

# Victims of Crime Survey 2016/17

## A: PARTICULARS OF THE DWELLING

A1: PSU Number

A2: Dwelling unit number

A3: Physical identification of the Dwelling Unit/ Household

A4: Telephone number of enumerated household

A5: Total number of persons in the household

A6: Questionnaire number for this household

## B: HOUSEHOLDS AT THE SELECTED DWELLING UNIT

B1: Household number for this household

B2: Total number of households at selected dwelling

## C: FIELD STAFF

C1: Survey Officer name

Assignment number

C2: DSC name

Assignment number

C3: PQM name

Assignment number

Unique No.

## D: SURVEY DATE

## E: RESPONSE DETAILS

Visit No. Date (actual)

d d m m y y y y

Result  
Code

Next visit (planned)

d d m m y y y y

1  
2  
3  
4

E2: Final result code

E3: Comments and full details for result codes 12-37

d d m m y y y y

d d m m y y y y

d d m m y y y y

RESULT CODES			
11	Completed	32	Vacant dwelling
12	Partly completed	33	Demolished
21	Non-contact	34	New dwelling under construction
22	Refusal	35	Status change
23	Other non-response	36	Listing error
31	Unoccupied dwelling	37	Non-household member

### **Aim and use of the survey**

The aim of the Victims of Crime Survey is to:

- Provide information about the dynamics of crime from the perspective of households and the victims of crime.
- Explore public perceptions of the activities of the police, prosecutors, courts and correctional services in the prevention of crime and victimisation.
- Provide complimentary data on the level of crime within South Africa (SA) in addition to the statistics published annually by the South African Police Service (SAPS).

The survey is conducted annually in all nine provinces and the data will be used for the development of policies and strategies, as well as crime prevention and public education programmes.

### **The survey design**

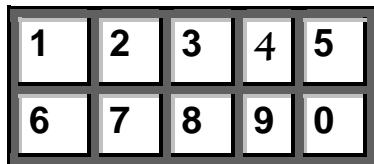
A representative national sample of approximately 30 000 Dwelling Units (DUs) has been drawn from the 3 080 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2001 Population Census Enumeration Areas (EAs). Approximately 1-15 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

### **Write figures very carefully**

Close the zeros (0) so that they will not be mistaken for the sixes (6).

When there is more than one zero (0), as for instance in the value 1 000, do not connect the zeros on top, which is very common. Do not write the figures sideways or diagonally. Never use decimal points (or decimal commas).

Your figures should be written like this:



Your crosses should not touch the sides:



**FLAP This section covers particulars of each person in the household**

The following information must be obtained for every person who is considered to be a member of the household.

Only add persons who had stayed here for at least four nights on average per week for at least four weeks. Do not forget babies.

If there are more than 10 persons in the household, use a second questionnaire.

INTERVIEW START TIME h h m m

		01	02	03	04	05	06	07	08	09	10
<b>A</b>	<b>First name and surname</b> <i>First name:</i> Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Surname:</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B</b>	Has ..... stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = Yes 2 = No → If "No", End of interview	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
<b>C</b>	Is ..... a male or a female? 1 = Male 2 = Female	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
<b>D</b>	What is .....’s date of birth and age in completed years?										
	Day of Birth: Example of day 05	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d	<input type="text"/> d <input type="text"/> d
	Month of birth: Example of month 11	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m	<input type="text"/> m <input type="text"/> m
	Year of birth: Example of year 2007	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
	Age in years Less than one year = 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		01	02	03	04	05	06	07	08	09	10
<b>E</b>	<b>What population group does ... belong to?</b> 1 = Black African 2 = Coloured 3 = Indian/Asian 4 = White 5 = Other ( <i>specify</i> )	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>
<b>F</b>	<b>Which Nationality does ...belong to?</b> 1 = South African 2 = Other (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="text"/>
<b>G</b>	<b>Is there any other person residing in this household, other than those already mentioned?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		→ If "Yes", Go back to A							

Select a member of the household 16 years and older for which sections 21-28 have to be completed in the following way:

Look at the birthdays of all individuals aged 16 years and older and select the individual whose birthday comes first after the interview month.

<b>H</b>	Indicate the person number of the selected person. Selected person	<input type="text"/> <input type="text"/>	<b>I</b>	Provide contact number of selected person	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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## MOTOR VEHICLE OWNERSHIP

<b>J</b>	<b>In the past 12 months did <u>anyone in the household</u> own a motorised vehicle in working condition?</b> 1 = Yes 2 = No → Go to Section 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>K</b>	<b>If yes, how many motorised vehicles in working condition does this household own?</b>	<input type="text"/> <input type="text"/> <input type="text"/>

## SECTION 1: HOUSEHOLD SPECIFIC CHARACTERISTICS

*This section covers particulars of each person in the household*

		01	02	03	04	05	06	07	08	09	10
<b>1.1</b>	<b>What is ...'s relationship to the head of the household? (i.e. to the person in column 1)</b> 1 = Head/acting head 2 = Husband/wife/partner of person 01 3 = Son/daughter/stepchild/adopted child of person 01 4 = Brother/sister/stepbrother/stepsister of person 01 5 = Father/mother/stepfather/stepmother of person 01 6 = Grandparent/great grandparent of person 01 7 = Grandchild/great grandchild of person 01 8 = Other relative (e.g. in-laws or aunt/uncle) of person 01 9 = Non-related persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.2</b>	<b>What is ...'s present marital status?</b> 1 = Married 2 = Living together like husband and wife 3 = Divorced 4 = Separated, but still legally married 5 = Widowed 6 = Single, but have been living together with someone as husband/wife before 7 = Single and have never been married/never lived together as husband/wife before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.3</b>	<b>What is the main language that ... speaks?</b> 01 = Afrikaans 02 = English 03 = IsiNdebele/South Ndebele/North Ndebele 04 = IsiXhosa/Xhosa 05 = IsiZulu/Zulu 06 = IsiSwati 07 = Sepedi/Northern Sotho 08 = Sesotho/Southern Sotho/Sotho 09 = Setswana/Tswana 10 = Tshivenda/Venda 11 = Xitsonga/Tsonga 12 = Other, (specify)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## EDUCATION

**Ask for all household members. Read out: Now I am going to ask you questions related to education for each member of the household**

		01	02	03	04	05	06	07	08	09	10
<b>1.4</b>	<b>What is the highest level of education that ... has successfully completed?</b> <i>Diplomas or certificates must be of six months plus study duration full-time (or equivalent) to be included</i> 98 = No schooling 00 = Grade R/0 01 = Grade 1/Sub A/Class 1 02 = Grade 2/Sub B/Class 2 03 = Grade 3/Standard 1/ABET 1(Kha Ri Gude, Sanli) 04 = Grade 4/Standard 2 05 = Grade 5/Standard 3/ABET 2 06 = Grade 6/Standard 4 07 = Grade 7/Standard 5/ABET 3 08 = Grade 8/Standard 6/Form 1 09 = Grade 9/Standard 7/Form 2/ABET 4 10 = Grade 10/Standard 8/Form 3 11 = Grade 11/Standard 9/Form 4 12 = Grade 12/Standard 10/Form 5/Matric (No Exemption) 13 = Grade 12/Standard 10/Form 5/Matric (Exemption *) 14 = NTC 1/ N1/NC (V) Level 2 15 = NTC 2/ N2/ NC (V) Level 3 16 = NTC 3/ N3/NC (V) Level 4 17 = N4/NTC 4 18 = N5/NTC 5 19 = N6/NTC 6 20 = Certificate with less than Grade 12/Std 10 21 = Diploma with less than Grade 12/Std 10 22 = Certificate with Grade 12/Std 10 23 = Diploma with Grade 12/Std 10 24 = Higher Diploma (Technikon/University of Technology) 25 = Post Higher Diploma (Technikon/University of Technology, Masters, Doctoral) 26 = Bachelor's Degree 27 = Bachelor's Degree and post-graduate diploma 28 = Honours Degree 29 = Higher degree (Masters, Doctorate) 30 = Other ( <i>specify in the box below</i> ) 31 = Do not know										
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## ECONOMIC ACTIVITIES

Ask for all household members 15 years and older

		01	02	03	04	05	06	07	08	09	10
1.5a	<p><b>In the last week (Monday to Sunday) did... work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b></p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1  <input type="checkbox"/> 2
1.5b	<p><b>In the last week (Monday to Sunday) did ... run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour?</b></p> <p><i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3
1.5c	<p><b>In the last week (Monday to Sunday) did... help without being paid in any kind of household business, even if it was for only one hour?</b></p> <p><i>Examples: Commercial farming, production of agricultural produce to sell, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3

If "Yes" to any of the above → Go to Q1.6

		01	02	03	04	05	06	07	08	09	10
<b>1.5d</b>	<b>In the last week (Monday to Sunday), even though ... did not do any work for pay or profit, did ... have a job or business that they would definitely return to?</b>  1 = Yes 2 = No → <b>Go to Q1.7</b> 3 = Do not know → <b>Go to Q1.7</b>	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3
<b>1.6</b>	<b>Is ...'s work</b> 1 = Permanent 2 = A fixed period contract 3 = Temporary 4 = Casual 5 = Seasonal 6 = Do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section on household income source to section 20 covers information regarding the household. In these sections ask a responsible person in the household (preferably head of household or acting head of household) to answer on behalf of the household

## HOUSEHOLD INCOME SOURCE

**READ OUT:** Now I would like to ask you some questions about the household's income sources.

<b>1.7</b>	<b>What are the sources of income for this household?</b>  1 = Salaries/wages/commission 2 = Income from a business 3 = Remittances/maintenance 4 = Pensions 5 = Social grants (including old age grants) 6 = Sales of farm products and services 7 = Other source of income <b>If "No" to all → Go to Section 2</b>	<div>Yes No</div> <div> <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2         </div>
<b>1.8</b>	<b>Which <u>one</u> of the above income sources is the main source of income?</b> <i>Write the option number in the block provided e.g. if salary/wages/commission is the main source of income write 1</i>	<input type="text"/>



**READ OUT:** *I would like to start by asking you some questions about your perceptions and general beliefs on crime in your area.*

8



### SECTION 3: INDIVIDUAL AND COMMUNITY RESPONSE TO CRIME

**READ OUT:** Next I would like to ask you some questions on what you believe the government should prioritise in order to reduce crime and how you respond to crime in your area

3.1	<b>If you could tell the government what to spend money on in order to reduce crime, which ONE of the following would you select</b> 1 = Law enforcement (e.g. more police) 2 = The Judiciary/Courts (e.g. harsher penalties for offenders) 3 = Social development (e.g. advocacy) 4 = Economic development (e.g. job creation)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																					
3.2	<b>Do you think that women should have the same constitutional rights as men?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					
3.3	<b>Have you taken any of the following measures to protect yourself against crime and violence?</b> <i>Read all the options</i> 1 = Physical protection measures of home (e.g. burglar doors) 2 = Physical protection measures of vehicles (e.g. alarm) 3 = Carrying of weapons (e.g. gun ) 4 = Private security (e.g. paid armed response) 5 = Self-help groups( e.g. self-defence classes) 6 = Other (specify) <b>If "No" or "Not applicable" to all go to Q3.5</b>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td></td> </tr> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																						
<input type="checkbox"/> 1	<input type="checkbox"/> 2																						
3.4	<b>Do you feel safer because of taking these precautions?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					
3.5	<b>Is there any organisation or group, other than the police, that provides protection against crime in your community?</b> 1 = Yes 2 = No → <b>Go to Q3.7</b> 3 = Do not know → <b>Go to Q3.7</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																					

3.6	<b>If yes, which organisation or group?</b> 1 = Community Policing Forum 2 = Neighbourhood watch 3 = Private security company 4 = Religious/Traditional group/leader 5 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>
3.7	<b>If you are in a situation at home where you suspect that you or your household members may become victim(s) of crime, who will you contact first to come to your rescue?</b> 1 = Nobody 2 = Relative/friend 3 = Private security companies 4 = Community groups/organisation or leader 5 = Religious/Traditional group/leader 6 = South African Police Service(SAPS) 7 = Community Policing Forum 8 = Other (specify)	<input type="checkbox"/> <input type="text"/>
3.8	<b>Are the following institutions easily accessible in your area?</b> <i>Read all the options</i> 1 = Courts 2 = Police 3 = Victim Empowerment/Thuthuzela centres 4 = Medical institutions (e.g. clinics, hospitals) 5 = Non-Governmental/Community Based Organisation 6 = Other(specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="text"/>

## SECTION 4: VICTIM SUPPORT INTERVENTIONS

**READ OUT:** Sometimes the police, Non-Governmental Organisations (NGOs) or other agencies can offer some services to people who have been victims of crime. I would like to know about your perception violence against women and if you are aware of any of the following services that are available to victims of crime.

4.1	In general, it is okay for a man to hit a woman? 1 = It is perfectly okay 2 = It is sort of okay 3 = It is sort of wrong 4 = It is really wrong	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																						
4.2	Do you know where to take victim (s) of violent crime to access <u>medical services</u> ? 1 = Yes 2 = No → Go to Q4.4	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
4.3	If yes, where? 1 = Police 2 = Hospital or trauma unit 3 = Local clinic 4 = Private doctor 5 = NGO/volunteer group 6 = Victim Empowerment/Thuthuzela Centres 7 = Religious/Traditional group/ leader 8 = Courts 9 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																							
4.4	Do you know where to take victim(s) of violent crime for <u>counselling services</u> ? 1 = Yes 2 = No → Go to Q4.6	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
4.5	If yes, where? 1 = Police 2 = Hospital or trauma unit 3 = Local clinic 4 = Private doctor 5 = NGO/volunteer group 6 = Victim Empowerment/Thuthuzela Centres 7 = Religious/Traditional group/leader 8 = Courts 9 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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4.6	Do you know of a <u>shelter or place of safety</u> in your area where you can victim(s) of domestic violence? 1 = Yes 2 = No → Go to Section 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.7	If yes, what is the nature of this <u>shelter or place of safety</u> ? Read all the options 1 = NGO/volunteer run 2 = State run 3 = Religious/Traditional 4 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
4.8	How long does it take on average to get to the <u>shelter or place of safety</u> using your usual mode of transport? 1 = Less than 30 minutes 2 = 31-60 minutes 3 = 61-120 minutes 4 = More than 2 hours	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**READ OUT:** Next I am going to ask you some questions about your community

5.1	<p><b>Do you know the name of your next-door neighbour?</b></p> <p>1 = Yes 2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.2	<p><b>Would you ask your next-door neighbour to watch your house for you if you were going away?</b></p> <p>1 = Yes 2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.3	<p><b>Do you trust your next-door neighbour enough that you would let them look after your children (even if you do not have children), for more than an hour?</b></p> <p>1 = Yes 2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.4	<p><b>Are you currently involved in any of the following community-based initiatives?</b></p> <p><i>Read all the options</i></p> <p>1 = Religious group 2 = Stokvel/savings group/burial society 3 = Community crime prevention forum 4 = Sports group 5 = Any other group (specify)</p>	<p>Yes      No</p> <p> <input type="checkbox"/> 1      <input type="checkbox"/> 2  <input type="checkbox"/> 1      <input type="checkbox"/> 2  <input type="checkbox"/> 1      <input type="checkbox"/> 2  <input type="checkbox"/> 1      <input type="checkbox"/> 2  <input type="checkbox"/> 1      <input type="checkbox"/> 2 </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5.5	<p><b>Is there a forum in your area that discusses crime?</b></p> <p>1 = Yes 2 = No</p> <p style="text-align: right;">→ Go to Section 6</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.6	<p><b>If yes, how frequent is it held?</b></p> <p>1 = Once a week 2 = Once a month 3 = Once a year 4 = When there is a need 5 = Other (specify)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**READ OUT:** Next I am going to ask you some questions about the Police

6.1	<p><b>Do you know where the nearest police station is?</b></p> <p>1 = Yes 2 = No</p> <p style="text-align: right;"><b>→ Go to Q6.4</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.2	<p><b>How long does it take on average to get to the police station using <u>your usual mode of transport</u>?</b></p> <p>1 = Less than 30 minutes 2 = 31-60 minutes 3 = 61-120 minutes 4 = More than 2 hours</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
6.3	<p><b>Have you been to this police station in the last three calendar years?</b></p> <p>1 = Yes 2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.4	<p><b>Have you ever been in (OFFICIAL) contact with the police other than visiting them at a police station?(per telephone)?</b></p> <p>1 = Yes 2 = No</p> <p style="text-align: right;"><b>→ Go to Q6.6</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.5	<p><b>How long does it take the police on average to respond to a call?</b></p> <p>1 = Less than 30 minutes 2 = 31-60 minutes 3 = 61-120 minutes 4 = More than 2 hours 5 = Never arrive</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
6.6	<p><b>Are you satisfied with the police services in your area?</b></p> <p>1 = Yes 2 = No</p> <p style="text-align: right;"><b>→ Go to Q6.8</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

6.7	<b>If yes, why are you satisfied with the police services?</b> 1 = They are committed 2 = They are trustworthy 3 = They always respond on time 4 = They come to the scene of the crime 5 = They arrest suspects 6 = They recover stolen property 7 = They are gender sensitive/tolerant 8 = They are disability sensitive/tolerant 9 = Other (specify) → <b>Go to Q6.9</b>	<input type="checkbox"/>           <input type="text"/>
6.8	<b>If no, why are you not satisfied with the police services?</b> 01 = They do not have enough resources 02 = They are lazy 03 = They are corrupt 04 = They do not come to the area 05 = They release suspects early 06 = They co-operate with thieves/criminals 07 = They are harsh towards victims 08 = They never recover goods 09 = They do not respond on time 10 = They are gender insensitive/intolerant 11 = They are disability insensitive/intolerant 12 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>           <input type="text"/>
6.9	<b>How often do you see a police officer in uniform/ on duty in your area?</b> 1 = At least once a day 2 = At least once a week 3 = At least once a month 4 = Never	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
6.10	<b>Has there been a specialised police operation in your area in the past 12 months (joint police and metro police/traffic police)?</b> 1 = Yes 2 = No → <b>Go to Q6.12</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

6.11	<b>If yes, do you think the operations have helped to reduce crime in the area?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.12	<b>Would you teach your children (even if you do not have children) that if they are lost or are in trouble they should approach a police officer for help?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.13	<b>Do you trust the South African Police Services (SAPS)?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.14	<b>Do you trust the metro police/traffic police?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

## SECTION 7a: COURTS

**READ OUT:** Next I am going to ask you some general questions about the courts.

7a.1	<p><b>Do you or any member of your household discuss any court related issues?</b></p> <p>1 = Yes</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
7a.2	<p><b>Have you or any member of your household been to court in the past twelve months (for any reason)?</b></p> <p>1 = Yes</p> <p>2 = No → <i>Go to Q 7a.4</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
7a.3	<p><b>If yes, why did you go to court?</b></p> <p>1 = I was a party to a case</p> <p>2 = As a witness</p> <p>3 = Just to attend court</p> <p>4 = Administrative reason (e.g. ex parte applications, affidavit, divorce)</p> <p>5 = Other (specify)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
7a.4	<p><b>Do you think the sentences served for violent crimes are long enough to discourage people from committing these crimes?</b></p> <p>1 = Yes</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
7a.5	<p><b>Are you satisfied with the way the courts generally deal with perpetrators of crime?</b></p> <p>1 = Yes</p> <p>2 = No → <i>Go to Q7a.7</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
7a.6	<p><b>If yes, why are you satisfied with the way courts generally deal with perpetrators of crime?</b></p> <p>1 = They have a high rate of convictions</p> <p>2 = They pass sentences appropriate to the crime</p> <p>3 = They are not corrupt</p> <p>4 = Other (specify)</p> <p>→ <i>Go to Q 7b</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

<p><b>7a.7</b></p>	<p><b>If no, what is the main reason why you are not satisfied with the way courts generally deal with perpetrators of crime?</b></p> <p>1 = They do not have enough convictions</p> <p>2 = Matters drag for too long/postponements</p> <p>3 = No proper notice of hearing is served</p> <p>4 = Courts are too lenient on criminals</p> <p>5 = Courts are corrupt</p> <p>6 = They release perpetrators unconditionally</p> <p>7 = Some people get preferential treatment</p> <p>8 = Other (specify)</p>	<div style="text-align: center;"> <input type="checkbox"/> </div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>
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## SECTION 7b: TRAFFICKING IN PERSONS

**READ OUT:** Now I would like to ask you some questions about Trafficking in Persons. Trafficking in persons is the recruitment and transportation of people from one place to another or one country to another, by using deception or force for the purpose of exploitation.

<b>7b.1</b>	<b>Have you ever heard of Trafficking in Persons?</b> 1 = Yes 2 = No → <b>Go to Q7b.3</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>7b.2</b>	<b>How did you learn of Trafficking in Persons?</b> 1 = Media 2 = Awareness Campaigns 3 = Through family/ friends/other community members 4 = I was a victim 5 = I was a witness 6 = Read about it (e.g. book, journal, article) 7 = Other (specify)	<table border="0"> <tr> <td>Yes</td><td>No</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
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<b>7b.3</b>	<b>What do you think could be the main reason for people being trafficked?</b> 1 = Sexual exploitation 2 = Forced labour 3 = Extraction of body parts 4 = Financial gain 5 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																		
<b>7b.4</b>	<b>How do you think traffickers recruit their victims?</b> 1 = Offering good job opportunities 2 = Approach them on social networks 3 = Free life-changing offers (e.g. marriage for a better life) 4 = Offering lifts 5 = Blackmail 6 = Offering free drugs 7 = Abduct 8 = Other (specify)	<table border="0"> <tr> <td>Yes</td><td>No</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<b>7b.5</b>	<b>Who, in your opinion, is at risk of being a victim of trafficking in persons?</b> 1 = Young girls 2 = Young boys 3 = The unemployed 4 = The poor 5 = Women 6 = Children from child-headed households/orphans 7 = Substance abusers (e.g. drug addicts) 8 = Other (specify)	<table border="0"> <tr> <td>Yes</td><td>No</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<b>7b.6</b>	<b>Do you know where to report a case related to Trafficking in Persons?</b> 1 = Yes 2 = No → <b>Go to Q 7b.8</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>7b.7</b>	<b>If yes, where?</b> 1 = Police 2 = NGO/Volunteer group 3 = Religious/Traditional groups/leader 4 = Community Policing Forum 5 = Local ward councillor 6 = Embassy 7 = Other (specify)	<input type="checkbox"/>  																		
<b>7b.8</b>	<b>Do you know of a <u>shelter or place of safety</u> in your area where you can take victim(s) of Trafficking in Persons?</b> 1 = Yes 2 = No → <b>Go to Q 7b.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>7b.9</b>	<b>If yes, what is the nature of this <u>shelter or place of safety</u> in the area?</b> <i>Read all the options</i> 1 = NGO/volunteer run 2 = State run 3 = Religious/ Traditional 4 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		





## SECTION 9: CORRUPTION

**READ OUT:** I would now like to ask you some questions about corruption in the public sector. Corruption is the abuse of public resources to enrich or give unfair advantage to individuals, their family or their friends

9.1	<b>Do you know where to report corruption?</b> 1 = Yes 2 = No → <b>Go to Q9.3</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
9.2	<b>If yes, where?</b> 1 = Local Police Station/charge office 2 = Telephone Hotline 3 = Another Official 4 = Other (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="text"/>										
9.3	<b>What do you think are the reasons why people are engaging in corruption</b> <i>Read all the options</i> 1 = Real need (such as hunger) 2 = Greed 3 = Get rich quickly 4 = Other (specify)	<table border="0"> <tr> <td>Yes</td><td>No</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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9.4	<b>How do you think the level of corruption has changed in the past three calendar years?</b> 1 = Increased 2 = Decreased 3 = Stayed the same	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3										
9.5	<b>What do you think is the main reason why people are paying bribes?</b> 1 = Speed up procedure 2 = Receive better treatment 3 = Finalisation of procedure 4 = Avoid payment of fine/arrest 5 = Reduce cost of procedure 6 = Receive information 7 = Other (specify)	<input type="checkbox"/> <input type="text"/>										

9.6	<b>Which government service do you think the officials are most likely to be involved in the act of corruption?</b> 01 = Social welfare grant 02 = Water or electricity 03 = Housing 04 = Medical care 05 = Policing 06 = Court related services 07 = Education/schooling 08 = ID Documents/passport 09 = Drivers licences 10 = Traffic fines 11 = Employment/jobs 12 = When visiting a prison 13 = Customs 14 = VISA application 15 = Asylum documents 16 = Awarding of tenders 17 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
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[illegible]

## SECTION 10: EXPERIENCE OF HOUSEHOLD CRIME

**READ OUT:** Having asked in general about your perceptions of crime, I would like to ask you about your experiences of crime over the past five years, and in particular, within the past twelve months. I am going to read out a list of crimes, and I would like you to tell me if you or any member of your household have been a victim of any of these crimes in the past five years, and then in the past twelve months.

10.1		In the past 5 years have you or any member of the household experienced [...]	In the past 12 months have you or any member of the household experienced [...] If yes, how many times?	How many were successful in the past 12 months	When did the most recent <u>successful</u> incident occur in the past 12 months?		If successful in the past 12 months, then go to...
	Type of crime	Yes    No	Write "0" if none		Month	Year	
A	<b>Theft of motor vehicle</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 11, Page 19
B	<b>Housebreaking/burglary</b> ( <i>i.e. when there was no contact between victim and perpetrator</i> )	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 12, Page 21
C	<b>Home robbery</b> ( <i>incl. robbery around or inside the household's dwelling there was contact between victim and perpetrator</i> )	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 13, Page 24
D	<b>Theft of livestock/poultry and other animals</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 14, Page 26
E	<b>Theft of crops planted by the household</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 15, Page 29
F	<b>Murder</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 16a, Page 32
G	<b>Trafficking in Persons</b> ( <i>the recruitment and transportation of people from one place to another or one country to another, by using deception or force for the purpose of exploitation</i> )	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 16b, Page 35
H	<b>Theft out of motor vehicle</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 17, Page 36
I	<b>Deliberate damaging/burning/destruction of dwellings</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 18, Page 39
J	<b>Motor vehicle vandalism/ deliberate damage of motor vehicle</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 19, Page 41
K	<b>Theft of bicycle</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 20, Page 43
L	<b>Other</b> ( <i>specify</i> )	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div></div>

Continue to the next page

## SECTION 10: EXPERIENCE OF HOUSEHOLD CRIME (*continued*)

**READ OUT:** Having asked you about household crime, I would like to further ask you about your household's experience of sexual offence and assault in the past twelve months.

10.1	Type of crime	In the past 12 months have you or any member of the household experienced ...		If Yes, please indicate how many male or female household member(s) experienced crime		When did the most recent <u>successful</u> incident occur in the past 12 months?	
		Yes	No	Male	Female	Month	Year
M	<b>Sexual Offence</b> ( <i>incl. rape, grabbing or touching without your consent</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N	<b>Assault</b> ( <i>excl. sexual assault</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

If the household has not been affected by any of the listed crimes in the past 12 months, then go to Section 21 on page 40

HOUSEHOLD SECTION h h m m  
 INTERVIEW END TIME ☐☐☐☐

## SECTION 11: THEFT OF MOTOR VEHICLE

**READ OUT:** Now I would like to ask you some detailed questions about the theft of a motor vehicle that you or members of the household experienced in the past 12 months. If more than one, report on the most recent one.

11.1	<b>Where was the motor vehicle when it was stolen?</b> 1 = At home 2 = In a public parking lot 3 = Outside the office/shops/at work 4 = In the street in town 5 = In the street in a residential area 6 = Other (specify)	<input type="checkbox"/>  <input type="text"/>
11.2	<b>What period of the day did this happen?</b> 1 = Morning hours 2 = Afternoon hours 3 = At night 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
11.3	<b>When did this happen?</b> <i>Read all the options</i> 1 = During the week 2 = Over the weekend	<input type="checkbox"/> 1 <input type="checkbox"/> 2
11.4	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes → <b>Go to Q11.6</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
11.5	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q11.11</b>	<input type="checkbox"/> <input type="checkbox"/>

11.6	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
11.7	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q11.11</b> 3 = Do not know → <b>Go to Q11.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																											
11.8	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q11.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																											
11.9	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																											
11.10	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/court 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table> <input type="text"/>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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11.11	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q11.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											

11.12	<b>If yes, who did you first report the crime to?</b> 1 = Religious/ Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Vehicle tracking company 9 = Other (specify)	<input type="checkbox"/> <input type="text"/>	
11.13	<b>Was the stolen vehicle recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
11.14	<b>Do you know who stole your vehicle?</b> 1 = Yes 2 = No → <i>Go to Q11.17</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
11.15	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <input type="text"/>	
11.16	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
11.17	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6

11.18	<b>Was the vehicle insured?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																				
11.19	<b>Have you or any member of your household changed your behaviour as a result of this incident?</b> 1 = Yes 2 = No → <i>Go to Section 10</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																				
11.20	<b>If yes, in what way?</b> 1 = Took measures to protect my car (e.g. alarm, tracker) 2 = Do not go out/travel alone anymore 3 = Changed travel route 4 = Avoid certain places 5 = Increased awareness/more alert (e.g. lock doors, windows) 6 = I carry a gun 7 = I carry another type of weapon ( other than a gun) 8 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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11.21	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																				

**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**

## SECTION 12: HOUSEBREAKING/BURGLARY (when there was no contact between victim and perpetrator)

**READ OUT:** Now I would like to ask you some detailed questions about the housebreaking/burglary that you or any members of the household have experienced in the past 12 months. If more than one, report on the most recent one.

12.1	<b>Was there any contact between you or any member of your household and the perpetrator(s) at the time of the incident?</b> 1 = Yes → <b>Go to Section 10 (Home Robbery)</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
12.2	<b>What period of the day did this happen?</b> 1 = Morning hours 2 = Afternoon hours 3 = At night 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
12.3	<b>How did the burglars gain entry into the house?</b> 1 = Door smashed 2 = Opened with duplicate keys 3 = Through the window 4 = Through the garage 5 = Through the roof 6 = Do not know 7 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 10px;"></div>																		
12.4	<b>Did you or any member of your household lose any belongings during the incident?</b> 1 = Yes 2 = No → <b>Go to Q12.7</b> 3 = Do not know → <b>Go to Q12.7</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		
12.5	<b>If yes, what was this?</b> 1 = Hand-bag/wallet 2 = Money 3 = Electronic equipment (e.g. laptop) 4 = Travelling bag 5 = Food stuff 6 = Personal effects (e.g. watches) 7 = Cell phone 8 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 10px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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12.6	<b>Was any of the property that was stolen insured?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12.7	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes → <b>Go to Q12.9</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12.8	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q12.14</b>	<input type="checkbox"/> <input type="checkbox"/>
12.9	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12.10	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q12.13</b> 3 = Do not know → <b>Go to Q12.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3



12.11	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q12.14</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																											
12.12	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																											
12.13	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/court 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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12.14	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q12.16</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
12.15	<b>If yes, who did you first report the crime to?</b> 1 = Religious/ Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 10px;"></div>																											

12.16	<b>Were the stolen goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
12.17	<b>Do you or any member of your household know who broke into your house?</b> 1 = Yes 2 = No → <b>Go to Q12.20</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
12.18	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)															
12.19	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b>  1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<table border="0"> <tr> <th>No. of males</th> <th>No. of females</th> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> </tr> </table>	No. of males	No. of females	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6
No. of males	No. of females															
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12.20	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b>  1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<table border="0"> <tr> <th>No. of males</th> <th>No. of females</th> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> </tr> </table>	No. of males	No. of females	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6
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12.21	<b>Have you or any member of your household done anything to make the property more secure as a result of this incident?</b> 1 = Yes 2 = No                      → <i>Go to Section 10</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
12.22	<b>If yes, in what way?</b> 1 = Took measures to protect the house or property 2 = Increased awareness / more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Do not leave the house unattended 6 = Security alarm installed 7 = Replaced door locks 8 = Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th><th>No</th></tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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12.23	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						

**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**

### SECTION 13: HOME ROBBERY *(including robbery often around or inside the household's dwelling)*

**READ OUT:** Now I would like to ask you some detailed questions about the robbery that the household member(s) experienced in the past 12 months. If more than one, report on the most recent one.

13.1	How many people robbed you or any member of your household? Write 98 if Do not know	<input type="checkbox"/> 0 <input type="checkbox"/> 1														
13.2	Did you or any household member/visitor resist the robbery? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
13.3	What period of the day did this happen? 1 = Morning hours 2 = Afternoon hours 3 = At night 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4														
13.4	Were any weapons used during the incident? 1 = Yes 2 = No → Go to Q13.6	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
13.5	If yes, what weapons were used? 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Axe/panga 5 = Gun 6 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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13.6	Did the perpetrator sustain (suffer) any injuries? 1 = Yes 2 = No → Go to Q13.10	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
13.7	Did you or any member of your household/visitor sustain (suffer) any injuries? 1 = Yes 2 = No → Go to Q13.9	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
13.8	Did any of these injuries require medical attention? 1 = Yes 2 = No → Go to Q13.9	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
13.9	Was anyone admitted to hospital due to the injuries? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
13.10	Did anyone die as a result of the incident? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														

13.11	Did any member of your household lose property in the robbery? 1 = Yes 2 = No → Go to Q13.12	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
13.12	If yes, what was this? 1 = Hand-bag/wallet 2 = Money 3 = Electronic equipment (e.g. laptop, TV, DVD player) 4 = Travelling bag 5 = Food stuff 6 = Personal effects (e.g. watches, jewellery and clothes) 7 = Cell phone 8 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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13.13	Did you or any member of your household report the incident to the police? 1 = Yes → Go to Q13.15 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
13.14	If not, why not? 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → Go to Q13.20	<input type="checkbox"/> 0 <input type="checkbox"/> 1																		
13.15	If you did report, were you satisfied with the police response? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
13.16	Was an arrest made in the case? 1 = Yes 2 = No → Go to Q13.19 3 = Do not know → Go to Q13.19	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		

13.17	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q13.19</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
13.18	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
13.19	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																								
13.20	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q13.21</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
13.21	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>																								
13.22	<b>Were the stolen goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
13.23	<b>Do you or any member of your household know who robbed you?</b> 1 = Yes 2 = No → <b>Go to Q13.26</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
13.24	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>																								

13.25	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6																		
13.26	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6																		
13.27	<b>Have you done anything to protect yourself as a result of this incident?</b> 1 = Yes 2 = No → <b>Go to Section 10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																			
13.28	<b>If yes, in what way?</b> 1 = Took measures to protect my house or property 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Do not leave the house unattended 6 = Security alarm installed 7 = Replaced door locks 8 = Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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13.29	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																			

**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**

## SECTION 14: THEFT OF LIVESTOCK, POULTRY AND OTHER ANIMALS

**READ OUT:** Now I would like to ask you some detailed questions about the livestock/poultry/other animal theft that you or any members of your household have experienced in the past 12 months. If more than one, report on the most recent one.

14.1	<b>Where did this incident occur?</b> 1 = In a kraal/outside the house 2 = Inside the house 3 = In the fields/grazing land 4 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 5px;"></div>																											
14.2	<b>In this specific incident, what kind of livestock was stolen?</b> 1 = Cattle 2 = Rabbits 3 = Pigs 4 = Sheep 5 = Goats 6 = Poultry (e.g. chicken, ducks.) 7 = Dogs (excl. pets) 8 = Horses, donkeys, mules 9 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2					
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14.3	<b>How many ... were stolen?</b> 1 = Cattle 2 = Rabbits 3 = Pigs 4 = Sheep 5 = Goats 6 = Poultry (e.g. chicken, ducks.) 7 = Dogs (excl. pets) 8 = Horses, donkeys, mules 9 = Other	No. of livestock <table border="0"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
14.4	<b>Do you or any member of your household know who stole your livestock?</b> 1 = Yes 2 = No → <b>Go to Q14.6</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
14.5	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 5px;"></div>																											

14.6	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes → <b>Go to Q14.8</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14.7	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q14.13</b>	<input type="checkbox"/> <input type="checkbox"/>
14.8	<b>If you did report, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14.9	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q14.13</b> 3 = Do not know → <b>Go to Q14.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
14.10	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q14.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14.11	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

<b>14.12</b>	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	Yes    No    N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>14.13</b>	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No                      → <i>Go to Q14.17</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>14.14</b>	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<div style="text-align: center;"><input type="checkbox"/></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>14.15</b>	<b>Were the stolen livestock recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>14.16</b>	<b>Have you or any member of your household done anything to make your livestock more secure as a result of this incident?</b> 1 = Yes 2 = No                      → <i>Go to Section 10</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>14.17</b>	<b>If yes, in what way?</b> 1 = Took measures to protect my livestock with better fencing, alarms etc. 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Other (specify)	Yes    No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>14.18</b>	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**

## SECTION 15: THEFT OF CROPS PLANTED BY THE HOUSEHOLD

**READ OUT:** Now I would like to ask you some detailed questions about the crop theft that you have experienced in the past 12 months. If more than one, report on the most recent one.

15.1	<b>Where did this incident occur?</b> 1 = In the garden 2 = In the fields 3 = In the house 4 = In the granary/silo 5 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 5px;"></div>																
15.2	<b>In this incident, please indicate what crops were stolen</b> 1 = Maize 2 = Spinach 3 = Beans 4 = Pumpkins 5 = Sugar cane 6 = Fruit 7 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																	
15.3	<b>Do you or any member of your household know who stole your crops?</b> 1 = Yes 2 = No → <b>Go to Q15.5</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
15.4	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 80px; margin-top: 5px;"></div>																
15.5	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes → <b>Go to Q15.7</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																

15.6	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q15.12</b>	<input type="checkbox"/> <input type="checkbox"/>
15.7	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
15.8	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q15.12</b> 3 = Do not know → <b>Go to Q15.12</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
15.9	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q15.12</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
15.10	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4





## SECTION 16a: MURDER

**READ OUT:** Now I would like to ask you some detailed questions about the murder that happened in this household in the past 12 months. If more than one, report on the most recent one.

<b>16a.1</b>	<b>How many people died in this incident?</b> Write 98 if Do not know	<input type="checkbox"/> <input type="checkbox"/>																
<b>16a.2a</b>	<b>Were any weapons used during the incident?</b> 1 = Yes 2 = No → <b>Go to Q16a.3</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
<b>16a.2b</b>	<b>If yes, what weapons were used?</b> 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Axe/panga 5 = Gun 6 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																	
<input type="checkbox"/> 1	<input type="checkbox"/> 2																	
<b>16a.3</b>	<b>What was your relationship to the deceased?</b> 1 = Parent 2 = Spouse 3 = Other blood relation 4 = Child 5 = Other marital relation 6 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<b>16a.4</b>	<b>Was this person the main source of income for the household?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
<b>16a.5</b>	<b>Did you or any member of the household report the incident to the police?</b> 1 = Yes → <b>Go to Q16 a. 7</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																

<b>16a.6</b>	<b>If not, why not?</b> 1 = Solved it myself/perpetrator known to me 2 = Inappropriate for police/police not necessary 3 = Reported to other authorities instead 4 = My family resolved it 5 = No insurance 6 = Police could do nothing/lack of proof 7 = Fear/dislike of the police/no involvement wanted with police 8 = Other reasons 9 = Do not know → <b>Go to Q16a.8</b>	<input type="checkbox"/>
<b>16a.7</b>	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>16a.8</b>	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q16a.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>16a.9</b>	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/>  <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>
<b>16a.10</b>	<b>Do you or any member of your household know who committed this crime?</b> 1 = Yes 2 = No → <b>Go to Q16a.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>16a.11</b>	<b>If you know, how do you know?</b> 1 = Perpetrator confessed 2 = Others witnessed murder 3 = Police report 4 = Witnessed murder 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/>  <input type="text"/>	
<b>16a.12</b>	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
<b>16a.13</b>	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
<b>16a.14</b>	<b>What was the relationship between the perpetrator and the victim?</b> 01 = Relative/other household member 02 = Spouse/lover 03 = Boss/teacher 04 = Other friends/acquaintances 05 = Police 06 = Known community members 07 = Known people from outside 08 = Other authority figure 09 = Unknown community members 10 = Unknown people from outside 11 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>	

<b>16a.15</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <i>Go to Q16a.19</i> 3 = Do not know → <i>Go to Q16a.19</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
<b>16a.16</b>	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <i>Go to Q16a.19</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
<b>16a.17</b>	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
<b>16a.18</b>	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table> <input type="text"/>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																								
<b>16a.19</b>	<b>Was the deceased poisoned?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								

16a.20	<b>What do you think was the motive for the murder?</b> 01 = Long term personal anger towards victim 02 = Jealousy 03 = Attempted rape 04 = Gang or other group related motive 05 = Other unprovoked attack 06 = Sudden personal anger towards victim 07 = Money or other financial motive 08 = Racial, ethnic or political motivation 09 = Anger towards victims family/friends 10 = Discipline/attempted arrest 11 = Ritual killing 12 = Self-defence (victim of crime) 13 = Misunderstanding/argument 14 = Consequence of another crime 15 = Domestic related 16 = Other (specify)	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="border: 1px solid black; height: 20px; width: 80px; margin: 10px auto;"></div>
16a.21	<b>Was alcohol or drugs involved?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
16a.22	<b>Is this incident an on-going problem in which more people are likely to die?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
16a.23	<b>Was counselling provided to you or any member of the household?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**

## SECTION 16b: TRAFFICKING IN PERSONS

**READ OUT:** Now I would like to ask you some questions about Trafficking in Persons. Trafficking in persons is the recruitment and transportation of people from one place to another or one country to another, by using deception or force for the purpose of exploitation.

<b>16b.1</b>	<b>How many of the victims were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<b>16b.2</b>	<b>Do you or any member of your household receive any of the following grants from the government?</b> <i>Read all the options</i> 1 = Old-age grant 2 = Disability grant 3 = Child support grant 4 = Care dependency grant 5 = Foster child grant	<b>Yes</b> <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<b>No</b> <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
<b>16b.3</b>	<b>Where did this incident occur?</b> 1 = At home 2 = In the street 3 = At an entertainment area/bar/tavern 4 = While travelling on public transport 5 = At school 6 = In the workplace 7 = In a shop or place of business 8 = In an open space like a field or park 9 = Other (specify)	<input type="checkbox"/>	<input type="text"/>
<b>16b.4</b>	<b>When the incident occurred were you alone with the perpetrator?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>16b.5</b>	<b>Were any weapons used during the incident?</b> 1 = Yes 2 = No → <i>Go to Q16b.7</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>16b.6</b>	<b>If yes, what weapons were used?</b> 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Panga/axe 5 = Gun 6 = Other (specify)	<b>Yes</b> <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <b>No</b> <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="text"/>

<b>16b.7</b>	<b>How were you or any member of your household recruited?</b> 1 = Offers for good job opportunities 2 = Approached me/them on social networks 3 = Free life-changing offers (e.g. marriage for a better life) 4 = Offers for lifts 5 = Blackmail 6 = Offers for free drugs 7 = Abduct 8 = Other (specify)	<b>Yes</b> <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <b>No</b> <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	
<b>16b.8</b>	<b>Were you under the influence of alcohol or drugs at the time?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>16b.9</b>	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes 2 = No → <i>Go to Q 7b.11</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>16b.10</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>16b.11</b>	<b>What was the motive for this incident?</b> 1 = Sexual exploitation 2 = Forced labour 3 = Extraction of body parts 4 = Financial gain 5 = Other (specify)	<input type="checkbox"/>	<input type="text"/>
<b>16b.12</b>	<b>Have you or any member of your household done anything to protect yourself as a result of this incident?</b> 1 = Yes 2 = No → <i>Go to Section 10</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>16b.13</b>	<b>If yes, in what way?</b> 1 = Increased awareness/more alert 2 = Do not go out/travel alone anymore 3 = Changed travelling route 4 = Avoid certain places 5 = Changed behaviour 6 = Avoid talking to strangers 7 = Other (specify)	<b>Yes</b> <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <b>No</b> <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="text"/>

**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**

## SECTION 17: THEFT OUT OF MOTOR VEHICLE

**READ OUT:** Now I would like to ask you some detailed questions about the theft from a motor vehicle that you have experienced in the past 12 months. If more than one, report on the most recent one.

17.1	<b>Where was the vehicle when something was stolen from it?</b> 1 = At home 2 = In a public parking lot 3 = Outside the office/shops /at work 4 = In the street in town 5 = In the street in a residential area 6 = Other (specify)	<input type="checkbox"/> <input type="text"/>																						
17.2	<b>What period of the day did this happen?</b> 1 = Morning hours 2 = Afternoon hours 3 = At night 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																						
17.3	<b>When did this happen?</b> <i>Read all the options</i> 1 = During the week 2 = Over the weekend	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
17.4	<b>What is it that was stolen?</b> 01 = Money/purse/wallet 02 = Bank books 03 = Cell phone/ tablets 04 = Travel document 05 = Car radio 06 = Tyres 07 = Aerial 08 = Other car parts 09 = Laptop 10 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																							
17.5	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes → <b>Go to Q17.7</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						

17.6	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q17.12</b>	<input type="checkbox"/> <input type="checkbox"/>
17.7	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
17.8	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q17.12</b> 3 = Do not know → <b>Go to Q17.12</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
17.9	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q17.12</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
17.10	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

17.11	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <tr> <td>Yes</td><td>No</td><td>N/A</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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17.12	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q17.14</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
17.13	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = insurance company 8 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																											
17.14	<b>Were the stolen goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
17.15	<b>Do you know who stole the things from your vehicle?</b> 1 = Yes 2 = No → <b>Go to Q17.17</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
17.16	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																											
17.17	<b>Have you or any household member taken any measure to protect your property as a result of this incident?</b> 1 = Yes 2 = No → <b>Go to Section 10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											

17.18	<b>If yes, in what way?</b> 1 = Took measures to protect my vehicle 2 = Do not leave goods in the vehicle 3 = Put goods out of sight (e.g. in boot) 4 = Changed travelling route 5 = Avoid certain places 6 = Increased awareness/more alert 7 = I carry a gun 8 = I carry another type of weapon (other than gun) 9 = Other (specify)	<table border="0"> <tr> <td>Yes</td><td>No</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**

## SECTION 18: DELIBERATE DAMAGING/BURNING OR DESTRUCTION OF DWELLINGS

**READ OUT:** Now I would like to ask you some detailed questions about the vandalism of buildings that you have experienced in the past 12 months. If more than one, report on the most recent one.

18.1	<b>When did this happen?</b> <i>Read all the options</i> 1 = During the week 2 = Over the weekend	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
18.2	<b>Was anyone at home at the time of the incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
18.3	<b>What building(s) were damaged/ destroyed in the incident?</b> 1 = Main homestead/household dwelling 2 = Outbuildings used for dwelling (e.g. tenants room) 3 = Crop storage buildings 4 = Livestock buildings (e.g. stables ) 5 = Adjacent office/shop building 6 = Garage 7 = Wall around property 8 = Other (specify)	<table border="0"> <tr> <td></td><td>Yes</td><td>No</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>		Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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18.4	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
18.5	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06= Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11= Do not know <b>→ Go to Q18.11</b>	<input type="checkbox"/> <input type="checkbox"/>																											

18.6	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
18.7	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
18.8	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
18.9	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
18.10	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <tr> <td>Yes</td><td>No</td><td>N/A</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																								
18.11	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
18.12	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>																								

<b>18.13</b>	<b>Do you or any member of your household know who damaged your building(s)?</b> 1 = Yes 2 = No → <i>Go to Q18.16</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>18.14</b>	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>	
<b>18.15</b>	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b>  1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b>  <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b>  <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
<b>18.16</b>	<b>Was the property insured?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

<b>18.17</b>	<b>Have you or any member of your household done anything to make the house/dwelling more secure as a result of this incident?</b> 1 = Yes 2 = No → <i>Go to Section 10</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
<b>18.18</b>	<b>If yes, in what way?</b> 1 = Took measures to protect my house or property 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Other (specify)	<table> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2													
<b>18.19</b>	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2												

**GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES**



## SECTION 19: MOTOR VEHICLE VANDALISM/DELIBERATE DAMAGE OF MOTOR VEHICLE

**READ OUT:** Now I would like to ask you some detailed questions about the vandalism of the motor vehicle or deliberate damage of motor vehicle that you or any member of the household have experienced in the past 12 months. If more than one, report on the most recent one

19.1	<b>When did this happen?</b> <i>Read all the options</i> 1 = During the week 2 = Over the weekend	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
19.2	<b>Where was the vehicle when it was damaged?</b> 1 = At home 2 = In a public parking lot 3 = Outside the office/shops/at work 4 = In the street in town 5 = In the street in a residential area 6 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 10px;"></div>														
19.3	<b>What part of the vehicle was damaged in the incident?</b> 1 = Bodywork 2 = Paintwork 3 = Windscreen/windows 4 = Tyres/wheels 5 = Aerial 6 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 10px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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19.4	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes 2 = No → <b>Go to Q19.6</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
19.5	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q19.11</b>	<input type="checkbox"/> <input type="checkbox"/>														
19.6	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														

19.7	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q19.11</b> 3 = Do not know → <b>Go to Q19.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
19.8	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q19.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
19.9	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
19.10	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 10px;"></div>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																								
19.11	<b>Did you or any member of your household report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q19.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
19.12	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 10px;"></div>																								

19.13	<b>Do you or any member of your household know who damaged your motor vehicle?</b> 1 = Yes 2 = No → <i>Go to Q19.16</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
19.14	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <div></div>	
19.15	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
19.16	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
19.17	<b>Was the vehicle insured?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
19.18	<b>Have you or any member of your household done anything to make your vehicle more secure as a result of this incident?</b> 1 = Yes 2 = No → <i>Go to Section 10</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
19.19	<b>If yes, in what way?</b> 1 = Took measures to protect my motor vehicle 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Other (specify)	Yes <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <div></div>	No <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <div></div>
19.20	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

GO BACK TO SECTION 10, PAGE 17 TO CHECK FOR OTHER CRIMES

## SECTION 20: THEFT OF BICYCLE

**READ OUT:** Now I would like to ask you some detailed questions about the bicycle theft that you or any member of your household have experienced in the past 12 months. If more than one, report on the most recent one.

20.1	<b>Where was the bicycle when it was stolen?</b> 1 = At home 2 = In a public parking lot 3 = Outside the office/shops 4 = In the street in town 5 = In the street in a residential area 6 = Other (specify)	<input type="checkbox"/>  <input type="text"/>
20.2	<b>Do you or any member of your household know who stole your bicycle?</b> 1 = Yes 2 = No → <b>Go to Q20.4</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
20.3	<b>If you know, how do you know?</b> 1 = Know the people involved by name / by face 2 = Others witnessed the theft 3 = Police report 4 = Witnessed theft 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/>  <input type="text"/>
20.4	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes → <b>Go to Q20.6</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
20.5	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q20.11</b>	<input type="checkbox"/> <input type="checkbox"/>
20.6	<b>If you did report it, were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

20.7	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q20.11</b> 3 = Do not know → <b>Go to Q20.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																	
20.8	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q20.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																	
20.9	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																	
20.10	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </tbody> </table> <input type="text"/>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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20.11	<b>Did you or any member of your household report the incident to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q20.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																	
20.12	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/>  <input type="text"/>																																	

20.13	<b>Was the stolen bicycle recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
20.14	<b>Have you or any member of your household done anything to make your bicycle more secure as a result of this experience?</b> 1 = Yes 2 = No → <b>Q 20.17</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
20.15	<b>If yes, in what way?</b> 1 = Took measures to protect my bicycle or property 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </tbody> </table> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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**SURVEY OFFICER TO ANSWER QUESTION BELOW**

20.16	<b>Indicate the person number of the person who answered most of the questions from Section 1.6 to end of Section 20</b>	<input type="checkbox"/> <input type="checkbox"/>
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**GO TO SECTION 21, PAGE 46**

[illegible]

## SECTION 21: EXPERIENCE OF INDIVIDUAL CRIME

INDIVIDUAL SECTION INTERVIEW START TIME

h h m m

**READ OUT:** Having asked household crime, I would like to ask you about your personal experiences of crime over the past five years, and in particular, within the past twelve months. I am going to read out a list of crimes, and I would like you to tell me if you have been a victim of any of these crimes in the past five years, and then in the past twelve months.

21.1	Type of crime	In the last 5 years have you experienced [...]	In the past 12 months have you experienced [...] If yes, how many times?	How many were successful in the past 12 months	When did the most recent <u>successful</u> incident occur in the past 12 months?		If <u>successful in the past 12 months</u> , then go to...
		Yes No	Write '0' if none		Month	Year	
A	<b>Theft of personal property</b> (incl. pick-pocketing and bag snatching)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 22, Page 42
B	<b>Hijacking of motor vehicle</b> (incl. attempted hijacking)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 23, Page 45
C	<b>Robbery</b> (excl. home robbery and car/truck hijackings)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 24, Page 48
D	<b>Sexual Offence</b> (incl. rape, grabbing or touching without your consent)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 25, Page 51
E	<b>Assault</b> (excl. sexual assault)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 26, Page 54
F	<b>Consumer Fraud</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 27, Page 57
G	<b>Corruption</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Section 28, Page 59
H	<b>Other</b> (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

If the selected person has not been affected by the listed crime during the past 12 months, **END THE INTERVIEW**

### SURVEY OFFICER TO ANSWER QUESTIONS BELOW

21.2	Indicate the person number of the selected person who answered questions in Section 21 to Section 28	<input type="checkbox"/> <input type="checkbox"/>
21.3	Indicate the age of the selected person who answered questions in Section 21 to Section 28	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21.4	Indicate the final result code for Section 21 to Section 28	<input type="checkbox"/> <input type="checkbox"/>

## SECTION 22: THEFT OF PERSONAL PROPERTY

**READ OUT:** Now I would like to ask you some detailed questions about theft of your personal property that you have experienced in the past 12 months. If more than one, report on the most recent one.

22.1	<b>Where did this incident occur?</b> 01 = In the work place 02 = In the street in a residential area 03 = At an entertainment area/bar/tavern 04 = In a field/park 05 = In some other outdoor area 06 = In someone else's home 07 = In the street outside offices/shops 08 = In a shop/place of business 09 = At a public transport station/taxi rank or stop 10 = While travelling on public transport 11 = At some other indoor area 12 = Other social gathering 13 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>																				
22.2	<b>Were you alone at the time of the incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																				
22.3	<b>What is it that was stolen?</b> 01 = Money/purse/wallet 02 = Bankbooks/cards 03 = Cell phone/ tablets 04 = Travel document 05 = Travelling bag 06 = Personal effects(watches, jewellery) 07 = Portable radio/mp3 player 08 = Clothing 09 = Laptop 10 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																					
22.4	<b>Do you know who stole your property?</b> 1 = Yes 2 = No → Go to Q22.6	<input type="checkbox"/> 1 <input type="checkbox"/> 2																				

22.5	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
22.6	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
22.7	<b>Did you report the incident to the police?</b> 1 = Yes → Go to Q22.9 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
22.8	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons → Go to Q22.14	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>	

22.9	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
22.10	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q22.14</b> 3 = Do not know → <b>Go to Q22.14</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																											
22.11	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = Do not know 4 = Not yet → <b>Go to Q22.14</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																											
22.12	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																											
22.13	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																											
22.14	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q22.16</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											
22.15	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/>  																											

22.16	<b>Was the stolen property recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
22.17	<b>Have you done anything to make your property more secure as a result of this incident?</b> 1 = Yes 2 = No → <b>Go to Section 21</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
22.18	<b>If yes, in what way?</b> 1 = Took measures to protect my property 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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22.19	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2												

**GO BACK TO SECTION 21,PAGE 44 TO CHECK FOR OTHER CRIMES**



## SECTION 23: HIJACKING OF MOTOR VEHICLE (including attempted hijacking)

**READ OUT:** Now I would like to ask you some detailed questions about the motor vehicle hijacking you have experienced in the past 12 months. If more than one, report on the most recent one

23.1	<b>Where did this incident occur?</b> 1 = At home 2 = In a public parking lot 3 = Outside the office/shops/at work 4 = In the street in town 5 = In the street in a residential area 6 = Other (specify)	<input type="checkbox"/> <input type="text"/>
23.2	<b>What period of the day did this happen?</b> 1 = Morning hours 2 = Afternoon hours 3 = At night 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
23.3	<b>When did this happen?</b> <i>Read all the options</i> 1 = During the week 2 = Over the weekend	<input type="checkbox"/> 1 <input type="checkbox"/> 2
23.4	<b>What type of vehicle was it?</b> 01 = Sedan/car 02 = Bakkie 03 = 4 X 4 04 = Panel van 05 = Mini bus 06 = Tractor 07 = Bus 08 = Lorry/truck 09 = SUV 10 = Motorbike/scooter 11 = Other(specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
23.5	<b>Was this vehicle ...</b> <i>Read all the options</i> 1 = This households vehicle 2 = Business or company vehicle 3 = Public transport (e.g. minibus taxi) 4 = Other relatives or friends vehicle 5 = Other(specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="text"/>
23.6a	<b>Were any weapons used during the incident?</b> 1 = Yes 2 = No → <b>Go to Q23.7</b>	

23.6b	<b>If yes, what weapons were used?</b> 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Axe/panga 5 = Gun 6 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																	
23.7	<b>Did you sustain (suffer) any injuries?</b> 1 = Yes 2 = No → <b>Go to Q23.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
23.8	<b>Did any of these injuries require medical attention?</b> 1 = Yes 2 = No → <b>Go to Q23.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
23.9	<b>Were you admitted to hospital due to the injuries?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
23.10	<b>Did anyone die as a result of this incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
23.11	<b>Did you report the incident to the police?</b> 1 = Yes 2 = No → <b>Go to Q23.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
23.12	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q23.18</b>	<input type="checkbox"/> <input type="checkbox"/>																
23.13	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																

23.14	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <i>Go to Q23.18</i> 3 = Do not know → <i>Go to Q23.18</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																														
23.15	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = Not yet → <i>Go to Q23.18</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																														
23.16	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																														
23.17	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th><th>No</th><th>N/A</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </tbody> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																														
23.18	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <i>Go to Q23.20</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																														
23.19	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councillor 6 = Private security 7 = Insurance company 8 = Other	<input type="checkbox"/>  																														
23.20	<b>Was the hijacked motor vehicle recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																														

23.21	<b>Were you alone in the motor vehicle when it was hijacked?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
23.22	<b>Do you know who hijacked your vehicle?</b> 1 = Yes 2 = No → <i>Go to Q23.25</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
23.23	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = General community knowledge 3 = Others witnessed the hijacking 4 = Police report 5 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div style="border: 1px solid black; height: 15px; width: 100px;"></div>														
23.24	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<table border="0"> <thead> <tr> <th>No. of males</th><th>No. of females</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 1</td><td><input type="checkbox"/> <input type="checkbox"/> 1</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 2</td><td><input type="checkbox"/> <input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 3</td><td><input type="checkbox"/> <input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 4</td><td><input type="checkbox"/> <input type="checkbox"/> 4</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 5</td><td><input type="checkbox"/> <input type="checkbox"/> 5</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 6</td><td><input type="checkbox"/> <input type="checkbox"/> 6</td></tr> </tbody> </table>	No. of males	No. of females	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6
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23.25	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<table border="0"> <thead> <tr> <th>No. of males</th><th>No. of females</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 1</td><td><input type="checkbox"/> <input type="checkbox"/> 1</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 2</td><td><input type="checkbox"/> <input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 3</td><td><input type="checkbox"/> <input type="checkbox"/> 3</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 4</td><td><input type="checkbox"/> <input type="checkbox"/> 4</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 5</td><td><input type="checkbox"/> <input type="checkbox"/> 5</td></tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 6</td><td><input type="checkbox"/> <input type="checkbox"/> 6</td></tr> </tbody> </table>	No. of males	No. of females	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6
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<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5															
<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6															
23.26	<b>Was the vehicle insured?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
23.27	<b>Have you done anything to protect yourself as a result of this incident?</b> 1 = Yes 2 = No → <i>Go to Section 21</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2														



## SECTION 24: ROBBERY (including street robberies and other non-residential robberies, excluding car or truck hijackings and home robberies)

**READ OUT:** Now I would like to ask you some detailed questions about the robbery that you have experienced in the past 12 months. If more than one, report on the most recent one.

<b>24.1</b>	<b>Where did this incident occur?</b> 01 = In the work place 02 = In the street in a residential area 03 = At an entertainment area/bar/tavern 04 = In a field/park 05 = In some other outdoor area 06 = In someone else's home 07 = In the street outside offices/shops 08 = In a shop/place of business 09 = At a public transport station/taxi rank or stop 10 = While travelling on public transport 11 = At some other indoor area 12 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>														
<b>24.2</b>	<b>Were you alone at the time of the robbery?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
<b>24.3</b>	<b>Did you resist the robbery?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
<b>24.4a</b>	<b>Were any weapons used during the incident?</b> 1 = Yes 2 = No → <b>Go to Q24.5</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
<b>24.4b</b>	<b>If yes, what weapons were used?</b> 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Axe/panga 5 = Gun 6 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<b>24.5</b>	<b>Did the perpetrator sustain (suffer) any injuries?</b> 1 = Yes 2 = No → <b>Go to Q24.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
<b>24.6</b>	<b>Did you sustain (suffer) any injuries?</b> 1 = Yes 2 = No → <b>Go to Q24.9</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2														

<b>24.7</b>	<b>Did any of your injuries require medical attention?</b> 1 = Yes 2 = No → <b>Go to Q24.9</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
<b>24.8</b>	<b>Were you admitted to hospital due to the injuries?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
<b>24.9</b>	<b>Did anyone die as a result of the incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
<b>24.10</b>	<b>Did you lose some property in the robbery?</b> 1 = Yes 2 = No → <b>Go to Q24.12</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
<b>24.11</b>	<b>What property did you lose?</b> 01 = Money/purse/wallet 02 = Bankbooks/cards 03 = Cell phone/ tablets 04 = Travel document 05 = Travelling bag 06 = Personal effects(e.g. jewellery) 07 = Portable radio/mp3 player 08 = Clothing 09 = Laptop 10 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<b>24.12</b>	<b>Did you report the incident to the police?</b> 1 = Yes 2 = No → <b>Go to Q24.14</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
<b>24.13</b>	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q24.19</b>	<input type="checkbox"/> <input type="checkbox"/>																						

24.14	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
24.15	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <i>Go to Q24.19</i> 3 = Do not know → <i>Go to Q24.19</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
24.16	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = Not yet → <i>Go to Q24.19</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
24.17	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																								
24.18	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 15px; width: 100px; margin-top: 5px;"></div>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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24.19	<b>Were the stolen goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
24.20	<b>Do you know who robbed you?</b> 1 = Yes 2 = No → <i>Go to Q24.23</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
24.21	<b>If you know, how do you know?</b> 1 = Know the people involved by name/face 2 = Others witnessed the theft 3 = Police report 4 = General community knowledge 5 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <div style="border: 1px solid black; height: 15px; width: 100px; margin-top: 5px;"></div>																								

**GO BACK TO SECTION 21, PAGE 40 TO CHECK FOR OTHER CRIMES**

24.22	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
24.23	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
24.24	<b>Have you done anything to protect yourself as a result of this incident?</b> 1 = Yes 2 = No → <i>Go to Section 21</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
24.25	<b>If yes, in what way?</b> 1 = Took measures to protect myself or property (e.g. self-defence) 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Do not openly display valuables 6 = Other (specify)	<b>Yes</b> <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<b>No</b> <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <div style="border: 1px solid black; height: 15px; width: 100px; margin-top: 5px;"></div>
24.26	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

## SECTION 25: SEXUAL OFFENCE (including rape, grabbing or touching without your consent)

**READ OUT:** Now I would like to ask you some detailed questions about the sexual offence or rape that you have experienced in the past 12 months. If more than one, report on the most recent one

25.1	<b>Where did this incident occur?</b> 01 = At home 02 = In the street outside offices/shops 03 = At an entertainment area/bar/tavern 04 = While travelling on public transport 05 = At a political rally 06 = In someone else's home 07 = In the street in a residential area 08 = At a public transport station 09 = In some other outdoor area 10 = At school 11 = In the workplace 12 = In a shop or place of business 13 = In an open space like a field or park 14 = At some other indoor area 15 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>														
25.2	<b>When the incident occurred were you alone with the attacker?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
25.3	<b>Did the perpetrator...?</b> 1 = Sexually harass (threat of a sexual nature) you 2 = Grab or touch you without your consent 3 = Rape 4 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="text"/>														
25.4a	<b>Were any weapons used during the incident?</b> 1 = Yes 2 = No → Go to Q25.5	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
25.4b	<b>If yes, what weapons were used?</b> 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Panga/axe 5 = Gun 6 = Other (specify)	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <input type="text"/>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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25.5	<b>Did you sustain (suffer) any injuries?</b> 1 = Yes 2 = No → Go to Q25.8	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
25.6	<b>Did any of these injuries require medical attention?</b> 1 = Yes 2 = No → Go to Q25.9	<input type="checkbox"/> 1 <input type="checkbox"/> 2														

25.7	<b>Were you admitted to hospital due to the injuries?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
25.8	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<table border="0"> <tr> <th>No. of males</th> <th>No. of females</th> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> </tr> </table>	No. of males	No. of females	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6
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25.9	<b>How many of the <u>victims</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<table border="0"> <tr> <th>No. of males</th> <th>No. of females</th> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> <td><input type="checkbox"/> <input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> <td><input type="checkbox"/> <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> <td><input type="checkbox"/> <input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> <td><input type="checkbox"/> <input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> <td><input type="checkbox"/> <input type="checkbox"/> 5</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> <td><input type="checkbox"/> <input type="checkbox"/> 6</td> </tr> </table>	No. of males	No. of females	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 5	<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6
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<input type="checkbox"/> <input type="checkbox"/> 6	<input type="checkbox"/> <input type="checkbox"/> 6															
25.10	<b>Who were these people?</b> 01 = Relative/other household member 02 = Spouse/lover 03 = Boss/teacher 04 = Other friends/acquaintances 05 = Law enforcement personnel 06 = Known community members 07 = Known people from outside 08 = Other authority figure 09 = Unknown community members 10 = Unknown people from outside 11 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>														
25.11	<b>Was the attacker under the influence of alcohol or drugs at the time?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
25.12	<b>Were you under the influence of alcohol or drugs at the time?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
25.13	<b>Were you given any drugs/drops before the incident?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3														

25.14	<b>Did you report the incident to the police?</b> 1 = Yes → <i>Go to Q25.16</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																														
25.15	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = Police could do nothing/lack of proof 06 = Police would not do anything about it 07 = Fear/dislike of the police/no involvement wanted with police 08 = Did not dare (for fear of reprisal) 09 = Other reasons 10 = Do not know → <i>Go to Q25.20</i>	<input type="checkbox"/> <input type="checkbox"/>																														
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25.17	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <i>Go to Q25.21</i> 3 = Do not know → <i>Go to Q25.21</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																														
24.18	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = Not yet → <i>Go to Q24. 21</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																														
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25.20	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </tbody> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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25.21	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <i>Go to Q25.23</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																														

25.22	<b>If yes, who did you first report the crime to?</b> 1 = A family member/ friend 2 = Religious/Traditional group/leader 3 = Local gang 4 = Community Policing Forum 5 = Local vigilante group 6 = Local ward councillor 7 = Private security 8 = Insurance company 9 = Other (specify)	<input type="checkbox"/> <div></div>																								
25.23	<b>If you did report the crime to anyone, were you persuaded/pressurized by anyone not to do so?</b> 1 = Yes 2 = No → <i>Go to Q25.25</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
25.24	<b>If persuaded/pressurized, by whom?</b> 1 = Relative 2 = Friend 3 = Other non-relative 4 = Partner/spouse 5 = The authorities 6 = The perpetrator 7 = Other (specify)	<input type="checkbox"/> <div></div>																								
25.25	<b>Have you done anything to protect yourself as a result of this incident?</b> 1 = Yes 2 = No → <i>Go to Section 21</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
25.26	<b>If yes, in what way?</b> 01 = Took measures to protect myself 02 = Do not go out/travel alone anymore 03 = Changed travelling route 04 = Avoid certain places 05 = Increased awareness/more alert 06 = I carry a gun 07 = I carry another type of weapon (other than gun) 08 = Changed behaviour towards perpetrator 09 = Applied for a Protection order 10 = Self-defence classes 11 = Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <div></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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25.27	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
25.28	<b>Are you aware of any help you could have accessed after the incident, such as:</b> <i>Read all the options</i> 1 = Protection order 2 = Counselling 3 = Medical assistance	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2																
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## SECTION 26: ASSAULT (excluding sexual assault)

**READ OUT:** Now I would like to ask you some detailed questions about the assault that you have experienced in the past 12 months. If more than one, report on the most recent one.

26.1	<b>Where did this incident occur?</b> 01 = At home 02 = In the street outside offices/shops 03 = At an entertainment area/bar/tavern 04 = While travelling on public transport 05 = At a political rally 06 = In someone else's home 07 = In the street in a residential area 08 = At a public transport station 09 = In some other outdoor area 10 = At school 11 = In the workplace 12 = In a shop or place of business 13 = In an open space like a field or park 14 = At some other indoor area 15 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>																					
26.2	<b>Has this person or group attacked you before?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					
26.3a	<b>Were any weapons used during the incident?</b> 1 = Yes 2 = No → Go to Q26.4	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					
26.3b	<b>If yes, what weapons were used?</b> 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Panga/axe 5 = Gun 6 = Other (specify)	<table border="0"> <tr> <td></td><td>Yes</td><td>No</td></tr> <tr> <td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr> <td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table> <input type="text"/>		Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 2																					
26.4	<b>Did you sustain (suffer) any injuries?</b> 1 = Yes 2 = No → Go to Q26.7	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					
26.5	<b>Did any of these injuries require medical attention?</b> 1 = Yes 2 = No → Go to Q26.7	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					
26.6	<b>Were you admitted to hospital due to the injuries?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					

26.7	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
26.8	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
26.9	<b>Who were these people?</b> 01 = Relative/other household member 02 = Spouse/lover 03 = Boss/teacher 04 = Other friends/acquaintances 05 = Law enforcement personnel 06 = Known community members 07 = Known people from outside 08 = Other authority figure 09 = Unknown community members 10 = Unknown people from outside 11 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>	
26.10	<b>What do you think was the motive for the assault?</b> 01 = Long term personal anger 02 = Attempted rape 03 = Anger toward your family or friends 04 = Money or other financial motive 05 = Gang or other group-related motive 06 = Outstanding debt 07 = Jealousy 08 = Racial, ethnic or political motivation 09 = Sudden personal anger towards you 10 = Attempted robbery 11 = "Discipline" or attempted arrest 12 = Attempted murder 13 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="text"/>	



26.11	<b>Were you under the influence of alcohol or drugs at the time?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
26.12	<b>Was the attacker under the influence of alcohol or drugs at the time?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
26.13	<b>Did you report the incident to the police?</b> 1 = Yes → <b>Go to Q26.15</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
26.14	<b>If not, why not?</b> 01 = Solved it myself/perpetrator known to me 02 = Inappropriate for police/police not necessary 03 = Reported to other authorities instead 04 = My family resolved it 05 = No insurance 06 = Police could do nothing/lack of proof 07 = Police would not do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Did not dare (for fear of reprisal) 10 = Other reasons 11 = Do not know → <b>Go to Q26.20</b>	<input type="checkbox"/> <input type="checkbox"/>
26.15	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
26.16	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q26.20</b> 3 = Do not know → <b>Go to Q26.20</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
26.17	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = Do not know → <b>Go to Q26.20</b> 4 = Not yet → <b>Go to Q26.20</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
26.18	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

26.19	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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26.20	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q26.22</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
26.21	<b>If yes, who did you first report the crime to?</b> 1 = A family member/ friend 2 = Religious/Traditional group/leader 3 = Local gang 4 = Community Policing Forum 5 = Local vigilante group 6 = Local ward councillor 7 = Private security 8 = Insurance company 9 = Other (Specify)	<input type="checkbox"/>  																								
26.22	<b>If you did report the crime to anyone, were you persuaded/ pressurized by anyone not to do so?</b> 1 = Yes 2 = No → <b>Go to Q26.24</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
26.23	<b>If persuaded/ pressurised, by whom?</b> 1 = Relative 2 = Friend 3 = Other non-relative 4 = Partner/spouse 5 = The authorities 6 = The perpetrator 7 = Other (specify)	<input type="checkbox"/>  																								
26.24	<b>Have you done anything to protect yourself as a result of this incident?</b> 1 = Yes 2 = No → <b>Go to Section 21</b>																									

26.25	<b>If yes, in what way?</b> 01 = Took measure to protect myself 02 = Do not go out/travel alone anymore 03 = Changed travelling route 04 = Avoid certain places 05 = Increased awareness/more alert 06 = I carry a gun 07 = I carry another type of weapon (other than gun) 08 = Changed behaviour towards perpetrator 09 = Applied for a Protection order 10 = Other (specify)	<table border="0"> <thead> <tr> <th>Yes</th><th>No</th></tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <div style="border: 1px solid black; height: 15px; width: 100px; margin-top: 5px;"></div>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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26.26	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<table border="0"> <tbody> <tr><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2																								
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GO BACK TO SECTION 21, PAGE 44 TO CHECK FOR OTHER CRIMES

**READ OUT:** Now I would like to ask you some detailed questions about the consumer fraud that you have experienced in the past 12 months. If more than one, report on the most recent one.

27.1	<p><b>How did this incident take place?</b></p> <p>01 = Construction or repair work          02 = Work done by a garage          03 = A hotel restaurant or pub          04 = A shop of some sort          05 = Mail-order          06 = Sales person          07 = Illegal duplication of bankcard/ATM fraud          08 = Banking fraud (e.g. internet)          09 = Cheque/credit card fraud          10 = Identity fraud          11 = Insurance fraud          12 = Pension fraud          13 = At the work place          14 = Permit fraud          15 = Other (specify)</p>	<div> <input type="checkbox"/> <input type="checkbox"/> </div> <div></div>
27.2	<p><b>Did you report the incident to the police?</b></p> <p>1 = Yes → <b>Go to Q27.4</b>          2 = No</p>	<div> <input type="checkbox"/> 1  <input type="checkbox"/> 2         </div>
27.3	<p><b>If not, why not?</b></p> <p>01 = Solved it myself/perpetrator known to me          02 = Inappropriate for police/police not necessary          03 = Reported to other authorities instead          04 = My family resolved it          05 = No insurance          06 = Police could do nothing/lack of proof          07 = Police would not do anything about it          08 = Fear/dislike of the police/no involvement wanted with police          09 = Did not dare (for fear of reprisal)          10 = Other reasons          11 = Do not know          → <b>Go to Q27.9</b></p>	<div> <input type="checkbox"/> <input type="checkbox"/> </div>
27.4	<p><b>Were you satisfied with the police response?</b></p> <p>1 = Yes          2 = No</p>	<div> <input type="checkbox"/> 1  <input type="checkbox"/> 2         </div>

27.5	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q27.9</b> 3 = Do not know → <b>Go to Q27.9</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																											
27.6	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = Not yet → <b>Go to Q27.9</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																											
27.7	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case on-going 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																											
27.8	<b>Were you satisfied with the way the following authorities handled the case?</b> <i>Read all the options</i> 1 = The uniformed police 2 = The detective 3 = The prosecutors 4 = The judge/courts 5 = State lawyer 6 = Private lawyer 7 = Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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27.9	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q27.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																											

<b>27.10</b>	<b>If yes, who did you first report the crime to?</b> 1 = Religious/Traditional group/leader 2 = Community Policing Forum 3 = Local ward councillor 4 = Private security 5 = Insurance company 6 = Bank 7 = Ombudsman 8 = Other (specify)	<input type="checkbox"/>  <input type="text"/>	
<b>27.11</b>	<b>Were any of the lost items recovered?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>27.12</b>	<b>Do you know who defrauded you?</b> 1 = Yes 2 = No → <b>Go to Q27.15</b> 3 = Do not know → <b>Go to Q27.15</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>27.13</b>	<b>If you know, how do you know?</b> 1 = Know the people involved by name/by face 2 = Others witnessed the fraud 3 = Police report 4 = General community knowledge 5 = Other (specify)	<input type="checkbox"/>  <input type="text"/>	
<b>27.14</b>	<b>How many of the <u>perpetrators</u> were male or female and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6

<b>27.15</b>	<b>How many of the <u>victims</u> were male or female including yourself and in which age groups were they?</b> 1 = Younger than 15 2 = 15-34 years 3 = 35-54 years 4 = 55 years or older 5 = Unknown age 6 = Do not know (write 98 in the response box)	<b>No. of males</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6	<b>No. of females</b> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> 6
<b>27.16</b>	<b>Have you done anything to protect yourself as a result of this incident?</b> 1 = Yes 2 = No → <b>Go to Section 21</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>27.17</b>	<b>If yes, in what way?</b> 1 = Took measures to protect myself 2 = Avoid certain places 3 = Carefully check transactions 4 = Increased awareness/more alert 5 = Keep documents in a safe place 6 = Other (specify)	<input type="checkbox"/>  <input type="text"/>	
<b>27.18</b>	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

**GO BACK TO SECTION 21, PAGE 44 TO CHECK FOR OTHER CRIMES**

**READ OUT:** *I would now like to ask you some questions about corruption that you have experienced in the past 12 months. If more than one, report on the most recent.*

**READ OUT:** *I would now like to ask you some questions about corruption that you have experienced in the past 12 months. If more than one, report on the most recent.*

<b>28.5</b>	<b>Did you report the incident to any of the following authorities:</b> <i>Read all the options</i> 01 = Police 02 = Prosecutor/judge/courts 03 = Supervisor to the official 04 = Anti-corruption body 05 = Journalist/media 06 = Ombudsman 07 = Religious/Traditional group/leader 08 = Community Policing Forum 09 = Member of municipal council 10 = Religious leader 11 = Other (specify) <b>If “Yes” to any → Go to Q28.7</b> <b>If “No” to all → Go to Q28.6</b>	<div style="text-align: right; padding-right: 10px;">             Yes      No           </div> <div style="margin-top: 10px;"> <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2  <input type="checkbox"/> 1     <input type="checkbox"/> 2           </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div>
<b>28.6</b>	<b>If not, why not?</b> 1 = Pointless, nobody would care 2 = Benefit received from the bribe 3 = Common practice 4 = Sign of gratitude 5 = Fear of reprisals 6 = Do not know whom to report to 7 = I initiated 8 = Other (specify) <b>→ END INTERVIEW</b>	<div style="text-align: center; margin-top: 40px;"> <input type="checkbox"/> </div> <div style="margin-top: 40px;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div>
<b>28.7</b>	<b>Were you satisfied with the way the authorities handled your case?</b> 1 = Yes 2 = No	<div style="margin-top: 40px;"> <input type="checkbox"/> 1  <input type="checkbox"/> 2         </div>

**END OF INTERVIEW**  
**Thank the respondent!**

# h h m m

INTERVIEW END TIME

## SECTION 29: INTERVIEWER TO ANSWER QUESTIONS BELOW

<p><b>29.1</b></p>	<p><b>Indicate the type of main dwelling that the household occupies</b></p> <p>01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm  02 = Traditional dwelling/hut/structure made of traditional materials  03 = Flat or apartment in a block of flats  04 = Cluster house in complex  05 = Town house (semi-detached house in complex)  06 = Semi-Detached house  07 = Dwelling/house/flat/room in backyard  08 = Informal dwelling/shack in backyard  09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm  10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat  11 = Caravan/tent  12 = Other (specify)</p>	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="border: 1px solid black; height: 40px; width: 150px; margin-top: 20px;"></div>
<p><b>29.2</b></p>	<p><b>What is the type of main dwelling at these living quarters?</b></p> <p>1 = Formal  2 = Informal</p>	<div style="text-align: right;"> <input type="checkbox"/> 1  <input type="checkbox"/> 2 </div>

Question Number	Person Number	General comments

[illegible]