

**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?

Yes - Add person(s) to question 1, mark the "Add" box, and ask questions 2-6. Correct the POP count in question 55 on the front cover.  
 No - Continue with C2

**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?

Yes - Delete person(s) from question 1 by marking the "Cancel" box. Correct the POP count in question 55 on the front cover.  
 No - Continue with H1.

**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?**

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

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

Single Family Structure     Multi-Unit Structure     Mobile Home     Boat/Tent/Other

**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?**  
 Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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/annot. located/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  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
02-10-2012 Draft 2

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**

- Use this form to record answers to telephone interviews received in the office or through the Were You Counted campaign.
- Complete all sections according to usual procedures associated with enumerator-filled questionnaires.
- Transcribe all information from this form to a regular SC-1 questionnaire that has address information and barcode. This form (SC-1 Phone/WYC) cannot be sent to NPC for processing.
- 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**

Type	Month	Day	Time	Outcome	Month	Day
<input type="checkbox"/> Phone	/	/	: a.m. p.m.	<input type="checkbox"/> Transcribed (PHONE/WYC HU added to SC-1)	/	/
<input type="checkbox"/> Phone	/	/	: a.m. p.m.	<input type="checkbox"/> Transcribed (PHONE/WYC response altered original Pop count)	/	/
<input type="checkbox"/> Phone	/	/	: a.m. p.m.	<input type="checkbox"/> Not transcribed (original questionnaire still in field)	/	/
				<input type="checkbox"/> Not transcribed (PHONE/WYC response matches original questionnaire)	/	/
				<input type="checkbox"/> Not transcribed (PHONE/WYC response outside SC area)	/	/

**OUTCOME CODES:** RE = Refusal    TR = Transcribed information to labelled SC-1  
 CI = Conducted interview    NT = No transcription  
 OT = Other

**INTRODUCTION**

**S1. Thank you for calling the Census Bureau. My name is . . . May I help you?**  
 Yes - Respondent indicates they want to fill out their questionnaire over the phone - Continue with S2

**S2. Completing a questionnaire for your household takes about 10 minutes. A Privacy Act Notice was left at your door by an enumerator (WYC version: The Privacy Act Notice was printed in the newspaper) and explains that your answers are confidential. Did you receive (or read) this notice? (If the respondent answers "no" or is not clear on what you are describing, read the Privacy Act Notice to them over the phone.)**  
 What is your exact address? (fill label area above, including location description if necessary)  
 Did you or anyone in your household live at this address on (Special Census date)?  
 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 question H2 on the back page.

**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?**  
 Vacant - Skip to question H2 on the back page.     Occupied by a different household - Using a knowledgeable respondent, complete this questionnaire for the Census Date 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 (Special Census Date)?  
 \_\_\_\_\_ Number of people

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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 other Hispanic, Latino, or Spanish origin include Argentinian, Cuban, Dominican, Ecuadorian, Guatemalan, Honduran, Mexican, 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 _____ MI _____ Last Name _____ <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 _____ DATE OF BIRTH Month _____ Day _____ Year of birth _____	<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="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"/> 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"/> Some other race — What is that group? _____ What is the name of the enrolled or principal tribe? _____ <input type="checkbox"/> Other Asian — What is that group? _____ <input type="checkbox"/> Other Pacific Islander — What is that group? _____
<b>Person 2</b> First Name _____ MI _____ Last Name _____ <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 _____ DATE OF BIRTH Month _____ Day _____ Year of birth _____	<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="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"/> 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"/> Some other race — What is that group? _____ What is the name of the enrolled or principal tribe? _____ <input type="checkbox"/> Other Asian — What is that group? _____ <input type="checkbox"/> Other Pacific Islander — What is that group? _____
<b>Person 3</b> First Name _____ MI _____ Last Name _____ <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 _____ DATE OF BIRTH Month _____ Day _____ Year of birth _____	<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="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"/> 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"/> Some other race — What is that group? _____ What is the name of the enrolled or principal tribe? _____ <input type="checkbox"/> Other Asian — What is that group? _____ <input type="checkbox"/> Other Pacific Islander — What is that group? _____
<b>Person 4</b> First Name _____ MI _____ Last Name _____ <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 _____ DATE OF BIRTH Month _____ Day _____ Year of birth _____	<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="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"/> 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"/> Some other race — What is that group? _____ What is the name of the enrolled or principal tribe? _____ <input type="checkbox"/> Other Asian — What is that group? _____ <input type="checkbox"/> Other Pacific Islander — What is that group? _____
<b>Person 5</b> First Name _____ MI _____ Last Name _____ <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 _____ DATE OF BIRTH Month _____ Day _____ Year of birth _____	<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="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"/> 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"/> Some other race — What is that group? _____ What is the name of the enrolled or principal tribe? _____ <input type="checkbox"/> Other Asian — What is that group? _____ <input type="checkbox"/> Other Pacific Islander — What is that group? _____