

COVERAGE

C1. I need to make sure I have counted everyone who lived or stayed here on (Special Census Date). Did I miss — any children, including babies or foster children? any other relatives? any roommates? any other nonrelatives? anyone else staying here on (Special Census Date) who had no permanent place to live?

C2. On (Special Census Date), were any of the people you told me about living or staying somewhere else for any of these reasons: in college housing? in the military? in jail or prison? in a nursing home?

HOUSING

H1. 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? H2. What type of structure is this unit?

RESPONDENT INFORMATION

R1. Enter respondent's name. First Name Last Name

R2. In case we need to contact you, what is your telephone number, address, and the best time to call?

R3. Respondent — Lived here on Special Census Date Moved in after Special Census Date Is neighbor or other proxy

R4. Are there any other living quarters either occupied or vacant at this address? Yes (List unit on SC-921 Add page if it is not listed on the SC-920 Listing Sheet) No

INTERVIEW SUMMARY

A. Unit Status on Special Census Date 1 = Occupied 2 = Vacant - regular 3 = Vacant - usual home elsewhere 4 = Demolished 5 = Burned out/cannot locate/outside block 6 = Nonresidential 7 = Empty mobile home/trailer site 8 = Uninhabitable (open to elements, condemned, under construction) 9 = Duplicate of Barcode ID below

B. POP on Special Census Date 01-49 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown

C. If vacant, ask: Which category best describes this vacant unit as of (Special Census Date)? (Read categories.) For rent Rented, not occupied For sale only Sold, not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant

D. PI E. REP F. CO G. REF H. TU I. JIC1 J. JIC2

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 Month Day Year Employee ID Code

Crew Leader's initials CLD number Month Day Year

FORM SC-1(Phone/WYC) U.S. DEPARTMENT OF COMMERCE (02-10-2012) Draft 2 Economics and Statistics Administration U.S. CENSUS BUREAU

PHONE/WYC QUESTIONNAIRE Special Census

SC ID AA Barcode ID House Number Street Name Apartment Number/Unit Designation Zip Code Write either Rural Route or Location Description in the box below.

Continuation form(s) attached

Number of continuation forms for this address

INSTRUCTIONS

- 1. Use this form to record answers to telephone interviews received in the office or through the Were You Counted campaign. 2. Complete all sections according to usual procedures associated with enumerator-filled questionnaires. 3. Transcribe all information from this form to a regular SC-1 questionnaire that has address information and barcode. 4. After transcribing the contents of this form to a barcoded SC-1, destroy this form according to proper disposal procedures associated with Title 13 data.

RECORD OF CONTACT

Table with columns: Type, Month, Day, Time, Outcome, and rows for Phone calls. Includes outcome codes: RE = Refusal, CI = Conducted interview, OT = Other, TR = Transcribed information to labelled SC-1, NT = No transcription.

INTRODUCTION

- S1. Thank you for calling the Census Bureau. My name is . . . May I help your? S2. Completing a questionnaire for your household takes about 10 minutes. A Privacy Act Notice was left at your door by an enumerator. S3. Does someone usually live at this (house/apartment/mobile home), or is this a vacation or seasonal home? S4. (Only ask if no household member lived here on Special Census Date.) On (Special Census Date), was this unit vacant, or occupied by a different household? 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.

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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 (Special Census Date). 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 (Special Census Date)? 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 Special 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.
<b>Person 1</b> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input checked="" type="checkbox"/> Person 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on Special Census Date <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <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 or African American <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"/>
<b>Person 2</b> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Grandchild <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Other relative <input type="checkbox"/> Brother or sister <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Father or mother <input type="checkbox"/> Housemate or roommate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on Special Census Date <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <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 or African American <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"/>
<b>Person 3</b> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Grandchild <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Other relative <input type="checkbox"/> Brother or sister <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Father or mother <input type="checkbox"/> Housemate or roommate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on Special Census Date <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <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 or African American <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"/>
<b>Person 4</b> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Grandchild <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Other relative <input type="checkbox"/> Brother or sister <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Father or mother <input type="checkbox"/> Housemate or roommate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on Special Census Date <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <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 or African American <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"/>
<b>Person 5</b> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> <input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Grandchild <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Other relative <input type="checkbox"/> Brother or sister <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Father or mother <input type="checkbox"/> Housemate or roommate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on Special Census Date <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <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 or African American <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"/>