



United States
**Census
2020**

Enumerator Questionnaire

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Case ID

FOR NPC
USE ONLY

ACO

State

County

Tract

Block

Map Spot

← APPLY LABEL HERE →

Are there any continuation questionnaires for this address?

- Yes → Number of continuation questionnaires =
- No

S1. Hello, I am (name) from the U.S. Census Bureau (show ID). Is this (address)? If respondent says no, ask, "Can you tell me where to find (address)?" and then end interview.

- Respondent confirmed address.

S2. Will you or anyone in this household live or stay here on April 1, 2020?

- Yes – I am here to complete a 2020 Census questionnaire for this address. It should take about 10 minutes (hand respondent a confidentiality notice). This notice explains that your answers are confidential.
- No – Skip to S4.

S3. Does someone usually live at this [house/apartment/mobile home], or is this a vacation or seasonal home where no one usually lives?

- Usually lives here – Skip to S5.
- Vacation or seasonal home or held for occasional use – Skip to "Respondent Information" on Page 8.

S4. On April 1, 2020, will this unit be

- Occupied by a different household? – Using a knowledgeable respondent, complete this questionnaire for the people that will be occupying the household on April 1, 2020.
- Vacant? – Skip to "Respondent Information" on Page 8.
- Not a housing unit – Skip to "Respondent Information" on Page 8.

S5. On April 1, 2020, will this [house/apartment/mobile home] be Mark ONE box.

- Owned by you or someone in this household with a mortgage or loan, including home equity loans?
- Owned by you or someone in this household free and clear, without a mortgage or loan?
- Rented?
- Occupied without payment of rent?

S6. We need to count people where they live and sleep most of the time. Please read the WHO TO COUNT section on the Information Sheet (hand respondent an information sheet, and pause to allow the respondent to read it). Based on these instructions, how many people will be living or staying in this [house/apartment/mobile home] on April 1, 2020?

Number of people =

S7. Will there be any additional people staying here on April 1, 2020 that you did not include in the count in the previous question? For example:

Mark all that apply. Include any additional people on the person pages.

- Children, related or unrelated, such as newborn babies, grandchildren, or foster children
- Relatives, such as adult children, cousins, or in-laws
- Nonrelatives, such as roommates or live-in babysitters
- People staying here temporarily
- No additional people

Person 1

1. Now I am going to ask you questions about each person who will be living here. If someone will be living here who will pay the rent or own this residence, I would like to start by listing him or her as Person 1. If the owner or the person who pays the rent will not live here, I can start by listing any adult who will be living here as Person 1.

What is Person 1's name?

Print name below and verify the spelling.

First Name

MI

Last Name(s)

2. Is Person 1 male or female? Mark ONE box.

Male Female

3. What will Person 1's age be on April 1, 2020? What is Person 1's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

 years

→ NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.

4. Please read the HISPANIC ORIGIN section on the Information Sheet. Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

5. Please read the RACE section on the Information Sheet. What is Person 1's race?

Mark one or more boxes AND print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

- Chinese Vietnamese Native Hawaiian

- Filipino Korean Samoan

- Asian Indian Japanese Chamorro

- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴ Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

→ If more people were counted in Question S6 on the front page, continue with Person 2 on the next page.



Person 2

1. What is Person 2's name?

Print name below and verify the spelling.

First Name

MI

Last Name(s)

2. Does this person usually live or stay somewhere else?

For example – Read examples to respondent.

Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> With a parent or other relative | <input type="checkbox"/> In a jail or prison |
| <input type="checkbox"/> For college | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> For a military assignment | <input type="checkbox"/> For another reason |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> No |
| <input type="checkbox"/> In a nursing home | |

3. Please read the RELATIONSHIP section on the Information Sheet.

How is this person related to Person 1? Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Father or mother |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roommate or housemate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |

4. Is this person male or female? Mark ONE box.

- Male Female

5. What will this person's age be on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

→ NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.

6. Please read the HISPANIC ORIGIN section on the Information Sheet.

Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

7. Please read the RACE section on the Information Sheet. What is this person's race?

Mark one or more boxes AND print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

- Chinese Vietnamese Native Hawaiian

- Filipino Korean Samoan

- Asian Indian Japanese Chamorro

- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

→ If more people were counted in Question S6 on the front page, continue with Person 3 on the next page.



Person 5

1. What is Person 5's name?

Print name below and verify the spelling.

First Name

MI

Last Name(s)

2. Does this person usually live or stay somewhere else?

For example – Read examples to respondent.

Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> With a parent or other relative | <input type="checkbox"/> In a jail or prison |
| <input type="checkbox"/> For college | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> For a military assignment | <input type="checkbox"/> For another reason |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> No |
| <input type="checkbox"/> In a nursing home | |

3. Please read the RELATIONSHIP section on the Information Sheet.

How is this person related to Person 1? Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Father or mother |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roommate or housemate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |

4. Is this person male or female? Mark ONE box.

- Male Female

5. What will this person's age be on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

<input type="text"/>	years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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→ NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.

6. Please read the HISPANIC ORIGIN section on the Information Sheet.

Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

7. Please read the RACE section on the Information Sheet. What is this person's race?

Mark one or more boxes AND print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

- Chinese Vietnamese Native Hawaiian

- Filipino Korean Samoan

- Asian Indian Japanese Chamorro

- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

→ If more people were counted in Question S6 on the front page, continue with Person 6 on the next page.



Person 6

1. What is Person 6's name?

Print name below and verify the spelling.

First Name

MI

Last Name(s)

2. Does this person usually live or stay somewhere else?

For example – Read examples to respondent.

Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> With a parent or other relative | <input type="checkbox"/> In a jail or prison |
| <input type="checkbox"/> For college | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> For a military assignment | <input type="checkbox"/> For another reason |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> No |
| <input type="checkbox"/> In a nursing home | |

3. Please read the RELATIONSHIP section on the Information Sheet.

How is this person related to Person 1? Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Father or mother |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roommate or housemate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |

4. Is this person male or female? Mark ONE box.

- Male Female

5. What will this person's age be on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

→ NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.

6. Please read the HISPANIC ORIGIN section on the Information Sheet.

Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↘

7. Please read the RACE section on the Information Sheet. What is this person's race?

Mark one or more boxes AND print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↘

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↘

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↘

- Chinese Vietnamese Native Hawaiian

- Filipino Korean Samoan

- Asian Indian Japanese Chamorro

- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↘
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↘

- Some other race – Print race or origin. ↘

→ If more than 6 people were counted in Question S6, continue with the next person on the Continuation Questionnaire (D-CQ-RA), and update number of continuation questionnaires on page 1.

RESPONDENT INFORMATION

R1. What is your name? Print name below and verify the spelling.

First Name MI

 Last Name(s)

 Address of proxy

R2. What is your telephone number? We will only contact you if needed for official Census Bureau business.

Telephone Number
 - -

R3. To confirm: Will you

- Live or stay in this [house/apartment/mobile home] on April 1, 2020?
- Move in to this [house/apartment/mobile home] after April 1, 2020?
- Not live or stay in this [house/apartment/mobile home] (neighbor or other proxy)?

INTERVIEW SUMMARY

A. Unit Status on April 1, 2020

- Occupied
- Vacant – regular
- Vacant – usual home elsewhere
- Uninhabitable/demolished/burned out
- Nonresidential
- Empty mobile home/trailer site
- Unable to Locate
- Duplicate – record Survivor ID below. ↘

B. If vacant, ask: Which category best describes this vacant unit for April 1, 2020?

- For rent
- Rented, not occupied
- For sale only
- Sold, not occupied
- For seasonal, recreational or occasional use
- For migrant workers
- Other vacant

C. Number of people listed on questionnaire(s) =

01 – 99 = Total people
00 = Vacant

D. Language Code =

E. Interview Outcome Code

- UHE REF
- MOV CO

JIC1 JIC2

RECORD OF CONTACT

<p>Type MM DD HH MM Outcome</p> <p><input checked="" type="checkbox"/> In-Person <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> In-Person <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> Telephone <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> In-Person <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> Telephone <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>	<p>Type MM DD HH MM Outcome</p> <p><input type="checkbox"/> In-Person <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> Telephone <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> In-Person <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> Telephone <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> In-Person <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p><input type="checkbox"/> Telephone <input type="text"/> / <input type="text"/> : <input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>
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OUTCOME CODES: RV = Left Record of Visit NC = No Contact RE = Refusal CI = Conducted Interview OT = Other

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

Employee ID

CFS Initials

CFS Area

Month Day

Month Day