



# Transitory Locations Continuation Questionnaire

FOR NPC  
USE ONLY

TL Control Number

ACO

State

County

Tract

Block

Map Spot

← *APPLY LABEL HERE* →

Questionnaire  of  questionnaire(s)

Address Number

Unit Designation

Street Name or Rural Route Address

City

State

ZIP Code

Location Description

## CONTINUATION QUESTIONNAIRE FOR TRANSITORY LOCATIONS

1. What is the name of Person  ?

Print name below and verify the spelling.

First Name  MI

Last Name(s)

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

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

- Opposite-sex husband/wife/spouse, Opposite-sex unmarried partner, Same-sex husband/wife/spouse, Same-sex unmarried partner, Biological son or daughter, Adopted son or daughter, Stepson or stepdaughter, Brother or sister, Father or mother, Grandchild, Parent-in-law, Son-in-law or daughter-in-law, Other relative, Roommate or housemate, Foster child, Other nonrelative

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

Male  Female

4. What was this person's age 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.

Age on April 1, 2020  years, Print numbers in boxes. Month , Day , Year of birth

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

5. 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.

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

Mark  one or more boxes AND print origins.

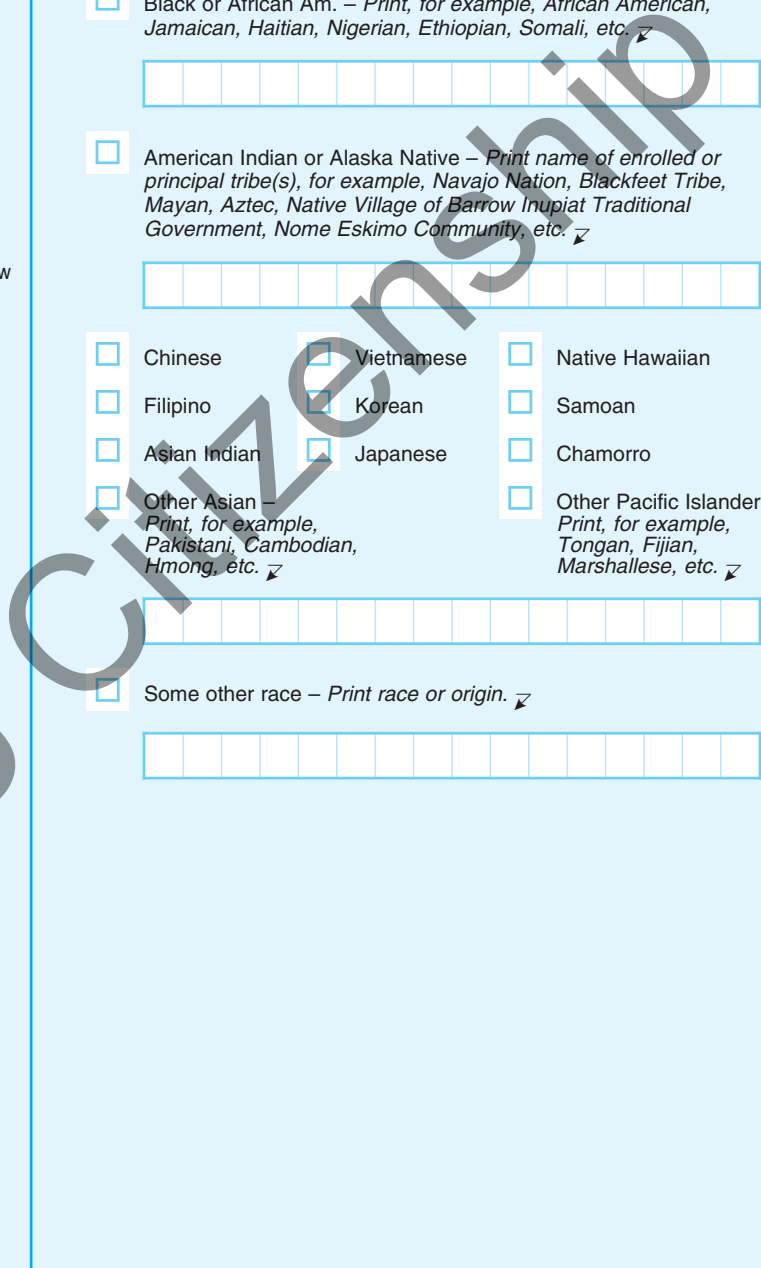
- White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.

- 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, Filipino, Asian Indian, Other Asian - Print, for example, Pakistani, Cambodian, Hmong, etc., Vietnamese, Korean, Japanese, Native Hawaiian, Samoan, Chamorro, Other Pacific Islander - Print, for example, Tongan, Fijian, Marshallese, etc.

- Some other race - Print race or origin.





8. Does this person usually live or stay somewhere else, other than this location?

Yes

No – Skip to the next person, if there is another person.

9. What is the full address of the place where this person lives or stays most of the time?

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: Apt A or Lot 3)

Rural Route Address (if there is no street address)

City

State

ZIP Code

→ NOTE: Please provide a location description if there is no address or if this is a facility.

Draft: No Citizenship

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Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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5. 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.

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→ If needed, continue with the next person on another Continuation Questionnaire (D-CQ-TL) and update the number of continuation questionnaires on page 1 of both D-Q-TL and D-CQ-TL questionnaires.



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