

The 1999 Minnesota Crime Survey Instructions

This survey contains questions about your opinions on crime and the criminal justice system, as well as your personal experience with crime during 1998. Your help in answering these questions will help us learn more about the nature of crime in Minnesota.

Your answers will be treated confidentially by the researchers at the Criminal Justice Center at Minnesota Planning. The identification number on the survey will only be used to determine where to send reminder notes to fill out and return the survey. All names and addresses used to create mailing labels for this survey will be destroyed and only the **answers** given on returned surveys will be used in analysis. Your name will not appear anywhere in this survey or in the survey results.

Your responses are strictly confidential.

Please take the time to read and answer every question. If you need additional space to answer a question or if you would like to make comments, please use the separate sheet of paper provided with this survey for that purpose.

To complete this survey you will need to:

- **Use a number 2 pencil** throughout the survey
- Fill in only one answer circle for each question unless a question is marked otherwise
- Completely fill in the circle which corresponds to your answer
- Completely erase any answer which you accidentally marked
- Keep the survey intact – **do not tape, staple, tear or bend this survey**

Please mail this completed survey in the envelope provided as soon as possible to avoid reminder postcards and additional surveys being mailed to you. If you have any questions, please call the Criminal Justice Center at (651) 297-3824

Thank you for your participation.

1. **How safe do you feel in the community where you live?**
 - Always safe
 - Almost always safe
 - Sometimes safe
 - Almost never safe
 - Never safe

2. **To what degree do you think crime is a problem in your community?**
 - Never a problem
 - Almost never a problem
 - Sometimes a problem
 - Almost always a problem
 - Always a problem

3. **How often does fear of crime prevent you from doing things you would like to do?**
 - Never
 - Almost never
 - Sometimes
 - Almost always
 - Always

4. **When you leave your home, how often do you think about being robbed or physically assaulted?**
 - Never
 - Almost never
 - Sometimes
 - Almost always
 - Always

5. **Is there any area within a mile of your home where you would be afraid to walk alone at night?**
 - No
 - Yes

6. **When you leave your home, how often do you think about it being broken into or vandalized while you're away?**
 - Never
 - Almost never
 - Sometimes
 - Almost always
 - Always

7. **How often do you worry that your loved ones will be hurt by criminals?**
 Never
 Almost never
 Sometimes
 Almost always
 Always
8. **When you're in your home, how often do you feel afraid of being attacked or assaulted?**
 Never
 Almost never
 Sometimes
 Almost always
 Always
9. **How often are you fearful of being the victim of a violent crime?**
 Never
 Almost never
 Sometimes
 Almost always
 Always
10. **Do you think any of the following are likely to happen to you during the NEXT year?**
- | | | |
|--------------------------|---------------------------|---|
| <input type="radio"/> No | <input type="radio"/> Yes | Someone breaking into your home and taking something or attempting to take something |
| <input type="radio"/> No | <input type="radio"/> Yes | Someone stealing or attempting to steal a motor vehicle belonging to you |
| <input type="radio"/> No | <input type="radio"/> Yes | Someone stealing other property or valuable things belonging to you |
| <input type="radio"/> No | <input type="radio"/> Yes | Someone taking or attempting to take something from you by force or threat of force |
| <input type="radio"/> No | <input type="radio"/> Yes | Someone beating or attacking you with a knife, gun, club or other weapon |
| <input type="radio"/> No | <input type="radio"/> Yes | Someone threatening you with their fist, feet or other bodily attack |
| <input type="radio"/> No | <input type="radio"/> Yes | Someone forcing you or attempting to force you to have sexual intercourse with them against your will |
| <input type="radio"/> No | <input type="radio"/> Yes | A member of your family or someone in your household beating or attacking you |
11. **In the past 12 months, have you been in contact with the LOCAL police for any of the following reasons (check all that apply):**
- | | | |
|--------------------------|---------------------------|---|
| <input type="radio"/> No | <input type="radio"/> Yes | Casual conversation with a police officer |
| <input type="radio"/> No | <input type="radio"/> Yes | Questioned by a police officer |
| <input type="radio"/> No | <input type="radio"/> Yes | Officer responding to a call for service |
| <input type="radio"/> No | <input type="radio"/> Yes | Reported a crime to the police |
| <input type="radio"/> No | <input type="radio"/> Yes | Participated in a survey given by the police department |
| <input type="radio"/> No | <input type="radio"/> Yes | Asked the police for information or advice |

- No Yes Participated in a community activity that involved the police
- No Yes Involved in a traffic violation, traffic accident or both
- No Yes Other, please specify_____

12. **How would you rate the job law enforcement is doing in your community?**
- Very good
 - Good
 - Acceptable
 - Bad
 - Very bad
13. **Is the effort put forth by police to prevent crime in your community:**
- Quite a lot of work
 - A lot of work
 - Some work
 - A little work
 - Very little work
14. **Is the effort put forth by police to improve safety in your community:**
- Quite a lot of work
 - A lot of work
 - Some work
 - A little work
 - Very little work
15. **Over the PAST THREE YEARS, do you believe violent crime in your community has:**
- Greatly decreased
 - Somewhat decreased
 - Stayed the same
 - Somewhat increased
 - Greatly increased
16. **During the NEXT THREE YEARS, do you believe that violent crime in your community will:**
- Greatly decrease
 - Somewhat decrease
 - Stay the same
 - Somewhat increase
 - Greatly increase

For questions 17 through 36, please describe only events that occurred in 1998 between January 1 and December 31.

Your answers will remain anonymous

17. **In 1998, did anyone steal, or attempt to steal, a motor vehicle such as your car, truck, motorcycle or snowmobile?**

- No
- Yes

IF YES:

➤How many times did this occur?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤How many of these incidents did you report to the police?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

18. **In 1998, did anyone break into, or try to break into, your home or some other building on your property?**

- No
- Yes

IF YES:

➤How many times did this occur?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤How many of these incidents did you report to the police?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

19. **In 1998, did anyone take something directly from you by using force – such as by a stick-up, mugging or threat?**

- No
- Yes

IF YES:

➤How many times did this occur?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤How many of these incidents did you report to the police?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤ Was the most recent of these done by (mark all that apply):

- A person or people who are known well to you - excluding family
- A family member
- A stranger
- A casual acquaintance
- Did not see anyone

➤To your knowledge, was the assailant - or assailants (mark all that apply):

- Juvenile (under age 18)
- Adult (age 18 and older)
- Unknown

20. **In 1998, did anyone injure you with a knife, gun or weapon OTHER THAN hands, fists or feet?**
 No
 Yes

IF YES:

➤How many times did this occur?

1 2 3 4 5 6 7 8 9 10 or more

➤How many of these incidents did you report to the police?

0 1 2 3 4 5 6 7 8 9 10 or more

➤ Was the most recent of these done by (mark all that apply):

- A person or people who are known well to you - excluding family
- A family member
- A stranger
- A casual acquaintance
- Did not see anyone

➤To your knowledge, was the assailant - or assailants (mark all that apply):

- Juvenile (under age 18)
- Adult (age 18 and older)
- Unknown

21. **In 1998, did anyone hit, attack or beat you up by using their hands, fists or feet (this DOES NOT INCLUDE incidents involving a knife, gun or any other weapon)?**

- No
- Yes

IF YES:

➤ How many times did this occur?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤ How many of these incidents did you report to the police?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤ Was the most recent of these done by (mark all that apply):

- A person or people who are known well to you - excluding family
- A family member
- A stranger
- A casual acquaintance
- Did not see anyone

➤ To your knowledge, was the assailant - or assailants (mark all that apply):

- Juvenile (under age 18)
- Adult (age 18 and older)
- Unknown

22. **In 1998, did anyone THREATEN -- with or without a weapon -- to hit, attack, or beat you up?**

No

Yes

IF YES:

➤ How many times did this occur?

1 2 3 4 5 6 7 8 9 10 or more

➤ How many of these incidents did you report to the police?

0 1 2 3 4 5 6 7 8 9 10 or more

➤ Was the most recent of these done by (mark all that apply):

A person or people who are known well to you - excluding family

A family member

A stranger

A casual acquaintance

Did not see anyone

➤ To your knowledge, was the assailant - or assailants (mark all that apply):

Juvenile (under age 18)

Adult (age 18 and older)

Unknown

23. **In 1998, did anyone force you, or attempt to force you, to have sexual intercourse with them?**

- No
- Yes

IF YES:

➤How many times did this occur?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤How many of these incidents did you report to the police?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

➤ Was the most recent of these done by (mark all that apply):

- A person or people who are known well to you - excluding family
- A family member
- A stranger
- A casual acquaintance
- Did not see anyone

➤To your knowledge, was the assailant - or assailants (mark all that apply):

- Juvenile (under age 18)
- Adult (age 18 and older)
- Unknown

➤Was this by (check all that apply):

- Threatening you
- Holding you down
- Physically hurting you in some way

24. **in 1998, did your spouse, significant other, partner or other family member injure you with an object or weapon or hit, slap, push or kick you?**

No

Yes

IF YES:

➤How many times did this occur?

1 2 3 4 5 6 7 8 9 10 or more

➤How many of these incidents did you report to the police?

0 1 2 3 4 5 6 7 8 9 10 or more

➤To your knowledge, was the assailant - or assailants (mark all that apply):

Juvenile (under age 18)

Adult (age 18 and older)

Unknown

25. **In 1998, did anyone force you or attempt to force you into any unwanted sexual activity such as touching, grabbing, kissing or fondling or other unwanted sexual acts?**

No

Yes

IF YES:

➤How many times did this occur?

1 2 3 4 5 6 7 8 9 10 or more

➤How many of these incidents did you report to the police?

0 1 2 3 4 5 6 7 8 9 10 or more

➤ Was the most recent of these done by (mark all that apply):

A person or people who are known well to you - excluding family

A family member

A stranger

A casual acquaintance

Did not see anyone

➤To your knowledge, was the assailant - or assailants (mark all that apply):

Juvenile (under age 18)

Adult (age 18 and older)

Unknown

26. **In 1998, did anyone steal things that belonged to you from INSIDE any car or truck, such as packages or clothing (other than any incidents already mentioned)?**
 No
 Yes

IF YES:

➤How many times did this occur?

1 2 3 4 5 6 7 8 9 10 or more

➤How many of these incidents did you report to the police?

0 1 2 3 4 5 6 7 8 9 10 or more

27. **In 1998, was any of your property damaged or vandalized (other than any incidents already mentioned)?**
 No
 Yes

IF YES:

➤How many times did this occur?

1 2 3 4 5 6 7 8 9 10 or more

➤How many of these incidents did you report to the police?

0 1 2 3 4 5 6 7 8 9 10 or more

28. **In 1998, was anything else at all stolen from you (other than any incidents already mentioned)?**
 No
 Yes

IF YES:

➤How many times did this occur?

1 2 3 4 5 6 7 8 9 10 or more

➤How many of these incidents did you report to the police?

0 1 2 3 4 5 6 7 8 9 10 or more

29. **In 1998, not including bill collectors, telephone solicitors or other salespeople, did anyone, male or female ever:**

- No Yes Follow or spy on you
- No Yes Send you unsolicited (unasked for) letters or written correspondence
- No Yes Make unsolicited (unasked for) phone calls to you
- No Yes Stand outside your home, school or workplace
- No Yes Show up at places you were, even though he or she had no business being there
- No Yes Leave unwanted items for you to find
- No Yes Vandalize your property or destroyed something you valued
- No Yes Try to communicate in ways in against your will (other than previously mentioned in this question)

IF YES TO ONE OR MORE of the prior eight behaviors:

- No Yes Has anyone ever done any of these things to you on more than one occasion
- No Yes Did you feel terrorized as a result of these behaviors
- No Yes Did you fear bodily harm as a result of these behaviors
- No Yes Do you believe that these behaviors were motivated by your actual or perceived race, color, religion, sex, sexual orientation, disability, age or national origin?

➤How many of these incidents did you report to the police?

- 0 1 2 3 4 5 6 7 8 9 10 or more

30. **If you were the victim of a crime (s) in 1998 -- or if you answered yes to any of questions 17 through 29 -- how much impact did the event(s) have on your life?**

- Not a victim
- Very little
- A little
- Some
- A lot
- Quite a lot

31. **If you were the victim of any crime in 1998 -- or if you answered yes to any of questions 17 through 29 -- do you believe the offender(s) was motivated by your (mark all that apply):**

- Does not apply
- Age
- Mental disability
- National origin
- Physical disability
- Race
- Religion
- Sensory disability
- Sex
- Sexual orientation

32. **Did you or an insurance company pay any costs related to PROPERTY repairs which were needed due to a crime or crimes against you in 1998?**
- No
 - Yes, under \$100
 - Yes, \$100 to \$500
 - Yes, over \$500
33. **Did you or an insurance company pay any costs related to MEDICAL treatment due to a crime or crimes against you in 1998?**
- No
 - Yes, under \$100
 - Yes, \$100 to \$500
 - Yes, over \$500
34. **Did you or an insurance company pay any costs related to LEGAL matters due to a crime or crimes against you in 1998?**
- No
 - Yes, under \$100
 - Yes, \$100 to \$500
 - Yes, over \$500
35. **If you were the victim of any crime in 1998 -- or if you answered yes to any of questions 17 through 29 -- did the responding officer(s) ever tell you about any crime victim services or programs?**
- Does not apply
 - Yes
 - No
36. **Were any of your friends, family or neighbors victims of crime in 1998?**
- | No | Yes | Unsure | |
|-----------------------|-----------------------|-----------------------|-----------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Friends |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Family |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neighbors |

Questions 37 and 38 are about firearms which include handguns, pistols, rifles, and automatic and semi-automatic weapons.

37. **Do you keep a firearm(s) in your home?**
- No
 - Yes, for protection
 - Yes, for sporting purposes
 - Yes, for both protection and sporting
 - Yes other, please specify _____

≥IF YES:

Are ALL firearms stored in a locked place, stored with a trigger lock or both?

- Yes
- No

38. **In 1998 did you ever carry a firearm outside your home to make you feel safe?**

- No
- Yes

These final questions are about your characteristics (answers will NOT be used to identify you):

39. **In what year were you born?**

- 1 8 0 0
- 9 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9

40. **Are you:**

- Female
- Male

41. **What is your racial background?**

- African American/Black
- American Indian
- Asian or Pacific Islander
- Biracial or Multiracial
- White/Caucasian
- Other, please specify_____

42. **What is your ethnic background?**

- Hispanic
- Non-Hispanic

43. **What best describes you:**

- Single
- Married
- Partnered
- Divorced
- Widowed
- Separated

44. **Please indicate if any of the following currently describe you (mark all that apply):**

- Does not apply
 - Mental disability
 - Physical disability
 - Sensory disability
45. **Please check the category that best describes your highest level of education:**
- 8th grade or less
 - 9th to 12th grade, but no diploma
 - High school graduate or GED
 - Some post high school education
 - Technical-Vocational school certificate or degree
 - Associate degree
 - Bachelor degree
 - Graduate degree
46. **What best describes your TOTAL HOUSEHOLD income in 1998 before taxes:**
- Less than \$10,000
 - \$10,000 to \$19,999
 - \$20,000 to \$29,999
 - \$30,000 to \$39,999
 - \$40,000 to \$49,999
 - \$50,000 to \$59,999
 - \$60,000 to \$69,999
 - \$70,000 to \$79,999
 - \$80,000 to \$89,999
 - \$90,000 to \$99,999
 - More than \$100,000
47. **What is your present employment status?**
- Employed full-time
 - Employed part-time
 - Not employed
 - Other, please specify_____
48. **Which best describes where you live (mark only one)?**
- City
 - Rural area
 - Suburb
 - Town
49. **Including yourself, are there any people living in your home who are (mark all that apply):**
- Under age 5
 - Age 6 to 10
 - Age 11 to 15
 - Does not apply
50. **What best describes your place of residence?**
- Apartment building
 - Condominium
 - Duplex

- Farm
- Mobile home or trailer
- Single family house
- Townhouse
- Other

51. **What best describes your living status?**

- Owner
- Renter
- Other

52. **What is your zip code?**

- | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 |

53. **In what county do you live (mark only ONE)?**

- | | | | |
|----------------------------------|---|----------------------------------|---------------------------------------|
| <input type="radio"/> Aitkin | <input type="radio"/> Fillmore | <input type="radio"/> Martin | <input type="radio"/> Rock |
| <input type="radio"/> Anoka | <input type="radio"/> Freeborn | <input type="radio"/> McLeod | <input type="radio"/> Roseau |
| <input type="radio"/> Becker | <input type="radio"/> Goodhue | <input type="radio"/> Meeker | <input type="radio"/> Scott |
| <input type="radio"/> Beltrami | <input type="radio"/> Grant | <input type="radio"/> Mille Lacs | <input type="radio"/> Sherburne |
| <input type="radio"/> Benton | <input type="radio"/> Hennepin | <input type="radio"/> Morrison | <input type="radio"/> Sibley |
| <input type="radio"/> Big Stone | <input type="radio"/> Houston | <input type="radio"/> Mower | <input type="radio"/> St. Louis |
| <input type="radio"/> Blue Earth | <input type="radio"/> Hubbard | <input type="radio"/> Murray | <input type="radio"/> Stearns |
| <input type="radio"/> Brown | <input type="radio"/> Isanti | <input type="radio"/> Nicollet | <input type="radio"/> Steele |
| <input type="radio"/> Carlton | <input type="radio"/> Itasca | <input type="radio"/> Nobles | <input type="radio"/> Stevens |
| <input type="radio"/> Carver | <input type="radio"/> Jackson | <input type="radio"/> Norman | <input type="radio"/> Swift |
| <input type="radio"/> Cass | <input type="radio"/> Kanabec | <input type="radio"/> Olmsted | <input type="radio"/> Todd |
| <input type="radio"/> Chippewa | <input type="radio"/> Kandiyohi | <input type="radio"/> Ottertail | <input type="radio"/> Traverse |
| <input type="radio"/> Chisago | <input type="radio"/> Kittson | <input type="radio"/> Pennington | <input type="radio"/> Wabasha |
| <input type="radio"/> Clay | <input type="radio"/> Koochiching | <input type="radio"/> Pine | <input type="radio"/> Wadena |
| <input type="radio"/> Clearwater | <input type="radio"/> Lac qui Parle | <input type="radio"/> Pipestone | <input type="radio"/> Waseca |
| <input type="radio"/> Cook | <input type="radio"/> Lake | <input type="radio"/> Polk | <input type="radio"/> Washington |
| <input type="radio"/> Cottonwood | <input type="radio"/> Lake of the Woods | <input type="radio"/> Pope | <input type="radio"/> Watonwan |
| <input type="radio"/> Crow Wing | <input type="radio"/> Le Sueur | <input type="radio"/> Ramsey | <input type="radio"/> Wilkin |
| <input type="radio"/> Dakota | <input type="radio"/> Lincoln | <input type="radio"/> Red Lake | <input type="radio"/> Winona |
| <input type="radio"/> Dodge | <input type="radio"/> Lyon | <input type="radio"/> Redwood | <input type="radio"/> Wright |
| <input type="radio"/> Douglas | <input type="radio"/> Mahnomen | <input type="radio"/> Renville | <input type="radio"/> Yellow Medicine |
| <input type="radio"/> Faribault | <input type="radio"/> Marshall | <input type="radio"/> Rice | |

Thank you for completing this survey. Please **do not** tape, staple, tear or bend this survey. Please place this form in the envelope provided and drop it in the mail right away.

If you have additional thoughts about crime in your community or the state -- or about this survey -- please write them on the separate sheet of paper provided in the envelope in which this survey arrived.