

Special Census Reinterview Questionnaire

U.S. DEPARTMENT OF COMMERCE U.S. CENSUS BUREAU

| | REINTERVIEW | |
|--|---|--|
| | Ask questions 1 - 7 during reinterview. | |
| | Hello, I'm (name) from the U.S. Census Bureau (show ID). May I speak to (original respondent name)? | |
| | ☐ Yes | |
| | No – Ask when the original respondent will be available. If unable to interview the original respondent, interview a knowledgeable proxy. | |
| ORIGINAL RESPONDENT INFORMATION | 2. I'm contacting you to check on the quality of our Special Census interview. It should take less than 10 minutes. Were you recently interviewed for the Special Census | |
| Use original questionnaire to complete OR1 - OR4. | about (address)? | |
| OR1. Original Respondent's Name | ☐ Yes | |
| First Name MI | ☐ No – Conduct a full interview using the SC-Q questionnaire. | |
| | Don't know – Conduct a full interview using the SC-Q questionnaire. | |
| Last Name(s) | 3. Did anyone live or stay at (address) on (Special Census Day)? | |
| | Yes – SKIP to question 5. | |
| OR2. Original Respondent Telephone Number | □ No | |
| | 4. On (Special Census Day), was this unit | |
| OR3. Original Respondent Type | ☐ Vacant? – End reinterview. | |
| Live or stay in this [house/apartment/mobile home] on (Special Census Day) | ☐ Not a housing unit – End reinterview. | |
| Move in to this [house/apartment/mobile home] after (Special Census Day) | 5. We need to count people where they live and sleep most of the time. (Hand respondent an Information Sheet.) Please | |
| Not live or stay in this [house/apartment/mobile home] (neighbor or other proxy) | 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 | |
| OR4. Address of Neighbor or Proxy | home] on (Special Census Day)? | |
| | Number of people = | |
| | 6. Were there any <u>additional</u> people staying here on (Special Census Day) that you <u>did not include</u> in the count in the previous question? For example: | |
| | Mark 🗷 all that apply. Include any additional people on the next page. | |
| | 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

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| 7. I need to make a list of the people who lived or sta and then the names of everyone else who was living. | ng or staying here on (Special C | sus Day). Please tell me your name first ensus Day). | |
|---|-------------------------------------|---|--|
| First Name 1. | MI Last Name(s) | | |
| | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| REINTERVIEW RECORD OF CONTACT | | | |
| Type Month Day Hour Minute | Outcome Type Month | Day Hour Minute _ Outcome | |
| In-Person a.m. Telephone | ☐ In-Person ☐ Telephone | / a.m. p.m. | |
| Month Day Hour Minute a.m. Telephone p.m. | Outcome Month In-Person Telephone | Day Hour Minute Outcome | |
| Month Day Hour Minute | Outcome Month | Day Hour Minute Outcome | |
| ☐ In-Person ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | In-Person Telephone | / : a.m. 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 Supervisor | |
| Field Representative's Signature | Employee ID | Initials FSA Number | |
| | | | |
| Month Day Year | | Month Day Year | |
| | | | |
| REINTERVIEW STATUS | | | |
| lf you select "Defer to Supervisor" write a detailed reas NOTES section of this form. | son for deferring this RI in the | Clerk Initials | |
| Clerk Office Review - Initial → ☐ Pass ☐ Defer to | Supervisor | | |
| Supervisor Review - Final → ☐ Pass ☐ Soft Fail | | Month Day Year | |
| | | | |
| Notes: | | | |
| | | | |

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