

NOTES

Multiple rows of empty grid boxes for notes.

RECORD OF CONTACT

Type, Month, Day, Time, Outcome fields with checkboxes for Personal, a.m., p.m.

OUTCOME CODE: CI=Conducted Interview

RESPONDENT INFORMATION

R1. (Ask or verify) What is your name?

First Name, MI fields

Last Name field

Address of proxy field

R2. What is your phone number and best time to call?

Area Code, Number fields

Day, Evening, Either checkboxes

R3. Respondent Type--

Household member, Neighbor or other proxy checkboxes

INTERVIEW SUMMARY

A. Status of unit:

01 = Occupied field

B. POP

01 - 49 field

C. What language was the majority of the interview conducted in?

English, Spanish, Other checkboxes

JIC1

JIC1 field

JIC2

JIC2 field

D.

E.

CERTIFICATION

I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Enumerator's signature field

Employee ID field

Crew Leader's initials field

CLD number field

Month, Day fields

Month, Day fields



TRANSITORY LOCATION QUESTIONNAIRE

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

LCO, State, County, Tract, Block, AA, Map Spot fields



Are there any continuation forms for this address?

Yes, No checkboxes and Number of forms field

INTRODUCTION

S1. I will complete a census questionnaire for all the people staying at this (RV/boat/room/unit) who have no other place they usually live and sleep. This should take about 10 minutes. (Hand respondent the Information Sheet.) The first part explains that your answers are confidential. I'll be referring to this handout while we fill out the questionnaire.

S2. Including yourself, how many people are living or staying in this (RV/boat/room/unit) who have no other place they usually live?

Number of people = field

HOUSING

H1. What is the mailing address of this unit?

House No., Street name, Rural Route and box, or PO box fields

Street name, Rural Route and box, or PO box field

Apt. No. or Location field

City, State, ZIP Code fields

H2. Do you or does someone in this household own this (RV/boat/room/unit) with a mortgage or loan, including home equity loans; own it free and clear; rent it; or occupy it without having to pay rent?

Own with a mortgage or loan, Own free and clear, Rent, Occupy without payment of rent checkboxes



1. I have a few questions about each of the people who are living or staying here. If an owner or renter of this (RV/boat/room/unit) lives here, please give me that person's name first. If an owner or renter does not live here, start with the name of any adult living here.	2. Please look at list B on the Information Sheet. How is (Name) related to (Read name of Person 1)? Mark <input checked="" type="checkbox"/> ONE box.	3. Is (Name) male or female? Mark <input checked="" type="checkbox"/> ONE box.	4. What was (Name's) age on April 1, 2010? What is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.	5. Please look at List C. Is (Name) of Hispanic, Latino, or Spanish origin? Read if necessary: Examples of another Hispanic, Latino, or Spanish origin include Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	6. Please look at List D and choose one or more races. For this census, Hispanic origins are not races. What is (Name's) race? Read if necessary: Examples of other Asian groups include Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Examples of other Pacific Islander groups include Fijian, Tongan, and so on.	7. Does (Name) sometimes live or stay somewhere else for any of these reasons? — Read response categories. Mark <input checked="" type="checkbox"/> all reasons that apply.
<b>Person 1</b> First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input checked="" type="checkbox"/> Person 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — <b>What is that origin?</b> <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Some other race — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Other Pacific Islander — <b>What is that group?</b> <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
<b>Person 2</b> First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — <b>What is that origin?</b> <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Some other race — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Other Pacific Islander — <b>What is that group?</b> <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
<b>Person 3</b> First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — <b>What is that origin?</b> <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Some other race — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Other Pacific Islander — <b>What is that group?</b> <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
<b>Person 4</b> First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — <b>What is that origin?</b> <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Some other race — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Other Pacific Islander — <b>What is that group?</b> <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No
<b>Person 5</b> First Name <input type="text"/> MI <input type="checkbox"/> Last Name <input type="text"/>	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age on April 1, 2010 <input type="text"/> DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin — <b>What is that origin?</b> <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Some other race — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian — <b>What is that group?</b> <input type="text"/> <input type="checkbox"/> Other Pacific Islander — <b>What is that group?</b> <input type="text"/>	<input type="checkbox"/> In college housing <input type="checkbox"/> In the military <input type="checkbox"/> At a seasonal or second residence <input type="checkbox"/> For child custody <input type="checkbox"/> In jail or prison <input type="checkbox"/> In a nursing home <input type="checkbox"/> For another reason <input type="checkbox"/> No

