

REINTERVIEW AND RECONCILIATION QUESTIONNAIRE

Census 2010 – Island Areas

Section 1 – IDENTIFICATION

1. LCO	2. County	3. Block	4. AA	5. Map Spot
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
6. Unit ID				
<input style="width: 100%; height: 20px;" type="text"/>				

7. MAILING ADDRESS/LOCATION DESCRIPTION

House No.	Street or Road name	Apartment No.
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

Notice – Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is **confidential**. It may be seen only by sworn Census employees and may be used only for statistical purposes.

Physical description/Location	
<input style="width: 100%; height: 20px;" type="text"/>	
Development/Building name or Subdivision Place name or Estate name	
<input style="width: 100%; height: 20px;" type="text"/>	
District/Island/Municipality/Village	Zip Code
<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>

Section 2 – ORIGINAL ENUMERATOR INFORMATION

8. METHOD OF COMPLETION

1. Personal Visit 2. Telephone

9a. Original respondent's name (Last, First, MI)

b. Telephone	Area Code	Number	<input type="checkbox"/> No Phone Number
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>

c. Best time to call

1. Day
2. Evening
3. Either

d. Respondent –

1. Lived here on April 1, 2010
2. Moved in after April 1, 2010
3. Neighbor or other proxy

10. Enumerator's name (Last, First, MI)

Notes

Section 3 – TELEPHONE INTRODUCTION- READ BOLD ONLY

A. Hello, my name is (Your name) and I'm calling from the Local Census Office. May I speak to (Original respondent in section 2, item 9a).

- If the original household respondent (9d is marked 1 or 2) is not available, ask to speak to a household member who is at least 15 years old. Then, read the Confidentiality Notice.
- If the original proxy (9d is marked 3) is not available, ask what time would be best to call back. Do not continue with B2 until/unless you reach the original proxy.

If Item 9d is marked 1 or 2 – **READ:**

B1. Have I reached (Read address in section 1, item 7)? If NO- Excuse me. I might have dialed the wrong number. Is this (Read area code and phone number in section 2, item 9b)?

- Respondent phone number and address do not agree- Ask if respondent has ever lived at the address in section 1, item 7. If NO, end phone interview, and send to Personal Reinterview. If YES, go to item C.

If item 9d is marked 3 – **READ:**

B2. I'm calling in reference to information provided for (Read address in section 1, item 7).

C. We are checking the accuracy of the Census, and I'd like to ask you a few questions. This interview should take about 6 minutes. Continue to Section 4.

Section 4 – REINTERVIEW INFORMATION

11. Were you or someone in your household recently interviewed by the Census Bureau about (read address in section 1, item 7)?

Yes No

12a. Reinterview respondent's name (Last, First, MI)

b. Telephone	Area Code	Number	<input type="checkbox"/> No Phone Number
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>

13. Who is the reinterview respondent? Mark (X) ONE Box.

1. Original household respondent
2. Different household respondent
3. Original neighbor or other proxy
4. Other

14. TYPE OF REINTERVIEW – Six telephone attempts must be made before any personal visits.

Telephone				Personal visit			
Date			Time	Date			Time
Month	Day	Year		Month	Day	Year	

If unable to contact a knowledgeable person after six telephone and three personal visit attempts, skip to item 19.

Section 5 – REINTERVIEW

→ Part A - REINTERVIEW RESPONSE

15. On April 1, 2010, was this unit – 1. <input type="checkbox"/> Occupied? Ask 16 and 17. 2. <input type="checkbox"/> Vacant? Skip to 18. 3. <input type="checkbox"/> Not a living quarters? Skip to 18.	Person 3 First name Middle initial Last name	Age as of April 1, 2010 <input style="width: 100%; height: 20px;" type="text"/>
16. Did you or anyone in this household live here on April 1, 2010? Ask only if 9d is marked 1 or 2. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Person 4 First name Middle initial Last name	Age as of April 1, 2010 <input style="width: 100%; height: 20px;" type="text"/>
17. What is each person's name who lived here on April 1, 2010? Start with the name of someone living here who owns, is buying, or rents this living quarters. What was each person's age on April 1, 2010? Please report babies as age 0 when the child is less than 1 year old.	Person 5 First name Middle initial Last name	Age as of April 1, 2010 <input style="width: 100%; height: 20px;" type="text"/>
Person 1 First name Middle initial Last name	Age as of April 1, 2010 <input style="width: 100%; height: 20px;" type="text"/>	Person 6 First name Middle initial Last name
Person 2 First name Middle initial Last name	Age as of April 1, 2010 <input style="width: 100%; height: 20px;" type="text"/>	Note: If there are more than six people in the household, complete the roster for the first six names provided. 18. Thank the respondent and conclude the interview. Complete items 19-21 under Results.

→ Part B - RESULTS

19. REINTERVIEW STATUS 1. <input type="checkbox"/> Complete Noninterview 2. <input type="checkbox"/> Refusal 3. <input type="checkbox"/> Unable to locate 4. <input type="checkbox"/> Other- Explain in "Remarks" section below.			
20. Reinterview's name (Print) → _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none; vertical-align: top;"> 21. CERTIFICATION I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge. </td> <td style="width: 20%; border: none; vertical-align: top;"> a. Reinterviewer's signature _____ </td> <td style="width: 10%; border: none; vertical-align: top;"> b. Date _____ </td> </tr> </table>	21. CERTIFICATION I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.	a. Reinterviewer's signature _____	b. Date _____
21. CERTIFICATION I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.	a. Reinterviewer's signature _____	b. Date _____	
Remarks _____ _____ _____ _____			
Reinterview Results – Office Use Only			
FINAL OUTCOME <input type="checkbox"/> Pass <input type="checkbox"/> Soft Fail <input type="checkbox"/> Hard Fail <input type="checkbox"/> Unable to Contact			