

NOTES

FORM SC-1(SUPP) U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
(11-29-2011) Draft: 8

SC ID AA

Barcode ID (Transcribe Barcode ID from the label on SC-1 Questionnaire)

**ENUMERATOR
CONTINUATION
QUESTIONNAIRE**
Special Census

Form of form(s)

ADDRESS

House Number / Street Name

Apartment Number / Unit Designation

**ENUMERATOR CONTINUATION
QUESTIONNAIRE**



1. Who else lived or stayed here on (Special Census Date)?	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 diverse Hispanic, Latino, or Spanish origin include Argentinian, Colombian, Dominican, Venezuelan, Salvadoran, Guatemalan, 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.
Person No. <input type="text"/> 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"/> 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 Special Census Date <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 or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Some other race — What is that group? <input type="text"/> <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <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"/>
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