

NOTES

TRANSCRIBE FROM THE ADDRESS LABEL ON FORM SC-1

SC ID SCO State County Tract Block

AA Map Spot Unit ID

House No. Street name, Rural route and box, or PO box

Apt. No. or Location

Location description ZIP Code

Form
of
 Form(s)

FORM **SC-1(SUPP)**
(6-24-2002)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

**CONTINUATION FORM
FOR ENUMERATOR
QUESTIONNAIRE

Special Census**



ENUMERATOR NOTE: For questions 2 through 6, prompt respondent with names if needed, for example, "Let's start with Bob."

1. Who else lived here on (Special Census date)?	2. (Show Card A.) Which of these categories best describes how each person is related to (Read name of Person 1)?	3. What is each person's sex? Mark <input checked="" type="checkbox"/> ONE box.
Person No. → 6 First Name _____ MI Last Name _____ <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Father/mother <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative - Specify relationship. <input type="checkbox"/> NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Foster child	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person No. → 7 First Name _____ MI Last Name _____ <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Father/mother <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative - Specify relationship. <input type="checkbox"/> NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Foster child	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person No. → 8 First Name _____ MI Last Name _____ <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Father/mother <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative - Specify relationship. <input type="checkbox"/> NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Foster child	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person No. → 9 First Name _____ MI Last Name _____ <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Father/mother <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative - Specify relationship. <input type="checkbox"/> NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Foster child	<input type="checkbox"/> Male <input type="checkbox"/> Female
Person No. → 10 First Name _____ MI Last Name _____ <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Father/mother <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other relative - Specify relationship. <input type="checkbox"/> NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Foster child	<input type="checkbox"/> Male <input type="checkbox"/> Female

ENUMERATOR NOTE: It is important to ask BOTH questions 5 and 6 and show Cards B and C.

4. What was each person's age on (Special Census date)? Print numbers in boxes.	5. Are any of the persons that I have listed Mexican, Puerto Rican, Cuban, or of another Hispanic or Latino group?	6. Now choose one or more races for each person. Which race or races does each person consider himself/herself to be?
Age _____ What is this person's date of birth? Month _____ Day _____ Year of birth _____	<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino - What is this group? <input type="checkbox"/>	<input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native - What is the name of (your...)'s enrolled or principal tribe? <input type="checkbox"/> Other Asian <input type="checkbox"/> Some other race What is this race? <input type="checkbox"/>
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SC-1(SUPP) - Page 2 and 3 - Base prints BLACK

SC-1(SUPP) - Page 2 and 3 - Prints YELLOW, Pantone 129

← Fold line