

FORM **SC-3(RI)** U.S. DEPARTMENT OF COMMERCE
 (08-17-2012) Draft 7 Economics and Statistics Administration
 U.S. CENSUS BUREAU

ENUMERATION REINTERVIEW FORM

Special Census

APPLY **REINTERVIEW ADDRESS LABEL** HERE

**THIS LISTING CONTAINS INFORMATION,
THE RELEASE OF WHICH IS PROHIBITED
BY TITLE 13, U.S.C.**

ORIGINAL RESPONDENT'S INFORMATION

OR1. Original respondent's name

OR2. Telephone number and the best time to call?

Area code Telephone number

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Day Evening Either

OR3. Original respondent type —

- Lived here on Special Census Date
- Moved in after Special Census Date
- Is neighbor or other proxy

OR4. Address - Neighbor or Proxy only

RECORD OF CONTACT

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

First and last name	Interview type	Month	Day	Time	a.m. / p.m.	Outcome
1. <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone	_	_	_ : _	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_
2. <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone	_	_	_ : _	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_
3. <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone	_	_	_ : _	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_
4. <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone	_	_	_ : _	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_
5. <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone	_	_	_ : _	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_
6. <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone	_	_	_ : _	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_

INTRODUCTION

S1. Hello, I'm (Name) from the U.S. Census Bureau.
(Show ID). **May I speak to** (Original respondent's name)?

- Yes – Continue with question S2
- No – Ask when the original respondent will be available. If unable to reinterview the original respondent, interview a knowledgeable proxy, starting with S2. Write the knowledgeable proxy's name in the Record of Contact.

S2. I'm inquiring about the quality of our Special Census interview. 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.**

- If talking to someone at the original respondent address, continue to S3.
- Otherwise, skip to S4.

S3. Were you or someone in your household recently interviewed by the Census Bureau about (Reinterview Address on label)?

- Yes – Continue to S4
- No – Conduct a full interview using the SC-1 Enumerator Questionnaire

S4. Did anyone live or stay at (Reinterview Address on label) **on** (Special Census Date)?

- Yes – Continue to S5
- No – Skip to S6.

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 at (Reinterview Address on label) **on** (Special Census Date)?

Number of people – **SKIP to S7 on back of page to list the names of those people.**

S6. Check box if Reinterview Address on label was vacant on Special Census Date and End interview.

- Vacant

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57. Let's make a list of all those people. Please start with the name of an owner or renter who was living at (Reinterview Address on label) on (Special Census Date). Otherwise, start with any adult living in the (house/apartment/mobile home).

HOUSEHOLD ROSTER

Person	Record the name of those persons living at the Reinterview Address (on label) on (Special Census Date)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

NOTES

Large empty space for handwritten notes.

CERTIFICATION

I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Empty rectangular box for signature.

Crew Leader's Initials: CLD #: Month Day Year:

For Office Use Only

RI STATUS

If you select "Defer to Supervisor" write a detailed reason for deferring this RI in the NOTES section of this form.

Clerk completes RI-Initial → Pass Defer to Supervisor Soft-Fail Hard-Fail Non-Interview

Supervisor completes RI-Final → Pass Soft-Fail Hard-Fail Non-Interview

Reviewing Clerk's Initials: Date of Review (MM/DD/YYYY):

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