



FORM **SC-2**
(12-3-2002) U.S. DEPARTMENT OF COMMERCE
Economics and Statistical Administration
U.S. CENSUS BUREAU

INDIVIDUAL SPECIAL CENSUS QUESTIONNAIRE

Special Census

SC ID	SCO	State	County	Tract	Block
AA	Map Spot	Unit ID			
GQ Name					GQ Type
House No.	Street name, Rural route and box, or PO box				
City	State	ZIP Code			

Person Number

INTRODUCTION

- S1.** Hello, I'm (Your name) from the Census Bureau. (Show ID card.)
- S2.** We are taking a special census of (Area) and I would like to ask you a few questions. It should take about 5 minutes. This notice (Hand respondent a Privacy Act Notice) explains that your answers are kept confidential.
- S3.** If GQ Type Code in label is 996 or 997, ASK Question S4; otherwise SKIP to Question 1 on page 2.
- S4.** Do you live or stay here MOST OF THE TIME?
 Yes – Go to Question 1 on page 2
 No – Thank respondent, end interview, and skip to Interview Summary block and mark the UHE box.

RESPONDENT INFORMATION

R1. Enter respondent's name if different than resident/client.

First Name

Last Name

R2. Enter the facility area code and telephone number

Area code – Telephone number

INTERVIEW SUMMARY

A. CI	B. PI	C. UHE	D. CO	E. JIC1	F. JIC2	G. JIC3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Crew Leader's initials	Month	Day
Employee ID code			CLD number		



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SC-2 - Base prints BLACK

SC-2 - Prints GREEN, Pantone 340



1. What is your name?

Last Name

First Name

MI

2. Mark sex of person.

Male Female

3. a. What was your age on (Special Census Date)?

Age

b. What is your date of birth?

Print numbers in boxes.

Month Day Year of birth

ENUMERATOR NOTE: It is important to ask BOTH questions 4 and 5 and show Cards B and C.

4. (Show Card B.) Are you Mexican, Puerto Rican, Cuban, or of another Hispanic or Latino group?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino –

What is this group? ↘

5. (Show Card C.) Now choose one or more races. Which race or races do you consider yourself to be?

- | | | |
|--|--------------------------------------|--|
| <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? ↘



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