



Special Census Transitory Unit Continuation Questionnaire

Enter the 12-digit Case ID number for this household. This number is found below the SC-Q-TL barcode label.

- -

FOR NPC
USE ONLY

[Large empty box for notes or additional information]

SCID State County

AA TL Tract TL Block

Questionnaire of questionnaire(s)

Copy transitory unit
information and TL Name
from the Transitory Location
Listing Sheet (SC-693.2) →

Unit/Site Number

TL Name

DRAFT

CONTINUATION QUESTIONNAIRE FOR SPECIAL CENSUS TRANSITORY UNITS





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.

- | | |
|---|--|
| <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 |

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

- Male Female

4. 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

years

→ 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 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 S4 on the SC-Q-TL, continue with the next person on the next page.

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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

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- | | | |
|---|--|--|
| <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 – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ | |

- Some other race – *Print race or origin.* ↴

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

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| <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 |
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- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
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→ If needed, continue with the next person on another Continuation Questionnaire (SC-CQ-TL) and update the number of continuation questionnaires on page 8 of the SC-Q-TL and page 1 of the SC-CQ-TL questionnaires.



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