



## Aim and use of the survey

The Victims of crime survey is aimed at providing information about:

- The nature, extent and patterns of crime in South Africa, from the victim's perspective;
- Victim risk and victim proneness, so as to inform the development of crime prevention and public education programmes;
- People's perceptions of services provided by the police and the courts as components of the criminal justice system.

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 crim 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) and 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. Don't write the figures sideways or diagonally. Never use decimal points (or decimal commas).

Your figures should be made like this:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>0</b>

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 the last 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

		Person (respondent) number									
		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"/>									
	<i>Surname:</i>	<input type="text"/>									
<b>B</b>	<b>Has ..... stayed here (in this household) for at least four nights on average per week during the last four weeks?</b> 1 = Yes 2 = No → <i>If "No", End of interview</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	<b>C</b>	<b>Is ..... a male or a female?</b> 1 = Male 2 = Female	<input type="checkbox"/> 1 <input type="checkbox"/> 2								
<b>D</b>	<b>What is .....’s date of birth and age in completed years?</b>										
	<b>Day of Birth:</b> <i>Example of day 05</i>	d d <input type="text"/> <input type="text"/>									
	<b>Month of birth:</b> <i>Example of month 11</i>	m m <input type="text"/> <input type="text"/>									
	<b>Year of birth:</b> <i>Example of year 2007</i>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Age in years</b> <i>Less than one year = 0</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"/> <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"/>	<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"/> <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"/>	<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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Coloured	<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	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Indian/Asian	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = White	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Other (specify in box below)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<b>F</b>	<b>Is there any other person residing in this household, other than those already mentioned, who is not presently here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ If "Yes", Go back to A								

Select a member of the household 15 years and older for which sections 20-27 has to be completed in the following way:  
 Look at the birthdays of all individuals aged 15 years and older and select the individual whose birthday comes first after the interview date.

		01	02	03	04	05	06	07	08	09	10
<b>G</b>	<b>Indicate who the selected person was and whether the person selected was present or not.</b>										
	1 = Selected person present	<input type="checkbox"/> 1									
	2 = Selected person not present	<input type="checkbox"/> 2									
<b>H</b>	<b>Provide contact number of selected person</b>										

**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
<p><b>1.1 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</p>	<input type="checkbox"/>									
<p><b>1.2 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</p>	<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
<p><b>1.3 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></p> <p>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 = Bachelors Degree            27 = Bachelors Degree and post-graduate diploma            28 = Honours Degree            29 = Higher degree (Masters, Doctorate)            30 = Other (specify in the box)            31 = Do not know</p>										
	□ □	□ □	□ □	□ □	□ □	□ □	□ □	□ □	□ □	□ □

## ECONOMIC ACTIVITIES

Ask for all household members 15 years and older.

		01	02	03	04	05	06	07	08	09	10
1.4a	<b>During the last calendar week 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>										
	1 = Yes	<input type="checkbox"/> 1									
	2 = No	<input type="checkbox"/> 2									
	3 = Do not know	<input type="checkbox"/> 3									
1.4b	<b>During the last calendar week 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> <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>										
	1 = Yes	<input type="checkbox"/> 1									
	2 = No	<input type="checkbox"/> 2									
	3 = Do not know	<input type="checkbox"/> 3									
1.4c	<b>During the last calendar week did ..... help without being paid in any kind of household business, even if it was for only one hour?</b> <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>										
	1 = Yes	<input type="checkbox"/> 1									
	2 = No	<input type="checkbox"/> 2									
	3 = Do not know	<input type="checkbox"/> 3									

If "Yes" to any of the above → Go to Q1.5

	01	02	03	04	05	06	07	08	09	10
<b>1.4d</b> In the past calendar week, even though you did not do any work for pay or profit, do you have a job or business that you would definitely return to? 1 = Yes 2 = No → <b>Go to Q1.6</b> 3 = Do not know → <b>Go to Q1.6</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
<b>1.5</b> Is .....’s work 1 = Permanent 2 = A fixed period contract 3 = Temporary 4 = Causal 5 = Seasonal 6 = Do not know	<input type="checkbox"/>									

**HOUSEHOLD INCOME SOURCE**

Ask for all households.

<b>1.6</b> What are the sources of income for this household? <i>Read all the options</i> 1 = Salaries/wages/commission 2 = Income from a business 3 = Remittances/maintenance 4 = Pensions 5 = Social grants 6 = Sales of farm products and services 7 = Other source of income 8 = No income → <b>Go to Section 2</b>	<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> </tbody> </table>	Yes	No	<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>1.7</b> Which one of the above income sources is the main source of income? <i>Write the option number in the block provided. If only one source of income, write the code of that income source in the block provided.</i>	<input type="checkbox"/>																				

**SECTION 2 : GENERAL THINKING / BELIEFS ON CRIME**

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

<p><b>2.1</b> Has the topic of crime come up in any conversation you had with your family, friends or colleagues in the past two weeks?</p> <p>1 = Yes 2 = No</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	
<p><b>2.2</b> Which violent crimes (involving a threat or force) ...</p> <p>01= Murder 02= Street robbery 03= Home robbery 04= Business robbery 05= Vehicle hijacking (including truck or car) 06= Assault (including domestic violence) 07= Sexual assault (including rape) 08= Child abuse 09= Political violence 10= Mob justice/vigilante groups</p>	<p><b>2.2.1</b> <u>occur mostly</u> in your area</p> <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p><b>2.2.2</b> are you <u>most afraid</u> of in your area</p> <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p><b>2.3</b> Which property and non-violent crimes ...</p> <p>01= Pick-pocketing, bag or purse-snatching 02= Bicycle theft 03= Car theft or theft of any other type of vehicle 04= Home burglary (excluding home robbery) 05= Crop theft 06= Livestock/poultry theft 07= White collar crime 08= Other theft or personal goods 09= Corruption in the public service 10= Non-payment of child maintenance 11= Other (specify)</p>	<p><b>2.3.1</b> <u>occur mostly</u> in your area</p> <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>	<p><b>2.3.2</b> are you <u>most afraid</u> of in your area</p> <p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>

2.4	<p><b>How do you think the level of <u>violent crime</u> (e.g. assault, robbery murder) in your area has changed in the last three years? January 2008 to December 2010</b></p> <p>1 = Increased 2 = Decreased 3 = Stayed the same</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															
2.5	<p><b>How do you think the level of <u>property crime</u> (e.g. burglary, theft) in your area has changed in the last three years? January 2008 to December 2010</b></p> <p>1 = Increased 2 = Decreased 3 = Stayed the same</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															
2.6	<p><b>Do you think <u>violent crimes</u> in this area are more likely to be committed by:</b></p> <p><i>Read all the options</i></p> <p>1 = People from this area 2 = People from other areas in South Africa 3 = People from outside South Africa</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															
2.7	<p><b>Do you think that <u>property crime</u> in this area are more likely to be committed by:</b></p> <p><i>Read all the options</i></p> <p>1 = People from this area 2 = People from other areas in South Africa 3 = People from outside South Africa</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															
2.8	<p><b>Do you think that people committing <u>property crime</u> in this area are mostly motivated by:</b></p> <p><i>Read all the options</i></p> <p>1 = Real need (such as hunger) 2 = Greed 3 = Non-financial motives (such as witchcraft, jealousy or hatred) 4 = Other (specify)</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>1 = Real need (such as hunger)</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>2 = Greed</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>3 = Non-financial motives (such as witchcraft, jealousy or hatred)</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td>4 = Other (specify)</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>		Yes	No	1 = Real need (such as hunger)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2 = Greed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3 = Non-financial motives (such as witchcraft, jealousy or hatred)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	4 = Other (specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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2.9	<p><b>Do fear of crime prevent you from doing any of the following in your area....?</b></p> <p><i>Read all the options</i></p> <p>1 = Using public transport 2 = Walking to the shops 3 = Walking to work/town 4 = Going in open spaces or parks in your area incl. forests/ bushy areas 5 = Allowing your children to play in/move around in your area freely 6 = Allowing your children to walk to school 7 = Keeping livestock/poultry outside in the kraal 8 = Investing/starting a home business</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>1 = Using public transport</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>2 = Walking to the shops</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>3 = Walking to work/town</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>4 = Going in open spaces or parks in your area incl. forests/ bushy areas</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>5 = Allowing your children to play in/move around in your area freely</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>6 = Allowing your children to walk to school</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>7 = Keeping livestock/poultry outside in the kraal</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>8 = Investing/starting a home business</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table>		Yes	No	N/A	1 = Using public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2 = Walking to the shops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3 = Walking to work/town	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	4 = Going in open spaces or parks in your area incl. forests/ bushy areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	5 = Allowing your children to play in/move around in your area freely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	6 = Allowing your children to walk to school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	7 = Keeping livestock/poultry outside in the kraal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	8 = Investing/starting a home business	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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2.10	<p><b>If you had to walk, how safe would you feel walking <u>alone</u> in your area when it is dark?</b></p> <p>1 = Very safe 2 = Fairly safe 3 = A bit unsafe 4 = Very unsafe</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																				
2.11	<p><b>If you had to walk, how safe would you feel walking <u>alone</u> in your area during the day?</b></p> <p>1 = Very safe 2 = Fairly safe 3 = A bit unsafe 4 = Very unsafe</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																				

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

**READ OUT:** Next I would like to ask you some questions about what you believe people living in your area, the police, courts, prisons and the government can do to bring the levels of crime in your area down.

3.1	<p><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>  <i>Read all the options</i>                  1 = Law enforcement (more police, etc.)                  2 = The Judiciary/courts (punishment, harsher penalties for offenders, etc.)                  3 = Social and/or economic development (e.g. job creation)</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>
3.2	<p><b>What measures have you taken to protect yourself against crime and violence?</b>  <i>Read all the options</i>                  1 = Physical protection measures of home (such as burglar doors, alarm, etc.)                  2 = Physical protection measures of vehicles (e.g. alarm)                  3 = Carrying of weapons                  4 = Private security (such as paid armed response)                  5 = Self help groups                  6 = Nothing                  7 = Other (specify)      → <b>Go to Q3.4</b></p>	<p>Yes    No    N/A</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3</p>
3.3	<p><b>Do you feel safer because of taking these precautions?</b>                  1 = Yes                  2 = No                  3 = Do not know</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>
3.4	<p><b>Is there any organisation or group, other than the police, that provides protection against crime in your community?</b>                  1 = Yes                  2 = No                  3 = Do not know</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3</p>

3.5	<p><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 Group/organisation                  5 = Traditional authority                  6 = SAPS                  7 = Metro Police                  8 = Community Policing Forum                  9 = Other (specify)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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## SECTION 4 : VICTIM SUPPORT AND OTHER 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 if you are aware of any of the following services that are available to victims of crime.

<b>4.1</b>	<p><b>Do you know where to take someone to access <u>medical services</u> if he or she was a victim of violent crime?</b></p> <p>1 = Yes                  2 = No → <b>Go to Q4.3</b>                  3 = Do not know → <b>Go to Q4.3</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																					
<b>4.2</b>	<p><b>If yes, where?</b>  <i>Read all the options</i></p> <p>1 = Police                  2 = Hospital or trauma unit                  3 = Local clinic                  4 = Private doctor                  5 = NGO/volunteer group                  6 = Victim Empowerment Centres/Thuthuzela Centres                  7 = Traditional leader/authority                  8 = Courts                  9 = Other (specify)</p>	<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> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																
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<b>4.3</b>	<p><b>Do you know where to take someone for <u>counselling services</u> if he or she was a victim of a violent crime?</b></p> <p>1 = Yes                  2 = No → <b>Go to Q4.5</b>                  3 = Do not know → <b>Go to Q4.5</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																					

<b>4.4</b>	<p><b>If yes, where?</b>  <i>Read all the options</i></p> <p>1 = Police                  2 = Hospital or trauma unit                  3 = Local clinic                  4 = Private doctor                  5 = NGO/volunteer group                  6 = Victim Empowerment Centres/Thuthuzela Centres                  7 = Traditional leader/authority                  8 = Courts                  9 = Other (specify)</p>	<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> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2																	
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<b>4.5</b>	<p><b>Do you know of a <u>shelter or place of safety</u> in your area where you can take someone who was a victim of domestic violence?</b></p> <p>1 = Yes                  2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																					
<b>4.6</b>	<p><b>If yes, what is the nature of this <u>shelter or place of safety</u> in the area?</b></p> <p>1 = NGO/volunteer run                  2 = State run                  3 = Traditional (incl. traditional leader)                  4 = Other (specify)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																					





**SECTION 7 : COURTS**

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

<b>7.1</b>	<b>Do you know where the nearest magistrates' court is?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>7.2</b>	<b>Do you think the courts are generally performing their duties adequately?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>7.3</b>	<b>Have you been to court in the last 3 years?</b> 1 = Yes 2 = No                      → <b>Go to Q7.5</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>7.4</b>	<b>If yes, why did you go to court?</b> 1 = I was a party to a case 2 = As a witness 3 = Just to attend court 4 = Administrative reason (including ex parte applications) (for example crime, divorce, etc) 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: 100%; margin-top: 5px;"></div>
<b>7.5</b>	<b>Are you satisfied with the way the courts generally deal with perpetrators of crime?</b> 1 = Yes 2 = No                      → <b>Go to Q7.7</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>7.6</b>	<b>If yes, why are you satisfied with this?</b> 1 = They have a high rate of conviction 2 = They pass sentences appropriate to the crime 3 = They are not corrupt 4 = Other (specify)  → <b>Go to Q7.8</b>	<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>
<b>7.7</b>	<b>If no, why are you not satisfied with this?</b> 1 = They do not have enough convictions 2 = Matters drag for too long/ postponements 3 = No proper notice of hearing is served 4 = Courts are too lenient on criminals 5 = They release perpetrators unconditionally 6 = Other (specify)	<input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
<b>7.8</b>	<b>Were you satisfied with the overall service provided by the prosecutor/state advocate that dealt with the case?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

**SECTION 8 : CORRECTIONAL SERVICES**

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

<b>8.1</b>	<p><b>Have you ever been to a prison for any reason (for business or as a visitor or as an inmate)?</b>                  1 = Yes                  2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																													
<b>8.2</b>	<p><b>Please indicate whether you agree with the following statements?</b>  <i>Read all the options</i></p> <p>01= Innocent people are sometimes wrongly sent to prison                  02= Many people who are guilty do not go to prison                  03= Prison is the right kind of punishment for violent crimes                  04= Prison is the right kind of punishment for most non violent crimes                  05= Prisons are well-run                  06= Prisons are just colleges for crooks                  07= Prisoners get parole too easily                  08= Prisons abuse prisoners rights                  09 = It is easy to escape from prisons                  10= People who have been to prison will not easily commit crimes again</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Do not know</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table>		Yes	No	Do not know	01	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	02	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	03	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	04	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	05	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	06	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	07	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	08	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	09	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	10	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
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**SECTION 9 : CORRUPTION**

**READ OUT:** I would now like to ask you some questions about corruption. Corruption is when someone who is in a position of authority fails to do something he/she is required to do and solicits a bribe.

<b>9.1</b>	<p><b>During the past twelve months (that is from January 2010 to December 2010), has any government or public official asked YOU for the following in return for a service the official is legally required to perform?</b>  <i>Read all the options</i>                  1 = Money                  2 = A favour                  3 = A present</p> <p><b>If "No" to all → Go to Section 10</b></p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </table>		Yes	No	1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	3	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
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<b>9.2</b>	<p><b>If yes, for which of the following service has any government official asked you or indicated to you that they'd be receptive to the following: money, a favour, a present in return</b>  <i>Read all the options</i></p> <p>01= Pension or social welfare grant                  02= Water or Electricity                  03= Housing                  04= Medical Care                  05= Policing                  06= Court related services                  07= Education/Schooling                  08= ID Document/Passport                  09= Drivers licenses                  10= Traffic Fine                  11= Employment/jobs                  12= When visiting a prison                  13= Customs                  14= Other (specify)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;">14</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </table>		Yes	No	01	<input type="checkbox"/> 1	<input type="checkbox"/> 2	02	<input type="checkbox"/> 1	<input type="checkbox"/> 2	03	<input type="checkbox"/> 1	<input type="checkbox"/> 2	04	<input type="checkbox"/> 1	<input type="checkbox"/> 2	05	<input type="checkbox"/> 1	<input type="checkbox"/> 2	06	<input type="checkbox"/> 1	<input type="checkbox"/> 2	07	<input type="checkbox"/> 1	<input type="checkbox"/> 2	08	<input type="checkbox"/> 1	<input type="checkbox"/> 2	09	<input type="checkbox"/> 1	<input type="checkbox"/> 2	10	<input type="checkbox"/> 1	<input type="checkbox"/> 2	11	<input type="checkbox"/> 1	<input type="checkbox"/> 2	12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	13	<input type="checkbox"/> 1	<input type="checkbox"/> 2	14	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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**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.

10.0	(INSTRUCTION: SURVEY OFFICER TO REFER TO REFERENCE CARD LISTING ALL CRIME TYPES IF UNSURE OF HOW THE CRIME IS CLASSIFIED)	Between January 2006 - December 2010 has any member of the household experienced [.....]		Between January 2010 - December 2010 has any member of the household experienced [.....]. If yes, how many times?	How many in 2010 were successful	When did the most recent <u>successful</u> incident occur in 2010?		If YES in the past 12 months, and matches with information in previous column, then go to ....  SKIP PATTERN INSTRUCTIONS
		Yes	No			Month	Year	
A	Theft of car	<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 16
B	House breakings/ burglary (when someone was at home)	<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 18
C	Home Robbery (incl. robbery often around or inside the household's dwelling)	<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 37
D	Theft of livestock/poultry and other animals	<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 21
E	Theft of crops planted by the household	<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 24
F	Murder	<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 27
G	Theft out of motor vehicle	<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 16, Page 30
H	Deliberate damaging/burning/ destruction of dwellings	<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 33
I	Motor vehicle vandalism/ deliberate damage of motor vehicle	<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 35
J	Other (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"/>	

If the household has not been affected by the listed crimes during 2010, then go to Section 20 on page 40.

## SECTION 11 : THEFT OF CAR

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

11.1	<b>Where was the 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="checkbox"/>
11.2	<b>What time of the day did this happen?</b> 1 = At dawn (just before sunrise) 2 = Morning hours 3 = Afternoon hours 4 = Evening hours (dusk, just after sunset) 5 = At night (before midnight) 6 = Between midnight and dawn 7 = Do not know	<input type="checkbox"/>
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 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 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't 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 Q11.10</b> 3 = Do not know → <b>Go to Q11.10</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 = No yet 4 = Do not know	<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 ongoing 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/courts 5 = 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> </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
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11.11	<b>Did you 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																		



**SECTION 12 : HOUSE BREAKING / BURGLARY WHEN NO ONE WAS AT HOME**

**READ OUT:** Now I would like to ask you some detailed questions about the housebreaking or burglary 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.

<b>12.1</b>	<b>What time of the day did this happen?</b> 1 = At dawn (just before sunrise) 2 = Morning hours 3 = Afternoon hours 4 = Evening hours (dusk, just after sunset) 5 = At night (before midnight) 6 = Between midnight and dawn 7 = Do not know	<input type="checkbox"/>	
<b>12.2</b>	<b>Was anyone at home at the time of the incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>12.3</b>	<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 = Do not know 6 = Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.4</b>	<b>Did the household or any household member lose any belongings in the house breaking/burglary?</b> 1 = Yes 2 = No → <i>Go to Q12.7</i> 3 = Do not know → <i>Go to Q12.7</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>12.5</b>	<b>If yes, what was this?</b> 1 = Hand-bag/wallet 2 = Money 3 = Electronic equipment (e.g. laptop, TV) 4 = Traveling bag 5 = Food stuff 6 = Personal effects (watches, jewelry) 7 = Cell phone 8 = Other (specify)	Yes    No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>

<b>12.6</b>	<b>Was any of the property that was stolen insured?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>12.7</b>	<b>Did you or any member of your household report the incident to the police?</b> 1 = Yes → <i>Go to Q12.9</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>12.8</b>	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <i>Go to Q12.14</i>	<input type="checkbox"/> <input type="checkbox"/>	
<b>12.9</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>12.10</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <i>Go to Q12.13</i> 3 = Do not know → <i>Go to Q12.13</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>12.11</b>	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Not yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

<b>12.12 Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
<b>12.13 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 = 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> </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
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<b>12.14 Did you 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																		
<b>12.15 If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> 																		
<b>12.16 Were any goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		

<b>12.17 Do you know who broke into your house?</b> 1 = Yes 2 = No → <b>Go to Q12.21</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
<b>12.18 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"/> 												
<b>12.19 How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Males</b> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>											
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<b>12.20 How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Females</b> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>											
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12.21	<b>Has anyone in your household done anything to make the house more secure as a result of this experience?</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 (target hardening) 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than gun) 5 = Don't leave the house unattended 6 = Security alarm installed 7 = Replaced door locks 8 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
12.23	<b>Did 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 15 TO CHECK FOR OTHER CRIMES.**



<b>13.7</b>	<b>Did you report the incident to the police?</b> 1 = Yes → <b>Go to Q13.9</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>13.8</b>	<b>If not, why not?</b> 01= Not serious enough/no loss/kid's stuff 02= Solved it myself/perpetrator known to me 03= Inappropriate for police/police not necessary 04= Reported to other authorities instead 05= My family resolved it 06= No insurance 07= Police could do nothing/lack of proof 08= Police won't do anything about it 09= Fear/dislike of the police/no involvement wanted with police 10= Didn't dare (for fear of reprisal) 11= Other reasons 12= Don't know → <b>Go to Q13.14</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>13.9</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>13.10</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q13.13</b> 3 = Do not know → <b>Go to Q13.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>13.11</b>	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Not yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

<b>13.12</b>	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
<b>13.13</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 = 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> </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
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<b>13.14</b>	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q13.16</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>13.15</b>	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>																		
<b>13.16</b>	<b>Were the stolen livestock recovered?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		

13.17	<b>Has anyone in your household done anything to make your livestock more secure as a result of this experience?</b> 1 = Yes 2 = No                      → <b>Go to Section 10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
13.18	<b>If yes, in what way?</b> 1 = Took measures to protect my livestock with better fencing, alarms etc. (target hardening) 2 = Increased awareness / more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 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: 100%; margin-top: 5px;"></div>
13.19	<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 10, PAGE 15 TO CHECK FOR OTHER CRIMES.**

**SECTION 14 : 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 or any members of your household have experienced in the past 12 months. If more than one, report on the most recent one.

<p><b>14.1 Where did the incident occur?</b>          1 = In the garden          2 = In the fields          3 = In the house          4 = In the granary/silo          5 = Other (specify)</p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5</p>
<p><b>14.2 In this incident, indicate what was stolen</b>  <i>Read all the options</i>          1 = Maize          2 = Rice          3 = Beans          4 = Pumpkins          5 = Sugar cane          6 = Vegetables          7 = Fruit          8 = Other (specify)</p>	<p>Yes No  <input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p><b>14.3 Do you know who stole your crops?</b>          1 = Yes          2 = No                      → <b>Go to Q14.7</b></p>	<p><input type="checkbox"/> 1  <input type="checkbox"/> 2</p>
<p><b>14.4 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)</p>	<p><input type="checkbox"/>  <input type="checkbox"/></p>

<p><b>14.5 How many of the perpetrators were male and in which age groups were they?</b>  <i>Write 98 if Do not know</i>          Younger than 15          15-34 years          35-54 years          55 years or older          Unknown age</p>	<p><b>No. of Males</b></p> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>									
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<p><b>14.6 How many of the perpetrators were female and in which age groups were they?</b>  <i>Write 98 if Do not know</i>          Younger than 15          15-34 years          35-54 years          55 years or older          Unknown age</p>	<p><b>No. of Females</b></p> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>									
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<b>14.7</b>	<b>Did you report the incident to the police?</b> 1 = Yes → <b>Go to Q14.9</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>14.8</b>	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q14.14</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>14.9</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>14.10</b>	<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
<b>14.11</b>	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Not yet 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>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
<b>14.13</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 = 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> </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
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																		
<b>14.14</b>	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q14.16</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>14.15</b>	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>																		
<b>14.16</b>	<b>Were the stolen crops recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		

14.17	<p><b>Has anyone in your household done anything to make your crops more secure as a result of this experience?</b></p> <p>1 = Yes 2 = No                      → <b>Go to Section 10</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14.18	<p><b>If yes, in what way?</b></p> <p>1 = Took measures to protect my crops or property (target hardening such as alarms on barns, better fences, etc.) 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 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: 30px; width: 100%; margin-top: 5px;"></div>
14.19	<p><b>If yes, do these measures make you feel safer?</b></p> <p>1 = Yes 2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

**GO BACK TO SECTION 10, PAGE 15 TO CHECK FOR OTHER CRIMES.**

**SECTION 15 : MURDER**

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

<b>15.1</b>	<b>How many people died in this incident?</b>	<input type="checkbox"/> <input type="checkbox"/>																
<b>15.2a</b>	<b>Were any weapons used during the incident? If yes specify what kind.</b> 1 = No weapon 2 = Knife 3 = Stick/club 4 = Metal bar 5 = Axe/panga 6 = Gun 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> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2												
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<b>15.2b</b>	<b>Was any physical force/strength used?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
<b>15.3</b>	<b>What was your relationship to the person(s) who died?</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> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2												
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<b>15.4</b>	<b>Was this person a source of income for the household?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
<b>15.5</b>	<b>Did you report the incident to the police?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																

<b>15.6</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 = Fear/dislike of the police/no involvement wanted with police 08 = Didn't dare (for fear of reprisal) 09 = Other reasons 10 = Don't know → <b>Go to Q15.8</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>15.7</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>15.8</b>	<b>Was the crime reported to anyone else (other than the police)?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>15.9</b>	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/>
<b>15.10</b>	<b>Do you know who committed this crime?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>15.11 If yes, how do you know?</b> 1 = Murderer confessed to self/others 2 = Others witnessed murder 3 = Police report 4 = Witnessed murder 5 = General community knowledge 6 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>										
<b>15.12 How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Males</b> <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>									
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<b>15.13 How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Females</b> <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>									
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<b>15.14 What was the relationship between the murderer and the victim?</b> 01 = Relative/other household member 02 = Spouse/lover 03 = Boss/teacher 04 = Other friends/acquaintances 05 = Police 06 = Other authority figure 07 = Known community members 08 = Known people from outside 09 = Unknown community members 10 = Unknown people from outside 11 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>15.15 Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q15.18</b> 3 = Do not know → <b>Go to Q15.18</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>15.16 Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Not yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>15.17 Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

15.18	<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 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15.19	<b>Were alcohol or drugs involved?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
15.20	<b>Is this incident an ongoing problem in which more people are likely to die?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

**GO BACK TO SECTION 10, PAGE 15 TO CHECK FOR OTHER CRIMES.**

**SECTION 16 : THEFT OUT OF MOTOR VEHICLE**

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

16.1	<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="checkbox"/>
16.2	<b>What time of the day did this happen?</b> 1 = At dawn (just before sunrise) 2 = Morning hours 3 = Afternoon hours 4 = Evening hours (dusk, just after sunset) 5 = At night (before midnight) 6 = Between midnight and dawn 7 = Do not know	<input type="checkbox"/>
16.3	<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
16.4	<b>What is it that was stolen?</b> 1 = Money/purse/wallet 2 = Bank books 3 = Cell phone 4 = Travel document 5 = Car radio 6 = Tyres 7 = Aerial 8 = Other car parts 9 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
16.5	<b>Did you report the incident to the police?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

16.6	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q16.12</b>	<input type="checkbox"/> <input type="checkbox"/>
16.7	<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
16.8	<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
16.9	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = No yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
16.10	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

16.11	<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 = Other (specify)	<table border="1"> <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> </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
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16.12	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No <p style="text-align: right;">→ Go to Q16.14</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
16.13	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/> 																		
16.14	<b>Were the stolen goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
16.15	<b>Do you know who stole the things from your vehicle?</b> 1 = Yes 2 = No <p style="text-align: right;">→ Go to Q16.19</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		

16.16	<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"/> 												
16.17	<b>How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Males</b> <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>											
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16.18	<b>How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Females</b> <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>											
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16.19	<b>Have you 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
16.20	<b>If yes, in what way?</b> 1 = Took measures to protect my car 2 = Do not leave goods in the vehicle 3 = Put goods out of sight, (e.g. in the boot) 4 = Changed travelling route/places where I park my vehicle 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)	<input type="checkbox"/> <input type="checkbox"/>
16.21	<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 15 TO CHECK FOR OTHER CRIMES.**

**SECTION 17 : 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 or any members of your household have experienced in the past 12 months. If more than one, report on the most recent one.

<b>17.1</b>	<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
<b>17.2</b>	<b>Was anyone at home at the time of the incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>17.3</b>	<b>What buildings were damaged 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 (stables/runs/hen houses etc) 5 = Adjacent office/shop building 6 = Garage 7 = Wall around property 8 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
<b>17.4</b>	<b>Did you report the incident to the police?</b> 1 = Yes → <b>Go to Q17.6</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>17.5</b>	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q17.11</b>	<input type="checkbox"/> <input type="checkbox"/>

<b>17.6</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>17.7</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q17.10</b> 3 = Do not know → <b>Go to Q17.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		
<b>17.8</b>	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Not yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
<b>17.9</b>	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
<b>17.10</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 = 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> </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
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<b>17.11</b>	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		



**SECTION 18 : 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 a member of your household have experienced in the past 12 months. If more than one, report on the most recent one.

<b>18.1</b>	<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
<b>18.2</b>	<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"/> <input type="checkbox"/>
<b>18.3</b>	<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)	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>18.4</b>	<b>Did you report the incident to the police?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>18.5</b>	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q18.11</b>	<input type="checkbox"/> <input type="checkbox"/>

<b>18.6</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>18.7</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q18.10</b> 3 = Do not know → <b>Go to Q18.10</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>18.8</b>	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = Not yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>18.9</b>	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>18.10</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 = 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
<b>18.11</b>	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q18.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2





19.11	<b>Did you or any member of the household report the incident to the police?</b> 1 = Yes                      → <b>Go to Q19.13</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
19.12	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q19.18</b>	<input type="checkbox"/> <input type="checkbox"/>
19.13	<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
19.14	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No                      → <b>Go to Q19.17</b> 3 = Do not know        → <b>Go to Q19.17</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
19.15	<b>Did you or any member of your household have to attend court?</b> 1 = Yes 2 = No 3 = No yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

19.16	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																		
19.17	<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 = 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> </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
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19.18	<b>Were the stolen goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
19.19	<b>Do you or any household members know who robbed you?</b> 1 = Yes 2 = No                      → <b>Go to Q19.23</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
19.20	<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"/>																		

19.21	<b>How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Males</b> <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"/>
19.22	<b>How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Females</b> <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"/>
19.23	<b>Have you or any member of the household changed 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

19.24	<b>If yes, in what way?</b> 1 = Took measures to protect my house or property (target hardening) 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than gun) 5 = Don't leave the house unattended 6 = Security alarm installed 7 = Replaced door locks 8 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
19.25	<b>If yes, do these measures make you or household members feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

**GO BACK TO SECTION 10, PAGE 15 TO CHECK FOR OTHER CRIMES.**

**SECTION 20 : EXPERIENCE OF INDIVIDUAL CRIME**

**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.

20.0	(INSTRUCTION: SURVEY OFFICER TO REFER TO REFERENCE CARD LISTING ALL CRIME TYPES IF UNSURE OF HOW THE CRIME IS CLASSIFIED)	Between January 2006 - December 2010 did you experience [.....]		Between January 2010 - December 2010 did you experience [.....]. If yes, how many times?	How many in 2010 were successful	When did the most recent <u>successful</u> incident occur in 2010?		If YES in the past 12 months, and matches with information in previous column, then go to ....
		Yes	No			Month	Year	
A	Theft of bicycle	<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 21, Page 41
B	Theft of motorbike/scooter	<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 43
C	Hijacking of car (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 46
D	Robbery (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 49
E	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 25, Page 52
F	Sexual offence (incl. rape)	<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 55
G	Consumer fraud	<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 58

If the selected person has not been affected by the listed crime during 2010, then **END THE INTERVIEW.**



<b>21.9</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q21.12</b> 3 = Do not know → <b>Go to Q21.12</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															
<b>21.10</b>	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = Not yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4															
<b>21.11</b>	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4															
<b>21.12</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 = 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> </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
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3															
<b>21.13</b>	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q21.15</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2															

<b>21.14</b>	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/>
<b>21.15</b>	<b>Was the stolen bicycle recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>21.16</b>	<b>Have you done anything to make your bicycle more secure as a result of this experience?</b> 1 = Yes 2 = No → <b>Go to Section 20</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>21.17</b>	<b>If yes, in what way?</b> 1 = Took measures to protect my bicycle or property (target hardening) 2 = Increased awareness/more alert 3 = Acquired a gun 4 = Acquired another type of weapon (other than a gun) 5 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>21.18</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 20, PAGE 40 TO CHECK FOR OTHER CRIMES.**

**SECTION 22 : THEFT OF MOTORBIKE / SCOOTER**

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

22.1	<b>Where was the motorbike/scooter 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="checkbox"/>
22.2	<b>What time of the day did this happen?</b> 1 = At dawn (just before sunrise) 2 = Morning hours 3 = Afternoon hours 4 = Evening hours (dusk, just after sunset) 5 = At night (before midnight) 6 = Between midnight and dawn 7 = Do not know	<input type="checkbox"/>
22.3	<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
22.4	<b>Was it a .....</b> 1 = Motorbike 2 = Scooter	<input type="checkbox"/> 1 <input type="checkbox"/> 2
22.5	<b>Did you report the incident to the police?</b> 1 = Yes → <b>Go to Q22.7</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

22.6	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q22.12</b>	<input type="checkbox"/> <input type="checkbox"/>
22.7	<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
22.8	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q22.11</b> 3 = Do not know → <b>Go to Q22.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
22.9	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = No yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
22.10	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

22.11	<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 = Other (specify)	<table border="1"> <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> </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
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																		
22.12	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → Go to Q22.14	<table border="1"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2																
<input type="checkbox"/> 1																				
<input type="checkbox"/> 2																				
22.13	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<table border="1"> <tr> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>																	
<input type="checkbox"/>																				
22.14	<b>Was the stolen motorbike/scooter recovered?</b> 1 = Yes 2 = No 3 = Do not know	<table border="1"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3															
<input type="checkbox"/> 1																				
<input type="checkbox"/> 2																				
<input type="checkbox"/> 3																				
22.15	<b>Do you know who stole your motorbike/scooter?</b> 1 = Yes 2 = No → Go to Q22.19	<table border="1"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2																
<input type="checkbox"/> 1																				
<input type="checkbox"/> 2																				

22.16	<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)	<table border="1"> <tr> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>											
<input type="checkbox"/>														
22.17	<b>How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<table border="1"> <tr> <td colspan="2"><b>No. of Males</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>No. of Males</b>		<input type="checkbox"/>									
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22.18	<b>How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<table border="1"> <tr> <td colspan="2"><b>No. of Females</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>No. of Females</b>		<input type="checkbox"/>									
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<input type="checkbox"/>	<input type="checkbox"/>													
22.19	<b>Was the motorbike/scooter insured?</b> 1 = Yes 2 = No	<table border="1"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2										
<input type="checkbox"/> 1														
<input type="checkbox"/> 2														

22.20	<b>Have you changed your behaviour as a result of this incident?</b> 1 = Yes 2 = No                      → <b>Go to Section 20</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
22.21	<b>If yes, in what way?</b> 1 = Took measures to protect my motorbike/scooter 2 = Do not go out/travel alone anymore 3 = Changed travelling route 4 = Avoid certain places 5 = Increased awareness/more alert 6 = I carry a gun 7 = I carry another type of weapon (other than gun) 8 = Other (specify)	<input type="checkbox"/>        <input type="text"/>
22.22	<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 20, PAGE 40 TO CHECK FOR OTHER CRIMES.**

**SECTION 23 : CAR HIJACKING (including attempted hijacking)**

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

<b>23.1</b>	<b>Where was the vehicle when it was hijacked?</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="checkbox"/>
<b>23.2</b>	<b>What time of the day did this happen?</b> 1 = At dawn (just before sunrise) 2 = Morning hours 3 = Afternoon hours 4 = Evening hours (dusk, just after sunset) 5 = At night (before midnight) 6 = Between midnight and dawn 7 = Do not know	<input type="checkbox"/>	<input type="checkbox"/>
<b>23.3</b>	<b>When did this happen?</b> <i>Read all the options</i> 1 = During the week 2 = Over the weekend	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.4</b>	<b>What type of vehicle was it?</b> 01 = Sedan/car 02 = Bakkie 03 = 4 X 4 04 = Van 05 = Mini bus 06 = Tractor 07 = Bus 08 = Lorry/truck 09 = SUV 10 = Other (specify)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>

<b>23.5</b>	<b>Was this vehicle ...</b> 1 = This households vehicle 2 = Business or company vehicle 3 = Public transport (example minibus taxi) 4 = Other relatives or friends vehicle 5 = Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
<b>23.6</b>	<b>Were any weapons used during the incident?</b> 1 = Yes 2 = No → <b>Go to Q23.8</b>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.7a</b>	<b>If yes, what kind of weapon/s?</b> 1 = Knife 2 = Stick/club 3 = Metal bar 4 = Axe/panga 5 = Gun 6 = Toy gun 7 = Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
<b>23.7b</b>	<b>Was any physical force/strenght used?</b> 1 = Yes 2 = No	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.8</b>	<b>Did anyone sustain (suffer) any injuries?</b> 1 = Yes 2 = No → <b>Go to Q23.11</b>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.9</b>	<b>Did any of these injuries require medical attention?</b> 1 = Yes 2 = No → <b>Go to Q23.11</b>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.10</b>	<b>Was anyone admitted to hospital due to the injuries?</b> 1 = Yes 2 = No	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>23.11</b>	<b>Did anyone die in this incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.12</b>	<b>Did you report the incident to the police?</b> 1 = Yes 2 = No → <b>Go to Q23.14</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.13</b>	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q23.19</b>	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
<b>23.14</b>	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.15</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No 3 = Do not know → <b>Go to Q23.18</b> → <b>Go to Q23.18</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>23.16</b>	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = No yet	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

<b>23.17</b>	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																		
<b>23.18</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 = 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> </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
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																		
<b>23.19</b>	<b>Did you report the crime to anyone else (other than the police)?</b> 1 = Yes 2 = No → <b>Go to Q23.27</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>23.20</b>	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (specify)	<input type="checkbox"/>  <input type="checkbox"/>																		
<b>23.21</b>	<b>Was the hijacked car recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		

<b>23.22</b>	<b>Were you alone in the car when it was hijacked?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.23</b>	<b>Do you know who hijacked your vehicle?</b> 1 = Yes 2 = No → <b>Go to Q23.27</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.24</b>	<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"/>
<b>23.25</b>	<b>How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Males</b> <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>23.26</b>	<b>How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<b>No. of Females</b> <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>23.27</b>	<b>Was the vehicle insured?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.28</b>	<b>Have you changed your behaviour as a result of this incident?</b> 1 = Yes 2 = No → <b>Go to Section 20</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>23.29</b>	<b>If yes, in what way?</b> 1 = Took measures to protect my car 2 = Do not go out/travel alone anymore 3 = Changed travelling route 4 = Avoid certain places 5 = Increased awareness/more alert 6 = I carry a gun 7 = I carry another type of weapon (other than gun) 8 = Other (specify)	<input type="checkbox"/> <input type="text"/>
<b>23.30</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 20, PAGE 40 TO CHECK FOR OTHER CRIMES.**

**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 traveling on public transport 11 = At some other indoor area 12 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
<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 weapons used at the time of the robbery? If yes what kind?</b> 1 = No weapon 2 = Knife 3 = Stick/club 4 = Metal bar 5 = Axe/panga 6 = Gun 7 = Other (specify)	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>24.4b</b>	<b>Was any physical force/strength used?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>24.5</b>	<b>Was anyone injured?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>24.6</b>	<b>Did you sustain (suffer) any injuries?</b> 1 = Yes 2 = No → Go to Q24.9	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>24.7</b>	<b>Did any of these injuries require medical attention?</b> 1 = Yes 2 = No → Go to Q24.9	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>24.8</b>	<b>Was anyone 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 in this 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 → Go to Q24.12	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>24.11</b>	<b>What property did you lose?</b> 01 = Hand-bag/wallet 02 = Loose cash/money 03 = Electronic equipment 04 = Travelling bag 05 = Livestock/poultry 06 = Bicycle 07 = Personal effects(such as watch, jewelleries and clothes) 08 = Cell phone 09 = Crops 10 = Motorbike or scooter 11 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>

<b>24.12</b>	<b>Did you report the incident to the police?</b> 1 = Yes → <b>Go to Q24.19</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>24.13</b>	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q24.19</b>	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
<b>24.14</b>	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>24.15</b>	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q24.18</b> 3 = Do not know → <b>Go to Q24.18</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>24.16</b>	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = No yet	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>24.17</b>	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

<b>24.18</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 =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> </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
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																		
<b>24.19</b>	<b>Were the stolen goods recovered?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>24.20</b>	<b>Do you know who robbed you?</b> 1 = Yes 2 = No → <b>Go to Q24.24</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																		
<b>24.21</b>	<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="checkbox"/>																		
<b>24.22</b>	<b>How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<table border="1"> <thead> <tr> <th colspan="2">No. of Males</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	No. of Males		<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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24.23	<p><b>How many of the perpetrators were female and in which age groups were they?</b>  <i>Write 98 if Do not know</i></p> <p>Younger than 15</p> <p>15-34 years</p> <p>35-54 years</p> <p>55 years or older</p> <p>Unknown age</p>	<p><b>No. of Females</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>									
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24.24	<p><b>Have you changed your behaviour as a result of this incident?</b></p> <p>1 = Yes</p> <p>2 = No                                    <b>→ Go to Section 20</b></p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2						
<input type="checkbox"/>	1											
<input type="checkbox"/>	2											
24.25	<p><b>If yes, in what way?</b></p> <p>1 = Took measures to protect my house or property (target hardening)</p> <p>2 = Increased awareness/more alert</p> <p>3 = Acquired a gun</p> <p>4 = Acquired another type of weapon (other than gun)</p> <p>5 = Don't leave the house unattended</p> <p>6 = Security alarm installed</p> <p>7 = Replaced door locks</p> <p>8 = Other (specify)</p>	<table border="1"> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>									
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24.26	<p><b>If yes, do these measures make you feel safer?</b></p> <p>1 = Yes</p> <p>2 = No</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2						
<input type="checkbox"/>	1											
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**GO BACK TO SECTION 20, PAGE 40 TO CHECK FOR OTHER CRIMES.**



25.9	<b>Who were these people?</b> 01 = Relative/other household member 02 = Spouse/lover 03 = Boss/teacher 04 = Other friends/acquaintances 05 = Police 06 = Other authority figure 07 = Known community members 08 = Known people from outside 09 = Unknown community members 10 = Unknown people from outside 11 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
25.10	<b>What do you think was their motivation?</b> 01 = Long term personal anger towards you 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 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
25.11	<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
25.12	<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

25.13	<b>Did you report the incident to the police?</b> 1 = Yes → <b>Go to Q25.15</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
25.14	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = No insurance 07 = Police could do nothing/lack of proof 08 = Police won't do anything about it 09 = Fear/dislike of the police/no involvement wanted with police 10 = Didn't dare (for fear of reprisal) 11 = Other reasons 12 = Don't know → <b>Go to Q25.20</b>	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
25.15	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
25.16	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <b>Go to Q25.19</b> 3 = Do not know → <b>Go to Q25.19</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
25.17	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = No yet	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
25.18	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4



**SECTION 26 : SEXUAL OFFENCE (including Rape)**

**READ OUT:** Now I would like to ask you some detailed questions about the sexual assault or rape 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 = In the workplace 11 = In a shop or place of business 12 = In an open space like a field or park 13 = At some other indoor area 14 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>																								
26.2	<b>When the incident occurred were you alone with the attacker?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
26.3a	<b>Were weapons used during the assault? If yes what kind?</b> 1 = No weapon 2 = Knife 3 = Stick/club 4 = Metal bar 5 = Axe/panga 6 = Gun 7 = Other (specify)	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td>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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26.3b	<b>Was any physical force/strength used?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								

26.4	<b>Did you sustain (suffer) any injuries?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
→ Go to Q26.6																
26.5	<b>Did any of these injuries require medical attention?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2														
26.6	<b>How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<table border="0"> <tr> <td colspan="2"><b>No. of Males</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>No. of Males</b>		<input type="checkbox"/>											
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26.7	<b>How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i> Younger than 15 15-34 years 35-54 years 55 years or older Unknown age	<table border="0"> <tr> <td colspan="2"><b>No. of Females</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>No. of Females</b>		<input type="checkbox"/>											
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26.8	<b>Who were these people?</b> 01 = Relative/other household member 02 = Spouse/lover 03 = Boss/teacher 04 = Other friends/acquaintances 05 = Police 06 = Other authority figure 07 = Known community members 08 = Known people from outside 09 = Unknown community members 10 = Unknown people from outside 11 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
26.9	<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
26.10	<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
26.11	<b>Were you given any drugs/drops before the incident?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
26.12	<b>Did you report the incident to the police?</b> 1 = Yes → <i>Go to Q26.14</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

26.13	<b>If not, why not?</b> 01 = Not serious enough/no loss/kid's stuff 02 = Solved it myself/perpetrator known to me 03 = Inappropriate for police/police not necessary 04 = Reported to other authorities instead 05 = My family resolved it 06 = Police could do nothing/lack of proof 07 = Police won't do anything about it 08 = Fear/dislike of the police/no involvement wanted with police 09 = Didn't dare (for fear of reprisal) 10 = Other reasons 11 = Don't know → <i>Go to Q26.19</i>	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
26.14	<b>Were you satisfied with the police response?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
26.15	<b>Was an arrest made in the case?</b> 1 = Yes 2 = No → <i>Go to Q26.18</i> 3 = Do not know → <i>Go to Q26.18</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
26.16	<b>Did you have to attend court?</b> 1 = Yes 2 = No 3 = No yet 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
26.17	<b>Was there a conviction?</b> 1 = Yes 2 = No 3 = Case ongoing 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4



**SECTION 27 : CONSUMER FRAUD (when someone is selling something to you or delivering a service cheated you in terms of quantity or quality of the goods/service) (Individual)**

**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.

<b>27.1</b>	<p><b>How did this fraud take place? Was it to do with...</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 bank card/ATM fraud          08 = Internet banking fraud          09 = Cheque/credit card fraud          10 = Identity theft          11 = Insurance fraud          12 = Pension fraud          13 = At the work place          14 = Other (specify)</p>				
<b>27.2</b>	<p><b>Did you report the incident to the police?</b></p> <p>1 = Yes → <b>Go to Q27.4</b>          2 = No</p>			<input type="checkbox"/> 1 <input type="checkbox"/> 2	
<b>27.3</b>	<p><b>If not, why not?</b></p> <p>01 = Not serious enough/no loss/kid's stuff          02 = Solved it myself/perpetrator known to me          03 = Inappropriate for police/police not necessary          04 = Reported to other authorities instead          05 = My family resolved it          06 = No insurance          07 = Police could do nothing/lack of proof          08 = Police won't do anything about it          09 = Fear/dislike of the police/no involvement wanted with police          10 = Didn't dare (for fear of reprisal)          11 = Other reasons          12 = Don't know          → <b>Go to Q27.9</b></p>			<input type="checkbox"/> 1 <input type="checkbox"/> 2	

<b>27.4</b>	<p><b>Were you satisfied with the police response?</b></p> <p>1 = Yes          2 = No</p>																						
<b>27.5</b>	<p><b>Was an arrest made in the case?</b></p> <p>1 = Yes          2 = No → <b>Go to Q27.8</b>          3 = Do not know → <b>Go to Q27.8</b></p>			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																			
<b>27.6</b>	<p><b>Did you have to attend court?</b></p> <p>1 = Yes          2 = No          3 = No yet          4 = Do not know</p>			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																			
<b>27.7</b>	<p><b>Was there a conviction?</b></p> <p>1 = Yes          2 = No          3 = Case ongoing          4 = Do not know</p>			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																			
<b>27.8</b>	<p><b>Were you satisfied with the way the following authorities handled the case?</b></p> <p><i>Read all the options</i></p> <p>1 = The uniformed police          2 = The detective          3 = The prosecutors          4 = The judge/courts          5 = Other (Specify)</p>			<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> </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	
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<b>27.9</b>	<p><b>Did you report the crime to anyone else (other than the police)?</b></p> <p>1 = Yes          2 = No → <b>Go to Q27.11</b></p>			<input type="checkbox"/> 1 <input type="checkbox"/> 2																			

27.10	<b>If yes, who did you report the crime to?</b> 1 = Traditional authority (chief, etc.) 2 = Local gang 3 = Community Policing Forum 4 = Local vigilante group 5 = Local ward councilor 6 = Private security 7 = Insurance company 8 = Other (Specify)	<input type="checkbox"/> <input type="checkbox"/>
27.11	<b>Was any of the money lost recovered?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
27.12	<b>Do you know who defrauded you?</b> 1 = Yes 2 = No → <i>Go to Q27.16</i> 3 = Do not know → <i>Go to Q27.16</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
27.13	<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="checkbox"/>
27.14	<b>How many of the perpetrators were male and in which age groups were they?</b> <i>Write 98 if Do not know</i>  Younger than 15  15-34 years  35-54 years  55 years or older  Unknown age	<b>No. of Males</b> <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"/>

27.15	<b>How many of the perpetrators were female and in which age groups were they?</b> <i>Write 98 if Do not know</i>  Younger than 15  15-34 years  35-54 years  55 years or older  Unknown age	<b>No. of Females</b> <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"/>
27.16	<b>Have you changed your behaviour as a result of this incident?</b> 1 = Yes 2 = No → <b>GO TO END OF INTERVIEW</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
27.17	<b>If yes, in what way?</b> 1 = Took measure to protect myself 2 = Avoid certain places 3 = Carefully check transactions 4 = Increased awareness/more alert 5 = Keep documents/valuables in a safe place 6 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
27.18	<b>If yes, do these measures make you feel safer?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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

INTERVIEW END TIME    **h** **h** **m** **m**

