><b>19b. In the last 12 months, how many times a day did the unwanted contacts or behavior occur?</b></p>	<p>058</p> <p>_____ Number of times (1–996)</p> <p>X <input type="checkbox"/> <b>Don't know</b> .....</p>
<p><b>19c. In the last 12 months, how many times did the unwanted contacts or behavior occur?</b></p>	<p>059</p> <p>_____ Number of times (1–996)</p> <p>X <input type="checkbox"/> <b>Don't know</b></p>
<p><b>20a. Now I am going to read you a list of things that people might do to protect themselves or stop the behaviors from continuing. In the last 12 months, have you done any of the following —</b></p> <p><i>(Read answer categories)</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>Change day-to-day activities</p> <p>060</p> <p>* 1 <input type="checkbox"/> <b>Take time off from work or school?</b></p> <p>2 <input type="checkbox"/> <b>Change or quit a job or school?</b></p> <p>3 <input type="checkbox"/> <b>Change the way you went to work or school?</b></p> <p>4 <input type="checkbox"/> <b>Avoid relatives, friends, or holiday celebrations?</b></p> <p>5 <input type="checkbox"/> <b>Change your usual activities outside of work or school?</b></p> <p>6 <input type="checkbox"/> <b>Stay with friends or relatives or had them stay with you?</b></p> <p>061</p> <p>* 7 <input type="checkbox"/> <b>Alter your appearance to be unrecognizable?</b></p> <p>8 <input type="checkbox"/> <b>Take self-defense or martial arts classes?</b></p> <p>9 <input type="checkbox"/> <b>Get pepper spray?</b></p> <p>10 <input type="checkbox"/> <b>Get a gun?</b></p> <p>062</p> <p>* 11 <input type="checkbox"/> <b>Get any other kind of weapon?</b></p> <p>Change Personal Information</p> <p>12 <input type="checkbox"/> <b>Change your social security number?</b></p> <p>13 <input type="checkbox"/> <b>Change e-mail address?</b></p> <p>063</p> <p>* 14 <input type="checkbox"/> <b>Change telephone numbers?</b></p> <p>15 <input type="checkbox"/> <b>Install caller ID or call blocking systems?</b></p> <p>16 <input type="checkbox"/> <b>Change or install new locks or a security system?</b></p> <p>17 <input type="checkbox"/> <b>None of the above</b></p>
<p><b>20b. Some people might ask others for help in order to protect themselves or to stop the behaviors from continuing. In the last 12 months, did you —</b></p> <p><i>(Read answer categories)</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>064</p> <p>* 1 <input type="checkbox"/> <b>Enlist the help of friends or family?</b></p> <p>2 <input type="checkbox"/> <b>Ask people not to release information about you?</b></p> <p>3 <input type="checkbox"/> <b>Hire a private investigator?</b></p> <p>4 <input type="checkbox"/> <b>Talk to an attorney?</b></p> <p>5 <input type="checkbox"/> <b>Contact victim services, a shelter, or help line?</b></p> <p>6 <input type="checkbox"/> <b>Obtain a restraining, protection, or stay-away order?</b></p> <p>065</p> <p>* 7 <input type="checkbox"/> <b>Talk to a mental health professional?</b></p> <p>8 <input type="checkbox"/> <b>Talk to a doctor or nurse?</b></p> <p>9 <input type="checkbox"/> <b>Talk to your clergy or faith leader?</b></p> <p>10 <input type="checkbox"/> <b>Talk to your boss or employer?</b></p> <p>066</p> <p>* 11 <input type="checkbox"/> <b>Contact your building or office security person?</b></p> <p>12 <input type="checkbox"/> <b>None of the above</b></p>
<p><b>20c. In the last 12 months, in order to protect yourself or stop this behavior from continuing, did you move?</b></p>	<p>067</p> <p>1 <input type="checkbox"/> <b>Yes</b></p> <p>2 <input type="checkbox"/> <b>No — SKIP to 21a</b></p>
<p><b>20d. Did you move to —</b> <i>(Read answer categories)</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>068</p> <p>* 1 <input type="checkbox"/> <b>A different house/apartment but in the same area?</b></p> <p>2 <input type="checkbox"/> <b>A different city or state?</b></p> <p>3 <input type="checkbox"/> <b>A shelter or safe house?</b></p> <p>4 <input type="checkbox"/> <b>Some other place? — Specify</b> ↘</p> <p>_____</p>
<p><b>21a. Are the unwanted contacts or behaviors still going on?</b></p>	<p>069</p> <p>1 <input type="checkbox"/> <b>Yes — SKIP to INTRO 4</b></p> <p>2 <input type="checkbox"/> <b>No — Ask 21b</b></p> <p>3 <input type="checkbox"/> <b>Don't know — SKIP to INTRO 4</b></p>

**21b. Why do you think the unwanted contacts or behavior stopped? Anything else?**

Mark (X) all that apply.

**RESPONDENT TOOK MEASURES**

The respondent:

- 1  Got a restraining, protection, or stay-away order
- 2  Moved
- 3  Changed phone number or e-mail account
- 4  Talked to the perpetrator
- 5  Got married or started a new relationship with someone else

070  
\*

**PERPETRATOR STOPPED ACTS**

The perpetrator:

- 6  Was arrested or incarcerated
- 7  Started a new relationship with someone else
- 8  Moved
- 9  Died
- 10  Got help/counseling

071  
\*

**OTHERS INTERVENED**

- 11  Police warned perpetrator
- 12  Friend or relative intervened
- 13  Employer intervened
- 14  School official, faculty, or staff intervened
- 15  Others – *Specify* ↘

072  
\*

073  
\*

**OTHER REASON**

- 16  Don't know why it stopped
- 17  Other – *Specify* ↘

074

**I. OTHER CRIMES AND INJURIES**

INTRO 4

The next few questions are about other behaviors that may have been committed against you in conjunction with those behaviors you have already told me about.

**22. During the series of unwanted contacts or behavior did this person do any of the following in the last 12 months:**

- a. Illegally enter or attempt to enter your house/apartment? .....
- b. Illegally enter or attempt to enter your car? .....
- c. Damage or attempt to damage or destroy property belonging to you or someone else in your household? .....

075

- 1  Yes
- 2  No

076

- 1  Yes
- 2  No

077

- 1  Yes
- 2  No

**23. In order to frighten or intimidate you, did this person ATTACK or ATTEMPT to ATTACK ...**

- a. A child? .....
- b. Another family member? .....
- c. A friend or co-worker? .....
- d. A pet? .....

078

- 1  Yes
- 2  No

079

- 1  Yes
- 2  No

080

- 1  Yes
- 2  No

081

- 1  Yes
- 2  No

**24. During the last 12 months, did this person ATTACK or ATTEMPT to ATTACK YOU by ...**

- a. Hitting, slapping, or knocking you down? .....
- b. Choking or strangling you? .....
- c. Raping or sexually assaulting you? .....
- d. Attacking you WITH a weapon? .....
- e. Chasing or dragging with a car? .....
- f. Attacking you in some other way? .....

082

- 1  Yes
- 2  No

083

- 1  Yes
- 2  No

084

- 1  Yes
- 2  No

085

- 1  Yes
- 2  No

086

- 1  Yes
- 2  No

087

- 1  Yes – *Specify* ↘
- 2  No

**CHECK ITEM E**

In question 24, is box 1 (Yes) marked in category "d" (Attacking you WITH a weapon)?

088

- 1  Yes – ASK 25
- 2  No – **SKIP** to CHECK ITEM F

**25. What was the weapon? Anything else?**

Mark (X) all that apply.

- 1  Hand gun (pistol, revolver, etc.)
- 2  Other gun (rifle, shotgun, etc.)
- 3  Knife
- 4  Other sharp object (scissors, ice pick, axe, etc.)
- 5  Blunt object (rock, club, blackjack, etc.)
- 6  Other – *Specify* ↘

089  
\*

**CHECK ITEM F**

Is box 1 (Yes) marked in ANY category "a-d" in question 24?

090

- 1  Yes – ASK 26
- 2  No – **SKIP** to 27

**26. What were the physical injuries YOU suffered? Anything else?**

Mark (X) all that apply.

- |     |  |
|-----|--|
| 091 | 1 <input type="checkbox"/> None  |
| *   | 2 <input type="checkbox"/> Raped   |
|     | 3 <input type="checkbox"/> Attempted rape  |
|     | 4 <input type="checkbox"/> Sexual assault other than rape or attempted rape              |
|     | 5 <input type="checkbox"/> Knife or stab wounds  |
|     | 6 <input type="checkbox"/> Gun shot, bullet wounds                                       |
| 092 | 7 <input type="checkbox"/> Broken bones or teeth knocked out                             |
| *   | 8 <input type="checkbox"/> Internal injuries   |
|     | 9 <input type="checkbox"/> Knocked unconscious   |
|     | 10 <input type="checkbox"/> Bruises, black eye, cuts, scratches, swelling, chipped teeth |
| 093 | 11 <input type="checkbox"/> Other – Specify ↘  |

**27. (Other than the attacks or attempted attacks you just told me about), during the last 12 months, did this person THREATEN to . . .**

- a. Kill you? .....
- b. Rape or sexually assault you? .....
- c. Harm you with a weapon? .....
- d. Hit, slap, or harm you in some other way? .....
- e. Harm or kidnap a child? .....
- f. Harm another family member? .....
- g. Harm a friend or co-worker? .....
- h. Harm a pet? .....
- i. Harm or kill (himself/herself)? .....
- j. Threaten you in some other way? .....

- |     |  |                               |
|-----|--|-------------------------------|
| 094 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 095 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 096 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 097 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 098 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 099 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 100 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 101 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 102 | 1 <input type="checkbox"/> Yes             | 2 <input type="checkbox"/> No |
| 103 | 1 <input type="checkbox"/> Yes – Specify ↘ | 2 <input type="checkbox"/> No |

**J. RESPONSE OF VICTIM**

**28a. How did the behavior of (this person/these persons) make you feel when it FIRST started? Anything else?**

(DO NOT read answer categories)

Mark (X) all that apply.

- |                          |  |                          |                             |                  |                          |                   |                       |                 |                  |
|--------------------------|--|--------------------------|-----------------------------|------------------|--------------------------|-------------------|-----------------------|-----------------|------------------|
| 104                      | 1 <input type="checkbox"/> ANXIOUS/CONCERNED   |                          |                             |                  |                          |                   |                       |                 |                  |
| *                        | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Uncomfortable</i></td> <td style="width: 50%;"><i>Worried</i></td> </tr> <tr> <td><i>Uneasy</i></td> <td><i>Creeped out</i></td> </tr> <tr> <td><i>Nervous</i></td> <td><i>On edge</i></td> </tr> <tr> <td><i>Troubled</i></td> <td></td> </tr> </table>                 | <i>Uncomfortable</i>     | <i>Worried</i>              | <i>Uneasy</i>    | <i>Creeped out</i>       | <i>Nervous</i>    | <i>On edge</i>        | <i>Troubled</i> |                  |
| <i>Uncomfortable</i>     | <i>Worried</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Uneasy</i>            | <i>Creeped out</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Nervous</i>           | <i>On edge</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Troubled</i>          |  |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | 2 <input type="checkbox"/> ANNOYED/ANGRY   |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Bothered</i></td> <td style="width: 50%;"><i>Mad</i></td> </tr> <tr> <td><i>Upset</i></td> <td><i>Furious</i></td> </tr> <tr> <td><i>Aggravated</i></td> <td></td> </tr> </table>  | <i>Bothered</i>          | <i>Mad</i>                  | <i>Upset</i>     | <i>Furious</i>           | <i>Aggravated</i> |                       |                 |                  |
| <i>Bothered</i>          | <i>Mad</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Upset</i>             | <i>Furious</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Aggravated</i>        |  |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | 3 <input type="checkbox"/> FRIGHTENED  |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Scared</i></td> <td style="width: 50%;"><i>Threatened</i></td> </tr> <tr> <td><i>Afraid</i></td> <td><i>Alarmed</i></td> </tr> <tr> <td><i>Panicked</i></td> <td><i>Hyper-vigilant</i></td> </tr> <tr> <td><i>Paranoid</i></td> <td><i>Terrified</i></td> </tr> </table> | <i>Scared</i>            | <i>Threatened</i>           | <i>Afraid</i>    | <i>Alarmed</i>           | <i>Panicked</i>   | <i>Hyper-vigilant</i> | <i>Paranoid</i> | <i>Terrified</i> |
| <i>Scared</i>            | <i>Threatened</i>  |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Afraid</i>            | <i>Alarmed</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Panicked</i>          | <i>Hyper-vigilant</i>  |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Paranoid</i>          | <i>Terrified</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | 4 <input type="checkbox"/> DEPRESSED   |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Hopeless</i></td> <td style="width: 50%;"><i>Sad</i></td> </tr> </table>   | <i>Hopeless</i>          | <i>Sad</i>                  |                  |                          |                   |                       |                 |                  |
| <i>Hopeless</i>          | <i>Sad</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | 5 <input type="checkbox"/> HELPLESS  |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Helpless</i></td> <td style="width: 50%;"><i>Couldn't do anything</i></td> </tr> <tr> <td><i>Powerless</i></td> <td><i>No one could help</i></td> </tr> <tr> <td><i>Frustrated</i></td> <td></td> </tr> </table>   | <i>Helpless</i>          | <i>Couldn't do anything</i> | <i>Powerless</i> | <i>No one could help</i> | <i>Frustrated</i> |                       |                 |                  |
| <i>Helpless</i>          | <i>Couldn't do anything</i>  |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Powerless</i>         | <i>No one could help</i>   |                          |                             |                  |                          |                   |                       |                 |                  |
| <i>Frustrated</i>        |  |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | 6 <input type="checkbox"/> SICK  |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Physically ill</i></td> <td style="width: 50%;"><i>Stressed</i></td> </tr> </table>  | <i>Physically ill</i>    | <i>Stressed</i>             |                  |                          |                   |                       |                 |                  |
| <i>Physically ill</i>    | <i>Stressed</i>  |                          |                             |                  |                          |                   |                       |                 |                  |
| 105                      | 7 <input type="checkbox"/> SUICIDAL  |                          |                             |                  |                          |                   |                       |                 |                  |
| *                        | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><i>Suicidal thoughts</i></td> <td style="width: 50%;"><i>Suicide attempts</i></td> </tr> </table>   | <i>Suicidal thoughts</i> | <i>Suicide attempts</i>     |                  |                          |                   |                       |                 |                  |
| <i>Suicidal thoughts</i> | <i>Suicide attempts</i>  |                          |                             |                  |                          |                   |                       |                 |                  |
|                          | 8 <input type="checkbox"/> Some other way – Specify ↘  |                          |                             |                  |                          |                   |                       |                 |                  |

**28b. How did you feel as the behavior progressed? Anything else?**

(**DO NOT** read answer categories)

Mark (X) all that apply.

106

0  No change in feelings

\*

1  ANXIOUS/CONCERNED

*Uncomfortable*      *Worried*  
*Uneasy*              *Creeped out*  
*Nervous*             *On edge*  
*Troubled*

2  ANNOYED/ANGRY

*Bothered*              *Mad*  
*Upset*                  *Furious*  
*Aggravated*

3  FRIGHTENED

*Scared*                 *Threatened*  
*Afraid*                  *Alarmed*  
*Panicked*              *Hyper-vigilant*  
*Paranoid*               *Terrified*

4  DEPRESSED

*Hopeless*              *Sad*

5  HELPLESS

*Helpless*               *Couldn't do anything*  
*Powerless*             *No one could help*  
*Frustrated*

107

6  SICK

*Physically ill*         *Stressed*

\*

7  SUICIDAL

*Suicidal thoughts*      *Suicide attempts*

8  Some other way – Specify ↘

**29. What were you MOST afraid of happening as these unwanted contacts or behavior were occurring?**

Mark all responses provided by the respondent.

108

1  Death

\*

2  Physical/bodily harm

3  Harm or kidnap respondent's child

4  Harm current partner/boyfriend/girlfriend

5  Harm other family members

6  Loss of job

109

7  Loss of freedom

\*

8  Behavior would never stop

9  General fear of not knowing what might happen next

10  Lose mind

110

11  Other – Specify ↘

\*

12  Don't know

**K. CRIMINAL JUSTICE AND OTHER RESPONSE**

**30a. During the last 12 months did you or someone else call or contact the police to report any of these unwanted contacts or behavior?**

111

1  Yes

2  No – **SKIP** to 31

**30b. How many times did you or someone else call or contact the police to report these unwanted contacts or behavior during the last 12 months?**

112

\_\_\_\_\_ Number of times (1–996) } **SKIP** to 32

x  Don't know . . . . . }

Notes



**31. What was the reason the unwanted contacts or behavior were 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, police couldn't do anything, police wouldn't help, you feared the person, or was there some other reason?**

113  
\*

**DEALT WITH IN ANOTHER WAY**

- 1  Reported to another official (guard, apt. manager, employer, hospital, school official, military, etc.)
- 2  Private or personal matter (handled myself or family member handled it)

**NOT IMPORTANT ENOUGH TO RESPONDENT**

- 3  Too minor, not a police matter, not serious enough
- 4  Not clear it was a crime or that harm was intended

**POLICE COULDN'T DO ANYTHING**

- 5  Didn't find out until too late
- 6  Could not find or identify offender
- 7  Had no legal authority
- 8  Lacked or had incorrect restraining, protection, or stay-away order
- 9  Not enough evidence/lack of proof

**POLICE WOULDN'T HELP**

114  
\*

- 10  Police wouldn't believe respondent
- 11  Police would think it was respondent's fault
- 12  Police didn't think it was important enough, wouldn't want to be bothered or get involved
- 13  Perpetrator was a police officer, justice officer
- 14  Police would be inefficient, ineffective
- 15  Had previous negative experience with the police

**FEARED PERPETRATOR**

- 16  Afraid of reprisal or escalation of behavior by the perpetrator or others

**OTHER REASONS**

117  
\*

- 17  Felt ashamed or embarrassed
- 18  Didn't want perpetrator to get in trouble with the law
- 19  Perpetrator was (ex)spouse or (ex)partner
- 20  Respondent moved away
- 21  Perpetrator moved away
- 22  For the sake of the children
- 23  Contacts/behavior stopped
- 24  Other – Specify

118  
\*

119  
\*

- 25  Don't know

**SKIP to 34**

**32. During the last 12 months, who reported (the/these) unwanted contacts or behavior to the police? Anyone else?**

Mark (X) all that apply.

120  
\*

- 1  Respondent
- 2  Friend, neighbor
- 3  Respondent's family, in-laws, spouse, children, relatives, girl/boyfriend, partner
- 4  Doctor, nurse
- 5  Clergy, Priest, Pastor
- 6  Social worker, counselor, other mental health professional

121  
\*

- 7  School official, faculty, or staff
- 8  Boss, employer, co-worker
- 9  Stranger, bystander
- 10  Security guard, security department

122  
\*

- 11  Other – Specify

- 12  Don't know

**CHECK ITEM G**

Is "1" time entered in question 30b?

123

- 1  Yes – ASK 33b
- 2  No – ASK 33a

**33a. The last time the police were contacted, what did they do? Anything else?**

**33b. When the police were contacted, what did they do? Anything else?**

Mark (X) all that apply.

124  
\*

- 1  Took a report . . . . .
- 2  Talked to or warned perpetrator . . . . .
- 3  Arrested the perpetrator or took the perpetrator into custody . . . . .
- 4  Told respondent to get a restraining, protection, or stay-away order . . . . .
- 5  Referred respondent to a court or prosecutor's office . . . . .
- 6  Referred respondent to services, such as victim assistance . . . . .

125  
\*

- 7  Gave respondent advice on how to protect self . . . . .
- 8  Took respondent to another location such as a hospital or shelter . . . . .
- 9  Asked for more information/evidence . . . . .
- 10  Don't know . . . . .
- 11  Took no action – ASK 33c

**SKIP to 34**

<p><b>33c. Why do YOU think the police took no action? Any other reason?</b></p> <p><i>Mark (X) all that apply.</i></p>	<p>The police . . .</p> <p>126 1 <input type="checkbox"/> Didn't find out until too late</p> <p>* 2 <input type="checkbox"/> Could not find or identify offender</p> <p>3 <input type="checkbox"/> Had no legal authority</p> <p>4 <input type="checkbox"/> Lacked or had incorrect restraining, protection, or stay-away order</p> <p>5 <input type="checkbox"/> Didn't have enough evidence/lacked proof</p> <p>6 <input type="checkbox"/> Didn't believe respondent/take respondent seriously</p> <p>127 7 <input type="checkbox"/> Thought it was respondent's fault</p> <p>* 8 <input type="checkbox"/> Didn't think it was important enough, didn't want be bothered or get involved</p> <p>9 <input type="checkbox"/> Were inefficient, ineffective</p> <p>10 <input type="checkbox"/> Perpetrator was a police officer, justice officer</p> <p>128 11 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <p>* _____</p>
<p><b>34. After the unwanted contacts or behavior were reported to the police (the FIRST TIME), did the situation get worse, get better, or stay about the same?</b></p>	<p>129 1 <input type="checkbox"/> Got worse</p> <p>2 <input type="checkbox"/> Got better</p> <p>3 <input type="checkbox"/> Stayed about the same</p>
<p><b>35. Were criminal charges filed against the person(s) who committed these unwanted contacts or behavior?</b></p>	<p>130 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No . . . . . } <b>SKIP to 38a</b></p> <p>3 <input type="checkbox"/> Don't know . }</p>
<p><b>36. What was the final outcome of the criminal charges filed against the person(s) who committed these unwanted contacts or behavior? Anything else?</b></p> <p><i>Mark (X) all that apply.</i></p>	<p>131 1 <input type="checkbox"/> Still pending – <b>SKIP to 38a</b></p> <p>* 2 <input type="checkbox"/> Dismissed/not guilty</p> <p>3 <input type="checkbox"/> Convicted/guilty</p> <p>4 <input type="checkbox"/> Fined</p> <p>5 <input type="checkbox"/> Court order intervention/counseling program</p> <p>6 <input type="checkbox"/> Restraining/protection/stay-away order</p> <p>132 7 <input type="checkbox"/> Probation</p> <p>* 8 <input type="checkbox"/> Jailed/imprisoned</p> <p>9 <input type="checkbox"/> Other – <i>Specify</i> ↘</p> <p>_____</p> <p>10 <input type="checkbox"/> Don't know</p>
<p><b>37. Were you satisfied with this outcome?</b></p>	<p>133 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p><b>38a. Who within the criminal justice system do you feel was helpful to you? Anyone else?</b></p> <p><i>Mark (X) all that apply.</i></p>	<p>134 1 <input type="checkbox"/> Patrol/police officer/sheriff</p> <p>* 2 <input type="checkbox"/> 911 dispatcher</p> <p>3 <input type="checkbox"/> Detective</p> <p>4 <input type="checkbox"/> Prosecutor/District Attorney</p> <p>5 <input type="checkbox"/> Judge</p> <p>6 <input type="checkbox"/> Victim advocate</p> <p>135 7 <input type="checkbox"/> Someone else – <i>Specify</i> ↘</p> <p>* _____</p> <p>8 <input type="checkbox"/> No person was helpful – <b>SKIP to 38c</b></p>
<p><b>38b. Was there anyone in the criminal justice system who you feel was NOT helpful to you?</b></p>	<p>136 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <b>SKIP to 39</b></p>
<p><b>38c. Who within the criminal justice system do you feel was NOT helpful to you? Anyone else?</b></p> <p><i>Mark (X) all that apply.</i></p>	<p>137 1 <input type="checkbox"/> Patrol/police officer/sheriff</p> <p>* 2 <input type="checkbox"/> 911 dispatcher</p> <p>3 <input type="checkbox"/> Detective</p> <p>4 <input type="checkbox"/> Prosecutor/District Attorney</p> <p>5 <input type="checkbox"/> Judge</p> <p>6 <input type="checkbox"/> Victim advocate</p> <p>138 7 <input type="checkbox"/> Someone else – <i>Specify</i> ↘</p> <p>* _____</p>

**L. COST TO VICTIM**

<p><b>39. Did you have a job or work at a business during the last 12 months?</b></p>	<p align="center">139</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>40. Have you ever been fired from or asked to leave a job because of the unwanted contacts or behaviors?</b></p>	<p align="center">140</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM H</b> Is box 1 (Yes) marked in question 39?</p>	<p align="center">141</p> <p>1 <input type="checkbox"/> Yes – ASK 41a 2 <input type="checkbox"/> No – <b>SKIP</b> to 45</p>
<p><b>41a. During the last 12 months, did you lose any time from work because of fear or concern for your safety because of the unwanted contacts or behavior?</b></p>	<p align="center">142</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>41b. Did you lose any time from work for things such as getting a restraining/protection order or testifying in court?</b></p>	<p align="center">143</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>41c. Did you lose any time from work for things such as changing your phone number, moving, or fixing or replacing damaged property?</b></p>	<p align="center">144</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM I</b> Is box 1 (Yes) marked in questions 41a, 41b, OR 41c?</p>	<p align="center">145</p> <p>1 <input type="checkbox"/> Yes – Ask 42 2 <input type="checkbox"/> No – <b>SKIP</b> to 45</p>
<p><b>42. How much time from work did you lose altogether because of this/these thing(s)?</b></p>	<p align="center">146</p> <p>_____ Number of days</p> <p>0 <input type="checkbox"/> Less than one day X <input type="checkbox"/> Don't know</p>
<p><b>43. During these days, did you lose any pay that was not covered by unemployment insurance, paid leave, or some other source?</b></p>	<p align="center">147</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>SKIP</b> to 45</p>
<p><b>44. About how much pay did you lose?</b></p>	<p align="center">148</p> <p>\$ _____ .00 Amount of pay lost</p> <p>X <input type="checkbox"/> Don't know</p>
<p><b>45. In the last 12 months, what was the total estimated out of pocket cost to you as a result of the unwanted contacts or behavior? Please include things such as attorney fees, damage to property, child care costs, moving expenses, changing phone numbers, etc.</b></p>	<p align="center">149</p> <p>\$ _____ .00 Dollar amount</p> <p>X <input type="checkbox"/> Don't know 0 <input type="checkbox"/> None (No out of pocket cost)</p>

**M. OTHER QUESTIONS**

<p><b>CHECK ITEM J</b> Is the respondent female and between the ages of 18–49?</p>	<p align="center">150</p> <p>1 <input type="checkbox"/> Yes – ASK 46 2 <input type="checkbox"/> No – <b>SKIP</b> to 47</p>
<p><b>46. During the last 12 months were you pregnant when any of the unwanted contacts or behavior were occurring?</b></p>	<p align="center">151</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>47. Do you consider the series of unwanted contacts or harassing behavior you told me about to be stalking?</b></p>	<p align="center">152</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM K</b> Is this the last household member to be interviewed?</p>	<p align="center">153</p> <p>1 <input type="checkbox"/> Yes – <b>END SUPPLEMENT</b> 2 <input type="checkbox"/> No – Interview next household member</p>