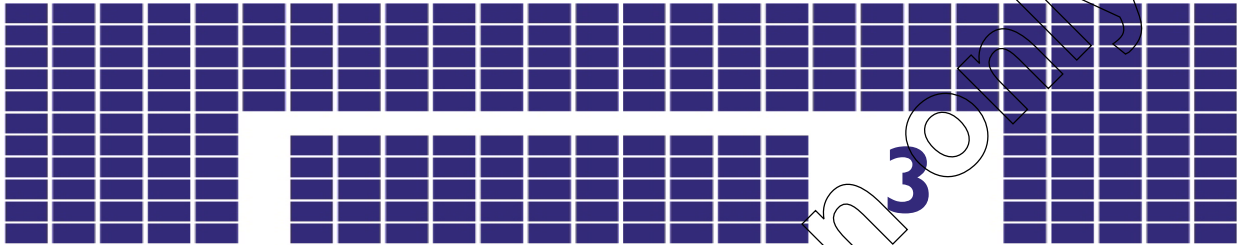




Housing, Family and Social Statistics Division  
General Social Survey 1988

## Cycle 3: Personal Risk

### Questionnaire Package



Statistics  
Canada

Statistique  
Canada

Canada

For information only

## GENERAL SOCIAL SURVEY

### CYCLE THREE QUESTIONNAIRE PACKAGE

This document briefly describes the content of the third cycle of the General Social Survey, as well as the questionnaires, methods and sample. Copies of the questionnaires used for the third cycle are attached as appendices: Selection Control Form GSS 3-1 (Appendix A), Personal Risk Screening Questionnaire GSS 3-2 (Appendix B), Accident Report GSS 3-3 (Appendix C), and Crime Incident Report GSS 3-4 (Appendix D).

#### Content and Questionnaires

The third cycle of the General Social Survey was carried out in January and February of 1988. The survey collected information on personal risk related to criminal victimizations and accidents. Four questionnaires were used to conduct the interviews:

QUESTIONNAIRE	AGE GROUP	TITLE
GSS 3-1	All age groups	Selection Control form
GSS 3-2	Age 15 and over	Personal Risk Screening Questionnaire
GSS 3-3	Age 15 and over	Accident Report
GSS 3-4	Age 15 and over	Crime Incident Report

The GSS 3-1 was completed for each telephone number selected in the sample. It lists all household members, collecting basic demographic information, specifically age, sex, marital status and relation to head of family. A respondent, 15 years of age or older was then randomly selected and a GSS 3-2 was completed for this person. The GSS 3-2 collected the following types of information: the respondents attitudes to various components of the judicial system, awareness of victim services and perception of risk with regard to accidents and crime incidents (section A); basic background information on the respondent (section B); information on the kind and number of times the respondent had been involved in an accident (section C) or a crime incident (section D) during 1987. Each time an accident or crime incident was reported on the GSS 3-2 questionnaire, an Accident Report (GSS 3-3) or a Crime Incident Report (GSS 3-4) was completed.

## Sample

The sample for the third cycle was selected by random digit dialing and included persons aged 15 and over distributed throughout the ten provinces of Canada. Interviewers dialed each computer-selected telephone number and completed a Selection Control Form for each one. When they contacted a private household, they enumerated all the members of the household on this form, and then randomly selected and interviewed one member aged 15 or older. Almost 10,000 individuals were interviewed in this way and answered the GSS 3-2 questionnaire. The response rate was approximately 83%. The screening questions in sections C and D of the GSS 3-2 determined whether an Accident Report or Crime Incident Report should be completed. Only accidents which occurred during 1987 and interrupted the respondent's normal activities for at least half a day, or caused expenses of \$200 or more, were reported. Similarly, only crime incidents which occurred between January 1 and December 31, 1987 were reported.

For information

**General social survey  
Selection control form**

GSS 3-1

Confidential when completed

1:         2:

3:  4:  5:

TELEPHONE NUMBER LABEL

RECORD OF CALLS															
10	11 Date		12 Start		13 Finish		14 Result	15 Interviewer's Name	16 Comments						
	Day	Month	Hour	Min	Hour	Min									
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
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19															
20															
21															
22															
23															
24															
25															

17. CALL COVERAGE BY TIME OF DAY AND DAY OF WEEK

Time Period	Mon.	Tues.	Wed.	Thur.	Fri.	Sat
09:00 - 12:00						
12:01 - 16:00						
16:01 - 19:00						
19:01 - 21:00						

18. FORMS CONTROL

Form	Number of forms
GSS 3-1	<input type="text"/>
GSS 3-2	<input type="text"/>
GSS 3-3	<input type="text"/>
GSS 3-4	<input type="text"/>

19. Interviewer Number

20. Final status

30. Hello, I'm ..... from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.

31. I'd like to make sure that I've dialed the right number. Is this ..... (read number)?  
 Yes .....   
 No .....  → Dial again, if still wrong, END

32. Is this the number for a business, an institution or a private home?  
 Private home .....   
 Both home and business .....  } → Go to 35  
 Business, institution or other non-residence .....

33. Does anyone use this telephone number as a home phone number?  
 Yes .....   
 No .....  → Thank respondent and END

34. How many persons live or stay at this address and use this number as a home phone number?  
 Less than 15 .....   
 15 or more .....  → Make appointment

35. In this survey all information we collect will be kept strictly confidential as guaranteed by the Statistics Act. While your participation is voluntary, it is essential if the survey results are to be accurate.

36. I need to select one person from your household for an interview. Starting with the oldest, what is the name and age of each person living or staying there who has no usual place of residence elsewhere?  
 (Enter names and ages in items 42 and 44)

37. **INTERVIEWER:**

- Enter answers for items 45 through 48 for each person recorded in item 42. Refer to Interviewer Reference Card for instructions and codes.
- Then go to item 60.

40. Pg	41. Ln	42. Names of Household Members	43. Sel #	44. Age	45. Sex	46. What is ...'s marital status?	47. Family Identifier	48. What is ...'s relationship to ... (Head of Family)?
	1	Given name _____ Surname _____						
	2	Given name _____ Surname _____						
	3	Given name _____ Surname _____						
	4	Given name _____ Surname _____						
	5	Given name _____ Surname _____						
	6	Given name _____ Surname _____						
	7	Given name _____ Surname _____						
	8	Given name _____ Surname _____						

60. **INTERVIEWER:** Enter Page-Line no. of person giving the above information. →

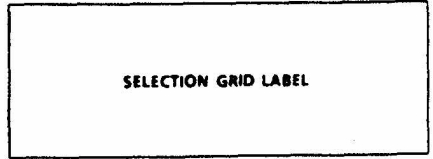
61. Are there any persons away from this household attending school, visiting, travelling or in the hospital who USUALLY live there?  
 Yes .....  → Enter names and complete items 44 through 48  
 No .....

62. Does anyone else live there, such as other relatives, roomers, boarders or employees?  
 Yes .....  → Enter names and complete items 44 through 48  
 No .....

63. Now I am going to randomly select the person to interview. This will just take a second.

64. **INTERVIEWER:**

- In item 43 number the persons 15 years of age and over in order from oldest to youngest.
- Enter number of eligible household members .....
- Determine the selected person by referring to the Selection Grid.
- In item 43 circle the selected person number and enter Page-Line no. ....



65. The person I am to interview is ..... (read name) ..... (Is he/she there?)  
 Yes .....  → Go to form GSS 3-2  
 No .....  → Set up appointment and enter details in item 16

A = Eligible household members  
 B = Selection number



-  -  Telephone number

Label Identification Number

Page-Line No.

Type

GSS 3 - 2

Confidential when completed

**GENERAL SOCIAL SURVEY  
PERSONAL RISK  
SCREENING QUESTIONNAIRE  
AGES 15 YEARS AND OVER**

For information only

**SECTION A**

**A1. INTERVIEWER:** Repeat the introduction below if selected respondent is different from household respondent.

Hello, I'm ..... from Statistics Canada. We are conducting a survey in your area and throughout Canada on accidents and crime and their impact on Canadians.

All the information you provide will be kept strictly confidential. While your participation is voluntary, it is essential if the survey results are to be accurate.

**A2.** These first questions ask about your opinions on crime and accidents and about ways in which people protect themselves and their property.

**A3.** Compared to other areas in Canada, do you think your neighbourhood has a higher amount of crime, about the same or a lower amount of crime?

Higher ..... 1

About the same ..... 2

Lower ..... 3

Don't know ..... 4

**A4.** During 1987, do you think that crime in your neighbourhood has increased, decreased, or remained about the same?

Increased ..... 5

Decreased ..... 6

Same ..... 7

Don't know ..... 8

**A5.** Which of the following types of crime is of most concern to you? Is it... (Accept one response only)

Attack or threat of attack? ..... 1

Theft of household or personal belongings? ..... 2

Deliberate damage to household or personal belongings? ..... 3

Something else? ..... 4

**A6.** How safe do you feel or would you feel walking alone in your neighbourhood...

...during the day?		How about after dark?	
Very safe ..... 01 <input type="radio"/>		Very safe ..... 06 <input type="radio"/>	
Reasonably safe ..... 02 <input type="radio"/>		Reasonably safe ..... 07 <input type="radio"/>	
Somewhat unsafe ..... 03 <input type="radio"/>		Somewhat unsafe ..... 08 <input type="radio"/>	
Very unsafe ..... 04 <input type="radio"/>		Very unsafe ..... 09 <input type="radio"/>	
Don't know ..... 05 <input type="radio"/>		Don't know ..... 10 <input type="radio"/>	

**A7.** Do you think your local police force does a good job, an average job or a poor job:

	Good job	Average job	Poor job	Don't know
a) Of enforcing the laws?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Of promptly responding to calls?	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Of being approachable and easy to talk to?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Of supplying information to the public on ways to reduce crime?	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>

**A8.** Now I would like to ask you a similar question about the criminal courts. Are they doing a good job, an average job or a poor job:

	Good job	Average job	Poor job	Don't know
a) In providing justice quickly?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
b) In helping the victim?	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
c) In determining whether the accused, or the person charged is guilty or not?	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
d) In protecting the rights of the accused?	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>

**A9.** In general, would you say that sentences handed down by the courts are too severe, about right or not severe enough?

Too severe ..... 1

About right ..... 2

Not severe enough ..... 3

Don't know ..... 4

**A10.** Have you heard of any of the following ways that victims of crime may obtain assistance or compensation?

	Yes	No
a) Payment ordered by a judge as part of an offender's sentence?	01 <input type="radio"/>	02 <input type="radio"/>
b) Various services providing assistance to the victim, such as shelters for battered women, sexual assault centres, crisis lines, community police programmes and court assistance programmes?	03 <input type="radio"/>	04 <input type="radio"/>
c) Victim-offender reconciliation programmes? These are programmes intended to bring the victim and offender together to resolve a dispute and repay the victim	05 <input type="radio"/>	06 <input type="radio"/>
d) Payment from a Criminal Injuries Compensation Board?	07 <input type="radio"/>	08 <input type="radio"/>
e) A civil court awards damages to the victim?	09 <input type="radio"/>	10 <input type="radio"/>
f) An insurance company pays for the victim's loss or injury?	11 <input type="radio"/>	12 <input type="radio"/>

**A11.** During 1987, did you have any contact with a police officer who was on duty?

Yes 1

No 2  → Go to A14

**A12.** Were any of these contacts as a result of a crime?

Yes 3

No 4  → Go to A14

**A13.** Who were the victims of this crime? (Mark all that apply)

Yourself? ..... 1

Someone close to you? (Friends, relatives) ..... 2

Someone else? ..... 3

None of the above ..... 4

**A14.** During 1987, did you have any contact with a lawyer?

Yes 5

No 6  → Go to A17

**A15.** Were any of these contacts as a result of a crime?

Yes 7

No 8  → Go to A17

**A16.** Who were the victims of this crime? (Mark all that apply)

Yourself? ..... 1

Someone close to you? (Friends, relatives) ..... 2

Someone else? ..... 3

None of the above ..... 4

**A17.** During 1987, did you have any contact with the courts?

Yes 3

No 4  → Go to A20

**A18.** Were any of these contacts as a result of a crime?

Yes 5

No 6  → Go to A20



**A19. Who were the victims of this crime?**  
(Mark all that apply)

Yourself? ..... 1

Someone close to you?(Friends, relatives) ..... 2

Someone else? ..... 3

None of the above ..... 4

---

**A20. During 1987, did you witness a crime being committed against someone other than yourself?**

Yes <sup>5</sup>

No <sup>6</sup>  → Go to A23

---

**A21. Thinking about the most recent, did the police find out about the incident in any way?**

Yes <sup>7</sup>

No <sup>8</sup>  → Go to A23

---

**A22. How did they learn about it? Was it from you or someone else?**

Respondent ..... 1

Someone else ..... 2

---

**A23. During 1987, did you do any of the following things to protect yourself or your property from crime? Have you ...**

	Yes	No
a) Changed daily routine, activities, or avoided certain places? .....	2 <input type="radio"/>	3 <input type="radio"/>
b) Changed phone number? .....	4 <input type="radio"/>	5 <input type="radio"/>
c) Installed new locks, bars on windows or burglar alarms? .....	6 <input type="radio"/>	7 <input type="radio"/>
d) Taken a self defence course? .....	8 <input type="radio"/>	9 <input type="radio"/>

---

**A24. Do you have any of the following in your home ...**

	Yes	No
a) A working smoke detector? .....	1 <input type="radio"/>	2 <input type="radio"/>
b) A fire extinguisher? .....	3 <input type="radio"/>	4 <input type="radio"/>
c) First aid supplies? (bandaids, bandages and antiseptic) .....	5 <input type="radio"/>	6 <input type="radio"/>

---

**A25. On average, how many times a month do you go out during the evening to do the following activities ...**

	No. of times a month	or None
a) Work nights, attend night classes, go to meetings or do volunteer work? .....	1	00 <input type="radio"/>
b) Go to restaurants or bars? .....	2	00 <input type="radio"/>
c) Go to movies, theatres or play bingo? .....	3	00 <input type="radio"/>
d) To go out for sports, exercise or recreational activities? .....	4	00 <input type="radio"/>
e) Shop? .....	5	00 <input type="radio"/>
f) Visit relatives or friends in their own homes? .....	6	00 <input type="radio"/>
g) Other evening activities not already mentioned? .....	7	00 <input type="radio"/>

---

**A26. During 1987, did you take a drink of wine, beer, liquor or any other alcoholic beverage?**

Yes <sup>1</sup>

No <sup>2</sup>  → Go to A28

---

**A27. How often did you take a drink? Was it ...**

At least once a week ..... <sup>3</sup>  → Considering a drink to be one bottle of beer, one small glass of wine or 1 1/2 oz of liquor, how many drinks do you have in a typical week?

\_\_\_\_\_ drinks

One or more times a month ... <sup>4</sup>

Less often than once a month <sup>5</sup>

Don't know ..... <sup>6</sup>

---

**A28. We would like you to rate on a scale of zero to ten the chances of the following events happening to you in the future. A zero means you think it will never happen and a ten means that you think the event will almost certainly happen to you. Rate the chances of:**

	Scale
	Will never happen ↓ 0 1 2 3 4 5 6 7 8 9 10 ↓ Will happen
a) An airplane accident .....	1
b) A car or motorcycle accident .....	2
c) An accident at work requiring medical attention .....	3
d) Deliberate damage to household or personal belongings .....	4
e) Pollution of the environment .....	5
f) Theft of household or personal belongings .....	6
g) An accident at home requiring medical attention .....	7
h) Assault or threat of assault .....	8
i) A road accident involving you as a pedestrian or on a bicycle .....	9

<b>SECTION B</b>																																					
<p><b>B1.</b> This survey, the General Social Survey, needs some background information to monitor changes in Canadian society. For this reason I'd like to ask you the following questions.</p>	<p><b>B11.</b> In what year did you first immigrate to Canada?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>Canadian citizen by birth <input type="radio"/></p>																																				
<p><b>B2.</b> In what type of dwelling are you now living? Is it a ...</p> <p>Single detached house? <input type="radio"/></p> <p>Semi-detached or double (side-by-side)? <input type="radio"/></p> <p>Garden house, town-house or row house? <input type="radio"/></p> <p>Duplex (one above the other)? <input type="radio"/></p> <p>Low-rise apartment (less than 5 stories)? <input type="radio"/></p> <p>High-rise apartment (5 or more stories)? <input type="radio"/></p> <p>Other <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>	<p><b>B12.</b> What is your date of birth?</p> <div style="display: flex; justify-content: space-around; margin: 5px 0;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <p style="text-align: center; font-size: small;">Day      Month      Year</p>																																				
<p><b>B3.</b> What are the first three characters of your postal code?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p>Don't know <input type="radio"/></p>	<p><b>B13.</b> What language did you first speak in childhood? (Accept multiple response only if languages were used equally)</p> <p style="text-align: right; font-size: small;">Do you still understand that/those language(s)?</p> <p>English <input type="radio"/> <span style="margin-left: 100px;"><input type="radio"/></span></p> <p>French <input type="radio"/> <span style="margin-left: 10px;">→ Yes <input type="radio"/></span> <span style="margin-left: 10px;">No <input type="radio"/></span></p> <p>Italian <input type="radio"/> <span style="margin-left: 10px;">→ Yes <input type="radio"/></span> <span style="margin-left: 10px;">No <input type="radio"/></span></p> <p>German <input type="radio"/> <span style="margin-left: 10px;">→ Yes <input type="radio"/></span> <span style="margin-left: 10px;">No <input type="radio"/></span></p> <p>Ukrainian <input type="radio"/> <span style="margin-left: 10px;">→ Yes <input type="radio"/></span> <span style="margin-left: 10px;">No <input type="radio"/></span></p> <p>Other <input type="radio"/> <span style="margin-left: 10px;">→ Yes <input type="radio"/></span> <span style="margin-left: 10px;">No <input type="radio"/></span></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>																																				
<p><b>B4.</b> Is this dwelling owned or rented by a member of this household?</p> <p>Owned <input type="radio"/></p> <p>Rented <input type="radio"/></p>	<p><b>B14.</b> What language do you speak most often at home? (Accept multiple response only if languages are spoken equally)</p> <p>English <input type="radio"/></p> <p>French <input type="radio"/></p> <p>Italian <input type="radio"/></p> <p>Chinese <input type="radio"/></p> <p>German <input type="radio"/></p> <p>Other <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>																																				
<p><b>B5.</b> How many telephones, including extensions, are there in your dwelling?</p> <p>One <input type="radio"/> → Go to B10</p> <p>Two or more <input type="radio"/></p>	<p><b>B15.</b> How many years of elementary or high school education have you successfully completed?</p> <p>No schooling <input type="radio"/> → Go to B19</p> <p>One to five years <input type="radio"/></p> <p>Six <input type="radio"/></p> <p>Seven <input type="radio"/></p> <p>Eight <input type="radio"/></p> <p>Nine <input type="radio"/></p> <p>Ten <input type="radio"/></p> <p>Eleven <input type="radio"/></p> <p>Twelve <input type="radio"/></p> <p>Thirteen <input type="radio"/></p> <p style="text-align: right;">} Go to B17</p>																																				
<p><b>B6.</b> Do all the telephones have the same number?</p> <p>Yes <input type="radio"/> → Go to B10</p> <p>No <input type="radio"/></p>	<p><b>B16.</b> Have you graduated from high school?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/></p>																																				
<p><b>B7.</b> How many different numbers are there?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	<p><b>B17.</b> Have you had any further schooling beyond elementary/high school?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to B19</p>																																				
<p><b>B8.</b> Are any of these numbers for business use only?</p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to B10</p>	<p><b>B18.</b> In what country were you born?</p> <p>Canada <input type="radio"/> → In which province or territory?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Newfoundland</td><td><input type="radio"/></td><td>01</td></tr> <tr><td>Prince Edward Island</td><td><input type="radio"/></td><td>02</td></tr> <tr><td>Nova Scotia</td><td><input type="radio"/></td><td>03</td></tr> <tr><td>New Brunswick</td><td><input type="radio"/></td><td>04</td></tr> <tr><td>Quebec</td><td><input type="radio"/></td><td>05</td></tr> <tr><td>Ontario</td><td><input type="radio"/></td><td>06</td></tr> <tr><td>Manitoba</td><td><input type="radio"/></td><td>07</td></tr> <tr><td>Saskatchewan</td><td><input type="radio"/></td><td>08</td></tr> <tr><td>Alberta</td><td><input type="radio"/></td><td>09</td></tr> <tr><td>British Columbia</td><td><input type="radio"/></td><td>10</td></tr> <tr><td>Yukon Territory</td><td><input type="radio"/></td><td>11</td></tr> <tr><td>Northwest Territories</td><td><input type="radio"/></td><td>12</td></tr> </table> <p style="text-align: right; margin-right: 20px;">} Go to B12</p> <p>Country outside Canada <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> <p style="text-align: right;">} Go to B11</p>	Newfoundland	<input type="radio"/>	01	Prince Edward Island	<input type="radio"/>	02	Nova Scotia	<input type="radio"/>	03	New Brunswick	<input type="radio"/>	04	Quebec	<input type="radio"/>	05	Ontario	<input type="radio"/>	06	Manitoba	<input type="radio"/>	07	Saskatchewan	<input type="radio"/>	08	Alberta	<input type="radio"/>	09	British Columbia	<input type="radio"/>	10	Yukon Territory	<input type="radio"/>	11	Northwest Territories	<input type="radio"/>	12
Newfoundland	<input type="radio"/>	01																																			
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British Columbia	<input type="radio"/>	10																																			
Yukon Territory	<input type="radio"/>	11																																			
Northwest Territories	<input type="radio"/>	12																																			
<p><b>B9.</b> How many are for business use only?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	<p><b>B19.</b> (This question is reached from B15, B16, or B17)</p>																																				

**B18. What is the highest level you attained?**  
(Accept one response only)

Master's or earned doctorate  1

Bachelor or undergraduate degree or teacher's college  2

Diploma or certificate from community college, CEGEP or nursing school  3

Diploma or certificate from trade, technical or vocational school or business college  4

Some university  5

Some community college, CEGEP or nursing school  6

Some trade, technical, or vocational school or business college  7

Other  8  
(Specify)

\_\_\_\_\_

\_\_\_\_\_

**B19. What, if any, is your religion?**

No religion  01 → Go to B21

Roman Catholic  02

United Church  03

Anglican  04

Presbyterian  05

Lutheran  06

Baptist  07

Eastern Orthodox  08

Jewish  09

Other  10  
(Specify)

\_\_\_\_\_

\_\_\_\_\_

**B20. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in 1987?**

At least once a week  1

At least once a month  2

A few times a year  3

At least once a year  4

Less than once a year  5

Never  6

\_\_\_\_\_

\_\_\_\_\_

**B21. To which ethnic or cultural group do you or did your ancestors belong?**  
(Accept multiple responses)

French  01

English  02

Irish  03

Scottish  04

German  05

Italian  06

Ukrainian  07

Other  08  
(Specify)

\_\_\_\_\_

\_\_\_\_\_

Canadian (Probe)  09

Don't know  10

**B22. Which of the following best describes your main activity during 1987?**  
Were you mainly ...  
(Accept one response only)

Working at a job or business?  1 → Go to B24

Looking for work?  2

A student?  3

Keeping house?  4

Retired?  5

Other  6  
(Specify)

\_\_\_\_\_

\_\_\_\_\_

**B23. Did you have a job or were you self-employed at any time during 1987?**

Yes  7

No  8 → Go to B34

**B24. For how many weeks during 1987 did you do any work at a job or business?**  
(Include vacation, illness, strikes, lock-outs and maternity leave.)

\_\_\_\_\_ weeks  
(Code number from 01 to 52)

**B25. During those weeks, was the work mostly full-time or part-time?**

Full-time  1

Part-time  2

**B26. During those weeks were you mainly ...**

An employee working for someone else?  3

Self-employed?  4 → Go to B29

**B27. Which of the following best describes the work you did? Was it:**

Managerial  5

Supervisory  6

Neither  7

**B28. INTERVIEWER: Go to B31**

**B29. During those weeks, did you have any paid employees?**

Yes  8

No  9 → Go to B31

**B30. About how many employees did you have?**  
(If range given, enter maximum)

\_\_\_\_\_ employees

**B31. For whom did you work for the longest time during 1987?**  
(Name of business, government department or agency or person.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>B32. What kind of business, industry or service was this?</b> (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education.)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>B35. What is your best estimate of your total personal income in 1987 from all sources, including those just mentioned?</b></p> <p>Income      <sup>1</sup> ○ → \$ _____ .00</p> <p>Loss         <sup>2</sup> ○ → \$ _____ .00</p> <p>No income    <sup>3</sup> ○</p> <p>Don't know   <sup>4</sup> ○</p>														
<p><b>B33. What kind of work were you doing?</b> (Give a full description: e.g. accounts clerk, dairy farmer, primary school teacher.)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>B36. What is your best estimate of the total income of all household members from all sources in 1987? Was the total household income...</b></p> <p>Less than \$20,000?    <sup>01</sup> ○</p> <p>Less than \$10,000?    <sup>05</sup> ○</p> <p>\$10,000 and more?    <sup>06</sup> ○</p> <p>\$20,000 and more?    <sup>02</sup> ○</p> <p>No income                <sup>03</sup> ○</p> <p>Don't know                <sup>04</sup> ○</p> <p>Less than \$5,000?    <sup>09</sup> ○</p> <p>\$5,000 and more?    <sup>10</sup> ○</p> <p>Less than \$15,000?   <sup>11</sup> ○</p> <p>\$15,000 and more?    <sup>12</sup> ○</p> <p>Less than \$30,000?   <sup>13</sup> ○</p> <p>\$30,000 and more?    <sup>14</sup> ○</p> <p>Less than \$60,000?   <sup>15</sup> ○</p> <p>\$60,000 and more?    <sup>16</sup> ○</p> <p><sup>07</sup> ○ Less than \$40,000?</p> <p><sup>08</sup> ○ \$40,000 and more?</p>														
<p><b>B34. From which of the following sources did you receive income during 1987?</b></p> <table border="0"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>a) Income from wages, salary or self-employment?</td><td><sup>1</sup> ○</td><td><sup>2</sup> ○</td></tr><tr><td>b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security? ...</td><td><sup>3</sup> ○</td><td><sup>4</sup> ○</td></tr><tr><td>c) Income from interest, dividends, investments or private pensions? .....</td><td><sup>5</sup> ○</td><td><sup>6</sup> ○</td></tr><tr><td>d) Income from any other sources, such as alimony, scholarships, etc.? .....</td><td><sup>7</sup> ○</td><td><sup>8</sup> ○</td></tr></tbody></table>		Yes	No	a) Income from wages, salary or self-employment?	<sup>1</sup> ○	<sup>2</sup> ○	b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security? ...	<sup>3</sup> ○	<sup>4</sup> ○	c) Income from interest, dividends, investments or private pensions? .....	<sup>5</sup> ○	<sup>6</sup> ○	d) Income from any other sources, such as alimony, scholarships, etc.? .....	<sup>7</sup> ○	<sup>8</sup> ○
	Yes	No													
a) Income from wages, salary or self-employment?	<sup>1</sup> ○	<sup>2</sup> ○													
b) Income from government, such as Family Allowance, U.I.C., Social Assistance, Canada or Quebec Pension Plan or Old Age Security? ...	<sup>3</sup> ○	<sup>4</sup> ○													
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d) Income from any other sources, such as alimony, scholarships, etc.? .....	<sup>7</sup> ○	<sup>8</sup> ○													

For information only

**SECTION C**

C1. The next questions ask about accidents which may have happened to you during 1987.

We are interested in accidents which either:

- DISRUPTED YOUR NORMAL ACTIVITIES FOR AT LEAST HALF A DAY;
- OR
- RESULTED IN OUT OF POCKET EXPENSES OF \$200 OR MORE.

	Yes	How many in 1987?	No
<b>C2. From January 1st to December 31st, 1987, did you have an accident:</b>			
a) While in a car, van, truck or on a motorcycle? .....	Yes <sup>01</sup> ○ →	<input type="text"/>	No <sup>02</sup> ○
b) While on a recreational vehicle such as an All Terrain Vehicle (ATV), snowmobile, etc.? .....	Yes <sup>03</sup> ○ →	<input type="text"/>	No <sup>04</sup> ○
c) While a pedestrian or on a bicycle? .....	Yes <sup>05</sup> ○ →	<input type="text"/>	No <sup>06</sup> ○
<b>C3. (Excluding those already mentioned,) did you have an accident while working at a job or business during 1987? (Mark "did not work in period" as "No".)</b> .....			
	Yes <sup>07</sup> ○ →	<input type="text"/>	No <sup>08</sup> ○
<b>C4. (Excluding those already mentioned,) did you have an accident while playing games or participating in sports during 1987?</b> .....			
	Yes <sup>09</sup> ○ →	<input type="text"/>	No <sup>10</sup> ○
<b>C5. (Other than any accidents already mentioned,) during 1987 did you:</b>			
a) Have a fall which resulted in an injury? .....	Yes <sup>11</sup> ○ →	<input type="text"/>	No <sup>12</sup> ○
b) Suffer burns, smoke inhalation or other fire-related accidents? .....	Yes <sup>13</sup> ○ →	<input type="text"/>	No <sup>14</sup> ○
c) Suffer from poisoning by any substances or liquids, including drugs? .....	Yes <sup>15</sup> ○ →	<input type="text"/>	No <sup>16</sup> ○
d) Cut yourself seriously with a knife, broken glass or other object? .....	Yes <sup>17</sup> ○ →	<input type="text"/>	No <sup>18</sup> ○
e) Have other accidents which involved an injury to you? .....	Yes <sup>19</sup> ○ →	<input type="text"/>	No <sup>20</sup> ○
<b>C6. During 1987 did you have any other type of accident?</b> .....			
	Yes <sup>21</sup> ○ →	<input type="text"/>	No <sup>22</sup> ○
<b>C7. INTERVIEWER: Total the number of accidents reported in C2 to C6 and enter</b> →		<b>TOTAL</b> <input type="text"/>	
<b>C8. Did you drive any motor vehicle during 1987? (Include car, van, truck or motorcycle)</b>			
Yes <sup>1</sup> ○    No <sup>2</sup> ○ →    Go to C10			
<b>C9. As a driver of a motor vehicle, what is your best estimate of the number of miles or kilometres you drove in 1987?</b>			
Miles <sup>3</sup> ○	} Enter number → <input type="text"/>		
Kilometres <sup>4</sup> ○	}		
<b>C10. During the last seven days, approximately how many hours have you spent as:</b>			
a) A driver of a car, van, truck or motorcycle? →	<input type="text"/> <input type="text"/> <input type="text"/> hours (if none enter 00)		
b) A passenger of a car, van, truck or motorcycle? →	<input type="text"/> <input type="text"/> <input type="text"/> hours (if none enter 00)		
<b>C11. In order to determine your longer term exposure to accidents, the next four questions ask about the type of accidents you have had during the last three years, that is, during the period since January 1985.</b>			
	Number of times in last three years		
a) How many times did you have an accident involving any type of vehicle? (Include motor vehicle, recreational vehicle and bicycle) .....	<input type="text"/> <input type="text"/> <input type="text"/> or None <sup>00</sup> ○		
b) (Excluding accidents involving vehicles,) how many times did you have an accident while working at a job or business during the last three years? .....	<input type="text"/> <input type="text"/> <input type="text"/> or None <sup>00</sup> ○		
c) (Excluding vehicle and work related accidents,) how many times were you hurt or injured while playing games or participating in sports? .....	<input type="text"/> <input type="text"/> <input type="text"/> or None <sup>00</sup> ○		
d) How many other accidents did you have during the last three years, such as those involving falls, burns, poisons, cuts, etc.? .....	<input type="text"/> <input type="text"/> <input type="text"/> or None <sup>00</sup> ○		

SECTION D

D1. The next few questions ask about some things which may have happened to you during 1987.

	Yes	How many in 1987?	No
D2. From January 1st to December 31st 1987:			
a) Did anyone take or try to take something from you by force or threat of force?	Yes <sup>01</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>02</sup> <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone illegally break into or attempt to break into your residence or any other building on your property?	Yes <sup>03</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>04</sup> <input type="radio"/>
D3. Now I'm going to ask you a question about being attacked. An attack can be anything from being hit, slapped, pushed or grabbed, to being shot, raped or beaten.			
a) (Excluding incidents already mentioned,) were you attacked by anyone at all, including members of your own household?	Yes <sup>05</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>06</sup> <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone, including members of your own household, threaten to hit or attack you, or threaten you with a weapon?	Yes <sup>07</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>08</sup> <input type="radio"/>
D4. During 1987, did you or anyone in your household own a motor vehicle such as a car, truck, motorcycle, etc.?	Yes <sup>1</sup> <input type="radio"/>	No <sup>2</sup> <input type="radio"/>	→ Go to D6
D5. (Other than the incidents already mentioned):			
a) Did anyone steal or try to steal one of these vehicles or a part of one of them, such as a battery, hubcap or radio?	Yes <sup>09</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>10</sup> <input type="radio"/>
b) (Other than the incidents already mentioned), did anyone deliberately damage one of these vehicles, such as slashing tires?	Yes <sup>11</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>12</sup> <input type="radio"/>
D6. (Excluding the incidents already mentioned,) was anything of yours stolen during 1987:			
a) From the things usually kept outside your home, such as yard furniture?	Yes <sup>13</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>14</sup> <input type="radio"/>
b) From your place of work, from school or from a public place, such as a restaurant?	Yes <sup>15</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>16</sup> <input type="radio"/>
c) From a hotel, vacation home, cottages, car, truck or while travelling?	Yes <sup>17</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>18</sup> <input type="radio"/>
D7. (Excluding the incidents already mentioned,) during 1987, did anyone steal or try to steal anything else that belonged to you?	Yes <sup>19</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>20</sup> <input type="radio"/>
D8. (Other than the incidents already mentioned,) did anyone deliberately damage or destroy any property belonging to you or anyone in your household, such as a window or a fence?	Yes <sup>21</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>22</sup> <input type="radio"/>
D9. Were there any other crimes which happened to you during 1987, which may or may not have been reported to the police?	Yes <sup>23</sup> <input type="radio"/>	→ <input type="text"/>	No <sup>24</sup> <input type="radio"/>
D10. INTERVIEWER: Total the number of incidents reported in D2 to D9 and enter → TOTAL		<input type="text"/>	
D11. In order to determine your longer term exposure to crime, the next question concerns incidents which happened to you in the last three years. In total, how many crimes happened to you since January 1st 1985?		<input type="text"/>	or None <sup>00</sup> <input type="radio"/>
D12. INTERVIEWER: COMPLETE THE NUMBER OF ACCIDENT AND CRIME INCIDENT REPORTS, AS GIVEN BY TOTAL BOXES ON PAGES 6 AND 7			

SECTION E	99. COMMENTS:				
<b>E1. INTERVIEWER:</b> Complete this section immediately after completing your interview with the selected household member.					
<b>E2. ACCIDENT REPORTS</b> <table border="1" data-bbox="316 304 665 430"><tr><td>Total number of accidents reported in C7</td><td>Total number of form GSS 3-3</td></tr><tr><td>1      </td><td>2      </td></tr></table>	Total number of accidents reported in C7	Total number of form GSS 3-3	1	2	
Total number of accidents reported in C7	Total number of form GSS 3-3				
1	2				
<b>E3. Are the numbers in E2 equal?</b> Yes <sup>1</sup> <input type="radio"/> No <sup>2</sup> <input type="radio"/> → Why are they not equal? (Mark all that apply) SERIES ACCIDENT report(s) included ..... <sup>3</sup> <input type="radio"/> NO INFORMATION COLLECTED - MULTIPLE report(s) included ..... <sup>4</sup> <input type="radio"/> Other ..... <sup>5</sup> <input type="radio"/> ↓ (specify) _____ _____ _____ _____ _____					
<b>E4. CRIME INCIDENT REPORTS</b> <table border="1" data-bbox="316 1123 665 1249"><tr><td>Total number of crime incidents reported in D10</td><td>Total number of form GSS 3-4</td></tr><tr><td>1      </td><td>2      </td></tr></table>	Total number of crime incidents reported in D10	Total number of form GSS 3-4	1	2	
Total number of crime incidents reported in D10	Total number of form GSS 3-4				
1	2				
<b>E5. Are the numbers in E4 equal?</b> Yes <sup>1</sup> <input type="radio"/> No <sup>2</sup> <input type="radio"/> → Why are they not equal? (Mark all that apply) SERIES INCIDENT report(s) included ..... <sup>3</sup> <input type="radio"/> NO INFORMATION COLLECTED - MULTIPLE report(s) included ..... <sup>4</sup> <input type="radio"/> Other ..... <sup>5</sup> <input type="radio"/> ↓ (specify) _____ _____ _____ _____ _____					

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General Social Survey - Accident Report

Confidential when completed

GSS 3 - 3

<p><b>F1. IDENTIFICATION</b></p> <p>TELEPHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>ACCIDENT REPORT No. <input type="text"/></p> <p>SCREEN QUESTION No. <input type="text"/></p>	<p><b>REPORT STATUS</b></p> <p><b>F38. INTERVIEWER: What is the status of this Accident Report?</b></p> <p>SINGLE ACCIDENT REPORT ..... 1 <input type="radio"/></p> <p>SERIES ACCIDENT REPORT ..... 2 <input type="radio"/></p> <p>DUPLICATE ACCIDENT REPORT ..... 3 <input type="radio"/></p> <p>OUT OF SCOPE (date, definition) ..... 4 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - SINGLE ..... 5 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - MULTIPLE ..... 6 <input type="radio"/></p> <p>None of the above ..... 7 <input type="radio"/></p> <p>(Specify) _____</p> <p>_____</p> <p>_____</p>
	<p><b>F39. INTERVIEWER: Is this the last Accident Report to be filled out?</b></p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to next Accident Report</p> <p><b>F40. INTERVIEWER: Are there any Crime Incident Reports to be filled out?</b></p> <p>Yes <input type="radio"/> → Go to first Crime Incident Report</p> <p>No <input type="radio"/> → Thank respondent, end interview and complete Section E, GSS 3-2</p>
<p><b>F2. You said that during 1987 ... (refer to appropriate screen question for description of accident). In what month did (this/the most recent) accident happen?</b></p> <p>In 1987</p> <p>January ..... 01 <input type="radio"/></p> <p>February ..... 02 <input type="radio"/></p> <p>March ..... 03 <input type="radio"/></p> <p>April ..... 04 <input type="radio"/></p> <p>May ..... 05 <input type="radio"/></p> <p>June ..... 06 <input type="radio"/></p> <p>July ..... 07 <input type="radio"/></p> <p>August ..... 08 <input type="radio"/></p> <p>September ..... 09 <input type="radio"/></p> <p>October ..... 10 <input type="radio"/></p> <p>November ..... 11 <input type="radio"/></p> <p>December ..... 12 <input type="radio"/></p> <p>Don't know ..... 13 <input type="radio"/></p> <p>Not in 1987 ..... 14 <input type="radio"/> → Go to F38 on this page</p>	<p><b>F5. In which province or territory?</b></p> <p>Newfoundland ..... 01 <input type="radio"/></p> <p>Prince Edward Island ..... 02 <input type="radio"/></p> <p>Nova Scotia ..... 03 <input type="radio"/></p> <p>New Brunswick ..... 04 <input type="radio"/></p> <p>Quebec ..... 05 <input type="radio"/></p> <p>Ontario ..... 06 <input type="radio"/></p> <p>Manitoba ..... 07 <input type="radio"/></p> <p>Saskatchewan ..... 08 <input type="radio"/></p> <p>Alberta ..... 09 <input type="radio"/></p> <p>British Columbia ..... 10 <input type="radio"/></p> <p>Yukon Territory ..... 11 <input type="radio"/></p> <p>Northwest Territories ..... 12 <input type="radio"/></p>
<p><b>F3. About what time of the day did it happen?</b></p> <p>During the day: { 8 a.m. - 12 noon ..... 1 <input type="radio"/></p> <p>                          { 12 noon - 6 p.m. .... 2 <input type="radio"/></p> <p>                          { Don't know ..... 3 <input type="radio"/></p> <p>At night: { 6 p.m. - 12 midnight ..... 4 <input type="radio"/></p> <p>                          { 12 midnight - 6 a.m. .... 5 <input type="radio"/></p> <p>                          { Don't know ..... 6 <input type="radio"/></p> <p>Don't know ..... 7 <input type="radio"/></p>	<p><b>F6. Did this incident take place in a city, town, village or a rural area?</b></p> <p>City ..... 1 <input type="radio"/></p> <p>Town ..... 2 <input type="radio"/></p> <p>Village ..... 3 <input type="radio"/></p> <p>Rural area ..... 4 <input type="radio"/></p> <p><b>F7. Did this accident involve a motor vehicle such as a car, van, truck, motorcycle, snowmobile or an All Terrain Vehicle (ATV)?</b></p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to F10</p>
<p><b>F4. Did this accident take place in Canada?</b></p> <p>Yes <input type="radio"/></p> <p>No <input type="radio"/> → Go to F7</p>	

**F8. At the time of the accident, were you a pedestrian, on a bicycle, or in a motor vehicle?**

Not present ..... 1

Pedestrian ..... 2

Bicycle ..... 3

Motor vehicle ..... 4  → **What type of motor vehicle?**

Car, van or truck ..... 5

Motorcycle ..... 6

Recreational vehicle ..... 7

Other ..... 8  (Specify)

\_\_\_\_\_

\_\_\_\_\_

**F9. Were any other pedestrians, bicycles or motor vehicles involved in this accident?**

Yes <sup>1</sup>  → **What were they? (Mark all that apply)**

Pedestrian ..... 3

Bicycle ..... 4

Car, van or truck ..... 5

Motorcycle ..... 6

Recreational vehicle ..... 7

Other ..... 8  (Specify)

\_\_\_\_\_

\_\_\_\_\_

No <sup>2</sup>

**F10. Did this accident happen at your place of work?**

Yes <sup>3</sup>

No <sup>4</sup>  → Go to F13

**F11. Did you apply for Workers Compensation?**

Yes <sup>5</sup>

No <sup>6</sup>

**F12. INTERVIEWER: Go to F15**

**F13. Did this accident occur when you were participating in a sport or recreational activity?**

Yes <sup>7</sup>

No <sup>8</sup>  → Go to F15

**F14. What sport or recreational activity were you participating in at the time?**

Baseball ..... 01

Basketball ..... 02

Boating ..... 03

Cycling ..... 04

Football ..... 05

Ice hockey ..... 06

Racquetball or squash ..... 07

Running or jogging ..... 08

Skiing ..... 09

Soccer ..... 10

Swimming ..... 11

Tennis ..... 12

Other ..... 13  (Specify)

\_\_\_\_\_

\_\_\_\_\_

**F15. Where did this accident take place? For example, was it at home, on a street or at school? (Mark all that apply)**

Inside respondent's own home/apartment ..... 17

Inside garage or other building on respondent's property ..... 18

Inside vacation home ..... 19

Outside respondent's home, including yard, driveway or in shared areas related to home such as apartment hallway or laundry room ..... 20

In parking lot of respondent's home/apartment ..... 21

In other parking lot ..... 22

On sidewalk/street/highway in respondent's neighbourhood ..... 23

On any other sidewalk/street/highway ..... 24

In a restaurant or bar ..... 25

Inside school or on school grounds ..... 26

In a hospital, prison or rehabilitation centre ..... 27

In a commercial or office building or a factory ..... 28

At an indoor or outdoor sports facility ..... 29

In a park (include national, provincial or local park, or conservation area) ..... 30

In a rural area ..... 31

Elsewhere ..... 32  (Specify)

\_\_\_\_\_

\_\_\_\_\_

**F16. Did this accident result in any injury to you?**

Yes <sup>1</sup>

No <sup>2</sup>  → Go to F23

**F17. What type of injury? Was it... (Mark all that apply)**

Broken or fractured bone(s) ..... 2

Burn or scald? ..... 3

Dislocation, sprain, strain or bruise? ..... 4

Cut or scrape? ..... 5

Loss of consciousness? ..... 6

Poisoning by substance or liquid? ..... 7

Internal injury? ..... 8

Other ..... 9  (Specify)

\_\_\_\_\_

\_\_\_\_\_

**F18. Where were you injured? Was it your... (Mark all that apply)**

Eyes? ..... 1

Head or neck (excluding eyes)? ..... 2

Arms or hands? ..... 3

Legs or feet? ..... 4

Back or spine? ..... 5

Trunk (excluding back or spine)? (Include shoulder, chest, internal organs, etc.) ..... 6

F19. Was there an object, product, substance or liquid which caused this injury?

Yes <sup>7</sup>○ → What was this? (Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No <sup>8</sup>○

F20. Did you receive any medical attention at a hospital as a result of this accident?

Yes <sup>1</sup>○ → Did you stay in hospital overnight?

Yes <sup>3</sup>○ → For how many nights? \_\_\_\_\_ } Go to F22

No <sup>4</sup>○ → \_\_\_\_\_ } Go to F22

No <sup>2</sup>○

F21. Did you receive any medical attention from a doctor or a nurse?

Yes <sup>5</sup>○

No <sup>6</sup>○

Don't know <sup>7</sup>○

F22. As a result of this accident, did you have to stay in bed for all or most of a day?

Yes <sup>8</sup>○ → For how many days? \_\_\_\_\_

No <sup>9</sup>○

F23. Was anybody else injured in this accident?

Yes <sup>1</sup>○

No <sup>2</sup>○

Don't know <sup>3</sup>○ } Go to F26

F24. Excluding yourself, how many persons were injured in this accident?

\_\_\_\_\_ persons

Don't know <sup>4</sup>○

F25. Were any of the persons injured in the accident less than 15 years of age?

Yes <sup>5</sup>○ → How many? \_\_\_\_\_

No <sup>6</sup>○

Don't know <sup>7</sup>○

F26. In your estimation, was this accident mainly:

Caused by carelessness or unsafe activity? <sup>8</sup>○

Something that could not have been predicted or avoided? <sup>9</sup>○ → Go to F28

F27. Was it: (Accept one response only)

An employer's carelessness or unsafe working conditions? <sup>1</sup>○

Your own carelessness or unsafe activity? <sup>2</sup>○

Someone else's carelessness or unsafe activity? <sup>3</sup>○

F28. Which of the following best describes your main activity during the week of the accident? Were you... (Accept one response only)

On holiday? <sup>3</sup>○

Working at a job or business? <sup>4</sup>○

Looking for work? <sup>6</sup>○

A student? <sup>6</sup>○

Keeping house? <sup>7</sup>○

Retired? <sup>8</sup>○

Other <sup>9</sup>○

(Specify)

\_\_\_\_\_

\_\_\_\_\_

F29. As a result of the accident, did you find it difficult or impossible to carry out this activity for all or most of a day?

Yes <sup>1</sup>○ → For how many days? (Include any days spent in bed) \_\_\_\_\_

No <sup>2</sup>○

Don't know <sup>3</sup>○

F30. Did you suffer any financial loss or incur extra expenses as a result of this accident?

Yes <sup>4</sup>○

No <sup>5</sup>○ → Go to F33

F31. Did you recover any of these costs through insurance or Workers Compensation?

Yes <sup>1</sup>○ → Was this from...

Insurance? <sup>3</sup>○

Workers Compensation? <sup>4</sup>○

Both? <sup>5</sup>○

No <sup>2</sup>○

F32. For this accident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?

\$ \_\_\_\_\_ .00

No expenses <sup>6</sup>○

Don't know <sup>7</sup>○

F33. INTERVIEWER: Is this respondent having trouble recalling the details of this accident?

Yes <sup>8</sup>○

No <sup>9</sup>○ → Go to F36

F34. INTERVIEWER: Are there two or more Accident Reports remaining to be completed for the current screen question? (Refer to screening questionnaire)

Yes <sup>1</sup>○

No <sup>2</sup>○ → Go to F36

F35. How many other accidents with details similar to this one were there during 1987? Exclude accidents already reported.

\_\_\_\_\_ accidents (If none enter 00)

INTERVIEWER: If this number is two or more, this is a series report.

F36. INTERVIEWER: Briefly summarize this accident or series of accidents.

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F37. INTERVIEWER: Go to F38 on front page of this form.

For information only



# General Social Survey - Crime Incident Report

Confidential when completed

GSS 3 - 4

G1. IDENTIFICATION	REPORT STATUS
<p>TELEPHONE NO. [ ]-[ ]-[ ]</p> <p>CRIME INCIDENT REPORT NO. [ ]</p> <p>SCREEN QUESTION NO. [ D ]</p>	<p>G65. INTERVIEWER: What is the status of this Incident Report?</p> <p>SINGLE INCIDENT REPORT ..... 1 <input type="radio"/></p> <p>SERIES INCIDENT REPORT ..... 2 <input type="radio"/></p> <p>DUPLICATE INCIDENT REPORT ..... 3 <input type="radio"/></p> <p>OUT OF SCOPE (Date, respondent not victim) ..... 4 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - SINGLE ..... 5 <input type="radio"/></p> <p>NO INFORMATION COLLECTED - MULTIPLE ..... 6 <input type="radio"/></p> <p>None of the above ..... 7 <input type="radio"/></p> <p style="text-align: right;">(Specify)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>G2. You said that during 1987 ... (refer to appropriate screen question for description of incident). In what month did (this/the most recent) incident happen?</p> <p>January ..... 01 <input type="radio"/></p> <p>February ..... 02 <input type="radio"/></p> <p>March ..... 03 <input type="radio"/></p> <p>April ..... 04 <input type="radio"/></p> <p>May ..... 05 <input type="radio"/></p> <p>June ..... 06 <input type="radio"/></p> <p>In 1987 July ..... 07 <input type="radio"/></p> <p>August ..... 08 <input type="radio"/></p> <p>September ..... 09 <input type="radio"/></p> <p>October ..... 10 <input type="radio"/></p> <p>November ..... 11 <input type="radio"/></p> <p>December ..... 12 <input type="radio"/></p> <p>Don't know ..... 13 <input type="radio"/></p> <p>Not in 1987 ..... 14 <input type="radio"/> → Go to G65 on this page</p>	<p>G66. INTERVIEWER: Is this the last Crime Incident Report to be filled out?</p> <p>Yes <sup>8</sup> <input type="radio"/> → Thank respondent, end interview and complete Section E, GSS 3-2.</p> <p>No <sup>9</sup> <input type="radio"/> → Go to next Crime Incident Report.</p>
<p>G3. About what time of the day did it happen?</p> <p>During the day { 8:00 a.m. - 12 noon ..... 1 <input type="radio"/></p> <p>{ 12 noon - 6 p.m. .... 2 <input type="radio"/></p> <p>{ Don't know ..... 3 <input type="radio"/></p> <p>At night { 6 p.m. - 12 midnight ..... 4 <input type="radio"/></p> <p>{ 12 midnight - 8 a.m. .... 5 <input type="radio"/></p> <p>{ Don't know ..... 6 <input type="radio"/></p> <p>Don't know ..... 7 <input type="radio"/></p>	<p>G4. Did this incident take place in Canada?</p> <p>Yes <sup>8</sup> <input type="radio"/></p> <p>No <sup>9</sup> <input type="radio"/> → Go to G7</p> <p>G5. In which province or territory?</p> <p>Newfoundland ..... 01 <input type="radio"/></p> <p>Prince Edward Island ..... 02 <input type="radio"/></p> <p>Nova Scotia ..... 03 <input type="radio"/></p> <p>New Brunswick ..... 04 <input type="radio"/></p> <p>Quebec ..... 05 <input type="radio"/></p> <p>Ontario ..... 06 <input type="radio"/></p> <p>Manitoba ..... 07 <input type="radio"/></p> <p>Saskatchewan ..... 08 <input type="radio"/></p> <p>Alberta ..... 09 <input type="radio"/></p> <p>British Columbia ..... 10 <input type="radio"/></p> <p>Yukon Territory ..... 11 <input type="radio"/></p> <p>Northwest Territories ..... 12 <input type="radio"/></p>
<p>G6. Did this incident take place in a city, town, village or a rural area?</p> <p>City ..... 1 <input type="radio"/></p> <p>Town ..... 2 <input type="radio"/></p> <p>Village ..... 3 <input type="radio"/></p> <p>Rural area ..... 4 <input type="radio"/></p>	

**G7. Did this incident happen at your place of work?**

Yes <sup>5</sup>  → Go to G9

No <sup>6</sup>

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**G8. Where did this incident take place? For example, was it at home, on a street or at school? (Mark all that apply) (If more than one marked, choose first "Go to")**

Inside respondent's own home/apartment (Include attempted break-in) ..... <sup>01</sup>  → Go to G10

Inside garage or other building on respondent's property (Include attempted break-in) ..... <sup>02</sup>  } Go to G12

Inside vacation home (Include attempted break-in) ..... <sup>03</sup>  }

Outside respondent's house, including yard, driveway or in shared areas related to home such as apartment hallway or laundry room ..... <sup>04</sup>  }

In parking lot of respondent's home/apartment ..... <sup>05</sup>  }

In other parking lot ..... <sup>06</sup>  }

On sidewalk/street/highway in respondent's neighbourhood . . . . . <sup>07</sup>  }

On any other sidewalk/street/highway ..... <sup>08</sup>  }

In a restaurant or bar ..... <sup>09</sup>  }

Inside school or on school grounds ..... <sup>10</sup>  → Go to G16

In a hospital, prison or rehabilitation centre ..... <sup>11</sup>  }

In a commercial or office building or a factory ..... <sup>12</sup>  }

At an indoor or outdoor sports facility ..... <sup>13</sup>  }

In a park (Include national, provincial or local park, or conservation area) ..... <sup>14</sup>  }

In a rural area ..... <sup>15</sup>  }

Elsewhere ..... <sup>16</sup>  ↓ (Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**G9. Where was your place of work at the time? For example, was it an office building, factory or school. (Mark all that apply) (If more than one marked, choose first "Go to")**

Inside respondent's own home/apartment (Include attempted break-in) ..... <sup>17</sup>  → Go to G10

Inside garage or other building on respondent's property (Include attempted break-in) ..... <sup>18</sup>  } Go to G12

Inside vacation home (Include attempted break-in) ..... <sup>19</sup>  }

Outside respondent's house, including yard, driveway or in shared areas related to home such as apartment hallway or laundry room ..... <sup>20</sup>  }

In parking lot of respondent's home/apartment ..... <sup>21</sup>  }

In other parking lot ..... <sup>22</sup>  }

On sidewalk/street/highway in respondent's neighbourhood . . . . . <sup>23</sup>  }

On any other sidewalk/street/highway ..... <sup>24</sup>  }

In a restaurant or bar ..... <sup>25</sup>  }

Inside school or on school grounds ..... <sup>26</sup>  → Go to G16

In a hospital, prison or rehabilitation centre ..... <sup>27</sup>  }

In a commercial or office building or a factory ..... <sup>28</sup>  }

At an indoor or outdoor sports facility ..... <sup>29</sup>  }

In a park (Include national, provincial or local park, or conservation area) ..... <sup>30</sup>  }

In a rural area ..... <sup>31</sup>  }

Elsewhere ..... <sup>32</sup>  ↓ (Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**G10. Was that the same dwelling that you are living in now?**

Yes <sup>1</sup>  → Go to G12

No <sup>2</sup>

**G11. What type of dwelling were you living in at the time of this incident? Was it a ...**

Single detached house? ..... 3

Semi-detached or double (side-by-side)? ..... 4

Garden house, town-house or row house? ..... 5

Duplex (one above the other)? ..... 6

Low-rise apartment (less than 5 stories)? ..... 7

High-rise apartment (5 or more stories)? ..... 8

Other ..... 9

↓  
(Specify)

\_\_\_\_\_

\_\_\_\_\_

**G12. At the time of the incident, did the person(s) who committed the act actually live there?**

Yes ..... 1  → Go to G16

No ..... 2

Don't know ..... 3  → Go to G16

**G13. Did someone let him/her/them in? (Example: guests, workmen)**

Yes ..... 4  → Go to G16

No ..... 5

**G14. Did the person who committed the act actually get in or just try to get in?**

Actually got in ..... 6

Tried to get in ..... 7

Don't know ..... 8

**G15. Was there any evidence such as a broken lock or window that the person(s) (forced/trying to force) his/her way in?**

Yes ..... 1  → **What was the evidence? (Mark all that apply)**

Broken lock or forced door ..... 4

Broken or forced window ..... 5

Other ..... 6

↓  
(Specify)

\_\_\_\_\_

\_\_\_\_\_

No ..... 2

Don't know ..... 3

**G16. INTERVIEWER: Was the respondent present at any time during the incident?**

Yes ..... 7  → Go to G18

No ..... 8  → Go to G34

Don't know ..... 9

**G17. Were you present at any time during the incident?**

Yes ..... 1

No ..... 2  → Go to G34

**G18. Did the person(s) who committed the act have a weapon, such as a gun or knife or something he/she was using as a weapon, such as a rock or bottle?**

Yes ..... 3

No ..... 4

Don't know ..... 5

**G19. An attack can be anything from being hit, slapped, grabbed or knocked down, to being shot, raped or beaten up. Were you attacked in any way during the incident?**

Yes ..... 6  → Go to G21

No ..... 7

**G20. Did the person(s) threaten you with harm in any way?**

Yes ..... 8  } Go to G25

No ..... 9  }

**G21. How were you attacked? (Mark all that apply).**

Raped, molested or attempt to rape or molest ..... 1

Shot, knifed or hit with object held in hand ..... 2

Hit, kicked, slapped, knocked down ..... 3

Grabbed, held, tripped, jumped, pushed ..... 4

Other ..... 5

↓  
(Specify)

\_\_\_\_\_

\_\_\_\_\_

**G22. Did you receive any medical attention at a hospital as a result of this incident?**

Yes ..... 6  → **Did you stay in hospital overnight?**

Yes ..... 8  → **For how many nights?** \_\_\_\_\_ } Go to G24

No ..... 9

No ..... 7

**G23. Did you receive any medical attention from a doctor or a nurse?**

Yes ..... 1

No ..... 2

Don't know ..... 3

**G24. As a result of this incident, did you have to stay in bed for all or most of a day?**

Yes ..... 4  → **For how many days?** \_\_\_\_\_

No ..... 5

**G25. Was only one person involved in committing the act?**

Yes ..... 6

No ..... 7  → Go to G30

Don't know ..... 8  → Go to G34

<p><b>G26. Did you know this person?</b></p> <p>Yes ..... <input type="radio"/> 1</p> <p>No ..... <input type="radio"/> 2 }      <b>Go to G34</b></p> <p>Don't know <input type="radio"/> 3 }      <b>Go to G34</b></p>	<p><b>G34. Was anyone (else) harmed or threatened during this incident?</b></p> <p>Yes ..... <input type="radio"/> 7 →      <b>How many persons?</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span></p> <p>No ..... <input type="radio"/> 8 }      <b>Go to G36</b></p> <p>Don't know <input type="radio"/> 9 }      <b>Go to G36</b></p>
<p><b>G27. How well did you know him/her?</b></p> <p>Well known ..... <input type="radio"/> 4</p> <p>Casual acquaintance ..... <input type="radio"/> 5 }      <b>Go to G34</b></p> <p>Known by sight only ..... <input type="radio"/> 6 }      <b>Go to G34</b></p>	<p><b>G35. Were any of these persons who were harmed or threatened under 15 years of age?</b></p> <p>Yes ..... <input type="radio"/> 1 →      <b>How many?</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span></p> <p>No ..... <input type="radio"/> 2</p>
<p><b>G28. What was the person's relationship to you?</b></p> <p>Spouse ..... <input type="radio"/> 1</p> <p>Ex-spouse ..... <input type="radio"/> 2</p> <p>Other relative ..... <input type="radio"/> 3</p> <p>Friend ..... <input type="radio"/> 4</p> <p>Neighbour ..... <input type="radio"/> 5</p> <p>Other ..... <input type="radio"/> 6</p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>	<p><b>G36. Was anything that belonged to you or your household stolen during this incident? Do not include property stolen from a business.</b></p> <p>Yes ..... <input type="radio"/> 3</p> <p>No ..... <input type="radio"/> 4 }      <b>Go to G41</b></p> <p>Don't know ..... <input type="radio"/> 5 }      <b>Go to G41</b></p>
<p><b>G29. INTERVIEWER: Go to G34</b></p>	<p><b>G37. What was taken? Anything else? (Mark all that apply)</b></p> <p>Cash ..... <input type="radio"/> 01</p> <p>Respondents personal property {              Purse, wallet, credit cards,              cheques, personal papers ..... <input type="radio"/> 02              Clothing, jewellery ..... <input type="radio"/> 03              Other personal property ..... <input type="radio"/> 04          Personal property of someone else ..... <input type="radio"/> 05          Motor vehicle {              Car ..... <input type="radio"/> 06              Truck or van ..... <input type="radio"/> 07              Motorcycle or moped ..... <input type="radio"/> 08              Other motor vehicle ..... <input type="radio"/> 09              Part of a motor vehicle ..... <input type="radio"/> 10          Household property {              Food, drink, liquor ..... <input type="radio"/> 11              Electronic equipment, including              T.V., stereo, video recorder,              records ..... <input type="radio"/> 12              Household articles, including              tools, appliances, furniture,              carpets ..... <input type="radio"/> 13              Boat ..... <input type="radio"/> 14              Bicycle ..... <input type="radio"/> 15              Other household property ..... <input type="radio"/> 16</p>
<p><b>G30. How many persons were involved?</b></p> <p><span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span></p> <p>Don't know <input type="radio"/> 7</p>	<p><b>G31. Were any of the persons known to you or were they all strangers?</b></p> <p>All known ..... <input type="radio"/> 1</p> <p>Some known ..... <input type="radio"/> 2</p> <p>All strangers ..... <input type="radio"/> 3 }      <b>Go to G34</b></p> <p>Don't know ..... <input type="radio"/> 4 }      <b>Go to G34</b></p>
<p><b>G32. How well did you know them? (Mark all that apply) (If more than one marked choose first "Go to")</b></p> <p>Well known ..... <input type="radio"/> 5 →      <b>Go to G33</b></p> <p>Casual acquaintance ..... <input type="radio"/> 6 }      <b>Go to G34</b></p> <p>Known by sight only ..... <input type="radio"/> 7 }      <b>Go to G34</b></p>	<p><b>G38. What is your best estimate of the value of all property or cash stolen in this incident?</b></p> <p>\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> .00</p> <p>No value ..... <input type="radio"/> 6</p> <p>Don't know ..... <input type="radio"/> 7</p>
<p><b>G33. What was their relationship to you? (Mark all that apply)</b></p> <p>Spouse ..... <input type="radio"/> 1</p> <p>Ex-spouse ..... <input type="radio"/> 2</p> <p>Other relative ..... <input type="radio"/> 3</p> <p>Friend ..... <input type="radio"/> 4</p> <p>Neighbour ..... <input type="radio"/> 5</p> <p>Other ..... <input type="radio"/> 6</p> <p style="text-align: right;">↓</p> <p style="text-align: right;">(Specify)</p> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>	<p><b>G39. Was any of the stolen money and/or property recovered, not counting anything received from insurance?</b></p> <p>Yes ..... <input type="radio"/> 1 →      <b>Was it all recovered?</b></p> <p style="padding-left: 100px;">Yes <input type="radio"/> 4</p> <p style="padding-left: 100px;">No <input type="radio"/> 5</p> <p>No ..... <input type="radio"/> 2</p> <p>Don't know ..... <input type="radio"/> 3</p>



<p><b>G40. INTERVIEWER: GO TO G43</b></p> <p><b>G41. Did this person attempt to take anything that belonged to you or your household? Do not include attempted thefts from a business.</b></p> <p>Yes ..... <sup>6</sup> <input type="radio"/></p> <p>No ..... <sup>7</sup> <input type="radio"/> } <b>Go to G43</b></p> <p>Don't know ..... <sup>8</sup> <input type="radio"/></p>	<p><b>G49. For this incident, what is your best estimate of your out-of-pocket expenses, that is, expenses for which you do not expect to be reimbursed?</b></p> <p>\$ _____ .00</p> <p>No expenses <sup>1</sup> <input type="radio"/></p> <p>Don't know <sup>2</sup> <input type="radio"/></p>																				
<p><b>G42. What property did they attempt to take? (Mark all that apply)</b></p> <p>Cash ..... <sup>1</sup> <input type="radio"/></p> <p>Respondent's personal property ..... <sup>2</sup> <input type="radio"/></p> <p>Personal property of someone else ..... <sup>3</sup> <input type="radio"/></p> <p>Motor vehicle or part of a motor vehicle ..... <sup>4</sup> <input type="radio"/></p> <p>Household property ..... <sup>5</sup> <input type="radio"/></p>	<p><b>G50. Which of the following best describes your main activity during the week of the incident? Were you ... (Accept one response only)</b></p> <p>On holiday? ..... <sup>3</sup> <input type="radio"/></p> <p>Working at a job or business? ..... <sup>4</sup> <input type="radio"/></p> <p>Looking for work? ..... <sup>5</sup> <input type="radio"/></p> <p>A student? ..... <sup>6</sup> <input type="radio"/></p> <p>Keeping house? ..... <sup>7</sup> <input type="radio"/></p> <p>Retired? ..... <sup>8</sup> <input type="radio"/></p> <p>Other ..... <sup>9</sup> <input type="radio"/></p> <p style="text-align: right;">↓ (Specify)</p> <p>_____</p> <p>_____</p>																				
<p><b>G43. Was anything that belonged to you or a member of this household damaged BUT NOT TAKEN in this incident?</b></p> <p>Yes ..... <sup>6</sup> <input type="radio"/></p> <p>No ..... <sup>7</sup> <input type="radio"/> } <b>Go to G48</b></p> <p>Don't know ..... <sup>8</sup> <input type="radio"/></p>	<p><b>G51. As a result of this incident, did you find it difficult or impossible to carry out your main activity for all or most of a day?</b></p> <p>Yes ..... <sup>1</sup> <input type="radio"/> → <b>For how many days?</b></p> <p style="text-align: center;">_____</p> <p>No ..... <sup>2</sup> <input type="radio"/></p> <p>Don't know ..... <sup>3</sup> <input type="radio"/></p>																				
<p><b>G44. What was damaged? (Mark all that apply)</b></p> <p>Respondent's personal property ..... <sup>1</sup> <input type="radio"/></p> <p>Personal property of someone else ..... <sup>2</sup> <input type="radio"/></p> <p>Motor vehicle or part of a motor vehicle ..... <sup>3</sup> <input type="radio"/></p> <p>Dwelling or other building on property ..... <sup>4</sup> <input type="radio"/></p> <p>Household property ..... <sup>5</sup> <input type="radio"/></p>	<p><b>G52. Did the police find out about this incident in any way?</b></p> <p>Yes ..... <sup>4</sup> <input type="radio"/></p> <p>No ..... <sup>5</sup> <input type="radio"/> → <b>Go to G56</b></p> <p>Don't know ..... <sup>6</sup> <input type="radio"/> → <b>Go to G57</b></p>																				
<p><b>G45. What is your best estimate of the value of all damage done in this incident?</b></p> <p>\$ _____ .00</p> <p>No value ..... <sup>6</sup> <input type="radio"/></p> <p>Don't know ..... <sup>7</sup> <input type="radio"/></p>	<p><b>G53. How did they learn about it? Was it from you or some other way?</b></p> <p>Respondent ..... <sup>7</sup> <input type="radio"/></p> <p>Some other way <sup>8</sup> <input type="radio"/> → <b>Go to G57</b></p>																				
<p><b>G46. Have any of the damaged items been repaired or replaced?</b></p> <p>Yes ..... <sup>1</sup> <input type="radio"/> → <b>Go to G48</b></p> <p>No ..... <sup>2</sup> <input type="radio"/></p> <p>Don't know ..... <sup>3</sup> <input type="radio"/></p>	<p><b>G54. People have different reasons for reporting incidents to the police. Did any of the following have anything to do with why you reported this incident?</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a) Stop the incident or prevent a recurrence .....</td> <td style="text-align: center;"><sup>01</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>02</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>03</sup> <input type="radio"/></td> </tr> <tr> <td>b) File a report to claim insurance or compensation .....</td> <td style="text-align: center;"><sup>04</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>05</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>06</sup> <input type="radio"/></td> </tr> <tr> <td>c) Receive protection .....</td> <td style="text-align: center;"><sup>07</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>08</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>09</sup> <input type="radio"/></td> </tr> <tr> <td>d) Catch and punish the offender .....</td> <td style="text-align: center;"><sup>10</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>11</sup> <input type="radio"/></td> <td style="text-align: center;"><sup>12</sup> <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	Don't know	a) Stop the incident or prevent a recurrence .....	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	b) File a report to claim insurance or compensation .....	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>	<sup>06</sup> <input type="radio"/>	c) Receive protection .....	<sup>07</sup> <input type="radio"/>	<sup>08</sup> <input type="radio"/>	<sup>09</sup> <input type="radio"/>	d) Catch and punish the offender .....	<sup>10</sup> <input type="radio"/>	<sup>11</sup> <input type="radio"/>	<sup>12</sup> <input type="radio"/>
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c) Receive protection .....	<sup>07</sup> <input type="radio"/>	<sup>08</sup> <input type="radio"/>	<sup>09</sup> <input type="radio"/>																		
d) Catch and punish the offender .....	<sup>10</sup> <input type="radio"/>	<sup>11</sup> <input type="radio"/>	<sup>12</sup> <input type="radio"/>																		
<p><b>G47. Will they be repaired or replaced?</b></p> <p>Yes ..... <sup>4</sup> <input type="radio"/></p> <p>No ..... <sup>5</sup> <input type="radio"/></p> <p>Don't know ..... <sup>6</sup> <input type="radio"/></p>	<p><b>G55. INTERVIEWER: Go to G57</b></p>																				
<p><b>G48. Did you obtain or attempt to obtain compensation for this incident in any of the following ways?</b></p> <p><b>a) Through an insurance company?</b></p> <p>Yes <sup>1</sup> <input type="radio"/> → <b>Did you obtain any compensation?</b></p> <p style="margin-left: 20px;">Yes ..... <sup>3</sup> <input type="radio"/></p> <p style="margin-left: 20px;">No ..... <sup>4</sup> <input type="radio"/></p> <p style="margin-left: 20px;">Not yet resolved ..... <sup>5</sup> <input type="radio"/></p> <p>No <sup>2</sup> <input type="radio"/></p> <p><b>b) Through a civil or criminal court?</b></p> <p>Yes <sup>5</sup> <input type="radio"/> → <b>Did you obtain any compensation?</b></p> <p style="margin-left: 20px;">Yes ..... <sup>7</sup> <input type="radio"/></p> <p style="margin-left: 20px;">No ..... <sup>8</sup> <input type="radio"/></p> <p style="margin-left: 20px;">Not yet resolved ..... <sup>9</sup> <input type="radio"/></p> <p>No <sup>6</sup> <input type="radio"/></p>																					

<p><b>G56. I am now going to describe different circumstances that may affect whether or not an incident is reported to the police. Did any of the following have anything to do with why this incident was not reported to the police?</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>a) Nothing was taken or the items were recovered . . . . .</td> <td style="text-align: center;">13 <input type="radio"/></td> <td style="text-align: center;">14 <input type="radio"/></td> <td style="text-align: center;">15 <input type="radio"/></td> </tr> <tr> <td>b) Police could not do anything about it . . . . .</td> <td style="text-align: center;">16 <input type="radio"/></td> <td style="text-align: center;">17 <input type="radio"/></td> <td style="text-align: center;">18 <input type="radio"/></td> </tr> <tr> <td>c) Fear of revenge by the offender . . . . .</td> <td style="text-align: center;">19 <input type="radio"/></td> <td style="text-align: center;">20 <input type="radio"/></td> <td style="text-align: center;">21 <input type="radio"/></td> </tr> <tr> <td>d) Incident was too minor or it was not important enough . . . . .</td> <td style="text-align: center;">22 <input type="radio"/></td> <td style="text-align: center;">23 <input type="radio"/></td> <td style="text-align: center;">24 <input type="radio"/></td> </tr> <tr> <td>e) Incident was a personal matter and did not concern the police . . . . .</td> <td style="text-align: center;">25 <input type="radio"/></td> <td style="text-align: center;">26 <input type="radio"/></td> <td style="text-align: center;">27 <input type="radio"/></td> </tr> <tr> <td>f) Did not want to get involved with police or courts . . . . .</td> <td style="text-align: center;">28 <input type="radio"/></td> <td style="text-align: center;">29 <input type="radio"/></td> <td style="text-align: center;">30 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	Don't know	a) Nothing was taken or the items were recovered . . . . .	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	b) Police could not do anything about it . . . . .	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	c) Fear of revenge by the offender . . . . .	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	d) Incident was too minor or it was not important enough . . . . .	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	e) Incident was a personal matter and did not concern the police . . . . .	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	f) Did not want to get involved with police or courts . . . . .	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>	<p><b>G63. INTERVIEWER: Briefly summarize this incident or series of incidents.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p><b>G57. Did you seek any assistance or advice from any organisation or agency providing assistance to victims?</b></p> <p>Yes <sup>1</sup> <input type="radio"/> → Go to G60 No <sup>2</sup> <input type="radio"/></p>	Information Only																												
<p><b>G58. Do you know of any such organisation or agency in your area?</b></p> <p>Yes <sup>3</sup> <input type="radio"/> No <sup>4</sup> <input type="radio"/> → Go to G60</p>																													
<p><b>G59. Why did you not seek assistance or advice from such an organisation or agency?</b></p> <p>Someone else contacted organisation or agency . . . . . <sup>5</sup> <input type="radio"/>                      Not worth trouble . . . . . <sup>6</sup> <input type="radio"/>                      Not necessary . . . . . <sup>7</sup> <input type="radio"/>                      Other . . . . . <sup>8</sup> <input type="radio"/></p> <p style="text-align: center;">↓ (Specify)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px; width: 50px;"></td></tr> <tr><td style="height: 20px; width: 50px;"></td></tr> <tr><td style="height: 20px; width: 50px;"></td></tr> <tr><td style="height: 20px; width: 50px;"></td></tr> <tr><td style="height: 20px; width: 50px;"></td></tr> <tr><td style="height: 20px; width: 50px;"></td></tr> </table>																													
<p><b>G64. INTERVIEWER: Go to G65 on the front page of this form.</b></p>																													
<p><b>G60. INTERVIEWER: Is this respondent having trouble recalling the details of this incident?</b></p> <p>Yes <sup>1</sup> <input type="radio"/> No <sup>2</sup> <input type="radio"/> → Go to G63</p>																													
<p><b>G61. INTERVIEWER: Are there 2 or more incident Reports remaining to be completed for the current screen question? (Refer to screening questionnaire)</b></p> <p>Yes <sup>3</sup> <input type="radio"/> No <sup>4</sup> <input type="radio"/> → Go to G63</p>																													
<p><b>G62. How many other incidents with details similar to this one were there during 1987? Exclude incidents already reported.</b></p> <p><input style="width: 40px; height: 15px; border: 1px solid black;" type="text"/> incidents (If none enter 00)</p> <p><i>INTERVIEWER: If this number is two or more, this is a series report.</i></p>																													