

COVERAGE FOLLOWUP QUESTIONNAIRE 2008 Census Test

1. ADDRESS INFORMATION				NOTES
a. LCO	b. Tract	c. AA	d. Block	
e. Map Spot	f. MAFID			
g. House number and street name		h. Apt/Unit No.		
i. Physical location description				
j. City		k. State	l. ZIP Code	
m. Telephone				
NPC USE ONLY				

2. PERSONAL VISIT INTERVIEW RECORD								
Visit No.	Date (a)		Time started (b)	Outcome (c)		Comments (d)		
	Month	Day		1	2		3	4
1				<input type="checkbox"/> 1 - Complete interview <input type="checkbox"/> 2 - Partial interview <input type="checkbox"/> 3 - Noninterview - Occupied <input type="checkbox"/> 4 - Noninterview - Not occupied <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> 5 - Unable to locate <input type="checkbox"/> 6 - Callback appointment <input type="checkbox"/> 7 - Other - <i>Explain in Comments</i>			
2				<input type="checkbox"/> 1 - Complete interview <input type="checkbox"/> 2 - Partial interview <input type="checkbox"/> 3 - Noninterview - Occupied <input type="checkbox"/> 4 - Noninterview - Not occupied <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> 5 - Unable to locate <input type="checkbox"/> 6 - Callback appointment <input type="checkbox"/> 7 - Other - <i>Explain in Comments</i>			
3				<input type="checkbox"/> 1 - Complete interview <input type="checkbox"/> 2 - Partial interview <input type="checkbox"/> 3 - Noninterview - Occupied <input type="checkbox"/> 4 - Noninterview - Not occupied <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> 5 - Unable to locate <input type="checkbox"/> 6 - Callback appointment <input type="checkbox"/> 7 - Other - <i>Explain in Comments</i>			
4				<input type="checkbox"/> 1 - Complete interview <input type="checkbox"/> 2 - Partial interview <input type="checkbox"/> 3 - Noninterview - Occupied <input type="checkbox"/> 4 - Noninterview - Not occupied <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> 5 - Unable to locate <input type="checkbox"/> 6 - Callback appointment <input type="checkbox"/> 7 - Other - <i>Explain in Comments</i>			
5				<input type="checkbox"/> 1 - Complete interview <input type="checkbox"/> 2 - Partial interview <input type="checkbox"/> 3 - Noninterview - Occupied <input type="checkbox"/> 4 - Noninterview - Not occupied <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> 5 - Unable to locate <input type="checkbox"/> 6 - Callback appointment <input type="checkbox"/> 7 - Other - <i>Explain in Comments</i>			
6				<input type="checkbox"/> 1 - Complete interview <input type="checkbox"/> 2 - Partial interview <input type="checkbox"/> 3 - Noninterview - Occupied <input type="checkbox"/> 4 - Noninterview - Not occupied <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> 5 - Unable to locate <input type="checkbox"/> 6 - Callback appointment <input type="checkbox"/> 7 - Other - <i>Explain in Comments</i>			
(e) Initial interview attempt			(f) Final personal visit outcome (Code 1, 2, 3, 4, or 5 from above)					
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					

3. CERTIFICATION		
I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.		
Enumerator	a. Name - <i>Please print</i>	b. Signature
	c. Date	d. Employee ID
Crew Leader	e. Name - <i>Please print</i>	f. Signature
	g. Date	h. Crew Leader No.

Section A - CONTACTING THE HOUSEHOLD

A1. Hello, my name is (Specify name) and I'm from the U.S. Census Bureau. Here is my identification. Also, hand respondent a Privacy Act Notice, DD-31.

A2. Is this the household?

1 Yes - SKIP to A4a
 2 No - Continue to A3

A3. Is this

1 Yes - SKIP to Section B
 2 No - Stop Interview. Find correct address and start over.

A4a. Do you know who completed the census form or interview?

1 Yes - Continue to A4b
 2 No - SKIP to A5

A4b. Who is that person?

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____

8 Respondent who filled out census form is not living at household
 9 Respondent who filled out census form is 15 or under
 10 Refuse

SKIP to A6 (bracketed next to items 1-7)
Continue to A5 (bracketed next to items 8-10)

A5. May I speak to

1 Yes, _____ is available - SKIP to Section C
 2 No, respondent no longer lives here
 3 No, respondent is currently not available } *SKIP to A7*

A6. May I speak to (read name selected in A4)?

1 Yes, (name selected in A4) is available - SKIP to Section C
 2 No, respondent no longer lives here
 3 No, respondent is currently not available } *Continue to A7*

A7. Can I speak with an adult member of the household who was living here on May 1, 2008?

1 Yes - Continue to A8
 2 No one is available - Attempt to schedule callback appointment ↙

Callback date(s) Callback time(s)

Month	Day	Year		<input type="checkbox"/> a.m.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> p.m.
Month	Day	Year		<input type="checkbox"/> a.m.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> p.m.
Month	Day	Year		<input type="checkbox"/> a.m.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> p.m.

If an adult member is NOT available after 3rd successful contact - SKIP to Section H

3 Refuse - End interview

Introduce yourself, if necessary. Hand respondent a Privacy Act Notice, DD-31.

A8. What is your name?

Enter name of new respondent

_____ - SKIP to Section C

Section B – IDENTIFYING THE CORRECT HOUSEHOLD

Introduce yourself, if necessary. Hand respondent a Privacy Act Notice, DD-31.

B1. The purpose of my visit is to help the Census Bureau take the most accurate census. We need to be sure that we counted everyone at the right address.

B2. Do you know the

household?

1 Yes – Continue to B3
 2 No – SKIP to B6

B3. Did the

household move out, are they neighbors who live nearby, or do you know them some other way?

1 Moved out – Continue to B4a
 2 They are our neighbors } SKIP to B5a
 3 Other }

B4a. When did they move out?

Month Day Year

If any part of date fields are missing – Continue to B4b, else SKIP to B5a

1 Don't know – Continue to B4b
 2 Refuse – SKIP to B5a

B4b. Did the

household move out before, on, or after May 1, 2008?

1 Before May 1, 2008
 2 On May 1, 2008
 3 After May 1, 2008
 4 Don't know
 5 Refuse

} Continue to B5a

B5a. Do you know how to contact the

household?

1 Yes – Continue to B5b
 2 No – SKIP to B6

B5b. What is the address and phone number?

House number and street		Apt/Unit No.
<input type="text"/>		<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Area code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

B6. Were you living at

on May 1, 2008?

1 Yes } Continue to B7a
 2 No }

B7a. Is there another address that people might use to refer to this place such as a different street name, apartment number, or a 911 address?

1 Yes – Continue to B7b
 2 No – SKIP to B8a

B7b. What is that address?

House number and street		Apt/Unit No.
<input type="text"/>		<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

B8a. How would you describe this building? Is it –
 (Enumerator: Read response categories.)

1 **A mobile home?** – SKIP to Section H
 2 **A house?** – Continue to B8b
 3 **An apartment?** – SKIP to B8c
 4 **A boat, RV, van, etc?** – SKIP to Section H

B8b. Does this house have an apartment, such as a basement or garage apartment?

1 Yes } SKIP to Section H
 2 No }

B8c. From the following categories, how many apartments are in your building?
 (Enumerator: Read response categories.)

1 **1, such as an apartment over a business or connected to a house**
 2 **2**
 3 **3 or 4**
 4 **5 to 9**
 5 **10 or more**

} SKIP to Section H

Section C – HOUSING UNIT QUESTIONS

Introduce yourself, if necessary. Hand respondent a Privacy Act Notice, DD-31. 4

C1. The purpose of my visit is to help the Census Bureau take the most accurate Census. We need to be sure that we counted everyone at the right address.

C2. Have I reached

1 Yes – *SKIP to C4*
2 No – *Continue to C3*

C3. The

household was reported in the census as living at

on May 1, 2008. Did they live here on that date?

1 Yes – *Continue to C4*
2 No – *SKIP to Section H*
3 Don't know } *Continue to C4*
4 Refuse }

C4. In the rest of the interview, whenever I say "this place," or "here," I am referring to

C5a. Is there another address that people might use to refer to this place, such as a different street name, apartment number, or 911 address?

1 Yes – *Continue to C5b*
2 No – *SKIP to C6*

C5b. What is that address?

House number and street	Apt/Unit No.	
<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	
City	State	ZIP Code
<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>

C6. How would you describe this building? Is it —
(Enumerator: Read response categories.)

1 **A mobile home?** – *SKIP to Section D*
2 **A house?** – *Continue to C7*
3 **An apartment?** – *SKIP to C8*
4 **A boat, RV, van, etc?** – *SKIP to Section D*

C7. Does this house have an apartment, such as a basement or garage apartment?

1 Yes } *SKIP to Section D*
2 No }

C8. How many apartments are in your building?
(Enumerator: Read response categories.)

1 **1, such as an apartment over a business or connected to a house**
2 **2**
3 **3 or 4**
4 **5 to 9**
5 **10 or more**

} *SKIP to Section D*

NOTES

Section D – REVIEW OF ROSTER

ENUMERATOR – If respondent immediately changes the roster – *Do the following:*

- Write spelling changes in a Notes section, if volunteered by the respondent.
- If there is information printed for a person but no name, you may probe for the name and record it in the roster in D1. Also, add this name to the same person number line in question D5 and Sections E, F, and G.
- DO NOT add a person if there is no other information listed in the roster . . . tell the respondent "We'll talk about changes to the list in a minute."

D1. Now, let's review the list of people we counted here on May 1, 2008. I have listed:

Read only the names. Do not read ages. Ages should only be used to clarify between names if necessary.

Person number	Name (a)	Age (b)	Person number	Name (c)	Age (d)

D2. Is there anyone I've mentioned that you don't know?

- 1 Yes – *Continue to D3*
 2 No – *SKIP to D4*

D3. Who is the person(s) you don't know?

Enumerator: *Please print person number(s) below.*

Person number	Person number	Person number	Person number	Person number	Person number

D4. Is there anyone on this list more than once?

- 1 Yes – *Continue to D5*
 2 No – *SKIP to D6*

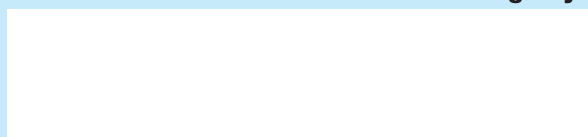
D5. Who is the person listed more than once?

Please cross out the person who is listed more than once and cross out the same person's name and number in Sections E, F, and G.

Person number	Name (a)	Age (b)

Section D – REVIEW OF ROSTER – Continued

D6. I'd like to make sure we are not missing anyone who lived or stayed here at



**on May 1, 2008. Here's a calendar for your reference. (Hand respondent flashcard A.)
Other than the people we've already mentioned, were there —**

D6a. Any newborns or babies?	1 <input type="checkbox"/> Yes – <i>SKIP to D7, complete name and age for each added person, then mark (X) 6a in column (a).</i> 2 <input type="checkbox"/> No	} Continue to D6b
D6b. Any foster children?	1 <input type="checkbox"/> Yes – <i>SKIP to D7, complete name and age for each added person, then mark (X) 6b in column (a)</i> 2 <input type="checkbox"/> No	} Continue to D6c
D6c. Any non-related children?	1 <input type="checkbox"/> Yes – <i>SKIP to D7, complete name and age for each added person, then mark (X) 6c in column (a)</i> 2 <input type="checkbox"/> No	} Continue to D6d
D6d. Any other relatives who lived or stayed here?	1 <input type="checkbox"/> Yes – <i>SKIP to D7, complete name and age for each added person, then mark (X) 6d in column (a)</i> 2 <input type="checkbox"/> No	} Continue to D6e
D6e. Any nonrelatives, roommates, or boarders?	1 <input type="checkbox"/> Yes – <i>SKIP to D7, complete name and age for each added person, then mark (X) 6e in column (a)</i> 2 <input type="checkbox"/> No	} Continue to D6f
D6f. Anyone else who stayed here often?	1 <input type="checkbox"/> Yes – <i>SKIP to D7, complete name and age for each added person, then mark (X) 6f in column (a)</i> 2 <input type="checkbox"/> No	} Continue to D6g
D6g. Anyone else who had no other place to live?	1 <input type="checkbox"/> Yes – <i>Continue to D7, complete name and age for each added person, then mark (X) 6g in column (a)</i> 2 <input type="checkbox"/> No	} SKIP to Section E

D7. ADDED PEOPLE ROSTER

Person number	Mark (X) appropriate question number	What is his/her name?		What is his/her age?	Person number	Mark (X) appropriate question number	What is his/her name?		What is his/her age?
	(a)	(b)		(c)		(a)	(b)		(c)
71	1 <input type="checkbox"/> 6a 5 <input type="checkbox"/> 6e	First name	MI		74	1 <input type="checkbox"/> 6a 5 <input type="checkbox"/> 6e	First name	MI	
	2 <input type="checkbox"/> 6b 6 <input type="checkbox"/> 6f					2 <input type="checkbox"/> 6b 6 <input type="checkbox"/> 6f			
	3 <input type="checkbox"/> 6c 7 <input type="checkbox"/> 6g	Last name				3 <input type="checkbox"/> 6c 7 <input type="checkbox"/> 6g	Last name		
	4 <input type="checkbox"/> 6d					4 <input type="checkbox"/> 6d			
72	1 <input type="checkbox"/> 6a 5 <input type="checkbox"/> 6e	First name	MI		75	1 <input type="checkbox"/> 6a 5 <input type="checkbox"/> 6e	First name	MI	
	2 <input type="checkbox"/> 6b 6 <input type="checkbox"/> 6f					2 <input type="checkbox"/> 6b 6 <input type="checkbox"/> 6f			
	3 <input type="checkbox"/> 6c 7 <input type="checkbox"/> 6g	Last name				3 <input type="checkbox"/> 6c 7 <input type="checkbox"/> 6g	Last name		
	4 <input type="checkbox"/> 6d					4 <input type="checkbox"/> 6d			
73	1 <input type="checkbox"/> 6a 5 <input type="checkbox"/> 6e	First name	MI		76	1 <input type="checkbox"/> 6a 5 <input type="checkbox"/> 6e	First name	MI	
	2 <input type="checkbox"/> 6b 6 <input type="checkbox"/> 6f					2 <input type="checkbox"/> 6b 6 <input type="checkbox"/> 6f			
	3 <input type="checkbox"/> 6c 7 <input type="checkbox"/> 6g	Last name				3 <input type="checkbox"/> 6c 7 <input type="checkbox"/> 6g	Last name		
	4 <input type="checkbox"/> 6d					4 <input type="checkbox"/> 6d			

ENUMERATOR INSTRUCTION: Before continuing to Section E, make sure D6a through D6g have been answered. After completing this section, add all persons from D7 to their appropriate person number line in Sections E, F, and G.

NOTES

Section E – MOVERS

E1. In April or May, did anyone move out (including those people you just added)? 7

1 Yes – Continue to E2
 2 No
 3 Don't know } SKIP to Section F
 4 Refuse

Person number and name	E2. Who moved out? Please list all people who moved out around May 1, 2008?	E3. What date did (Name) move out?	E4. Did (Name) move out before, on, or after May 1, 2008?	E5. How certain are you about the date of the move? (Enumerator: Read response categories.)	E6. Do you expect (Name) to move back here?
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <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"/> <p>If any date field blank – Continue to E4</p> <p>If date fields complete – SKIP to E5</p> 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <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"/> <p>If any date field blank – Continue to E4</p> <p>If date fields complete – SKIP to E5</p> 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
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<input type="checkbox"/> Yes – Continue to E3	Month Day Year <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"/> <p>If any date field blank – Continue to E4</p> <p>If date fields complete – SKIP to E5</p> 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <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"/> <p>If any date field blank – Continue to E4</p> <p>If date fields complete – SKIP to E5</p> 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Section F – OTHER ADDRESSES

F1. Some people live or stay in more than one place and we would like to make sure everyone was only counted once.

F2. In the spring of 2008, was anyone attending college?
 Ask for persons 17 to 25 years old, including added persons.

1 Yes – Continue to F3
 2 No
 3 Don't know } SKIP to F7
 4 Refuse }

Person number and name	F3. Who was	F4. Where did (Name) stay while attending college: at this address or some other address?	F5. What is the address where (you/he/she) was staying while attending college? (Enumerator: Probe for dorm/complex name.)	F6. What college or university did (you/he/she) attend?
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	

Section F – OTHER ADDRESSES – Continued

F7. In April or May, was any child living or staying part of the time with someone else?

Ask for persons younger than 18, including added persons.

- 1 Yes – Continue to F8
 - 2 No
 - 3 Don't know
 - 4 Refuse
- } SKIP to F10

Person number and name	F8. What is the	F9. What is the address where (Name) stayed?																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; height: 20px;"> </td> <td style="width: 5%; height: 20px;"> </td> <td style="width: 90%;"></td> </tr> </table>				<input type="checkbox"/> Yes – Continue to F9	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">House number and street</td> <td style="width: 15%;">Apt./Unit No.</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	House number and street	Apt./Unit No.			City				State	ZIP Code				
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City																			
State	ZIP Code																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; height: 20px;"> </td> <td style="width: 5%; height: 20px;"> </td> <td style="width: 90%;"></td> </tr> </table>				<input type="checkbox"/> Yes – Continue to F9	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">House number and street</td> <td style="width: 15%;">Apt./Unit No.</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	House number and street	Apt./Unit No.			City				State	ZIP Code				
House number and street	Apt./Unit No.																		
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Section F - OTHER ADDRESSES - Continued

F10. Was anyone away from here because of military service? Ask for persons age 17 and older, including added persons. 10

- 1 Yes - Continue to F11
 2 No
 3 Don't know } SKIP to F15
 4 Refuse }

Person number and name	F11. Who was away	F12. Was (Name) overseas?	F13. What type of place did (Name) stay? Was it — (Enumerator: Read response categories.)	F14. What is the address where (you/he/she) stayed?
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street _____ Apt./Unit No. _____ City _____ State _____ ZIP Code _____
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> or dormitories 3 <input type="checkbox"/> A ship 4 <input type="checkbox"/> A military disciplinary treatment facility barracks or jail 5 <input type="checkbox"/> Other housing	House number and street _____ Apt./Unit No. _____ City _____ State _____ ZIP Code _____
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street _____ Apt./Unit No. _____ City _____ State _____ ZIP Code _____
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<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street _____ Apt./Unit No. _____ City _____ State _____ ZIP Code _____

Section F – OTHER ADDRESSES – Continued

F15. In April or May, did anyone live or stay away from here because of a job or business? 11

Ask for persons age 16 and older, including added persons.

- 1 Yes – Continue to F16
- 2 No
- 3 Don't know } SKIP to F19
- 4 Refuse

Person number and name	F16.	F17. Did (Name) have another place where (you/he/she) stayed regularly for that job or business?	F18. What is the address of that place?															
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Section F – OTHER ADDRESSES – Continued

F19. Did anyone have a seasonal home or second home? *Ask for all persons, including added persons.*

12

- 1 Yes – Continue to F20
 - 2 No
 - 3 Don't know
 - 4 Refuse
- } SKIP to F22

Person number and name	F20.	F21. For (Name) What is the address of that place?															
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Section F – OTHER ADDRESSES – Continued

F22. In April or May, did anyone stay somewhere else for an extended time or live part of the time at another residence? Ask for all persons, including added persons.

- 1 Yes – Continue to F23
 - 2 No
 - 3 Don't know
 - 4 Refuse
- } SKIP to Enumerator Check Item

Person number and name	F23.	F24. For (Name), What is the address of that place?															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 60px;"></td> </tr> </table>				<input type="checkbox"/> Yes – Continue to F24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">House number and street</td> <td style="width: 20%;">Apt./Unit No.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> </table>	House number and street	Apt./Unit No.			City				State	ZIP Code		
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House number and street	Apt./Unit No.																
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House number and street	Apt./Unit No.																
City																	
State	ZIP Code																

Section F - OTHER ADDRESSES - Continued

<p>Person number and name</p>	<p>Enumerator Check Item: <i>DO NOT READ</i></p> <p>For questions: F3 (college), F8 (custody), F11 (military), F16 (job), F20 (second home), and F23 (stay elsewhere), are any marked yes?</p>	<p>F25. In April or May, where did (Name) live or stay most of the time?</p> <p><i>(Enumerator: Read response categories.)</i></p>	<p>F26a. Which of the following categories most accurately describes the amount of time (you/he/she) stay(s) at the other place?</p> <p><i>(Enumerator: Read response categories.)</i></p>
<p> </p>	<p>1 <input type="checkbox"/> Yes - <i>Continue to F25</i> 2 <input type="checkbox"/> No - <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week - <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month - <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time - <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes - <i>Continue to F25</i> 2 <input type="checkbox"/> No - <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week - <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month - <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time - <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes - <i>Continue to F25</i> 2 <input type="checkbox"/> No - <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week - <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month - <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time - <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes - <i>Continue to F25</i> 2 <input type="checkbox"/> No - <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week - <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month - <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time - <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes - <i>Continue to F25</i> 2 <input type="checkbox"/> No - <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week - <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month - <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time - <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes - <i>Continue to F25</i> 2 <input type="checkbox"/> No - <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week - <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month - <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time - <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>

Section F - OTHER ADDRESSES - Continued

<p>Person number and name</p>	<p>Ask for all persons who marked "Both places equally," "Don't know," or "Refuse" to F25.</p>			
	<p>F26b. During a typical week, did (you/Name) spend more days at this place or the other place?</p>	<p>F26c. During a typical month, did (you/Name) spend more weeks at this place or the other place?</p>	<p>F26d. Last year, did (you/Name) spend more months at this place or the other place?</p>	<p>F26e. (Were you/Was (Name)) staying at this place or at the other place on May 1?</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="center">to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Both places equally <input type="checkbox"/> Don't know</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p>Don't know } SKIP Refuse } to F26e</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know } Skip <input type="checkbox"/> Refuse } to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know <input type="checkbox"/></p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p>Don't know } SKIP Refuse } to F26e</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know } Skip <input type="checkbox"/> Refus } to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F26e</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't kno } Skip <input type="checkbox"/> } to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> <input type="checkbox"/></p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> D } <input type="checkbox"/> } 6e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know <input type="checkbox"/> Re</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place } SKIP <input type="checkbox"/> Don't k } to F26 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/> This place <input type="checkbox"/> w <input type="checkbox"/> <input type="checkbox"/></p>

Section F – OTHER ADDRESSES – Continued

F27a. The Census Bureau does a special count of people staying in group facilities. Next, we will check to be sure no one in your household was counted in one of those places on May 1.

Person number and name	F27b. Was (Name) staying in any of the following places on May 1, 2008? <i>(Hand respondent flashcard B.)</i> <i>(Enumerator: Read response categories.)</i>	Ask for those who marked "Some other facility (6)."	Ask if any of the answers 1 through 6 are marked in F27b.	
		F28a. What kind of place is it?	F28b. What is the name of that place?	F28c. What is the address of that place?
	1 <input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code

Section G – DEMOGRAPHICS

G1. Now, I'm going to ask you about information that we don't have from your census form.

Person number and name	G2. (How are you/How is (Name)) related to you? (Hand respondent flashcard C.)	G3. Are you/Is (Name) male or female? Mark (X) one box.	G4. What was your/ (Name)'s age on May 1, 2008? Do not enter age in months. For babies less than 1 year old enter zero (0) as the age. Do not round up.	G5. What is your/ (Name)'s date of birth? Print numbers in boxes.
[][] 	N/A	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]

Section G - DEMOGRAPHICS - Continued

Person number and name	G6. (Are you/Is (Name) of Hispanic, Latino, or Spanish origin?)	G7. What is your/(Name)'s race? You may choose one or more races. For this census, Hispanic origins are not races. <i>(Enumerator: Read response categories.)</i>	G8. If G6 = "yes" Are you Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or of another Hispanic, Latino, or Spanish Origin: for example Argentinean; Columbian; Dominican; Nicaraguan; Salvadorean; Spaniard; and so on? <i>(Hand respondent flashcard D.)</i>
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Don't know
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Don't know
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Don't know
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Don't know
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Don't know
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Don't know

Section H – EXIT

H1. What is your name?

First name <input style="width:95%;" type="text"/>	Middle name <input style="width:95%;" type="text"/>	Last name <input style="width:95%;" type="text"/>
---	--	--

H2. In case we need to contact you again, may I please have your telephone number?

Area code <input style="width:95%;" type="text"/>	Number <input style="width:95%;" type="text"/>	-	<input style="width:95%;" type="text"/>
--	---	---	---

H3. Those are all the questions that I have for you. Thank you for your time and cooperation. You've been very helpful.

DO NOT ASK —

H4. In what language did you conduct most of this interview?

- 1 English
- 2 Spanish
- 3 Some other language

H5. How was this interview conducted?

- 1 In person
- 2 Over the phone

ENUMERATOR: Go to page 1, Personal Visit Interview Record.

NOTES