

OMB No. XXXX-XXXX

FORM SC-1 U.S. DEPARTMENT OF COMMERCE  
Economic and Statistics Administration  
U.S. CENSUS BUREAU

SC ID	State	County	Tract
Block	AA	Map Spot	
Barcode ID			

### ENUMERATOR QUESTIONNAIRE Special Census

Continuation form(s) attached

APPLY PREPRINTED LABEL HERE

Number of continuation forms for this address

#### ADDED UNIT ADDRESS OR ADDRESS CHANGES

Is this an added unit or is there a change to the preprinted address label?

Yes - Enter the full address in the address change section ->  
 No - Skip to S1

House Number	Street Name
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Apartment Number/Unit Designation	Zip Code
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Mark box with a Letter:  
R (Rural Route)  
L (Location Description)

(R or L) Write either Rural Route or Location Description in the box below.

#### RECORD OF CONTACT

OUTCOME CODES	Type	Month	Day	Time	Outcome
NV = Left Notice of Visit	<input checked="" type="checkbox"/> Personal				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
NC = No Contact	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
RE = Refusal	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
CI = Conducted Interview	<input type="checkbox"/> Personal <input type="checkbox"/> Telephone				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
OT = Other	<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). 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 Special 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 (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

**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 S5 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 S5 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/Tenue/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: \_\_\_\_\_  
 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 (Use only on SC-2/19/01 Add page. If it is not listed on the SC-300/010 listing sheet, and complete a blank SC-1)  
 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**  
 01-99 = 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. CD**  **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:

00101014

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, Colombian, Dominican, Nicaraguan, Salvadoran, Guatemalteco, 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"/> 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"/> 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? <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"/> 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"/> 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? <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"/> 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"/> 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? <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"/> 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"/> 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? <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"/> 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"/> 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? <input type="text"/>