



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 the 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 was this person's age on (Special Census Day)? 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 (Special Census Day) 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. ↴

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴ | <input type="checkbox"/> 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 the 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 was this person's age on (Special Census Day)? 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 (Special Census Day) Month Day Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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. ↴

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴ | <input type="checkbox"/> 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.



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: Did you

- Live or stay in this [house/apartment/mobile home] on** (Special Census Day)?
- Move in to this [house/apartment/mobile home] after** (Special Census Day)?
- Not live or stay in this [house/apartment/mobile home]** (neighbor or other proxy)?

R4. Are there any other living quarters either occupied or vacant at this address?

- Yes → List on SC-921, Add Page, if it is not listed on the SC-920, Address List Page, and complete an unlabeled SC-Q
- No

INTERVIEW SUMMARY

A. Unit Status on (Special Census Day)

- | | |
|--|---|
| <input type="checkbox"/> Occupied | <input type="checkbox"/> Nonresidential |
| <input type="checkbox"/> Vacant – regular | <input type="checkbox"/> Empty mobile home/trailer site |
| <input type="checkbox"/> Vacant – usual home elsewhere | <input type="checkbox"/> Unable to locate |
| <input type="checkbox"/> Uninhabitable | <input type="checkbox"/> Cannot work |
| <input type="checkbox"/> Duplicate – record Survivor ID below. ↘ | |

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B. If vacant, ask: Which category best describes this vacant unit as of (Special Census Day)?

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

JIC1

 JIC2

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

01 – 99 = Total people
00 = Vacant

D. Language Code =

E. Interview Outcome Code

- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> UHE | <input type="checkbox"/> RE | <input type="checkbox"/> REP |
| <input type="checkbox"/> MOV | <input type="checkbox"/> CO | |

F. Are there any continuation questionnaires for this address?

- Yes → Number of continuation questionnaires =
- No

RECORD OF CONTACT

	Type	Month	Day	Hour	Minute	Outcome		Type	Month	Day	Hour	Minute	Outcome	
<input checked="" type="checkbox"/>	In-Person	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> a.m. <table border="1" style="width: 20px; height: 20px;"></table>		<input type="checkbox"/>	In-Person	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> a.m. <table border="1" style="width: 20px; height: 20px;"></table>
						<input type="checkbox"/> p.m. <table border="1" style="width: 20px; height: 20px;"></table>		<input type="checkbox"/>	Telephone					<input type="checkbox"/> p.m. <table border="1" style="width: 20px; height: 20px;"></table>
<input type="checkbox"/>	In-Person	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> a.m. <table border="1" style="width: 20px; height: 20px;"></table>		<input type="checkbox"/>	In-Person	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> a.m. <table border="1" style="width: 20px; height: 20px;"></table>
<input type="checkbox"/>	Telephone					<input type="checkbox"/> p.m. <table border="1" style="width: 20px; height: 20px;"></table>		<input type="checkbox"/>	Telephone					<input type="checkbox"/> p.m. <table border="1" style="width: 20px; height: 20px;"></table>
<input type="checkbox"/>	In-Person	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> a.m. <table border="1" style="width: 20px; height: 20px;"></table>		<input type="checkbox"/>	In-Person	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> a.m. <table border="1" style="width: 20px; height: 20px;"></table>
<input type="checkbox"/>	Telephone					<input type="checkbox"/> p.m. <table border="1" style="width: 20px; height: 20px;"></table>		<input type="checkbox"/>	Telephone					<input type="checkbox"/> p.m. <table border="1" style="width: 20px; height: 20px;"></table>

OUTCOME CODES: NV = Left Notice 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.

Field Representative's Signature	Employee ID
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
Month <table border="1" style="width: 20px; height: 20px;"></table> Day <table border="1" style="width: 20px; height: 20px;"></table> Year <table border="1" style="width: 40px; height: 20px;"></table>	

Field Supervisor Initials	FSA Number
<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
Month <table border="1" style="width: 20px; height: 20px;"></table> Day <table border="1" style="width: 20px; height: 20px;"></table> Year <table border="1" style="width: 40px; height: 20px;"></table>	