



Enumerator Continuation Questionnaire

FOR NPC
USE ONLY

Enter ID Number from Barcode Label on the D-Q-RA for this household.

ACO

State

County

Tract

Block

Map Spot

← APPLY LABEL HERE →

Questionnaire

of

questionnaire(s)

CONTINUATION QUESTIONNAIRE FOR ENUMERATOR QUESTIONNAIRES

1. What is the name of Person ?

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.

- With a parent or other relative, In a jail or prison, For college, At a seasonal or second residence, For a military assignment, For another reason, For a job or business, No, 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.

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

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 D-Q-RA, continue with the next person on the next page.

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Last Name(s)

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- 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.

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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

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Print numbers in boxes.

Age on April 1, 2020 Month Day Year of birth

years

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

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- 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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- 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. ↴

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DRAFT: No citizenship