

FORM **DX-1301**  
(10-31-2008)

## PERSON FOLLOWUP QUESTIONNAIRE

### CENSUS COVERAGE MEASUREMENT

#### 2008 Census Dress Rehearsal

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

CLUSTER NO.  LCO

CCM
Block <input type="text"/> MSN <input type="text"/> WMSN <input type="text"/>

CENSUS
Block <input type="text"/> CMSN <input type="text"/> CID <input type="text"/>

- Possible Reasons for Followup:
- The last time we were here, we didn't get enough detailed information to know where some household members should have been counted in the census.
  - We have two names and we aren't sure if they refer to the same person or different people.
  - We need more detailed address information about where some of the household members stayed during 2008 – things like street address.

CCM Roster – PI interview day:

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2.	<input type="text"/>
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9.	<input type="text"/>
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11.	<input type="text"/>
12.	<input type="text"/>

Census Roster – Census Day: April 1, 2008

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9.	<input type="text"/>
10.	<input type="text"/>
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Crew Leader name	FR code
<input type="text"/>	<input type="text"/>

Interviewer name	FR code
<input type="text"/>	<input type="text"/>

Reassignment reason

<input type="text"/>
<input type="text"/>
<input type="text"/>

**Notes**

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**NOTICE** If found, please either call 1-301-763-3301 collect to arrange for pickup or mail to:  
 Census Coverage Measurement  
 U.S. Census Bureau  
 4600 Silver Hill Rd  
 Washington, DC 20233-5700

## Section A - INTRODUCTION

2

Hello, I'm (Your name) from the U.S. Census Bureau. Here is my identification. As part of the census, we are contacting households to make sure we counted everyone correctly. Here is a letter explaining our interview and information we will refer to later.

Followup for  Print corrected name if needed  Age

**1. Have you heard of**  ?

1  Yes - Go to 1a. →

2  Yes, respondent is (name) - Go to NEXT PAGE.

3  No - Go to 2. →

CL OE

**1a. Do you know (name) well enough to answer questions about where he/she was living in 2008 and other places where he/she stayed?**

1  Yes - Go to NEXT PAGE.

2  No - Go to 1b. →

3  Deceased - **When did (name) die?**

Date of death →

*If deceased, ASK - Is it okay if I ask questions about him/her?*

1  Yes - Go to NEXT PAGE

2  No - Mark this person's outcome code: Complete (Valid skip).

CL OE

**1b. How have you heard of this person?**

(If he/she moved out, ASK - When did he/she move?)

Move-out date

NOTES

**1c. (Do not ask) Is the next page another Section A?**

Yes - Go to NEXT PAGE.

No - Try to find someone who knows more about the followup person(s) when finished with the current respondent.

**2. Do you know who lived at**  **on**  **?**

**(1)**  Yes - **What is your name and address?**

Name  Address

No - SKIP to 2b. →

**(2)**  Yes - **What is your name and address?**

Name  Address

No - SKIP to 2b. →

**(3)**  Yes - **What is your name and address?**

Name  Address

No - SKIP to 2b. →

**2a. Respondent type**

1  Resident 2  Neighbor 3  Landlord

4  Other - Specify ↴

2  Neighbor 3  Landlord

4  Other - Specify ↴

2  Neighbor 3  Landlord

4  Other - Specify ↴

**2b. (Do not ask) Is the next page another Section A?**

Yes - Go to NEXT PAGE.

No - Try to find someone who knows more about the followup person(s) when finished with the current respondent.

**NONINTERVIEW ASSESSMENT**  
Mark (X) ONE.

1  Someone verified that this person existed, but no one knew enough to complete the interview.

2  I talked to at least three people (listed in 2) who knew who lived at the address and no one heard of this person. Mark person's outcome code: Complete (Unknown to KR).

3  I was not able to locate anyone who knows who lived at this address.

4  Other - Please explain

CL OE



**Section C – PERSON QUESTIONS**

Now, we'll talk about \_\_\_\_\_

**1. Did you/\_\_\_\_\_ live or stay at \_\_\_\_\_ anytime in 2008?**

1  Yes – Skip to 1g

2  No – Go to 1a

3  DK/REF – Go to next known person. If last person, end interview.

**1a. At what address did you/he/she live in 2008?**

1  Same as \_\_\_\_\_ SKIP to 1g

Number and street \_\_\_\_\_

Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2  DK/REF – Probe for street, city, state.

**1b. (Ask or verify) Is that place more than 1 mile away from \_\_\_\_\_**

1  Yes, more than a mile away

2  No, less than a mile away

3  DK/REF

**1c. What are the landmarks or cross streets closest to that place?**

1  DK/REF

**1d. Is that place a house or apartment or another type of place like those shown on the list I gave you? (The list is on the back of the letter.)**

1  House/Apartment/Mobile home/Condo/Townhouse

2  College dorm/Residence hall/Sorority/Fraternity house . . .

3  Military barracks/Ship . . . . .

4  Nursing home . . . . .

5  Skilled nursing unit in AL . . .

6  Independent/Assisted Living .

7  Correctional facility . . . . .

8  Group home . . . . .

9  Other – Specify ↘ \_\_\_\_\_

10  DK/REF

**1e. What are the names of any other people who lived with you/him/her at this address?**

First name \_\_\_\_\_ Last name \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

1  DK/REF

**1f. What are the names of neighbors who lived nearby?**

First name \_\_\_\_\_ Last name \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

1  DK/REF

Go to 1g at top of next column.

**1g. Please look at the calendar (on the back of the letter). When did you/he/she live or stay at this address?**

Please provide as specific dates as possible.

FROM \_\_\_\_\_ TO \_\_\_\_\_

CL OE

**1h. (Ask or verify) During 2008, did you/he/she live at this address all year, move, or go back and forth between addresses?**

1  All year

2  Move – Was the move ↘

1  Before 4/1

2  On 4/1

3  After 4/1

1  Before

2  On

3  After

3  Go back and forth

**1i. (Ask or verify) Did you/he/she stay at this address: Mark (X) all that apply.**

1  Most of the time?

5  Daytime only, didn't spend nights?

2  Half of the time?

3  Less than half the time?

6  Certain days of week? ↘

4  Short stays?

Su  M  Tu  W  
 Th  F  Sa

**1j. (Ask or verify) Were you/Was he/she at this address on Tuesday, April 1st?**

1  Yes

2  No

3  DK/REF

NOTES

CL OE

**Section C – PERSON QUESTIONS – Continued**

**2. Did you/**  
  
**live anywhere else in 2008?**

1  Yes – Go to 2a →  
 2  No } SKIP to 3  
 3  DK/REF }

CL OE

**2a. What is the address of that place?**

1  Same as  Name's location SKIP to 2g  
 Number and street  
 Apt/Unit #  
 City  
 State ZIP Code

2  DK/REF – Probe for street, city, state.

**2b. (Ask or verify) Is that place more than 1 mile away from**

1  Yes – more than a mile away  
 2  No – less than a mile away  
 3  DK/REF

CL OE

**2c. What are the landmarks or cross streets closest to that place?**

1  DK/REF

**2d. Is that place a house or apartment or another type of place like those shown on the list I gave you?**

1  House/Apartment/Mobile home/Condo/Townhouse  
 2  College dorm/Residence hall/Sorority/Fraternity house . . .  
 3  Military barracks/Ship . . .  
 4  Nursing home . . . . .  
 5  Skilled nursing unit in AL . .  
 6  Independent/Assisted Living  
 7  Correctional facility . . . . .  
 8  Group home . . . . .  
 9  Other – Specify ↘

10  DK/REF

SKIP to 2g

**2e. What are the names of any other people who lived with you/him/her at that place?**

First name Last name  
   
 First name Last name

1  DK/REF

**2f. What are the names of neighbors who lived nearby?**

First name Last name  
   
 First name Last name

1  DK/REF

Notes

**2g. During 2008, when did you/he/she live or stay at that place?** Please provide as specific dates as possible.

FROM  TO

**2h. (Ask or verify) Did you/he/she move or go back and forth between places?**

1  Move – Was the move → 1  Before 4/1 2  On 4/1 3  After 4/1  
 1  Before 2  On 3  After  
 2  Back and forth

**2i. (Ask or verify) Did you/he/she stay at that place:** Mark (X) all that apply.

1  Most of the time? 5  Daytime only, didn't spend nights?  
 2  Half of the time? 6  Certain days of the week? ↘  
 3  Less than half the time? 6  Certain days of the week? ↘  
 4  Short stays?  Su  M  Tu  W  
 Th  F  Sa

**2j. (Ask or verify) Were you/Was he/she there on Tuesday, April 1st?**

1  Yes 2  No 3  DK/REF

**3. During 2008, did you/**  
  
**attend college?**

1  Yes – Go to 3a →  
 2  No } SKIP to 4  
 3  DK/REF }

CL OE

**3a. What is the address where you/he/she lived while in college?**

1   SKIP to 4  
 Number and street  
 Apt/Unit #  
 City  
 State ZIP Code

2  DK/REF – Probe for street, city, state.

**3b. What is the name of the college or university?**

1  DK/REF

CL OE

**3c. What are the landmarks or cross streets closest to the place where you/he/she lived?**

1  DK/REF

**3d. Is that place a dormitory, residence hall, sorority or fraternity house?**

1  Yes, dorm or residence hall } SKIP to 3g  
 2  Yes, sorority/fraternity house }  
 3  No, other college housing – Specify ↘

4  No, not college housing  
 5  DK/REF

**3e. What are the names of any other people who lived with you/him/her at that place?**

First name Last name  
   
 First name Last name

1  DK/REF

**3f. What are the names of neighbors who lived nearby?**

First name Last name  
   
 First name Last name

1  DK/REF

Notes

**3g. During 2008, when did you/he/she live or stay at that place?** Please provide as specific dates as possible.

FROM  TO

**3h. (Ask or verify) Did you/he/she stay at that place:** Mark (X) all that apply.

1  Winter Semester 2007–2008? 6  Daytime only, didn't spend nights?  
 2  Spring Semester 2008? 7  Certain days of the week? ↘  
 3  Summer Semester 2008?  Su  M  Tu  W  
 4  Fall Semester 2008?  Th  F  Sa  
 5  Winter Semester 2008–2009?

**Section C – PERSON QUESTIONS – Continued**

**(Other than addresses already mentioned for you/this person)**

**During 2008, did you/**

**4. Live or stay part of the time with another relative?**

- 1  Yes – Go to A1  
 2  No  
 3  DK/REF } Go to 5

**5. Live or stay someplace else because of military service?**

- 1  Yes – Go to A1 or A2  
 2  No  
 3  DK/REF } Go to 6

**6. Live or stay someplace else because of a job?**

- 1  Yes – Go to A1 or A2  
 2  No  
 3  DK/REF } Go to 7

**7. Have a seasonal or second home?**

- 1  Yes – Go to A1 or A2  
 2  No  
 3  DK/REF } Go to 8

**8. Was there any other place you/he/she stayed often?**

- 1  Yes – Go to A1 or A2  
 2  No  
 3  DK/REF } Go to 9

CL OE

**A1. What is the address of that place?**

1  Same as  SKIP to F1  
 Number and street  
 Apt/Unit #  
 City  
 State ZIP Code  
 2  DK/REF – Probe for street, city, state.

**B1. What are the landmarks or cross streets closest to that place?**

1  DK/REF  
 Notes

**A2. What is the address of that place?**

1  Same as  SKIP to F2  
 Number and street  
 Apt/Unit #  
 City  
 State ZIP Code  
 2  DK/REF – Probe for street, city, state.

**B2. What are the landmarks or cross streets closest to that place?**

1  DK/REF  
 Notes

**C1. Is that place a house or apartment or another type of place like those shown on the list I gave you?**

- 1  House/Apartment/Mobile home/Condo/Townhouse  
 2  College dorm/Residence hall Sorority/Fraternity house . . . .  
 3  Military barracks/Ship . . . . .  
 4  Nursing home . . . . .  
 5  Skilled nursing unit in AL . . . .  
 6  Independent/Assisted Living . . . .  
 7  Correctional facility . . . . .  
 8  Group home . . . . .  
 9  Other – Specify   
 10  DK/REF

**C2. Is that place a house or apartment or another type of place like those shown on the list I gave you?**

- 1  House/Apartment/Mobile home/Condo/Townhouse  
 2  College dorm/Residence hall Sorority/Fraternity house . . . .  
 3  Military barracks/Ship . . . . .  
 4  Nursing home . . . . .  
 5  Skilled nursing unit in AL . . . .  
 6  Independent/Assisted Living . . . .  
 7  Correctional facility . . . . .  
 8  Group home . . . . .  
 9  Other – Specify   
 10  DK/REF

**D1. What are the names of any other people who lived with you/him/her at that place?**

First name Last name  
   
 First name Last name  
   
 1  DK/REF

**E1. What are the names of neighbors who lived nearby?**

First name Last name  
   
 First name Last name  
   
 1  DK/REF

**D2. What are the names of any other people who lived with you/him/her at that place?**

First name Last name  
   
 First name Last name  
   
 1  DK/REF

**E2. What are the names of neighbors who lived nearby?**

First name Last name  
   
 First name Last name  
   
 1  DK/REF

**F1. During 2008, when did you/he/she live or stay at that place? Please provide as specific dates as possible.**

FROM TO

**G1. (Ask or verify) Did you/he/she move or go back and forth between places?**

- 1  Move – Was the move → 1  Before 4/1 2  On 4/1 3  After 4/1  
 2  Back and forth

**H1. (Ask or verify) Did you/he/she stay at that place: Mark (X) all that apply.**

- 1  Most of the time? 5  Daytime only, didn't spend nights?  
 2  Half of the time?  
 3  Less than half the time? 6  Certain days of the week?  Su  M  Tu  W  
 4  Short stays?  Th  F  Sa

**I1. (Ask or verify) Were you/Was he/she there on Tuesday, April 1st?**

- 1  Yes 2  No 3  DK/REF

**F2. During 2008, when did you/he/she live or stay at that place? Please provide as specific dates as possible.**

FROM TO

**G2. (Ask or verify) Did you/he/she move or go back and forth between places?**

- 1  Move – Was the move → 1  Before 4/1 2  On 4/1 3  After 4/1  
 2  Back and forth

**H2. (Ask or verify) Did you/he/she stay at that place: Mark (X) all that apply.**

- 1  Most of the time? 5  Daytime only, didn't spend nights?  
 2  Half of the time?  
 3  Less than half the time? 6  Certain days of the week?  Su  M  Tu  W  
 4  Short stays?  Th  F  Sa

**I2. (Ask or verify) Were you/Was he/she there on Tuesday, April 1st?**

- 1  Yes 2  No 3  DK/REF

**Section C - PERSON QUESTIONS - Continued**

**9. Please look at the list again. Even if you/**

[Blank box]

**did not live there, did you/he/she spend even one night in any of those types of places around April 1st?**

- 1  Yes - Go to 9a
- 2  No
- 3  DK/REF } Go to 10

CL OE

**9a. What is the name and address of that place?**

Name  
 Number and street  
 Apt/Unit #  
 City  
 State ZIP Code

- 1  DK/REF - Probe for street, city, state.

**9b. What are the landmarks or cross streets closest to that place?**

[Blank box]

- 1  DK/REF

**9c. What type of place was it?**

- College housing
- 1  Dormitory or residence hall
- 2  Sorority/Fraternity house
- Military housing
- 3  Military barracks
- 4  Military ship
- Other group facilities
- 5  Nursing home
- 6  A 24-hour skilled nursing care unit within an assisted living facility
- 7  Independent or assisted living facility
- 8  Correctional facility
- 9  Group home
- 10  Emergency shelter
- 11  Residential school for people with disabilities
- 12  Psychiatric hospital
- 13  Other - Specify [Blank box]
- 14  DK/REF

**9d. During 2008, when did you/he/she stay at that place? Please provide as specific dates as possible.**

FROM TO

**9e. (Ask or verify) Were you/Was he/she there on Tuesday, April 1st?**

- 1  Yes
- 2  No
- 3  DK/REF

Notes

[Notes area with lines]

**10. DO NOT ASK**

Which one of the following best describes the respondent?

- 1  Respondent is [Blank box] *Go to next section*
- 2  Respondent's name is on front cover of form
- 3  Respondent lives at address on front of form, but his/her name is not on cover
- 4  Relative/Caregiver
- 5  Neighbor
- 6  Landlord (superintendent, rental office, owner, etc. for places with fewer than 10 units)
- 7  Other - Specify [Blank box]

CL OE

**10a. (Ask or verify) What is your name, address and phone number?**

Same as previous respondent - Go to next section

First name Last name

Number and street

Apt/Unit #

City

State ZIP Code

Area code Number

[Area code box] - [Number box] - [Area code box]

**FINAL PERSON-LEVEL OUTCOME CODE**

- 1  Complete
- 2  Complete (Valid skip)
- 3  Complete (Unknown to KR)
- 4  Partial
- 5  Refusal
- 6  Other

CL OE

**10b. Miscellaneous questions**

[Blank box]

Notes

[Notes area with lines]

**CREW LEADER ASSESSMENT**

- 1  Knowledgeable Respondent found and interview Complete/Partial
- 2  Case closed - 3 Knowledgeable Respondents found, no interview conducted
- 3  Case closed - unable to locate 3 Knowledgeable Respondents
- 4  Other - Specify [Blank box]

**Section D – APRIL 1 OCCUPANCY**

*To be completed by the Interviewer*

**PI Household**

**Census Household**

[Empty space for PI Household information]

[Empty space for Census Household information]

**DO NOT READ THIS TO RESPONDENT**

Two earlier interviews have reported two different households living at this address. Based on what you have learned, what do you think the true situation is? *Mark (X) as many boxes as you think apply AND write detailed notes in the NOTES section.*

- 1  PI household is unknown
- 2  Census household is unknown
- 3  Only PI household lived at [redacted] on April 1, 2008
- 4  Only Census household lived at [redacted] on April 1, 2008
- 5  Neither household listed above lived at [redacted] on April 1, 2008
- 6  Both PI and Census households lived at [redacted] in separate housing units (i.e., different living spaces with separate entrances) on April 1, 2008
- 7  Both PI and Census households lived at [redacted] and shared a housing unit (i.e., shared living space) on April 1, 2008
- 8  Other – *Explain in NOTES section*

**NOTES**

[Lined area for notes]

CL OE



**Section E - GEOCODING**

**1. On Tuesday, April 1, 2008, was there a housing unit at**

?

1  Yes - Go to 2

2  No - Explain ↘

CL OE

**2. DO NOT ASK:**

Is  located in block  ?

1  Yes - Go to 3

2  No - Specify the state, county, and block number for this address. ↘

State County Block

CL OE

**3. What is your name?**

First name  Last name

**4. What is your phone number?**

Area code Number  
 -  -

**5. DO NOT ASK: Indicate outcome of this section.**

1  Completed section with household member

2  Completed section with nonhousehold member

Nonhousehold member was:

1  Relative/Caregiver

2  Neighbor

3  Landlord (Superintendent, rental office, owner, etc.)

4  Other - Specify ↘

3  Noninterview - Refusal

4  Noninterview - Other - Specify ↘

Notes

Notes section with multiple horizontal lines for text entry.

## RECORD OF VISITS

Line No.	Date (a)		Time (b)	Respondent name, address, and telephone number (c)	FR code (d)	Attempt type (e)	R Type (f)	Visit outcome (g)		Comments (h)
	Month	Day								
<b>1</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>2</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>3</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>4</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>5</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>6</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>7</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>8</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>9</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	
<b>10</b>			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone	1 <input type="checkbox"/> Non-proxy 2 <input type="checkbox"/> Proxy	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 3 <input type="checkbox"/> No one home	4 <input type="checkbox"/> Refusal 5 <input type="checkbox"/> Callback 6 <input type="checkbox"/> Other	

<b>CERTIFICATION</b>				<b>Final outcome</b>		<b>Respondent classification</b>		<b>In what language was most of the interview conducted?</b>		<b>QA USE ONLY</b>	
I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.				<input type="checkbox"/> 201 Complete <input type="checkbox"/> 203 Partial <input type="checkbox"/> 216 No one home <input type="checkbox"/> 218 Refusal <input type="checkbox"/> 219 Other		<input type="checkbox"/> Non-proxy (single respondent) <input type="checkbox"/> Proxy (single respondent) <input type="checkbox"/> Multiple respondents		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other – <i>Specify</i>		<input type="checkbox"/> Not eligible <input type="checkbox"/> Not selected <input type="checkbox"/> Selected <input type="checkbox"/> Pass <input type="checkbox"/> Fail (Includes No and DK fails) <input type="checkbox"/> Noninterview–Unresolved <input type="checkbox"/> Noninterview–Refused	
Interviewer signature		FR code	Month	Day	<b>CL/QI initials</b>						
Crew Leader signature		FR code	Month	Day							