

# PERSON FOLLOWUP QUESTIONNAIRE

## CENSUS COVERAGE MEASUREMENT

### 2009 Operational Test

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 2008 – things like street address.

CCM Roster – PI interview day:

1.	
2.	
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9.	
10.	
11.	
12.	

Census Roster – Census Day: Oct 1, 2008


1.	
2.	
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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**

**Section A – INTRODUCTION**

Followup for		Print corrected name if needed		Age							
<b>1. Have you heard of</b> <input type="text"/> ?		<b>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?</b>		<b>1b. Do you know who lived at</b> <input type="text"/> <b>on</b> <input type="text"/> ?		<b>1c. What is your name and address?</b>		<b>1d. Respondent type</b>		<b>1e. Notes</b> (Record anything respondent tells you about (name), who lived at the address, or who might be a more knowledgeable respondent).	
1 <input type="checkbox"/> Yes – Go to 1a. —————→ 2 <input type="checkbox"/> Yes, respondent is (name) – Go to NEXT PAGE. 3 <input type="checkbox"/> No – Skip to 1b CL OE		1 <input type="checkbox"/> Yes – Go to NEXT PAGE. 2 <input type="checkbox"/> No – Skip to 1c CL OE		1 <input type="checkbox"/> Yes – Go to 1c 2 <input type="checkbox"/> No – Go to 1c		Name _____ Number and street _____ _____ _____		1 <input type="checkbox"/> Resident 2 <input type="checkbox"/> Neighbor 3 <input type="checkbox"/> Landlord 4 <input type="checkbox"/> Other – Specify ↴ _____			
1 <input type="checkbox"/> Yes – Go to 1a. —————→ 2 <input type="checkbox"/> Yes, respondent is (name) – Go to NEXT PAGE. 3 <input type="checkbox"/> No – Skip to 1b CL OE		1 <input type="checkbox"/> Yes – Go to NEXT PAGE. 2 <input type="checkbox"/> No – Skip to 1c CL OE		1 <input type="checkbox"/> Yes – Go to 1c 2 <input type="checkbox"/> No – Go to 1c		Name _____ Number and street _____ _____ _____		1 <input type="checkbox"/> Resident 2 <input type="checkbox"/> Neighbor 3 <input type="checkbox"/> Landlord 4 <input type="checkbox"/> Other – Specify ↴ _____			
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**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?**

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

CL OE

**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 2008, when did you/he/she live or stay at this address?**

Please provide as specific dates as possible.

FROM \_\_\_\_\_ TO \_\_\_\_\_  
 mm / dd / 2008 mm / dd / 2008

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 10/1
  - 2  On 10/1
  - 3  After 10/1
- 3  Go back and forth
  - 1  Before
  - 2  On
  - 3  After

**1i. (Ask or verify) During 2008, 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 Wednesday, October 1st?**

- 1  Yes
- 2  No
- 3  DK/REF

NOTES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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  SKIP to 2g  
Name's location  
 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

**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

**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

mm / dd / 2008 mm / dd / 2008

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

1  Move – Was the move → 1  Before 10/1 2  On 10/1 3  After 10/1  
 1  Before 2  On 3  After

2  Back and forth

**2i. (Ask or verify) During 2008, 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 Wednesday, October 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  
Name's location  
 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

**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

mm / dd / 2008 mm / dd / 2008

**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**

**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 October 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?**

\_\_\_\_\_

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\_\_\_\_\_

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

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

mm / dd / 2008 mm / dd / 2008

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

- 1  Yes
- 2  No
- 3  DK/REF

Notes

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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**10. Miscellaneous questions**

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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

Same as previous respondent – Go to next section

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

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Telephone (Area code) \_\_\_\_\_

( ) – \_\_\_\_\_

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

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. for places with fewer than 10 units)
- 7  Other – Specify \_\_\_\_\_

CL OE

Notes

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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**FINAL PERSON-LEVEL OUTCOME CODE**

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

CL OE

**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 ↴ \_\_\_\_\_

\_\_\_\_\_



**Section D – APRIL 1 OCCUPANCY**

*To be completed by the Interviewer*

**PI Household**

[Empty space for PI Household information]

**Census Household**

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

**NOTES**

[Lined area for notes]

CL	OE
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**Section E - GEOCODING**

**1. On Tuesday, October 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)	Attempt type (c)	Visit outcome (d)		Comments (e)
	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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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> <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	<b>Respondent classification</b> 1 <input type="checkbox"/> Non-proxy (single respondent) 2 <input type="checkbox"/> Proxy (single respondent) 3 <input type="checkbox"/> Multiple respondents	<b>In what language was most of the interview conducted?</b> 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 50px;" type="text"/>	<b>QA USE ONLY</b> 1 <input type="checkbox"/> Not eligible 2 <input type="checkbox"/> Not selected 3 <input type="checkbox"/> Selected 4 <input type="checkbox"/> Pass 5 <input type="checkbox"/> Fail (Includes No and DK fails) 6 <input type="checkbox"/> Noninterview–Unresolved 7 <input type="checkbox"/> Noninterview–Refused
I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.	<b>Interviewer signature</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>FR code</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Month Day</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>				
<b>Crew Leader signature</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>FR code</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Month Day</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>CL/QI initials</b> <input style="width: 100%; height: 20px;" type="text"/>				

**NOTES**