

H1. We do not want to miss any people who might have been staying here on April 1.
Were there any additional people that you didn't mention, for example:

- Babies? Yes No
- Foster children? Yes No
- Any other relatives? Yes No
- Roommates? Yes No
- Any other nonrelatives? Yes No
- How about anyone else staying here on April 1 who had no permanent place to live? Yes No

If yes to any category, ask: What is that person's name?

First Name Last Name

Anyone else?

First Name Last Name

Do not list any people recorded for this question on the inside pages or on a continuation form.

H2. Do you or does someone in this household own this (house/apartment/mobile home) 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 of rent

H3. If there is not an address label affixed, or if the address label includes only a location description, ask - What is the address of this unit?

House number Street name or rural route address

Apartment number

City State ZIP Code

Go to Respondent Information on back page.

NOTES

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?

Area Code - Number

Day Evening Either

R3. Respondent Type -

- Household member - Lived here on April 1, 2010
- Household member - Moved in after April 1, 2010
- Neighbor or other proxy

INTERVIEW SUMMARY

A. Unit Status on April 1, 2010

- Occupied
- Vacant - regular
- Vacant - usual home elsewhere
- Demolished/burned out/cannot locate
- Nonresidential
- Empty mobile home/trailer site
- Uninhabitable (open to elements, condemned, under construction)
- Duplicate - record ID of Dup.

B. If vacant, ask: Which category best describes this vacant unit as of April 1, 2010? (Read categories.)

- For rent
- Rented, not occupied
- For sale only
- Sold, not occupied
- For seasonal, recreational or occasional use
- For migrant workers
- Other vacant

C. Number of people listed on form(s) =

- 01 - 49 = Total people
- 00 = Vacant
- 98 = Delete
- 99 = POP unknown

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

- English
- Spanish
- Other - Specify language number from flashcard

UHE MOV PI REF

CO REP VDC

I. J. K.

L. M.

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

Month Day

Crew Leader's initials

CLD number

Month Day



ENUMERATOR QUESTIONNAIRE

Unit ID -

LCO State County

Tract Block

AA Map Spot

← APPLY LABEL HERE →

Are there any continuation forms for this address?
 Yes → Number of forms
 No

RECORD OF CONTACT

Type	Mo	Day	Time	Outcome	Type	Mo	Day	Time	Outcome
<input checked="" type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

OUTCOME CODES: NV = Left Notice of Visit NC = No Contact RE = Refusal CI = Conducted Interview OT = Other

S1. Hello, I'm (Name) from the U.S. Census Bureau. (Show ID). Is this (Address)?

- Yes - Continue with question S2.
- No - Ask: Can you tell me where to find (Address)? END INTERVIEW.

S2. I'm here to complete a Census questionnaire for this address. It should take about 10 minutes. (Hand respondent an Information Sheet.) The first part explains that your answers are confidential. I'll refer to the other parts later. Did you or anyone in this household live or stay here on April 1, 2010?

- Yes - Continue with question S3.
- No - Skip to question S4.

S3. Does someone usually live at this (house/apartment/mobile home), or is this a vacation or seasonal home?

- Usually lives here - Skip to question S5.
- Vacation or seasonal home or held for occasional use - Skip to "Respondent Information" on back page.

S4. (Only ask if no household member lived here on April 1.) On April 1, was this unit vacant, or occupied by a different household?

- Vacant - Skip to "Respondent Information" on back page.
- Occupied by a different household - Using a knowledgeable respondent, complete this questionnaire for the Census Day household.
- Not a housing unit - Skip to "Respondent Information" on back page.

S5. We need to count people where they live and sleep most of the time.

Please look at list A. It contains examples of people who should and should not be counted at this place.

Based on these examples, how many people were living or staying in this (house/apartment/mobile home) on April 1?

= Number of people



1. Let's make a list of all those people. Please start with the name of an owner or renter who was living here on April 1. 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"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	What is the name of the enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> No	<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"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<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"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	What is the name of the enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> No	<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"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<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"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	What is the name of the enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> No	<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"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<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"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	What is the name of the enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> No	<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"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<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"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Some other race — What is that group? <input type="text"/>	What is the name of the enrolled or principal tribe? <input type="text"/> <input type="checkbox"/> Other Asian — What is that group? <input type="text"/> <input type="checkbox"/> Other Pacific Islander — What is that group? <input type="text"/> <input type="checkbox"/> No	<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

