

NOTES

Multiple horizontal lines for handwritten notes.

RECORD OF CONTACT

Type Personal Other
Month Day Time a.m. p.m. Outcome

OUTCOME CODE: CI = Conducted Interview

RESPONDENT INFORMATION

R1. (Ask or verify) What is your name?

First Name MI Last Name Address of proxy

R2. What is your phone number and best time to call? We may call if we don't understand an answer.

Area Code Number Day Evening Either

R3. Respondent Type -

Household member Neighbor or other proxy

INTERVIEW SUMMARY

A. Status of unit:

01 = Occupied

B. POP

01 - 49

C. What language was the majority of the interview conducted in?

English Spanish Other - Specify language number from flashcard ->

JIC1

D. []

JIC2

E. []

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

[]

Employee ID

[]

Crew Leader's initials

[]

CLD number

[]

Month

[]

Day

[]

Month

[]

Day

[]



TRANSITORY LOCATION QUESTIONNAIRE

LCO State County Tract Block AA Map Spot



Are there any continuation forms for this address?

Yes -> Number of forms [] No

S1. I will complete a census questionnaire for all the people staying at this (RV/boat/room/unit) who have no other place they usually live and sleep. This should take about 10 minutes. (Hand respondent the Information Sheet, if necessary.) The first part of this sheet explains that your answers are confidential. I'll refer to the other parts later.

S2. Confirm location address and unit designation.

House Number Unit Designation Street name or rural route address City State ZIP Code Location Description

S3. Do you or does someone in this household own this (RV/boat/room/unit) with a mortgage or loan, including home equity loans; own it free and clear; rent it; or occupy it without having to pay rent?

Own with a mortgage or loan (including home equity loans) Own free and clear (without a mortgage or loan) Rent Occupy without payment or rent

S4. Including yourself, how many people are living or staying in this (RV/boat/room/unit) who have no other place they usually live?

Number of people = []



1. Let's make a list of all those people. Please start with the name of an owner or renter who is living here. Otherwise, start with any adult living here.	2. Please look at list B on the Information Sheet. How is (Name) related to (Read name of Person 1)? Mark <input checked="" type="checkbox"/> ONE box.	3. Is (Name) male or female? Mark <input checked="" type="checkbox"/> ONE box.	4. What was (Name's) age on April 1, 2010? What is (Name's) date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.	5. Please look at List C. Is (Name) of Hispanic, Latino, or Spanish origin? Read if necessary: Examples of another Hispanic, Latino, or Spanish origin include Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	6. Please look at List D and choose one or more races. For this census, Hispanic origin is not a race. What is (Name's) race? Read if necessary: Examples of other Asian groups include Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Examples of other Pacific Islander groups include Fijian, Tongan, and so on.	7. Does (Name) sometimes live or stay somewhere else for any of these reasons? — Read response categories. Mark <input checked="" type="checkbox"/> all reasons that apply.
Person 1 First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input checked="" type="checkbox"/> Person 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — What is that origin? <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
Person 2 First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Other relative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Brother or sister <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Father or mother <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — What is that origin? <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
Person 3 First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Other relative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Brother or sister <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Father or mother <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — What is that origin? <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
Person 4 First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Other relative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Brother or sister <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Father or mother <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — What is that origin? <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
Person 5 First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Other relative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Brother or sister <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Father or mother <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — What is that origin? <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No

