Project on Human Development in Chicago Neighborhoods (PHDCN): Exposure to Violence (Subject), Wave 1, 1994-1997

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Instrument for ICPSR 13589
Exposure to Violence: Subject Version

Date: __ __

mm dd yy

Subject ID: ___________

Interviewer ID: ______

FIELD COPY 2

Time Started: ______

I'm going to ask you some questions about violence and how it may have affected you or your family and friends.

1. Are you afraid you might be hurt by violence in your neighborhood?
   1. ______YES  2. ______NO

2. Are you afraid you might be hurt in front of your apartment building or house?
   1. ______YES  2. ______NO

3. Are you afraid you might be hurt in your apartment building or house?
   1. ______YES  2. ______NO

4. Are you afraid you might be hurt by violence at school or work?
   1. ______YES  2. ______NO

IF 1, 2, 3, or 4 = YES, ASK Q. 4A.

IF 1, 2, 3, AND 4 = NO, GO TO Q. 5.

ed. init.    ed. date
4A. Does this affect where you go?
   1. _____ YES  2. _____ NO

5. Have any of your family members been hurt by a violent act?
   1. _____ YES  2. _____ NO

6. Have any of your family members been killed by a violent act?
   1. _____ YES  2. _____ NO

7. Have any of your close friends been hurt by a violent act?
   1. _____ YES  2. _____ NO

8. Have any of your close friends been killed by a violent act?
   1. _____ YES  2. _____ NO

9. At what age do you think a child is affected by observing violence? (circle one)
   infancy 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18
The questions I'll be asking you now have to do with acts of violence that you may have witnessed or experienced.

10. Have you ever seen or been present when somebody was shoved, kicked or punched?

   1. YES  GO TO Q. 11
   2. NO   GO TO Q. 17

11. When was the last time you saw that?

   1. Within last week
   2. Within last month
   3. Within last year
   4. More than one year ago

12. Where did that happen?

   1. In your home
   2. In your hallway or building
   3. In front of your house/building
   4. In your neighborhood
   5. In park outside neighborhood
   6. At your school/day care
   7. In or outside bar
   25. Other (specify)__________________________

13. Did you know the person or people who this happened to?

   1. YES  GO TO Q. 13A
   2. NO   GO TO Q. 14
13A. Who was it? (MARK ALL THAT APPLY)

1. _____Parent
2. _____*****
3. _____Friend
4. _____Neighbor
5. _____Sibling
6. _____Other Relative (Specify) ________________

25. _____Other (Specify) ________________

14. How badly was the person or people injured? (MARK ALL THAT APPLY)

1. _____No injury
2. _____Knocked down
3. _____Bruised
4. _____Cut/bleeding
5. _____Unconscious
6. _____Broken bones/fracture
7. _____Medical care obtained
8. _____Other

15. Did you know the person or people who did this?

1. YES  [GO TO Q. 15A]
2. NO   [GO TO Q. 16]

15A. Who was it? (MARK ALL THAT APPLY)

1. _____Parent
2. _____*****
3. _____Friend
4. _____Neighbor
5. _____Sibling
6. _____Other Relative (Specify) ________________

25. _____Other (Specify) ________________
16. Have you seen this more than once?
   1. YES  GO TO Q. 16A
   2. NO   GO TO Q. 17

16A. How many times have you seen this in the past year? _____

16B. How many times have you ever seen this? _____

17. Have you ever seen or been present when someone was attacked with a knife?
   1. YES  GO TO Q. 18
   2. NO   GO TO Q. 25

18. When was the last time you saw that?
   1. Within last week
   2. Within last month
   3. Within last year
   4. More than one year ago

19. Where did that happen?
   1. In your home
   2. In your hallway or building
   3. In front of your house/building
   4. In your neighborhood
   5. In park outside neighborhood
   6. At your school/day care
   7. In or outside bar
   25. Other (specify) ___________________________
20. Did you know the person or people who this happened to?

1. **YES**  GO TO Q. 20A
2. **NO**  GO TO Q. 21

20A. Who was it? (MARK ALL THAT APPLY)

1. Parent
2. *****
3. Friend
4. Neighbor
5. Sibling
6. Other Relative (Specify) ____________________________

21. How badly was the person or people injured?
(MARK ALL THAT APPLY)

1. No injury
2. Knocked down
3. Bruised
4. Cut/bleeding
5. Unconscious
6. Broken bones/fracture
7. Medical care obtained
8. Other

22. Did they die?

1. **YES**  2. **NO**  8. **Don't Know**

23. Did you know the person or people who did this?

1. **YES**  GO TO Q. 23A
2. **NO**  GO TO Q. 24
23A. Who was it? (MARK ALL THAT APPLY)

1. ______ Parent
2. ______ *****
3. ______ Friend
4. ______ Neighbor
5. ______ Sibling
6. ______ Other Relative (Specify) ________________
25. ______ Other (Specify) ________________

24. Have you seen this more than once?

1. YES  GO TO Q. 24A
2. NO   GO TO Q. 25

24A. How many times have you seen this in the past year? ______

24B. How many times have you ever seen this? ______

25. Have you ever heard a gun shot?

1. YES  GO TO Q. 26
2. NO   GO TO Q. 29

26. When was the last time you heard that?

1. Within last week
2. Within last month
3. Within last year
4. More than one year ago
27. Where did that happen?

1. In your home
2. In your hallway or building
3. In front of your house/building
4. In your neighborhood
5. In park outside neighborhood
6. At your school/day care
7. In or outside bar
25. Other (specify)

28. Have you heard a gun shot more than once?

1. YES  **GO TO Q. 28A**
2. NO  **GO TO Q. 29**

28A. How many times have you heard this in the past year? _____

28B. How many times have you ever heard this? _____

29. Have you ever seen or been present when someone was shot?

1. YES  **GO TO Q. 30**
2. NO  **END INTERVIEW, RECORD TIME**

**END OF INTERVIEW**
**RECORD TIME:** _____
### EB 30

**30. When was the last time you saw that?**

1. Within last week
2. Within last month
3. Within last year
4. More than one year ago

### EB 31

**31. Where did that happen?**

1. In your home
2. In your hallway or building
3. In front of your house/building
4. In your neighborhood
5. In park outside neighborhood
6. At your school/day care
7. In or outside bar
8. Other (specify) ______________________

### EB 32

**32. Did you know the person or people who got shot?**

1. YES   **GO TO Q. 32A**
2. NO    **GO TO Q. 33**

### EB 32A

**32A. Who was it? (MARK ALL THAT APPLY)**

1. ______Parent
2. ______Friend
3. ______Neighbor
4. ______Sibling
5. ______Other Relative (Specify) ______________________
6. ______Other (Specify) ______________________

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EB 33

33. Did they die?
   1. __________YES  2. __________NO  8. __________Don't Know

EB 34

34. Did you know the person or people who did this?
   1. YES  GO TO Q. 34A
   2. NO  GO TO Q. 35

EB 34A0

34A. Who was it? (MARK ALL THAT APPLY)
   1. __________Parent
   2. __________*****
   3. __________Friend
   4. __________Neighbor
   5. __________Sibling
   6. __________Other Relative (Specify) ____________
   25. __________Other (Specify) ____________

EB 35

35. Have you seen this more than once?
   1. YES  GO TO 35A
   2. NO  END INTERVIEW AND RECORD TIME

EB 35A0

35A. How many times have you seen this in the past year? ___

EB 35B0

35B. How many times have you ever seen this? ___

END OF INTERVIEW

RECORD TIME ___