

### COVERAGE

- C1. I need to make sure I have counted everyone who lived or stayed here on (Special Census date). Did I miss —**  
 – any children, including foster children?  
 – anyone away on business or vacation?  
 – any roomers or housemates?  
 – anyone else who had no other home?
- Yes – Add person(s) to question 1, mark the "Add" box, and ask questions 2–6. Correct the POP count in question S5 on the front cover.  
 No – Continue with C2.
- C2. On (Special Census date), were any of the people you told me about —**  
 – away at college?  
 – away in the Armed Forces?  
 – in a nursing home?  
 – in a correctional facility?
- Yes – Delete person(s) from question 1 by marking the "Cancel" box. Correct the POP count in question S5 on the front cover.  
 No – Continue with H1.

### HOUSING

- H1. Is this (house/apartment/mobile home) —**
- Owned by someone in this household with a mortgage or loan,  
 Owned by someone in this household free and clear (without a mortgage or loan),  
 Rented for cash rent, or  
 Occupied without payment of cash rent?

### RESPONDENT INFORMATION

- R1. Enter respondent's name.**
- First Name  
 \_\_\_\_\_  
 Last Name  
 \_\_\_\_\_
- R2. In case we need to contact you, what is your telephone number and the best time to call?**
- Area code Telephone number  
 \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_
- Day  Evening  Either
- R3. Respondent —**
- Lived here on Special Census Day  
 Moved in after Special Census Day  
 Is neighbor or other

### INTERVIEW SUMMARY

- A. Status on Special Census Day**
- \_\_\_\_\_
- 1 = Occupied  
 2 = Occupied – Continuation  
 3 = Vacant – Regular  
 4 = Vacant – Usual home elsewhere  
 5 = Uninhabitable/No longer exists  
 6 = Cannot locate/Outside boundary  
 7 = Duplicate  
 8 = Nonresidential  
 9 = Other
- B. POP on Special Census Day**
- \_\_\_\_\_
- 01–97 = Total persons  
 00 = Vacant  
 98 = Delete  
 99 = POP unknown
- C. VACANT — Which category best described this vacant unit as of (Special Census date)?**
- For rent  
 For sale only  
 Rented or sold, not occupied  
 For seasonal, recreational, or occasional use  
 For migrant workers  
 Other vacant
- D. PI** **E. REP**  
 \_\_\_\_\_  \_\_\_\_\_
- F. CO** **G. REF**  
 \_\_\_\_\_  \_\_\_\_\_
- H. JIC1** **I. JIC2**  
 \_\_\_\_\_  \_\_\_\_\_

### CERTIFICATION

I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Enumerator's signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Employee ID code \_\_\_\_\_

Crew Leader's initials \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

CLD number \_\_\_\_\_

## ENUMERATOR QUESTIONNAIRE Special Census

SC ID \_\_\_\_\_ SCO \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Tract \_\_\_\_\_ Block \_\_\_\_\_

AA \_\_\_\_\_ Map Spot \_\_\_\_\_ Unit ID \_\_\_\_\_

← APPLY LABEL HERE →

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

Apt. No. or Location \_\_\_\_\_

Location description \_\_\_\_\_ ZIP Code \_\_\_\_\_

Continuation form(s) attached

Number of continuation forms for this address \_\_\_\_\_

### ADDRESS CHANGES

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

Apartment No. \_\_\_\_\_ Location description \_\_\_\_\_

### RECORD OF CONTACT

Type	Month	Day	Time	Outcome	Type	Month	Day	Time	Outcome
<input type="checkbox"/> Personal	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Telephone	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Telephone	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Personal	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Telephone	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Telephone	_____	_____	____:____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

OUTCOME CODES: NV = Left notice of visit NC = No contact RE = Refusal CI = Conducted interview OT = Other

### INTRODUCTION

- S1. Hello, I'm (Your name) from the Census Bureau. (Show ID card.) Is this (Read address)?**
- Yes – Continue with question S2  No – Ask: Can you tell me where to find (Read address)? END INTERVIEW
- S2. I'm here to complete a Special Census questionnaire for this address. It should take about 7 minutes. This notice (Hand respondent a Privacy Act Notice) explains that your answers are kept confidential. Did you or anyone in this household live here on (Special Census date)?**
- Yes – Continue with question S3  No → Skip to question S4
- S3. Is this (house/apartment/mobile home) a vacation or seasonal home, or only occasionally occupied by your household?**
- Yes → Skip to items A, B, and C in the "Interview Summary" block and refer to Card D.  No → Skip to S5
- S4. On (Special Census date) was this unit —**
- Vacant → Skip to items A, B, and C in the "Interview Summary" block.  Occupied by a different household? Using a knowledgeable respondent, complete this questionnaire for the Special Census Day household.
- S5. How many people were living or staying in this (house/apartment/mobile home) on (Special Census date)?**
- \_\_\_\_\_ Number of people



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

1. What is each person's name? Start with the name of a person who owns, is buying, or rents this (house/apartment/mobile home).	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.
<b>Person 1</b> First Name <span style="float: right;">MI</span> <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input checked="" type="checkbox"/> Person 1	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Person 2</b> First Name <span style="float: right;">MI</span> <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Brother/sister  <input type="checkbox"/> Father/mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Other relative - Specify relationship. <input type="text"/>  NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Person 3</b> First Name <span style="float: right;">MI</span> <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Brother/sister  <input type="checkbox"/> Father/mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Other relative - Specify relationship. <input type="text"/>  NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Person 4</b> First Name <span style="float: right;">MI</span> <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Brother/sister  <input type="checkbox"/> Father/mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Other relative - Specify relationship. <input type="text"/>  NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Person 5</b> First Name <span style="float: right;">MI</span> <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Natural-born son/daughter <input type="checkbox"/> Adopted son/daughter <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Brother/sister  <input type="checkbox"/> Father/mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law/daughter-in-law <input type="checkbox"/> Other relative - Specify relationship. <input type="text"/>  NONRELATIVE: <input type="checkbox"/> Roomer/boarder <input type="checkbox"/> Housemate/roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female

FORM SC-1 (5-11-2005)

ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form SC-1(SUPP), Continuation Form.

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 <input type="text"/> What is this person's date of birth? Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<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="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaska Native - What is the name of (your/. . .'s) enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some other race What is this race? <input type="text"/>
Age <input type="text"/> What is this person's date of birth? Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<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="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaska Native - What is the name of (your/. . .'s) enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some other race What is this race? <input type="text"/>
Age <input type="text"/> What is this person's date of birth? Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<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="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaska Native - What is the name of (your/. . .'s) enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some other race What is this race? <input type="text"/>
Age <input type="text"/> What is this person's date of birth? Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<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="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaska Native - What is the name of (your/. . .'s) enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some other race What is this race? <input type="text"/>
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