

# Special Census Questionnaire

APPLY LABEL HERE

FOR NPC  
USE ONLY

SCID State County

[Grid boxes for SCID, State, and County]

AA Tract Block

[Grid boxes for AA, Tract, and Block]

### ADDED UNIT ADDRESS or ADDRESS CHANGES

Is this an added unit or is there a change to the preprinted address label?

Address Number (example: 5007) Street or Road Name (example: N Maple Ave) ZIP Code

Apartment Number/Unit Designation (example: Apt A or Lot 3) Rural Route Location Description

Rural Route or Location Description (if applicable)

[Grid boxes for additional address information]

- Yes, added unit → Enter the full address to the right.
- Yes, address changes → Enter the full address to the right.
- No → Skip to S1.

S1. Hello, I am (name) from the U.S. Census Bureau (show ID). Is this (address)? If respondent says no, ask, "Can you tell me where to find (address)?" and then end interview.

Respondent confirmed address.

S2. Did you or anyone in this household live or stay here on (Special Census Day)?

- Yes - I am here to complete a Special Census questionnaire for this address. It should take about 10 minutes. (If you haven't already, hand respondent a confidentiality notice.) This notice explains that your answers are confidential.
- No - Skip to S4.

S3. Does someone usually live at this [house/apartment/mobile home], or is this a vacation or seasonal home where no one usually lives?

- Usually lives here - Skip to S5.
- Vacation or seasonal home or held for occasional use - Skip to "Respondent Information" on Page 8.

S4. On (Special Census Day), was this unit

- Occupied by a different household? - Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on (Special Census Day).
- Vacant? - Skip to "Respondent Information" on Page 8.
- Not a housing unit - Skip to "Respondent Information" on Page 8.

S5. Is this [house/apartment/mobile home]

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?

S6. We need to count people where they live and sleep most of the time. (Hand respondent an Information Sheet.) Please read the WHO TO COUNT section on the Information Sheet. Based on these instructions, how many people were living or staying in this [house/apartment/mobile home] on (Special Census Day)?

Number of people = [ ] [ ]

S7. Were there any additional people staying here on (Special Census Day) that you did not include in the count in the previous question? For example:

Mark  all that apply. Include any additional people on the person pages.

- Children, related or unrelated, such as newborn babies, grandchildren, or foster children
- Relatives, such as adult children, cousins, or in-laws
- Nonrelatives, such as roommates or live-in babysitters
- People staying here temporarily
- No additional people



## Person 1

1. Now I am going to ask you questions about each person living here. If there is someone living here who pays the rent or owns this residence, I would like to start by listing him or her as Person 1. If the owner or the person who pays the rent does not live here, I can start by listing any adult living 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 was Person 1's age on (Special Census Day)? 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 (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.

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. ↴

→ If more people were counted in Question S6 on the front page, continue with Person 2 on the next page.



## 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

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. ↴

- 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 front page, continue with Person 3 on the next page.



### Person 3

#### 1. What is Person 3'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

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 4 on the next page.



## Person 4

### 1. What is Person 4'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

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 5 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.



## Person 6

**1. What is Person 6'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

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 – <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.* ↴

**→ If more than 6 people were counted in Question S6, continue with the next person on the Continuation Questionnaire (SC -CQ), and update number of continuation questionnaires on page 8.**



### 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)**

- Occupied
- Vacant – regular
- Vacant – usual home elsewhere
- Uninhabitable
- Duplicate – record Survivor ID below. ↘
- Nonresidential
- Empty mobile home/trailer site
- Unable to locate
- Cannot work

**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

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

01 – 99 = Total people  
00 = Vacant

**D. Language Code =** \_\_\_\_\_

**E. Interview Outcome Code**

- UHE  RE  REP
- MOV  CO

**F. Are there any continuation questionnaires for this address?**

- Yes → Number of continuation questionnaires = \_\_\_\_\_
- No

Survivor ID: \_\_\_\_\_

JIC1: \_\_\_\_\_ JIC2: \_\_\_\_\_

### RECORD OF CONTACT

| Type  | Month | Day | Hour | Minute | Outcome | Type                          | Month                              | Day  | Hour | Minute | Outcome |        |                               |
|---|-------|-----|------|--------|---------|-------------------------------|------------------------------------|------|------|--------|---------|--------|-------------------------------|
| <input checked="" type="checkbox"/> In-Person | ____  | /   | ____ | ____   | : ____  | <input type="checkbox"/> a.m. | <input type="checkbox"/> In-Person | ____ | /    | ____   | ____    | : ____ | <input type="checkbox"/> a.m. |
|   |       |     |      |        |         | <input type="checkbox"/> p.m. | <input type="checkbox"/> Telephone | ____ | /    | ____   | ____    | : ____ | <input type="checkbox"/> p.m. |
| <input type="checkbox"/> In-Person            | ____  | /   | ____ | ____   | : ____  | <input type="checkbox"/> a.m. | <input type="checkbox"/> In-Person | ____ | /    | ____   | ____    | : ____ | <input type="checkbox"/> a.m. |
| <input type="checkbox"/> Telephone            | ____  | /   | ____ | ____   | : ____  | <input type="checkbox"/> p.m. | <input type="checkbox"/> Telephone | ____ | /    | ____   | ____    | : ____ | <input type="checkbox"/> p.m. |
| <input type="checkbox"/> In-Person            | ____  | /   | ____ | ____   | : ____  | <input type="checkbox"/> a.m. | <input type="checkbox"/> In-Person | ____ | /    | ____   | ____    | : ____ | <input type="checkbox"/> a.m. |
| <input type="checkbox"/> Telephone            | ____  | /   | ____ | ____   | : ____  | <input type="checkbox"/> p.m. | <input type="checkbox"/> Telephone | ____ | /    | ____   | ____    | : ____ | <input type="checkbox"/> p.m. |

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 \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Field Supervisor Initials \_\_\_\_\_ FSA Number \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_