

FORM **D-1301**
(11-23-2009)

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

PERSON FOLLOWUP QUESTIONNAIRE
CENSUS COVERAGE MEASUREMENT
2010 Census

CLUSTER NO. [] LCO []

CCM Address
Block [] MSN [] WMSN []

CENSUS Address
Block [] CMSN [] CID []

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.

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 2010 – things like street address.

CCM Roster – PI interview day:

1.	
2.	
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10.	
11.	
12.	

Census Roster – Census Day: April 1, 2010

1.	
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9.	
10.	
11.	
12.	

Crew Leader name	FR code
[]	[]

Interviewer name	FR code
[]	[]

Reassignment reason

[]

Notes


[]

[]

[]

[]

[]

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

NOTES

2

Section A – INTRODUCTION

Followup for	Age	Print corrected name if needed			
<p>1. Have you heard of <input type="text"/> ?</p>	<p>1a. Do you know (name) well enough to answer questions about where he/she was living in 2010 and other places where he/she stayed?</p>	<p>1b. Do you know who lived at <input type="text"/> on <input type="text"/> ?</p>	<p>1c. What is your name and address?</p>	<p>1d. Respondent type</p>	<p>1e. Notes (Record anything respondent tells you about (name), or who might be a more knowledgeable respondent).</p>
<p>1 <input type="checkbox"/> Yes – Go to 1a. —————→</p> <p>2 <input type="checkbox"/> Yes, respondent is (name) – Go to NEXT PAGE.</p> <p>3 <input type="checkbox"/> No – Skip to 1b</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Go to NEXT PAGE.</p> <p>2 <input type="checkbox"/> No – Skip to 1c</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Who lived here/there? ↘</p> <p><input type="text"/></p> <p>2 <input type="checkbox"/> No</p>	<p>First name Last name</p> <p>Number and street</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Resident</p> <p>2 <input type="checkbox"/> Neighbor</p> <p>3 <input type="checkbox"/> Landlord</p> <p>4 <input type="checkbox"/> Other – Specify ↘</p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>1 <input type="checkbox"/> Yes – Go to 1a. —————→</p> <p>2 <input type="checkbox"/> Yes, respondent is (name) – Go to NEXT PAGE.</p> <p>3 <input type="checkbox"/> No – Skip to 1b</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Go to NEXT PAGE.</p> <p>2 <input type="checkbox"/> No – Skip to 1c</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Who lived here/there? ↘</p> <p><input type="text"/></p> <p>2 <input type="checkbox"/> No – Go to 1c</p>	<p>First name Last name</p> <p>Number and street</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Resident</p> <p>2 <input type="checkbox"/> Neighbor</p> <p>3 <input type="checkbox"/> Landlord</p> <p>4 <input type="checkbox"/> Other – Specify ↘</p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>1 <input type="checkbox"/> Yes – Go to 1a. —————→</p> <p>2 <input type="checkbox"/> Yes, respondent is (name) – Go to NEXT PAGE.</p> <p>3 <input type="checkbox"/> No – Skip to 1b</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Go to NEXT PAGE.</p> <p>2 <input type="checkbox"/> No – Skip to 1c</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Who lived here/there? ↘</p> <p><input type="text"/></p> <p>2 <input type="checkbox"/> No</p>	<p>First name Last name</p> <p>Number and street</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Resident</p> <p>2 <input type="checkbox"/> Neighbor</p> <p>3 <input type="checkbox"/> Landlord</p> <p>4 <input type="checkbox"/> Other – Specify ↘</p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>1 <input type="checkbox"/> Yes – Go to 1a. —————→</p> <p>2 <input type="checkbox"/> Yes, respondent is (name) – Go to NEXT PAGE.</p> <p>3 <input type="checkbox"/> No – Skip to 1b</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Go to NEXT PAGE.</p> <p>2 <input type="checkbox"/> No – Skip to 1c</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Who lived here/there? ↘</p> <p><input type="text"/></p> <p>2 <input type="checkbox"/> No</p>	<p>First name Last name</p> <p>Number and street</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Resident</p> <p>2 <input type="checkbox"/> Neighbor</p> <p>3 <input type="checkbox"/> Landlord</p> <p>4 <input type="checkbox"/> Other – Specify ↘</p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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<p>1 <input type="checkbox"/> Yes – Go to 1a. —————→</p> <p>2 <input type="checkbox"/> Yes, respondent is (name) – Go to NEXT PAGE.</p> <p>3 <input type="checkbox"/> No – Skip to 1b</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Go to NEXT PAGE.</p> <p>2 <input type="checkbox"/> No – Skip to 1c</p> <p>CL OE</p>	<p>1 <input type="checkbox"/> Yes – Who lived here/there? ↘</p> <p><input type="text"/></p> <p>2 <input type="checkbox"/> No</p>	<p>First name Last name</p> <p>Number and street</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>1 <input type="checkbox"/> Resident</p> <p>2 <input type="checkbox"/> Neighbor</p> <p>3 <input type="checkbox"/> Landlord</p> <p>4 <input type="checkbox"/> Other – Specify ↘</p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

Section C – PERSON QUESTIONS

5

Now, we'll talk about

1. Did you/ **live or stay at**
 anytime in 2010?

- 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 2010?

Number and street
Apt/Unit #
City
State ZIP Code

1 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 ↘

SKIP to 1g

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. During 2010, when did you/he/she live or stay at this address?

Please provide as specific dates as possible.

FROM TO
mm / dd / 2010 mm / dd / 2010

CL OE

1h. (Ask or verify) During 2010, 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
- 3 Go back and forth
 - 1 Before
 - 2 On
 - 3 After

1i. (Ask or verify) During 2010, did you/he/she stay at this address: Mark (X) all that apply.

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

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

- 1 Yes
- 2 No
- 3 DK/REF

NOTES

CL OE

Section C – PERSON QUESTIONS – Continued

2. Did you/
 live anywhere else in 2010?

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 2010, when did you/he/she live or stay at that place? Please provide as specific dates as possible.

FROM TO
 mm / dd / 2010 mm / dd / 2010

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) During 2010, 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? 4 Short stays? Su M Tu W
 Th F Sa

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

1 Yes 2 No 3 DK/REF

3. During 2010, 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 2010, when did you/he/she live or stay at that place? Please provide as specific dates as possible.

FROM TO
 mm / dd / 2010 mm / dd / 2010

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

1 Winter Semester 2009–2010? 6 Daytime only, didn't spend nights?
 2 Spring Semester 2010? 7 Certain days of the week? ↘
 3 Summer Semester 2010? Su M Tu W
 4 Fall Semester 2010? Th F Sa
 5 Winter Semester 2010–2011?

Section C – PERSON QUESTIONS – Continued

Do not include short hotel stays.

During 2010, 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

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

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

F1. During 2010, when did you/he/she live or stay at that place? Please provide as specific dates as possible.

FROM TO

mm / dd / 2010 mm / dd / 2010

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) During 2010, 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? ↴
- 4 Short stays? Su M Tu W Th F Sa

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

- 1 Yes 2 No 3 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

F2. During 2010, when did you/he/she live or stay at that place? Please provide as specific dates as possible.

FROM TO

mm / dd / 2010 mm / dd / 2010

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) During 2010, 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? ↴
- 4 Short stays? Su M Tu W Th F Sa

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

- 1 Yes 2 No 3 DK/REF

CL OE

Section C – PERSON QUESTIONS – Continued

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

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?

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 ↴ _____
 - 14 DK/REF

9d. During 2010, when did you/he/she stay at that place? Please provide as specific dates as possible.

FROM _____ TO _____

mm / dd / 2010 mm / dd / 2010

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

- 1 Yes
- 2 No
- 3 DK/REF

Notes

10. Miscellaneous questions

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

Same as previous respondent – Go to next section

First name _____ Last name _____

Telephone (Area code) _____

() – _____

CL OE

10b. (Ask or verify) What is your address?

1 _____

Number and street _____

Apt/Unit # _____

City _____

State _____ ZIP Code _____

10c. DO NOT ASK

Which one of the following best describes the respondent?

- 1 Respondent is _____
- 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.)
- 7 Other – Specify _____

Notes

FINAL PERSON-LEVEL OUTCOME CODE

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

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 ↴

CL OE

Section D – APRIL 1 OCCUPANCY

To be completed by the Interviewer

9

PI Household

Census Household

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 _____ on April 1, 2010
- 4 Only Census household lived at _____ on April 1, 2010
- 5 Neither household listed above lived at _____ on April 1, 2010
- 6 Both PI and Census households lived at _____ in separate housing units (i.e., different living spaces with separate entrances) on April 1, 2010
- 7 Both PI and Census households lived at _____ and shared a housing unit (i.e., shared living space) on April 1, 2010
- 8 Other – *Explain in NOTES section*

NOTES

CL

OE

Section E - GEOCODING

10

1. On Thursday, April 1, 2010, was there a housing unit at

?

- 1 Yes - Go to 2
- 2 No - Explain ↘

CL OE

2. DO NOT ASK - Complete observation:

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

11

Line No.	Date (a)		Time (b)	Attempt type (c)	Visit outcome (d)						Comments (e)
	Month	Day			1	2	3	4	5	6	
1			<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"/> 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					
2			<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"/> 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					
3			<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"/> 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					
4			<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"/> 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					
5			<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"/> 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					
6			<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"/> 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					
7			<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"/> 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					
8			<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"/> 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					
9			<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"/> 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					
10			<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"/> 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					

<p align="center">CERTIFICATION</p> <p>I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.</p>				<p>Final outcome</p> <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		<p>Respondent classification</p> <input type="checkbox"/> 1 Non-proxy (single respondent) <input type="checkbox"/> 2 Proxy (single respondent) <input type="checkbox"/> 3 Multiple respondents		<p>In what language was most of the interview conducted?</p> <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 3 Other – <i>Specify</i>		<p>QA USE ONLY</p> <input type="checkbox"/> 1 Not eligible <input type="checkbox"/> 2 Not selected <input type="checkbox"/> 3 Selected <input type="checkbox"/> 4 Pass <input type="checkbox"/> 5 Fail (Includes No and DK fails) <input type="checkbox"/> 6 Noninterview–Unresolved <input type="checkbox"/> 7 Noninterview–Refused	
Interviewer signature		FR code	Month Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crew Leader signature		FR code	Month Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								Case Observed by Crew Leader/QI	<input type="checkbox"/>	<input type="checkbox"/>	

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