



Transitory Locations Questionnaire

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). Are you currently living or staying in this [RV/boat/room/unit]? If respondent says no, ask, "Is there someone available that I can talk to who currently lives or stays in this [RV/boat/room/unit]?"

Respondent confirmed that he or she lives or stays in this [RV/boat/room/unit].

S2. I am here to complete a 2020 Census questionnaire for this [RV/boat/room/unit]. It should take about 10 minutes (hand respondent a confidentiality notice). This notice explains that your answers are confidential. Do all of the people who are staying in this [RV/boat/room/unit] have another place where they usually live?

Yes – Please respond to the 2020 Census for that other place to ensure you will be counted there. Thank you for your time! – Skip to page 16.

No

S3. Is this [RV/boat/room/unit] 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?

S4. 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 are currently living or staying in this [RV/boat/room/unit]?

Number of people =

Person 1

1. Now I am going to ask you questions about each person staying here. If there is someone staying here who pays the rent or owns this [RV/boat/room/unit], I would like to start by listing him or her as Person 1. If the owner or the person who pays the rent is not staying here, I can start by listing any adult staying 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. ↴



Person 1

7. Does Person 1 usually live or stay somewhere else, other than this location?

- Yes
- No – Skip to Person 2, if there is another person.

8. What is the full address of the place where Person 1 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

→ If more people were counted in Question S4 on the front page, continue with Person 2 on the next page.



Person 2

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

- Yes
- No – Skip to Person 3, 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

→ If more people were counted in Question S4 on the front page, continue with Person 3 on the next page.



Person 3

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

- Yes
- No – Skip to Person 4, 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

→ If more people were counted in Question S4 on the front page, continue with Person 4 on the next page.



Person 4

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

- Yes
- No – Skip to Person 5, 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

→ If more people were counted in Question S4 on the front page, continue with Person 5 on the next page.



Person 5

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

- Yes
- No – Skip to Person 6, 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

→ If more people were counted in Question S4 on the front page, continue with Person 6 on the next page.



Person 6

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

- Yes
- No – Skip to Person 7, 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

→ If more people were counted in Question S4 on the front page, continue with Person 7 on the next page.



Person 7

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

Yes

No – Start with Person 8 on the continuation questionnaire, 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

→ If more than 7 people were counted in Question S4, continue with the next person on the Continuation Questionnaire (D-CQ-TL), 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)

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

Telephone Number
 - -

R3. To confirm: Do you –

Currently live or stay in this [RV/boat/room/unit]?
 Not live or stay in this [RV/boat/room/unit] (neighbor or other proxy)?

INTERVIEW SUMMARY

A. Language Code =

B. Number of people listed on questionnaire(s) =
 01 – 99 = Total people

JIC1 JIC2

RECORD OF CONTACT

| | | | | | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|--|------------------------------------|----------------------|----------------------|----------------------|----------------------|--|
| Type | MM | DD | HH | MM | Outcome | Type | MM | DD | HH | MM | Outcome |
| <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="text"/> | <input type="checkbox"/> In-Person | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> a.m. <input type="text"/> |
| | | | | | <input type="checkbox"/> p.m. <input type="text"/> | <input type="checkbox"/> Telephone | | | | | <input type="checkbox"/> p.m. <input type="text"/> |

OUTCOME CODES: CI = Conducted Interview PR = Partial Refusal NE = Not Eligible for Full Interview (S2=Yes)

CONFIRM LOCATION AND UNIT DESIGNATION

Address Number Unit Designation

 Street Name or Rural Route Address

 City State ZIP Code

 Location Description

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

Month Day

CFS Initials

 CFSD Number

 Month Day