

# Evaluation Form For *Crime in the United States, 2003*

1. For what purpose did you use this edition of *Crime in the United States*?

- |  |   |
|--|---|
| <input type="checkbox"/> Research      | <input type="checkbox"/> Administrative/Operational |
| <input type="checkbox"/> Training      | <input type="checkbox"/> Tactical                   |
| <input type="checkbox"/> Informational | <input type="checkbox"/> Other _____                |

2. How helpful did you find this publication?

Very helpful Not helpful at all

5 4 3 2 1

3. Did you find the information you were seeking?

- Yes  No
- Why didn't you find the information?
- The UCR Program does not collect this information.
- The information was available but not presented in a manner that answered my question.
- I found the presentation of the information difficult to understand.
- Other \_\_\_\_\_

4. Are there terms that could be explained more clearly?

- Yes  No
- Which terms were unclear? \_\_\_\_\_
- \_\_\_\_\_

5. Is there information presented in the tables that could be clearer?

- Yes  No
- What information in the tables was unclear? \_\_\_\_\_
- \_\_\_\_\_

6. What changes would you recommend for future editions of this publication?

7. Which of the following best describes you as a user of the information from *Crime in the United States*?

- |  |  |
|--|--|
| <input type="checkbox"/> Law enforcement/criminal justice employee (specify functional area) | <input type="checkbox"/> Member of media             |
| <input type="checkbox"/> Government employee   | <input type="checkbox"/> Employee of private company |
| <input type="checkbox"/> Academic  | <input type="checkbox"/> Private citizen             |
| <input type="checkbox"/> Researcher  | <input type="checkbox"/> Other (specify)             |

8. Please provide additional comments.

|                          |                  |                 |
|--------------------------|------------------|-----------------|
| <b>Name</b>              | <b>Telephone</b> |                 |
|                          | (    )           |                 |
| <b>Number and Street</b> |                  |                 |
| <b>City</b>              | <b>State</b>     | <b>Zip Code</b> |
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